

Important details about the changes to Home Care

On 1 November 2025, the Support at Home program will replace Home Care Packages (HCP) and Short-Term Restorative Care (STRC).

It introduces new service categories, funding structures, and care pathways while maintaining support for those already receiving services.

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We hear and understand the confusion about these changes. So in this document we have provided clear answers to common questions, covering service eligibility, funding changes, provider arrangements, and additional support options.

1. What services will I receive?

You'll still receive essential services, but they'll be grouped into three categories:

- Clinical Care: Nursing, physiotherapy, occupational therapy, and continence support.
- Independence Support: Personal care, transport, medication assistance, and respite.
- Everyday Living: Cleaning, gardening, shopping, meal preparation, and home maintenance.

2. How does funding work?

Support at Home provides quarterly budgets based on eight classification levels (\$3,000–\$22,500 per quarter). If you don't use all your funds, you can roll over up to \$1,000 or 10% to the next quarter.

3. Will I have to pay for services?

Your contributions depend on your income and the type of service:

- Clinical Care: Fully funded, no out-of-pocket costs.
- Independence Support: Moderate contribution.
- Everyday Living Services: Higher contribution, as these are less subsidized.

4. What if I already have a Home Care Package?

You'll automatically transition to Support at Home on 1 November 2025. Your funding level stays the same, and you'll continue accessing services through your current provider.



5. What happens if I'm on the waiting list for a Home Care Package?

You'll move into Support at Home once your package is approved, without needing a new assessment unless your care needs have changed.

6. Will my care plan change?

Your existing services and funding will continue, but some adjustments may be made to align with the new categories. Your provider will guide you through any changes.

7. What is the "No Worse Off" principle?

If you were receiving a Home Care Package, on the waiting list, or assessed as eligible before 12 September 2024, you won't pay more than under the previous system. If you already pay fees, your contribution will be the same or lower.

- Full-rate pensioners who didn't pay fees before, still won't pay fees.
- If reassessed after 1 November 2025, your classification may change, and your contribution could be adjusted based on the services you receive.

If you entered the system after 12 September 2024, different funding rules apply, so the "No Worse Off" principle does not apply to you in the same way

8. Are there any discontinued or new supplements?

Yes. The separate Dementia and Cognition Supplement will be discontinued and participants will have the supplement amount transferred automatically to their quarterly budget.

Also the Veterans supplement will now be part of the new Diverse Needs supplement. Those eligible are:

- Veterans who are approved for the Veteran's Supplement for aged care
- Older Aboriginal and Torres Strait Islander people
- Homeless or at risk of homelessness
- Referred by the care finder program
- People who are care leavers

9. How do I access funding for equipment or home modifications?

The Assistive Technology & Home Modifications (AT-HM) Scheme offers funding up to \$15,000, but you'll need to use unspent Home Care Package funds first.

10. What is the Restorative Care Pathway?

This short-term care option provides targeted allied health support over 12 weeks with funding between \$6,000–\$12,000, helping you maintain independence.

11. Are funding levels changing?

Yes. There are now eight classification level and the overall amount available has also increased.

Details may change, but currently the funding levels are as follows:

Quarterly budgets:

Level 1: \$2,750
Level 2: \$4,000
Level 3: \$5,500
Level 4: \$7,500
Level 5: \$10,000
Level 6: \$12,000
Level 7: \$14,500
Level 8: \$19,500

12. Will I need to change providers?

No, you'll stay with your current provider unless you choose to switch.

13. What does the assessment include?

It reviews your care needs, goals, funding level, and assigns approved services and supports to match your situation.

14. Where can I get assessed or find more information?

- **Visit:** myagedcare.gov.au | **Call:** 1800 200 422
- Speak to an Aged Care Specialist Officer at any Services Australia centre.

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