Support at Home Services | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/support-at-home/

Details:

Support at Home is the Australian Government's in-home aged care program. It replaced the Home Care Packages Program and the Short-Term Restorative Care Programme on 1 November 2025. Funding is set by an aged care assessment arranged through My Aged Care on 1800 200 422 , which places you in one of eight ongoing classifications with a budget released each quarter. Clinical supports, including allied health, are fully funded by the government and you contribute nothing towards them. Contributions apply only to independence services and everyday living services, and they depend on your financial circumstances.

That last point is the one most people get wrong, so it is worth repeating. Physiotherapy, occupational therapy, speech pathology, exercise physiology, psychology and nursing sit in the clinical supports category. The government pays for them in full.

This page explains the funding mechanics: classifications, quarterly budgets, contributions, the lifetime cap, the short-term pathways and how the access process runs. To arrange allied health with Bloom, call 1300 771 465 or make a referral .

Who is eligible

Support at Home is for older Australians who need help to keep living independently at home. To be eligible you need to be:

65 years or older , or

50 years or older if you are Aboriginal or Torres Strait Islander ,

and you need to require assistance with daily tasks, mobility, health or wellbeing because of ageing, disability or a medical condition.

Eligibility is decided by an aged care assessment, not by a provider. Bloom cannot approve you for Support at Home and neither can any other provider. The assessment looks at your needs, your goals, your current situation and what support would help you live safely at home.

How the funding is structured

This is the part that changed most on 1 November 2025.

Eight ongoing classifications instead of four package levels

Home Care Packages had four fixed levels with a set annual budget. Support at Home has eight ongoing classifications . More classifications means the funding sits closer to your actual assessed need instead of rounding you up or down to the nearest of four levels.

There are also four transitioned Home Care Package classifications . These exist to preserve the funding level of people who were already receiving a Home Care Package before the change, so their care continues without disruption.

Quarterly budgets, not annual packages

Your budget is released and adjusted every three months based on your assessed needs, rather than being locked to a fixed annual amount. If your circumstances change, the funding can go up or down without waiting for a package upgrade. Under the old system a change in need often meant a long wait for a higher-level package.

One assessment, not several

Support at Home uses a single assessment process through My Aged Care. Under the previous arrangements different programs needed different assessments, which was slow and confusing. You also do not need a fresh reassessment every time your care needs shift.

A shift towards prevention

Home Care Packages largely funded reactive care. Support at Home is built around early intervention: assistive technology, home modifications, allied health and exercise programs intended to keep function from declining in the first place. That is why allied health is fully funded rather than something you contribute to.

What you pay, and what you do not

Contributions are set by the Australian Government, not by your provider. They depend on the category of service.

Clinical supports: no contribution

Clinical supports are covered in full by the Australian Government. You do not contribute, regardless of your financial circumstances. Clinical supports include:

Nursing

Physiotherapy

Occupational therapy, where clinically focused

Speech pathology

Exercise physiology

Psychology

Other allied health and health-related interventions

Independence services and everyday living services: you may contribute

Contributions may apply to these two categories, based on your financial circumstances and your capacity to pay.

Independence services cover personal care such as showering, dressing and grooming, plus transport, respite and support to take part in your community.

Everyday living services cover domestic assistance, meals, household tasks and home maintenance.

The specific contribution rate that applies to you comes from your assessment and your financial circumstances. Ask My Aged Care on 1800 200 422 what your rate is before you agree to services. Do not rely on a figure quoted by anyone else, including a provider.

The lifetime cap

A lifetime cap of $130,000 applies to non-clinical care costs , covering both in-home and residential care. Once your non-clinical contributions reach that amount across your lifetime, that is the maximum you pay towards those services. Clinical care is not part of this because you do not contribute to it at all.

The no worse off principle

If you were receiving a Home Care Package, waiting for one, or had been assessed as eligible for one on or before 12 September 2024 , the government applies a no worse off principle . You should pay the same or less under Support at Home than you would have paid under the Home Care Package arrangements. If you believe you are being asked for more, raise it with My Aged Care.

The three short-term pathways

Alongside the eight ongoing classifications, Support at Home has three time-limited pathways for specific circumstances.

Restorative Care Pathway

Short, intensive support aimed at regaining function and independence. It targets improving functional ability and slowing or reversing decline associated with ageing. It is often used after a hospital stay or a period of temporary decline, with the goal of returning to your previous level of function. Physiotherapy, occupational therapy and exercise physiology are central to this pathway.

End-of-Life Pathway

Services for people in the final stages of life, focused on comfort, dignity and appropriate clinical and personal support.

Assistive Technology and Home Modifications Scheme

Funds equipment and changes to the home. Assistive technology covers devices that help you manage daily activities, such as mobility aids and bathroom equipment. Home modifications cover physical changes to make the home safer and more accessible, such as grab rails, ramps, stairlifts and bathroom changes.

These are usually recommended by an occupational therapist or physiotherapist following an assessment of your needs and your home. Bloom's occupational therapists and physiotherapists can carry out those assessments and write the recommendations where it fits your support plan.

How to access Support at Home

1. Register with My Aged Care

Call 1800 200 422 or register at myagedcare.gov.au. This is the single entry point for all government-funded aged care. You cannot start Support at Home by contacting a provider directly.

2. Be referred for assessment

My Aged Care refers you to either an Aged Care Assessment Team (ACAT) or a Regional Assessment Service (RAS) , depending on your needs. The assessor looks at your physical health, your emotional wellbeing and your social needs.

Have these ready:

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

Relevant medical history, diagnoses and current medications

Financial information, including income, assets, pension or superannuation statements

Power of attorney or guardianship papers, if they apply

3. Receive your support plan

After assessment you get a support plan setting out your classification, the services you are approved for and how your funding is allocated. Wait times vary with demand and region, and it can take several weeks. You can check progress by calling My Aged Care with your reference number.

4. Choose your providers and sign a service agreement

You are invited to a planning meeting where you discuss your needs, ask about the supports available and choose providers. You then enter a service agreement with each provider. This is the point at which you can bring in Bloom for allied health.

5. Start services

Bloom contacts you, completes intake and confirms the service agreement before any service is delivered. See how referrals work for the full sequence.

What allied health under Support at Home covers, and what it does not

Covered as clinical supports:

Occupational therapy for daily activities, home safety and function

Physiotherapy for movement, strength, balance and mobility

Exercise physiology for tailored, evidence-based exercise matched to your health conditions

Speech pathology for communication and swallowing

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

Assessments and written recommendations for assistive technology and home modifications

Not allied health, and not something Bloom provides: cleaning, gardening, shopping, meal delivery, home maintenance and repairs. These are everyday living services and are delivered by other providers. Bloom's allied health team can identify risks in the home and recommend strategies where the home environment affects your safety or function, but it does not deliver domestic services.

Not covered by Support at Home at all: anything outside your approved support plan. If a service is not in your plan, it is not funded, and the answer is to talk to My Aged Care about a reassessment rather than to a provider.

How Support at Home differs from the programs people confuse it with

Home Care Packages

Support at Home replaced them on 1 November 2025. Four package levels became eight classifications, fixed annual budgets became quarterly budgets, a single bundled package became three service categories with different contribution rules, and separate assessments became one. People already on a package keep their funding level through the four transitioned classifications and the no worse off principle.

Commonwealth Home Support Programme

CHSP continues to run separately for now. It is scheduled to move into Support at Home no earlier than 1 July 2027 . CHSP has historically provided entry-level home support, while Support at Home provides structured, needs-based funding through the classification system. If you are on CHSP today, you do not need to do anything yet.

The NDIS

These are two different schemes and they do not mix. Support at Home is aged care for people 65 and over, or 50 and over for Aboriginal and Torres Strait Islander people. The NDIS funds disability support and remains the main scheme for people under 65 with a permanent disability.

If you are an NDIS participant over 65, you are not automatically moved to Support at Home. You keep receiving your NDIS-funded supports. Where a person receives both, the two run alongside each other: aged care services through Support at Home, disability-specific supports through the NDIS. NDIS support categories and price limits do not apply to Support at Home, and Support at Home classifications do not apply to an NDIS plan. If someone quotes you one scheme's rules while discussing the other, stop and check.

Short-Term Restorative Care

The old Short-Term Restorative Care Programme also ended on 1 November 2025. Its function now sits inside Support at Home as the Restorative Care Pathway.

Common questions about Support at Home

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

No. Clinical supports, which include physiotherapy, occupational therapy, speech pathology, exercise physiology, psychology and nursing, are funded in full by the Australian Government. Contributions apply only to independence services and everyday living services.

How many funding levels are there?

Eight ongoing classifications, plus four transitioned Home Care Package classifications that preserve the funding level of people who were already on a package before 1 November 2025.

How often is my budget released?

Quarterly. The budget is adjusted every three months against your assessed needs, so it can rise or fall as your circumstances change rather than being fixed for a year.

What happened to my Home Care Package?

Home Care Packages ended on 1 November 2025 and were replaced by Support at Home. If you were already receiving one, your funding level is preserved through a transitioned classification. If you were receiving, waiting for, or assessed as eligible for a package on or before 12 September 2024, the no worse off principle means you should not pay more in contributions than you would have under the package.

Is there a limit on what I pay overall?

Yes. A lifetime cap of $130,000 applies to non-clinical care costs across both in-home and residential care. Clinical care sits outside it because you do not contribute to clinical care.

Can I get Support at Home and the NDIS at the same time?

If you are an NDIS participant over 65 you keep your NDIS supports and are not automatically transferred. Some people receive both, with aged care services under Support at Home and disability-specific supports under the NDIS. How that works for you depends on your individual circumstances. Check with My Aged Care on 1800 200 422 and with your NDIS contact before assuming either way.

How do I start?

Call My Aged Care on 1800 200 422 or register at myagedcare.gov.au. They arrange the assessment through an ACAT or RAS assessor. A provider cannot start this for you.

How long does approval take?

It depends on demand and your region, and it can take several weeks after you submit. Call My Aged Care with your reference number to check where your application is up to.

What if I need equipment or home modifications?

That is the Assistive Technology and Home Modifications Scheme, one of the three short-term pathways. It funds items such as mobility aids, bathroom equipment, grab rails, ramps and stairlifts. An occupational therapist or physiotherapist assesses and recommends. Bloom's occupational therapists and physiotherapists can do that assessment where it fits your support plan.

I am on CHSP. Do I need to change anything?

Not yet. CHSP continues separately and is scheduled to transition into Support at Home no earlier than 1 July 2027.

Can appointments be at home or by telehealth?

Yes. Bloom delivers aged care allied health at home, in the community and by telehealth where that is appropriate. Telehealth matters most for people in regional areas. Find a location near you .

Who do I call to arrange allied health with Bloom?

Call 1300 771 465 , contact us or make a referral . For anything to do with your eligibility, classification, budget or contribution rate, call My Aged Care on 1800 200 422, because those are set by the government rather than by a provider.

How do I access Support at Home services?

Eligibility and approved services under Support at Home are determined through an aged care assessment. You can apply through My Aged Care online or by calling 1800 200 422.

Does Support at Home cover allied health services?

Allied health may be included as a clinical support when it is approved in your support plan. Your registered provider should confirm the available funding and service arrangement before therapy begins.

Will I need to pay a contribution for allied health under Support at Home?

Under current Support at Home settings, participants do not contribute to clinical support costs. Contributions can apply to independence and everyday living services and depend on individual circumstances.

Who coordinates a person's Support at Home services?

Under the single-provider model, the older person's registered provider oversees the service agreement, care management and delivery of approved services. Bloom Healthcare can discuss an allied health service arrangement with that provider.

What short-term pathways are available under Support at Home?

Support at Home includes Restorative Care, Assistive Technology and Home Modifications, and End-of-Life pathways. Approval for these depends on the person's assessment and circumstances.

What information should a provider include when making a referral?

A referral should include the person's consent, postcode, approved service, goals, relevant health and risk information, preferred setting, funding contact and any required reporting timeframe.

How many funding classifications does Support at Home use?

According to background on the program, Support at Home operates with 8 ongoing funding classifications tailored to different levels and types of aged care support needs, alongside 3 short-term pathways and 4 transitioned Home Care Package classifications.

What are clinical supports under Support at Home, and how are they funded?

Clinical Supports help maintain health, function, safety, and wellbeing and include allied health services, nursing services, and assistive technology and home modifications. These services are fully government-funded with no participant cost contribution required.

When did the Support at Home program commence and what did it replace?

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

What type of service does Bloom Healthcare offer in relation to Support at Home?

Bloom Healthcare offers 'Support at Home Allied Health' services, helping older Australians access allied health, equipment and care to stay independent at home, available to older people and their families across Australia via online enquiry.