Support at Home service list – FAQ

June 2025

The Support at Home service list provides information about what services can be funded under the program. The service list has 3 categories (Clinical Supports, Independence and Everyday Living), each with their own service types and participant contribution arrangements.

Participants are eligible for services documented in their Notice of Decision letter and support plan.

This FAQ addresses common questions about the Support at Home service list.

These answers provide general advice only. Refer to the Support at Home program manual for more detail.

Clinical Supports

Nursing Care

What can I claim under the Nursing Care Consumables service?

- This service is for specialised nursing products (for example, prescribed skin emollients for management of skin integrity; oxygen consumables; and continence consumables). This service does not cover everyday nursing consumables that a nurse would be expected to carry (for example, bandages, antiseptics, etc) which should be included in the service price.

Can nursing services be delivered virtually?

- Nursing Care services can be delivered virtually, for example a telehealth appointment, or reminders and prompts for medication management.

Allied Health and other Therapeutic Services

What activities can I deliver under Allied Health and other Therapeutic Services?

- Allied Health and other Therapeutic Services allows for any activities to be delivered that fall within a professional's scope of practice.
- The activities must be to assist the participant to regain or maintain physical, functional and/or cognitive abilities which support them to remain safe and independent at home. For example:
    - a physiotherapist who is trained in dry needling and assesses it is an appropriate intervention for a clinical outcome could deliver that activity under the service Physiotherapist.
    - an occupational therapist who is trained in lymphoedema support and assesses it is an appropriate intervention for a clinical outcome could deliver that under the service Occupational Therapist.

Does a participant need to have a Chronic Disease Management Plan or General Practitioner Mental Health Treatment Plan before accessing allied health?

- If a health system plan, such as the Chronic Disease Management Plan or Mental Health Plan, is in place it should be exhausted before Support at Home funding is used for allied health.

Can I deliver group-based interventions?

- Group-based interventions may be eligible, depending on the discipline of the professional delivering the service.
- The interventions must be to assist the participant to regain or maintain physical, functional and/or cognitive abilities which support them to remain safe and independent at home.

- For example, group hydrotherapy delivered by a physiotherapist or clinical Pilates delivered by an occupational therapist could both be delivered under Allied Health and other Therapeutic Services.

Care management

When a care partner is providing services, do they have to be directly supervised by someone with clinical qualifications?

- Your model for delivering care management can depend on your workforce and the types of services you deliver.
- The care partner model may involve care partners who are experienced and trained aged care workers, or care partners who have a health-related qualification, or both.
- The level of clinical expertise will be subject to your clinical governance framework.
- For more information on clinical governance, refer to the Aged Care Quality and Safety Commission's resources: www.agedcarequality.gov.au/resources/clinical-governance

Is care management different under the End-of-Life Pathway?

- On the End-of-Life Pathway, care partners will need to undertake the same activities as for ongoing Support at Home services.
- Care partners will also play a role in liaison and care coordination with the participant's doctor, medical team and any state or territory palliative care services.
- It is important that the care partner seeks to understand what supports are currently in place and whether additional services or parties should be notified (for example, palliative care services if they are not already engaged). This is essential to ensure the participant is receiving holistic and sufficient care.
- Care management for the End-of-Life Pathway is claimed directly from the participant's End-of-Life Pathway budget. There is no cap on the amount of care management that can be claimed under the End-of-Life Pathway. However, it is expected that care management claims are proportionate and in the best interests of the participant.

Under the Restorative Care Pathway, do restorative care partners have to hold a university-level health qualification?

- Restorative care partners should hold qualifications in nursing or allied health, preferably at the university level to enable them to work autonomously.
- Other relevant clinical qualifications may be held. You remain obligated to having a clinical governance framework in place.

- For more information on clinical governance, refer to the Aged Care Quality and Safety Commission's resources: www.agedcarequality.gov.au/resources/clinical-governance

Independence

What is included under the service Expenses to Maintain Personal Affairs?

- This service can pay for internet and phone bills where the participant is at risk of, or is, homeless and support is needed to maintain connection to funded aged care services.
- The primary purpose must be to ensure that the participant can maintain connection with you, as their aged care service provider.

Who can deliver the service Remedial Masseuse?

- This service can be delivered by members of the Australian Natural Therapists Association.
- If remedial massage is within the scope of practice of another allied health professional, it can be delivered by that professional and claimed under the other relevant service, if included in the service list.

The service list has one service for Respite but the Rules have two services for respite. What does this mean?

- For claiming and payment purposes, providers should refer to the service list contained in the Aged Care 2025 Rules, which breaks down respite into two services.

Can other services be delivered during respite?

- Delivering Respite can include delivering a range of services, such as domestic assistance or personal care.
- Claims for any services that would usually be undertaken by the person's carer should be made under the one respite claim. This is to ensure that the usual carer is genuinely alleviated of their carer responsibilities during the respite period.

Can a participant pay for a taxi or rideshare directly?

- No. The service Indirect Transport is for a voucher for taxi or rideshare services (including Cabcharge vouchers). It does not allow direct payment to the driver.

Can a participant claim Transport for travel costs for other services?

- The service Transport can only be used to provide group or individual transport assistance to connect an older person with their usual activities.

- Travel costs associated with other services (for example, for a personal care worker or therapist to travel to a participant's home) must be included in the price for that service.

Can a participant use their Support at Home budget for Transport if there are state-based or local government travel assistance programs available?

- Any state-based or local government travel assistance programs that can meet the needs of a participant must be used in favour of funds from their Support at Home budget.
- If a state-based or local government travel assistance program is unable to meet the needs of the participant, then Support at Home funding may be used if they have been approved for the Transport service.

Everyday Living

As part of Domestic Assistance, can I charge for cleaning products and equipment if participants don't have their own?

- The price charged for Domestic Assistance should factor in all costs required to deliver the service.
- In most cases, it is expected that cleaning equipment and consumables would be available for use at the person's home. However, participants who do not have suitable cleaning equipment and consumables should not be disadvantaged. In these cases, equipment and consumables may be factored into your price.

Assistive technology and home modifications (AT-HM)

What participant contribution categories apply to AT-HM?

- Assistive technology (AT) and home modifications (HM) may be in different participant contribution categories.
- AT and HM items come under the Independence category.
- Prescription and wraparound services come under the Clinical Supports category, with no participant contributions required.

What kind of items can be provided under Assistive Technology and Home Modifications?

- The Assistive Technology and Home Modifications list outlines the products, equipment and home modifications that participants can access through the AT-HM scheme: Assistive Technology and Home Modifications list (AT-HM list) | Australian Government Department of Health and Aged Care
- Prescriptions and wraparound services for assistive technology, products and equipment and home modifications may also be funded through the AT-HM scheme.

Aged Care Rules

Why are there different names for some items in the service list compared to the Aged Care 2025 Rules?

- The Support at Home service list was released in September 2024 to inform providers and older people what services are included under Support at Home.
- The Aged Care Rules (the Rules) include the services available under all funded aged care programs, including Support at Home. For claiming and payment purposes, providers should refer to the service names in the Rules.

Supervision for Nursing, Allied Health and Therapeutic Supports services

Can supervision for these services be indirect?

- For these services, treatment programs can be delivered by allied health assistants or aged care workers under the supervision of a nurse or therapist.
- This supervision can be indirect provided it is safe and appropriate to do so.

What services include support with medications?

- The services Nursing Care and Personal Care can include support with medications.
- The medication support that can be provided will depend on the scope of practice of the aged care worker delivering the service, and the participant's service agreement and care plan. For example:
    - under Registered Nurse, a registered nurse may administer medications such as insulin.
    - under Nursing Assistant, a nursing assistant or personal care worker may administer medication such as medicated eye drops under the direct or indirect supervision of a registered nurse.
    - under Assistance with the Self-Administration of Medication, a nursing assistant or personal care worker may provide assistance or supervision for a participant who is able to self-administer their medication. This may include reminding them to take their medications, assisting with opening packaging or arranging for a pharmacist to prepare Webster packs.
- All aged care workers must have the appropriate qualifications, skills or experience to deliver funded aged care services, and work to their scope of practice.
- The participant's care plan should clearly document what services are being delivered to meet their medication support needs.
- Care planning for medication support will generally require the input of a registered nurse, especially when this extends beyond support with self-administration.

- If delivering Nursing Care, refer to guidance from the Aged Care Quality and Safety Commission on the strengthened quality standards relating to medication: Strengthened Quality Standards | Aged Care Quality and Safety Commission

Health education

What services can assist with health education?

- All services under Nursing, Allied Health and other Therapeutic Services and Therapeutic Services for Independent Living can be used for health education where it is within the health care workers' scope of practice.
    - For example, the service Registered Nurse could cover education on diabetes management. The service Speech Pathologist could cover education on modified texture diets.