



GOODWIN
HOME CARE

Your Guide to Support at Home



Grandfathered Participants 2025

Introduction

What is happening to home care in Australia?

The Home Care Packages (HCP) program will end on 31 October 2025 and the new Support at Home program will commence the following day on 1 November 2025.

Government-subsidised Home Care programs are being overhauled, and changes are coming to the home care packages program. These will take place in several stages – the first stage is the replacement of the Home Care Packages Program with the new Support at Home Program.

These changes are a direct result of the passage of new legislation called the *Aged Care Act (2024)*, which received support from all the major political parties.

The Department of Health & Aged Care (the department) has developed the Support at Home program in consultation with the aged care sector and participant groups. Two of their primary objectives are:

1. To implement key recommendations from the *Royal Commission into Aged Care Quality and Safety Final Report*, and
2. To create a new program that is more accessible to more older people, and financially sustainable from a government funding perspective.

Existing participants

Participants receiving a Home Care Package before or by 12 September 2024.

Grandfathered participants

Participants assessed or approved on a waiting list for a package before 12 September 2024.

Transitional participants

Participants approved or assigned a Home Care Package after 12 September 2024 and before 31 October 2025

New participants

Participants entered into the Support At Home program after 31 October 2025

Contents

INTRODUCTION TO SUPPORT AT HOME

Definition of terms	1
Cut off date	2
Participants transitioning to Support at Home	3

SERVICES 5

New services list	5
Care Management Services	6

SHORT TERM SUPPORT 7

Restorative Care and End of Life Pathways	7
Assistive Technology and Home Modification (AT-HM)	8

SUPPLEMENTS 11

Enteral feeding, oxygen, veterans, hardship, viability, dementia and cognition, diverse needs

FEES 16

New Classifications and Budgets for Support at Home	16
Quarterly Budgets	17

GUIDANCE 20

Unspent Funds and Roll-over Funds	20
Package Management Fees	22
What happens if I need a new assessment?	23
Switching Providers	24



Definition of terms

Throughout this resource, we use some slightly different terms depending on whether we are referring to the current home care packages program or the future Support at Home program.

Home Care Packages program – ending 31 October 2025	Support at Home program – commencing 1 November 2025
Home Care Package (HCP)	Support at Home
Consumer	Participant
Care Manager	Care Partner
Daily Subsidy	Quarterly budget



Cut off date

Why is 12 September 2024 so significant?



As a GRANDFATHERED participant, what do I need to know?

The **12th of September 2024** is the date that marks the line between Grandfathered participants in the Home Care Packages program, and new participants entering the 'Transition Period' before the new Support at Home (SAH) program.

This date separates people using government-subsidised home care programs concerning the fees they are required to pay from 1 November 2025



Will I be affected by this change?

No. You are a Grandfathered HCP consumer because you were already in the system as of September 12, 2024, and will be transferred over to the new Support at Home program without any substantive changes.

Your fees will not be higher than any that you may be paying while receiving your home care package. If you pay nothing now, you will continue to pay nothing in the new Support at Home program.

Anyone newly assessed by the Single Assessment Service (SAS) Team for a home care package between 12 September 2024 and 31 October 2025 will be treated as a 'transitional' consumer and will be required to pay the new fees once the Support at Home program commences on 1 November 2025.

Participants in the Transitional period will be required to have their income and assets assessed by Services Australia (Centrelink) and the payment of fees will apply for all Transitional participants under the new system from 1 November 2025.



Participants transitioning to Support at Home

2024

Are you receiving a Home Care Package before or by 12 September 2024?

Yes, I am an existing participant

NO. BUT I was assessed or approved on a waiting list for a package before 12 September 2024

NO

12 September 2024

You are **Grandfathered** and you do not pay the new participant contribution rate

Were you approved or assigned a Home Care Package after 12 September 2024 and before 31 October 2025?

YES

NO

1 November 2025

You are a **Transitional Participant**, and you will pay the new participant contribution rate

I will be assessed and approved for a Support At Home funding classification after 1 November 2025

2025

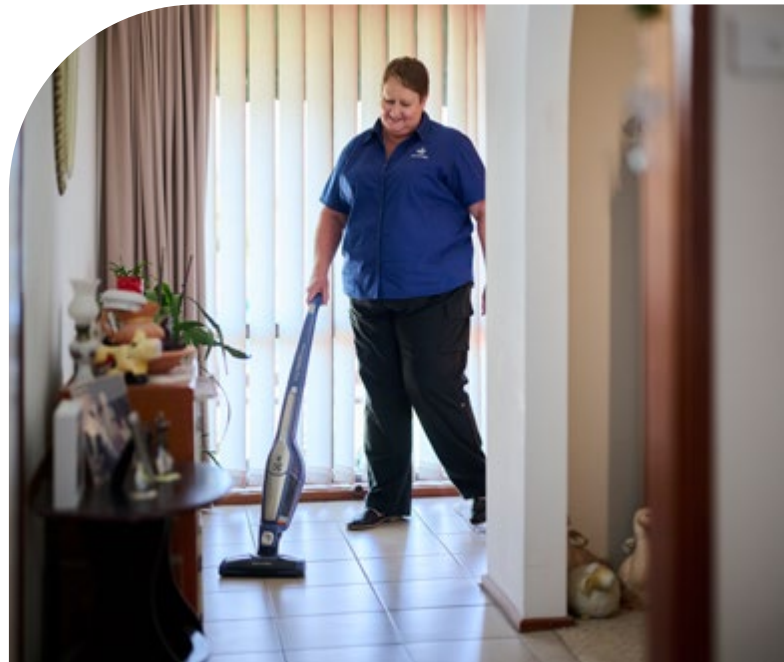
You are a **New Participant** under Support At Home and will pay the new participant contribution rate

What you need to know

The Department of Health & Aged Care is commencing a new program to support older people to age in their own homes.

From 1 November 2025, the Support at Home (SAH) program will replace the Home Care Packages (HCP) program.

- Until 31 October 2025, all Home Care Packages consumers will be treated the same. You will not notice any difference in the way you are treated by the system.
- Grandfathered HCP consumers will be automatically transitioned on 1 November to the Support at Home program.
- You will continue to have a single home care provider who coordinates your care and manages your quarterly budget.
- A 'no worse off' principle applies to protect existing (Grandfathered) HCP consumers in terms of fees (personal contributions).
- Your total annual funding moves from a daily subsidy to four equal quarterly budgets.
- Care Management charges will be set at 10% of a person's quarterly budget.
- You will retain any HCP unspent funds, but new limits will apply to rolling over any SAH unspent funds.
- A new services list means some changes in how funding is categorised and spent.
- A new fee (personal contributions) framework will be introduced for people newly assessed and entering home care after 12 September 2024. This does not apply to you – your current conditions are grandfathered.
- Grandfathered HCP care recipients who, based on the outcome of their income test were required to pay an income-tested care fee, will pay the same personal contribution or less under Support at Home. Services Australia will notify these participants and their provider of the grandfathered contribution amount payable.



New Services List

Currently, under home care packages, providers don't tend to categorise the way your services are delivered. However, the department has announced some specific changes to the way care and services will be categorised.

The new Support at Home program will separate all services into three distinct service categories:

1	Clinical Care: Specialised services to maintain or regain functional and/or cognitive capabilities	Nursing, most allied health, nutrition, care management and restorative care management
2	Independence: Support to manage activities of daily living and loss of skills or function to live independently	Personal care, social support & community engagement, therapeutic services, respite, transport, assistive technology,
3	Everyday Living: Support to keep your home in a liveable state and support your independence at home	Domestic assistance, home maintenance & repairs, meals

This may mean that some of the flexibility and 'grey areas' of home care packages may vary, as Support at Home will be more defined regarding what services and supports are included and excluded.

Grandfathered participants will continue to receive the services and supports already included in their care plan as long as they align with the new service list. Whilst there will be some room for adjustments as your care needs change, your care plan may need to follow a more structured format to align with these service categories, but for the most part, your services will remain the same.

There may be less opportunity to swap one service type for another, so your care plan and service schedule

might need to be more targeted and planned. There will also be an expectation that you will use your quarterly budget instead of saving or accumulating your funding for a rainy day.

What this means for you:

At Goodwin, we will work with you to review your care needs and care plan to notionally place your services into these new service categories.

We will work with you if there are supports in place that do not fit these new service categories, but it may be that some participants have existing expenditures that cannot be included in their future Support at Home care plan.

Care management services

Under Support at Home, care managers will become known as Care Partners and there are some changes to the way providers can charge for care management services.

All participants, including Grandfathered participants, will have 10% of their quarterly budget set aside for care management leaving 90% of a person's quarterly budget available for care and services to meet their assessed care needs.

The funds are pooled by the provider and used with discretion to meet the needs of all their participants across the board.

From 1 November 2025, providers cannot charge more than 10%.

Similarly, providers cannot charge less than 10% of a person's quarterly budget.

This arrangement is not optional, and participants cannot opt out of paying the 10% care management fee even if they did not receive specific care management in that period.

Participants should not expect to have a precise allocation of care partner time each month or each quarter, and they should ensure they communicate with their care partner when they require support or assistance.

Care Partners are responsible for:

- Identifying and assessing participant needs and goals, developing and reviewing care plans.
- Planning and coordinating services, including managing budgets.
- Checking in with participants to ensure they are being well-supported, and communicating with family, representatives and others involved in their care.
- Clinical advice and practical support to address any changes in need or issues that arise.
- Providing support and education where needed.



Providers are expected to be flexible and transparent in the way they support each participant, understanding that there may be times when more, or less, care management will be needed.



Short-term support

The Support at Home program will introduce two new short-term funding classifications in addition to the eight on going classifications and the four existing HCP funding levels.

These new programs are designed to assist and support participants who may only require help for a short time and for a specific purpose.

The short-term programs will be available to people who meet the relevant eligibility criteria when assessed by the Single Assessment Service (SAS).

Restorative Care Pathway

From 1 November 2025 older people can access the Restorative Care Pathway, which focuses on allied health to build participants' strengths and capabilities.

A budget will be available for up to 12 weeks (with the ability for a 4-week extension) to purchase specifically targeted supports and services.

As a Grandfathered participant, you may be able to access the Restorative Care Pathway funding in some circumstances, however, your quarterly budget or unspent HCP funds are generally expected to cover the costs of your ongoing care.

End-of-Life Pathway

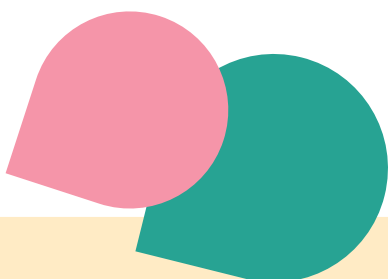
The new End-of-Life Pathway will support participants who have been diagnosed with three months or less to live and wish to remain at home by increasing the level of services available.

Grandfathered participants can be referred for an assessment to access the End-of-Life Pathway via a high-priority Support Plan Review conducted by an aged care assessor.

This funding can be used to purchase the same types of care and services set out in the Support at Home Service List.

It cannot be used to pay for services that are already available from specialist palliative care services.

The end-of-life pathway can provide funding of up to \$25,000 and must be used within 12-16 weeks.



Assistive Technology & Home Modifications (AT-HM)

The government is introducing two additional Support at Home funding classifications for Assistive Technology and Home Modifications from 1 November 2025.

This differs from how grandfathered consumers have previously accessed these types of supports under the home care package program.

All participants, including Grandfathered participants, will have access to the new AT-HM funding pool which can cover:

- products and equipment
- coordination costs
- home modifications
- prescription (i.e. assessments by Occupational Therapists, Physiotherapists, etc)
- wrap-around services (i.e. set-up & training to safely use equipment).

Participants can access these classifications in addition to their quarterly budget, so there will be no need to save from the quarterly budget to meet their AT-HM needs.

However, as a Grandfathered participant, you must use any unspent funds you have carried over from your home care package before you can apply for the AT-HM funding pool.





As a GRANDFATHERED participant, what do I need to know about the AT-HM scheme overall?

- Access to AT-HM funding comes from a separate pool of government funding, so from 1 November 2025, you do not need to use your quarterly budget to access these supports.
- You need to exhaust any unspent funds before you can apply for AT-HM funds.
- Each of the new AT-HM funding classifications has a lifetime cap of \$15,000 per participant.
Additional amounts maybe available with the appropriate professional recommendation in certain circumstances.
- Grandfathered participants will not be required to make a co-contribution to the AT-HM funding; however, they must meet all additional costs above the funding tier limit (if any).



What do I need to know, specific to Assistive Technology?

Many older people already use their home care package funds to purchase or lease helpful aids and equipment (known as Assistive Technology) to meet their age-related care needs.

The new Support at Home program introduces a separate funding pool instead of using your quarterly budget to pay for Assistive Technology (AT)

The Assistive Technology list is sorted into the following categories:

- managing body functions
 - self-care
 - mobility
 - domestic life
 - communication
 - information management.
- You must exhaust any unspent HCP funds before you can apply to the new AT-HM funding pool for Assistive Technology.
 - Low-risk/low cost items may not require a formal assessment or prescription.
 - A new Assistive Technology Loans Scheme will enable some items to be loaned rather than purchased outright.
 - There are three funding tiers and a lifetime cap of \$15,000 for Assistive Technology per participant.
 - Funding must be used within 12 months.
 - Under the 'no worse off' principle, Grandfathered participants will not have to contribute to the cost of the Assistive Technology.



What do I need to know, specific to Home Modifications?

Under the current home care packages program, consumers are often required to save their funds for a considerable period to pay for costly home modifications.

However, the new Support at Home program enables all participants, including Grandfathered participants, to access a separate pool of funds for approved modifications to be completed.

- You must exhaust any unspent HCP funds before you can apply to the new AT-HM funding pool for Home Modifications.
- There will be a rigorous process, and professional recommendations required to secure the funding from the AT-HM Scheme.
- Under the 'no worse off' principle, Grandfathered participants will not have to contribute to the cost of the Home Modification.
- There is a lifetime cap of \$15,000 for Home Modifications per participant.
- Once approved, funding must be utilised within 12 months, though an extension may be granted in certain circumstances.



Supplements

Many Grandfathered HCP consumers are eligible for additional financial supplements to assist with the cost of meeting their complex care needs.

There are specific eligibility criteria that must be met, and, in most cases, an assessment is also required.

There are some changes to the way supplements will operate under Support at Home.

Enteral Feeding Supplement - for people with special feeding needs

Current Home Care Packages Program:

This supplement is for care recipients with a specified medical need for enteral feeding to help pay for specialised products and equipment.

Your provider must apply to Services Australia for this supplement on your behalf, but this supplement will not automatically go with you if you change providers. Your new provider will need to re-apply to ensure the payment continues.

Future Support at Home Program:

This supplement is expected to continue unchanged.

Oxygen Supplement - for people who need oxygen

Current Home Care Packages Program:

This supplement is for care recipients with a specified medical need for the continual administration of oxygen and to help pay for specialised products and equipment.

Your provider must apply to Services Australia for this supplement on your behalf, but this supplement will not automatically go with you if you change providers. Your new provider will need to re-apply to ensure the payment continues.

Future Support at Home Program:

This supplement is expected to continue unchanged.

Veterans Supplement - for Veterans with mental health problems

Current Home Care Packages Program:

This supplement provides additional funding for veterans with a mental health condition accepted by the Department of Veterans Affairs (DVA) as related to their service.

DVA determines a person's eligibility and advises Services Australia on your behalf. This supplement will automatically go with you if you change providers. Note: if you are eligible for both the Veterans and the Dementia and Cognition Supplements, you will only get the Veterans Supplement.

Future Support at Home Program:

This supplement will continue as part of the new DIVERSE NEEDS Supplement.



Hardship Supplement – for people in significant financial hardship

Current Home Care Packages Program:

This supplement is available to home care recipients in genuine financial hardship, who do not have available income to pay their home care costs due to circumstances beyond their control.

Consumers need to apply to Services Australia for this supplement themselves due to the personal financial details required for the assessment process.

Future Support at Home Program:

Most Grandfathered participants do not pay the Basic Daily Care fees under their HCP. However, some Grandfathered participants have hardship arrangements in place to assist them with payment of their Income Tested Care (ITC) fee.

Hardship arrangements that are in place before 1 November 2025, pertaining to an ITC Fee, will carry through to SAH. Once an existing hardship arrangement expires, the participant must pay a modified amount and can reapply for a new fee reduction supplement, if needed.

Grandfathered participants are protected by the 'no worse off' principle regarding their fees under SAH.

Viability Supplement – for people living in very remote areas

Current Home Care Packages Program:

This supplement is paid to providers on behalf of consumers living in rural and remote areas, in recognition of the higher costs of delivering care and services in these areas.

Future Support at Home Program:

Providers who operate in rural and remote areas may be eligible to apply for supplementary grants to assist with the cost of delivering services in these areas.

Participants living in rural and remote areas may be able to apply for an additional supplement to support their access to Assistive Technology and Home Modifications.

Supplements

Dementia & Cognition Supplement – to care for someone living with dementia

Current Home Care Packages Program:

This supplement provides additional funding in recognition of the extra costs of caring for people with cognitive impairment associated with dementia and other eligible cognitive conditions.

A GP, geriatrician or nurse can do the assessment to determine whether you meet the criteria to get this supplement and can submit the application on your behalf. This supplement will automatically go with you if you change providers.

Future Support at Home Program:

The separate Dementia and Cognition Supplement is not expected to be maintained as a standalone payment, however, grandfathered participants receiving the supplement will have the supplement amount transferred automatically to their new Support at Home quarterly budget.

The Single Assessment Service will consider a person's care needs related to dementia and recommend an appropriate funding classification level to address those specialised needs.



Supplements

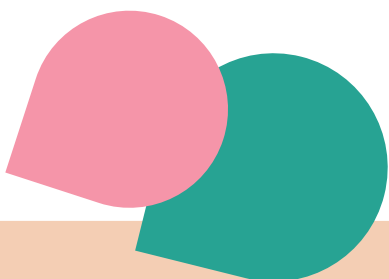
NEW! Diverse Needs

– Care Management Additional Supplement

This is a new Supplement for the Support at Home program and acknowledges the special and complex needs of many older people as they age.

These additional supplements will be added to a provider's care management fund in respect of:

- Veterans who are approved for the Veteran's Supplement for aged care.
- Older Aboriginal and Torres Strait Islander people.
- People who are homeless or at risk of homelessness.
- People referred by the care finder program.
- People who are care leavers (i.e., a person separated from parents or children by forced adoption or removed).



New classifications & budgets for Support at Home

One of the major changes in the Support at Home program is the introduction of eight new funding classifications in addition to the four existing home care package levels.

TABLE 1: All 8 funding levels from lowest to highest showing the annual and quarterly budget amounts.

These amounts are indicative pricing and may change before the program begins.

Classification	Quarterly Budget	Annual Budget
1	\$2,674.18	\$10,696.72
2	\$3,995.42	\$15,981.68
3	\$5,479.94	\$21,919.77
4	\$7,386.33	\$29,545.33
5	\$9,883.76	\$39,535.04
6	\$11,989.35	\$47,957.41
7	\$14,530.53	\$58,122.13
8	\$19,427.25	\$77,709.00



Quarterly budgets

The new Support at Home program is a 'user pays' model where a person only pays for the services they receive, except for clinical care services. No one will be required to pay for clinical (nursing) care services, regardless of their income or pension status.

The amount a Support at Home new participant is required to pay is based on a percentage of the price for each service type (e.g. domestic assistance, personal care, shopping assistance, etc), or a percentage of the cost of the item (e.g. aids & equipment, allied health service, delivered meals, etc).

The government sets the percentage the participant is required to pay. Your provider, or the supplier of the goods or services, sets the price for each service type.

Remember, your current fee arrangements are grandfathered so you do not have to pay these fees.



What are the changes?

Grandfathered participants will be automatically moved to the new Support at Home program on 1 November 2025 at the same funding level as their current home care package (refer to the blue rows in Table 1).

However, instead of the government subsidy being calculated on a daily basis, the new Support at Home budget is calculated on a quarterly basis. You will not be reassigned to a new Support at Home classification level.



Do the changes apply to me?

Yes. As a Grandfathered participant, your budget will be split into four quarterly budgets equal to the same total annual funding amount you currently receive on your home care package. This means there will be no change to your current available package funding allocation unless you need a new assessment for a higher level of care.

Interim home care packages

If you are on an interim home care package level while waiting for a higher-level package, you will be assigned the approved HCP funding level when you reach the top of the waitlist, even if this occurs after 1 November 2025.

You will not be reassigned to one of the eight Support at Home classification levels if you are already on the waitlist for a higher-level home care package as of 31 October 2025.

For example, if on 31 October 2025, you are on the national waiting list for a Level 4 HCP and receiving an interim Level 2 HCP in the meantime, you will be assigned a new quarterly budget equal to Level 4 HCP funding once you reach the top of the waiting list.

New higher-level assessments:

If your circumstances change, you may need a formal re-assessment for additional care and services.

The Single Assessment Service (SAS), previously known as the Aged Care Assessment Team (ACAT), will conduct a new assessment of your care needs and assign you a new Support at Home classification level.

Remember, you are grandfathered in terms of the fees you pay, so even if you move to a Support at Home classification funding level at a later date, you will not have to pay the Support at Home fees.



What do I need to know?

- Your quarterly budget is meant to last for the entire quarter, so careful planning and budgeting will be required by participants and providers
- You cannot spend more than is allocated in your quarterly budget. Ensure you are spending within your budget as you cannot go into deficit and make it up in the next quarter
- You will continue receiving a monthly statement with details of the care and services provided to you



It will be more important than ever to ensure you communicate your needs with your Goodwin Care Partner so that your quarterly budget funding level keeps up with your changing needs.





Grandfathered participants paying an Income Tested Care Fee (ITCF).

If you have already been paying an ITCF under your home care package, a new fee structure is being introduced.

Goodwin will work with you to explain the new formula and work out how much you will pay as a percentage of each service type you use.

TABLE 2

New fee structure for Grandfathered Participants paying an Income Tested Care Fee.

	Clinical supports	Independence	Everyday living
Full pensioner	0%	0%	0%
Part pensioner	0%	Part pensioners and CSHC holders will pay between 0%-25% based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.	Part pensioners and CSHC holders will pay between 0%-25% based on an assessment of their income and assets. For part pensioners this will be based on their Age Pension means assessment. CSHC holders will undergo a separate assessment for Support at Home.
Self funded retiree (holding or eligible for a Commonwealth Seniors Health Card)	0%		
Self-funded retiree (not eligible for a Commonwealth Seniors Health Card)	0%	25%	25%

Unspent funds

Roll-over funds

Rolling over your existing unspent HCP funds

In the Home Care Packages program, unspent funds can be rolled over and saved in your HCP account held by Services Australia and accessed when you require additional approved spending.

As a Grandfathered participant, on 1 November 2025, you can roll over all your unspent funds that have accumulated from the time you commenced your package until 30 October 2025. This amount will

remain set aside for you and will continue to roll over month after month and year after year.

Rolling over unspent funds from your quarterly budget

The Support at Home program commencement brings some changes to how unspent funds are dealt with.

From 1 November 2025, if there are unspent funds in your budget at the end of each quarter, participants can roll over up to \$1000, or 10%, of your quarterly budget - whichever is the higher amount.

TABLE 3

The maximum allowable rollover amount for each HCP level and Support at Home classification level.

A	B	C	F
Classification Level	Annual Budget	Quarterly Budget	Max rollover per quarter
	\$	\$	\$
Level 1 HCP	10,687	2,671	1,000*
1	11,000	2,750	1,000
2	16,000	4,000	1,000
Level 2 HCP	18,793	4,698	1,000*
3	22,000	5,500	1,000
4	30,000	7,500	1,000
5	40,000	10,000	1,000
Level 3 HCP	40,905	10,226	1,022*
6	48,000	12,000	1,200
7	58,000	14,500	1,450
Level 4 HCP	62,013	15,503	1,550*
8	78,000	19,500	1,950



Unspent funds

Moving from HCP to Support at Home



What happens to existing unspent HCP Funds?

Grandfathered participants will retain their unspent funds amount (as of 31 October 2025) to purchase approved care, services, equipment and home modifications if needed. You will not lose your unspent funds.

As a Grandfathered participant, you will also be entitled to rollover up to \$1000, or 10%, of your quarterly budget - whichever is the higher amount. Your unspent budget amounts will appear on your monthly financial statements.

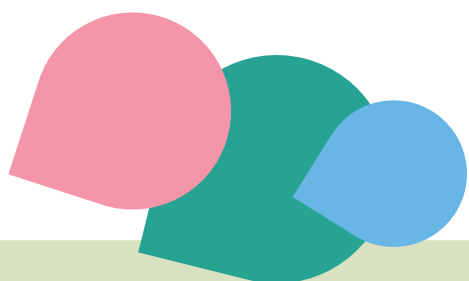


What can I spend my unspent funds on?

Grandfathered participants can negotiate with their provider to access unspent funds for care and services that address their ageing-related care needs.

The process and requirements do not change from the home care packages program to the Support at Home program, though any spending must continue to meet all government guidelines for approved spending and be included in your care plan and relevant assessment documentation.

The department encourages providers and participants to use their Decision Support Tool to help with decision-making and notes that providers have discretion to determine whether the requested spending aligns with the program intent and the provider's compliance requirements.



What is happening to Package Management fees?



Package Management charges will end on 31 October 2025

Under the current Home Care Packages program, service providers are allowed to charge a Package Management fee. This fee is intended to cover the administrative costs associated with managing a person's package.

These essential "back-office" services may not be immediately visible to consumers, but they are crucial for ensuring that services are coordinated, invoices are paid, monthly statements are generated, and provider obligations are met.

Under the home care packages program, providers can charge up to 15% of a consumer's subsidy for package management. However, this will change with the new Support at Home program.

Starting on 1 November 2025, approved providers will no longer be allowed to charge a separate fee for package management costs. Instead, they are expected to include these costs in the prices they set for each service delivered to participants.

This means that each hourly rate or product cost will include not only the service itself but also a portion that covers travel expenses, administrative costs, back-office expenses, scheduling costs, and more.

Participants will have 10% of their quarterly budget allocated for Care Management, while the remaining 90% will be available for care and services. Package management expenses will be drawn from this 90%.

Providers will be able to apply a capped loading to manage administrative costs when a participant has selected their own worker(s); however, the cap amount has yet to be determined.



What happens if I need a new assessment?

There are different approaches to reassessment, depending on when a person enters the Support at Home program.

As a Grandfathered participant, when you move across to the new Support at Home program, you will continue to receive the same HCP funding level as you have received under the home care packages program. If your care needs change, you and Goodwin can discuss options to meet your needs.

Before you can apply for reassessment to receive a higher-level classification under Support at Home, you may need to use any unspent Home Care Package funds available to you.

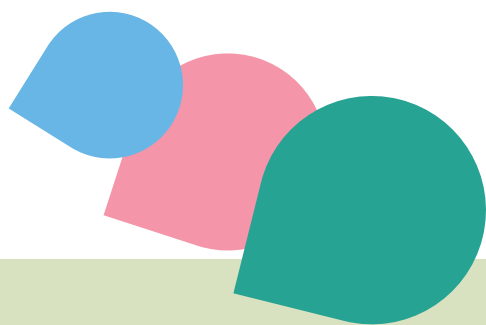
Additionally, you should be able to show that your quarterly budget can no longer cover the care hours and other supports you require.

If you are reassessed by the Single Assessment Service (SAS), you may be assigned to a higher Support at Home funding classification level, as determined by the assessor in collaboration with you.

If you are a Grandfathered participant who has paid an Income Tested Care fee under your home care package, you will only need to contribute income-tested fees according to the Support at Home transitional fees framework. These new fees will be tied to the type and frequency of services you receive.

So, if you pay an Income Tested Care Fee, the overall cost of your care will not increase, regardless of the funding level you receive, for as long as you remain in the program.

The total amount you pay might go up but that's because of the amount of services you're receiving not because the proportion of the amount you need to pay is changing.



Switching Providers

Home care package consumers have choice and control over which Approved Provider they choose to 'host' their package.

Their Approved Provider receives the government subsidies on their behalf and provides care management services to ensure consumers receive the necessary support to meet their assessed care needs.

Consumers are entitled to switch Approved Providers if they believe their care needs can be better met by a different Approved Provider.

The option to switch providers will continue under the new Support at Home Program.



What do I need to know about switching providers?

Participants in the Support at Home program will not have to wait until the end of the quarterly budget cycle to switch providers.

This process is similar to that of the home care packages program, where participants negotiate with a new provider and inform both the current and new providers about their transfer date.

Any existing HCP unspent funds must transfer to the new provider within 70 days of the exit date.

Effective and transparent communication between participants, providers, and the new provider is essential to ensuring a smooth transition.

Information in this document is derived from resources provided by the Australian Government Department of Health and Aged Care and Get Smart Aged Care Consultancy (2025).





GOODWIN
HOME CARE

(02) 6175 5650

supportathome@goodwin.org.au

goodwin.org.au/home-care