Brightwest Care

RECORD HOLDER

LARGEST GATHERING OF CENTENARIANS
PRESSRELEASE 23 OCTOBER2025

Navigating **Support at Home**

Your Guide to Quality Aged Care Services

As of 01 November 2025



Support at Home Program

Starting 1 November 2025, the Australian Government is introducing the Support at Home program, replacing the current Home Care Package (HCP) and Short-Term Restorative Care (STRC) programs. This new aged care program is designed to offer more personalised, flexible and accessible support - helping older people continue living independently and comfortably in their own homes. It will simplify services and make care easier to understand and access.

Starting 1st November 2025

What's Changing?

The Aged Care sector is undergoing major reform following the 2018 Royal Commission into Aged Care Quality and Safety. The key change is the new Aged Care Act, passed on 25 November 2024 and effective from 1 November 2025. It introduces a rights-based framework to simplify the system, enhance protections for older people, and increase provider oversight. A new program, Support at Home, will help older people live independently at home for longer.



Simplified Fee Structure

No more package management fees - more of your funding goes directly to your care.



Clear Hourly Pricing

Know exactly what you're paying for with clear, easy-to-understand service rates.



Streamlines Assessment

One team will handle all your care assessments, making the process faster and less confusing



Simple, Smart
Aged Care at Home

Home care is about to become much simpler. From 1 November 2025, the new Support at Home program will replace: Home Care Packages (HCP); and Short-Term Restorative Care (STRC). Then, starting July 2027, the Commonwealth Home Support Programme (CHSP) will also move into this single system.

What does this mean for you?

If you currently have a Home Care Package, you'll automatically move into the Support at Home program on 1 November 2025 - no extra paperwork or reassessment needed.

Your care plan can be adjusted as your needs change. If your needs change significantly or you require an additional service that is not included on your approved support plan, you can request a reassessment.

More of your funding will go directly toward your support, giving you better value.

There's no need to switch providers or reapply - your existing provider and the government will work together to make the transition as seamless as possible



What's New?

New Funding

78k

You can now receive up to $78k per year to help you stay well at home.

More Funding

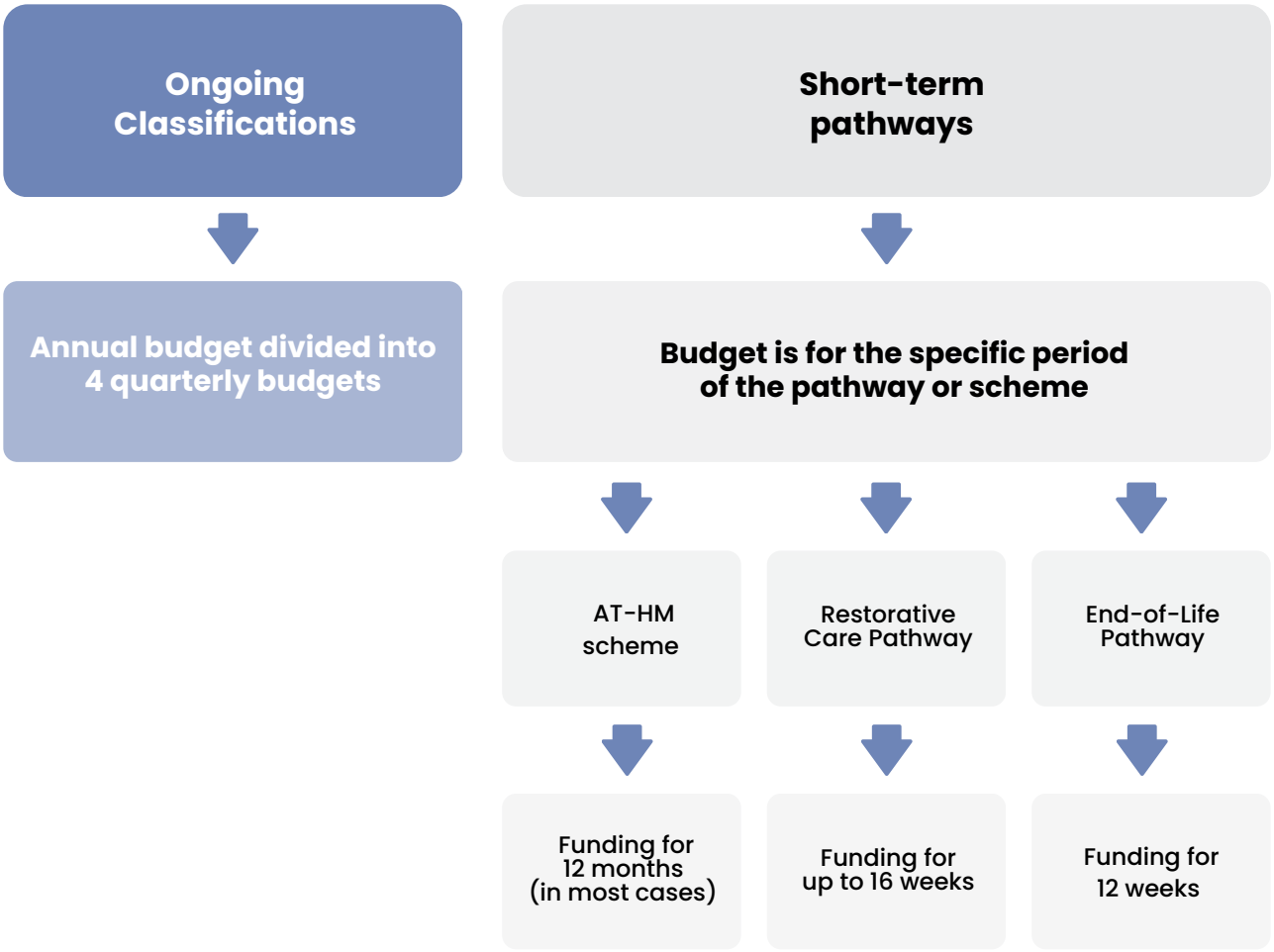
+67k

- **$15k Assistive Technology**
- **$15k Home Modifications**
- **$12k Restorative Care**
- **$25k End of Life supports**

About Your **New Funding**

Under the new Support at Home program, your funding will be based on your Support at Home classification. If you have an ongoing classification, your total funding will be split into four quarterly budgets, each covering three months of the year. If you have a short-term classification, your budget will match the time frame of your specific pathway or scheme, for example:

This approach helps ensure your funding aligns with your care needs and time frames.



Understanding **Costs**

We understand that costs can be confusing. That's why Support at Home has clear, upfront pricing. Fees for Care Management will be reduced and you will no longer pay package management fees. Instead, you will pay a slightly higher hourly rate for each of your services. Below is a breakdown of how **Government Funding** plus **Your Contibutions** equals **Your Budget.**

Government Funding for YOU

Ongoing Services

[Quarterly Budget − 10% Care Management − Participant Contributions] **and** Restorative Care Budget **or** End-of-life Budget

HCP | Unspent Funds Budget + Assistive Technology Budget + Home Modification Budget + Primary Supplements

Payments Required from YOU

Your Contributions

(based on set % of the priceforindependenceandeveryday living services, determined by an assessment of the participant's income and assets)

YOUR Budget

What's the difference?



Reduced Care Management Fees

Care managementfees will be reduced. Less of your funding is used on administration, and more funding is directed to your actual care.

Transparent Service Charges

You can easily seehow mucheach service costs and how much service time you're getting.

Government Contributions

Thegovernment pays aportion of your support costs. What you pay depends on your income and situation (as assessed by Services Australia). Some people pay very little, whilst some pay a little more.

Need help? We're hereto make life easy.
Call93367555

What Happens to Unspent Funds?

Ifyou were receivingaHome Care Package(HCP) and had unspent funds as of 31 October 2025, don't worry, those funds move with you into the Support at Home program. You'll keep your unspent HCP funds when you're reassessed and given your new Support at Home classification. The diagram below shows how these unspent funds may be divided and used under the new system.

Provider-held
Accumulated HCP subsidy, paid by the Commonwealth to the provider, where the recipient was receiving a HCP prior to September 2021.

Commonwealth-held
Accumulated HCP subsidy, paid by the Commonwealth and managed by Services Australia in the recipient's Home Care Account.

Participant portion
Accumulated HCP subsidy, Accumulated from HCP care recipient fees paid to the provider (i.e., the income tested care fee).

Participant Portion – HCP Unspent Fund

If you have unspent funds from your Home Care Package (HCP) participant portion, your provider will hold these funds. By 1 November 2025, you and your provider must agree in writing on what to do with the remaining balance. You can choose to either:

- Have the funds refunded to you, or
- Let the provider retain them to cover your future service contributions.

If you choose a refund, it must be processed within 14 days of your agreement. If the funds are retained, any remaining amount will be refunded to you if the provider stops delivering your services.

Your Budget & **Contributions**

Your Support at Home budget is based on your aged care assessment, which considers your health, lifestyle and goals.



How does it work?

Support at Home is designed to fund care needs that support participants in remaining at home for longer. Nursing and clinical support services listed in the Support at Home service list will be fully covered, with no out-of-pocket expenses. Contribution rates for non-clinical support services will be determined based on the participant's income and assets assessment (completed by Services Australia).

What will you pay?

You only pay for the services you use. Contribution amounts depend on the type of service, your income and assets (based on the age pension means test). Lower contributions apply if you have a Commonwealth Seniors Health Card.

Participants will be assigned one of eight funding levels based on your aged care assessment. Your assessed level will determine the amount of support you receive each quarter.

Levels	Quarterly Budget	Annual Amount
1	$2,683.01	$10,732.04
2	$4,008.91	$16,035.64
3	$5,491.67	$21,966.70
4	$7,424.07	$29,696.28
5	$9,924.40	$39,697.61
6	$12,028.44	$48,113.74
7	$14,536.88	$58,147.50
8	$19,526.51	$78,106.04
End-of-Life	Up to $25,000 over 3-month period ((with 16 weeks to use funds)	
Restorative Care	Receive an extra budget of about $6,000* (or up to $12,000 if required)	

* Per unit, maximum two units of funding over a 12 month period.

Participant Contributions

Under the Support at Home program, as mentioned above, you'll contribute to the cost of your care based on your income and assets. Support contribution is grouped into three categories to help you live safely and independently at home:

Clinical

$0 for Clinical Services

Nursing care, occupational therapy, speech therapy and physiotherapy

Independence

Moderate contribution for services that support independence

Personalcare,socialconnectionor AT-HM products

Daily Living

Higher contribution for everyday living help

Housecleaningorgardening (these are not heavily funded by government)

Percentage you pay - Based on income & needs assessment

Clinical	Independence	Daily Living
Pensioner **0%**	Pensioner **5%**	Pensioner **17.5%**
Part Pensioner **0%**	Part Pensioner **5-50%**	Part Pensioner **17.5-80%**
Self-funded Retiree **0%**	Self-funded Retiree **50%**	Self-funded Retiree **80%**

Services included - Grouped under the 3 main categories

Clinical Services

Nursing Care - Support from Registered & Enrolled Nurses

Allied Health - Access to therapists like physios, OT's & more

Continence & Mobility - Help with moving safely & managing continence needs

Nutrition - Support with meals & dietary health

Care Management - A Care Manager to help coordinate your services

Restorative Care - Short-term help to regain strength & independence

Independence Services

Personal Care - Help with self-care & daily activities

Medication - Assistance with taking your medication safely

Social Connection - Support to stay socially active & engaged

Respite Care - Short breaks for carers & support for you.

Therapies - Services to help you live at home

Transport & Technology - Help getting to appointments & using assistive devices

Daily Living Services

Help at Home - Support with cleaning, laundry & shopping

Gardening - Light gardening to keep your outdoor areas safe & tidy

Home Maintenance - Assistance with small repairs & essential upkeep

Meals - Help with preparing meals or arranging meal delivery

You can receive

all kinds of support

Once you've had your aged care assessment and are found eligible, you'll be able to access a range of approved services as outlined in your Support Plan. With guidance, you can tailor the level of support you receive to suit your needs and budget. Services fall into three main categories:

Clinical **Independence** **Daily Living**

Laundry	Gardening	Shopping	Domestic Assistance
Meal Preparation	Companionship	Personal Care	Taxi / Rideshare Vouchers
Interpreter Services	Digital Literacy	Respite Support	Assisted Transport
Alarms & Home Safety Devices	Cultural Engagement	Group Activities	Maintenance & Handyman
Home Modifications	Social Support for Outings	Podiatry	Nutrition & Dieticians
Nursing Care	Telehealth & Check-ins	Allied Health	Walking Aids
Continence Management	Restorative Care	Physio Therapy	Medication Assistance

Your approved funding provides more choice & flexibility

Your Care Plan can be updated at any time in consultation with Brightwest Care to ensure your support always meets your evolving needs and preferences.



Your Journey to **Support at Home**

Starts Here

1 Registration

You get referred to sign up with **My Aged Care** and go through an initial screen.

2 Assessment

You will then complete an aged care assessment with a dedicated assessment organisation.

3 Support Plan

Together, you and the assessor will craft a support plan based on your assessment.

4 Notification

You'll receive your Notice of Decision letter and be placed on the Priority System waiting list.

Worth Noting...

If your circumstances change, such as a fall, new medical condition, or something similar, get in touch with **My Aged Care** as it could reduce your time on the waitlist.

5 Funding & Provider

Once your funding is allocated, choose **Brightwest Care** as your Support at Home service provider.

6 Confirm Cost

Brightwest Care accepts your referral from **My Aged Care**.

7 Income Assessment

You'll complete a simple assessment about your income and assets to work out any fees.

8 Agreement

Together with **Brightwest Care** discuss and agree on a service plan, care details, and your individual budget.

9 Services Start

Brightwest Care will let **Services Australia** know that your care has officially started!

Additional Short-term support

Alongside Clinical Supports, Independence, and Everyday Living supports, the program also offers additional services, including:

1 Restorative Care Pathway

Regain independence with short-term support after a hospital stay or health change.

The Restorative Care Pathway focuses on early intervention and prevention to restore function, helping participants remain independent at home for longer. Through coordinated allied health services, participants receive support to achieve their goals and slow functional decline. Access to the pathway is determined through an aged care assessment and documented in a notice of decision and support plan.

With this pathway, you may be eligible to:

- Receive up to 12 weeks of intensive Allied Health Care to regain function, build strength, and enhance capabilities
- Use restorative care alongside existing Support at Home services
- Access additional funding - $6,000 or up to $12,000 if needed - within the 12-week period
- Obtain low-to-medium-cost assistive technology and home modifications if required

Approval by an assessor is needed to access this pathway. Participants may receive up to two episodes within a 12-month period, but not in consecutive quarters.

2 Assistive Technology & Home Modifications (AT-HM)

Separate funding to help make your home safer & more comfortable.

The AT-HM Scheme helps you access equipment or home changes to support your safety and independence. If eligible, you can receive: Up to $15,000 for home modifications (like ramps or handrails) - capped lifetime amount. Up to $15,000 or more for assistive technology (like mobility aids or personal alarms).

Funding is available in tiers:

Low	Medium	High
Up to $500	Up to $2,000	Up to $15,000

If you have specific needs, such as support for assistance dogs, you may be eligible for more funding over a longer time. Access to high-tier home modifications will be capped at $15,000 per lifetime (plus any additional supplements). A defined AT-HM list outlines the products, equipment and home modifications available under the AT-HM Scheme.

AT-HM List
health.gov.au

3 End-of-Life Pathway

Compassionate care tailored to your comfort & dignity during the final stages of life.

The End-of-Life Pathway helps you stay in the comfort of your home during your final months, with respectful, urgent support.

You may be eligible for:

- A priority assessment, even if you're not already in the Support at Home program
- Up to $25,000 in funding over 3 months (with 16 weeks to use it)
- Higher-level in-home care tailored to your needs
- Assistive technology and home modifications through the AT-HM Scheme

This pathway offers peace of mind, comfort and dignity - for you and your loved ones

Flexible care
made to suit YOU

Your care plan is designedtoevolve with yourneeds. Once assessed under the Support at Home program, your support plan will outline a list of approved services and your care budget. Working alongside your Care Partner, you can adjust the mix of your approved services at any time - no full reassessment needed unless your circumstances change significantly or you require a service not listed in your approved support plan.

Need to Make a Small Change?

Simply speak with yourCarePartner,whowillsupportyouinensuring your care continues to fit your lifestyle and care needs.

When Is a Reassessment Needed?

If your needs change significantly or you require an additional service that is not included on your approved support plan, you can request a reassessment to ensure you continue receiving the right level of care.

Need help with Support at Home Services?
get in touch today!
brightwestcare.com.au



Care **Management**

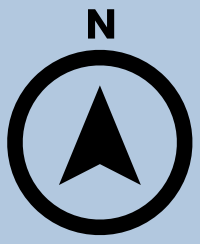
As part of the Support at Home program, you'll have access to care management support to help plan, coordinate, and adjust your services so they meet your changing needs.

10% Each participant will have 10% of your quarterly budget set aside for care management. This applies whether your provider manages your services or you're self-managing with their support.

Brightwest Care will:



Happily deliver your Support at Home services



Offer Care Management to guide & support your care



Help ensure you get the best outcomes from your services

New Terminologies

If you're an existing HCP care recipient, under the new Support at home program you'll be called as 'transitioned HCP care recipients', with a subset having grandfathered provisions applied.



Transitioned HCP care recipient

A Home Care Package recipient who transitioned to Support at Home on 1 November 2025. This also includes older people who were on the National Priority System prior to 1 November 2025 but had not received a Home Care Package.



Grandfathered HCP care recipient

A Home Care Package recipient who, on 12 September 2024, was either receiving a package, on the National Priority System, or assessed as eligible for a package. Grandfathering 16 Support at Home program manual V4.0 arrangements only apply to participant contributions and primary supplements



Transitioned STRC client

A Short-Term Restorative Care client who transitioned to Support at Home on 1 November 2025. This includes older people who were part-way through a STRC episode or who had approval to access STRC but had not commenced receiving services.

Balancing Your **Needs & Budget**

Care planning is more important than ever. It's how we ensure you receive the right support while keeping quality care affordable.

At Brightwest Care, our dedicated Care Managers are here to help. They'll work closely with you to balance your personal needs and finances, all within the Support at Home program guidelines. Their expertise in budget management ensures you clearly understand and confidently choose your service options. This personalised approach guarantees you achieve your unique goals and truly enhance your life at home with the right support.



Building a great Care Plan

Your Goals

What truly matters for your health and support needs.

Your Budget

What works best for your personal finances and situation.

Our Expertise

Our care management skills and knowledge of the Support at Home program.

Frequently **Asked Questions**

Let's take a look at some common scenarios we've heard from people navigating the Support at Home Program.

Will my services change under Support at Home?

There will be no change to your services if they continue to be supported under the current Support at Home program. However, if any of your existing services are not included in the new service categories, you may need to adjust your care plan. Your Support Partner will personally go through any necessary updates with you to ensure a smooth transition. Contact Brightwest Care if you have any questions.

What does the 'no worse off principle' mean?

It simply means you will not contribute more for your care than you currently do. If you do not pay an Income Tested Fee today, you will not have to pay any co-contributions under Support at Home. Even if you are reassessed to a higher classification. If you pay an ITF, you won't pay more than you do today.

Do I still pay Income Tested Fee Support At Home?

The Income Tested Fee does not exist under Support at Home and is being replaced by service based co-contributions. Your co-contribution will not be more than you pay today as an ITF and will only apply to services delivered, not a daily fee like the ITF.

What will my Care cost?

All providers will charge 10% of your quarterly budget for Care Management to provide your care planning and ongoing review. Package Management, which covers invoice payment, claiming and compliance will no longer be charged. Instead, providers will include the costs associated with this work as part of hourly service rates.

What if I need to be reassessed for a higher level of funding?

If your needs increase and you need additional funding, you can be reassessed for a Support at Home classification of up to ~ $78 000. This will not result in you needing to pay additional co contributions.

What will happen to the unspent funds from my current HCP?

This amount will be retained for you to use on care and services in the future. However, after 1 November 2025, you will no longer be able to accumulate additional funds. Instead, you will be expected to use your funds, with a max of $1000 or 10% of your quarterly budget allowed to be rolled over to the next quarter.

What are the new co-contributions and will I have to pay?

Under Support at Home all participants will contribute to the cost of their care. Clinical services such as Nursing and Allied Health will be fully funded by the government regardless of income however Independence and Everyday Living services will have a co-contribution. These co-contributions do not apply for grandfathered participants not currently paying an ITF.

What is the Assistive Technology & Home Modifications funding?

The new AT-HM funding is additional to your regular quarterly budget and can be used for assessed equipment and home modifications. To access this additional funding, you will need to be assessed and have used all of your unspent funds. You can be assessed for up to $15,000 of equipment and a further $15,000 for home modifications.

Are you already receiving care and wondering how the transition to the new Support at Home program will affect you?

If you're already receiving care:

- Home Care Package (HCP) or Short Term Restorative Care (STRC): You will automatically transition to the new program from 1 November 2025.
- Commonwealth Home Support Programme (CHSP): Your transition will happen later, starting no earlier than July 2027.

Why choose Brightwest Care

10k+
Families Supported

600+
Support Workers in Australia

80+
Languages Spoken

12M+
Hours of Service Provided

4.8
★★★★★ Google Rating

Want to know more?

If you have questions or your current provider hasn't discussed the Support at Home program, please contact Brightwest Care on **1300 398 111** or visit our website **brightwestcare.com.au**

Call My Aged Care: **1800 200 422**
Or Visit: **www.myagedcare.gov.au**

To book a Support at Home assessment, call **1800 227 475** or visit any Services Australia Service Centre. This is the first step to accessing support.



Brightwest Care

For more information,
Contact Brightwest Care today:

1300 398 111

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brightwestcare.com.au

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