

Support at Home changes for Grandfathered participants

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If you had your HCP approved prior to 12th of September 2024, you'll automatically be moved to the new Support At Home system on 1 July 2025 at the same funding level that you are on now.

You won't be expected to pay fees if you don't already, and you'll be no worse off if you are paying fees.

New services categories

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

Clinical care

- Nursing
- Allied health
- Nutrition
- Care management
- Restorative care management

Independence

- Personal care
- Social support
- Therapeutic services
- Respite
- Transport
- Assistive technology
- Home modifications

Everyday living

- Domestic assistance
- Home maintenance & repairs
- Meal preparation & support

What this means for you

You will continue to receive the services and supports already in place, but there may be some adjustments to align with the new categories.

Under the new system, your care plan will be more and targeted and planned – and you will no longer be able to save up funds but instead will be expected to use the majority of your quarterly budget.

Snapshot of key changes

Annual funding will move to four equal quarterly budgets

You will retain any unspent funds you have currently

New limits will apply to rolling over any unspent quarterly budget (apprx \$1000 max) after 1 July 2025

Care Management charges will now be up to 10% of your quarterly budget

A 'no worse off' principle exists so if you are currently paying an income-tested care fee, you won't pay more than you are now

Services will be categorised and charge differently



Your common questions answered

1.

Will my services & care change under the new system?

If a service you are currently receiving falls outside of the new services category lists, you may experience some changes to your care plan. You will need to work with your home care provider to make the necessary adjustments.

2.

What is does the 'no worse off principle' mean?

It simply means you will not pay more for your care than you currently do. This also applies if you are reassessed for a higher level of care – meaning you'll still pay no more than you currently pay even once you are assigned a higher classification level of support.

3.

How does the Income Tested Fee work under the new Support At Home scheme?

If you have already been paying an ITF under your home care package, you will be 'no worse off' under Support at Home – so you will pay the same or less than you do now.

4.

What will my Care & Package Management costs be?

All providers will charge up to 10% of your quarterly budget for Care Management, which support your care planning and service coordination. Package Management, which covers administration and compliance matters will no longer be charged at up to 15% of your HCP. Instead, providers will include the costs associated with this work as part of hourly service rates.

5.

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

The Single Assessment Service will conduct a new assessment of your care needs and assign you a new Support at Home classification level. This will not result in you needing pay additional fees.

6.

What will happen to the funds I have saved over time from my current HCP?

This amount will remain set aside for you and will continue to roll over month after month and year after year. However, after 1 July 2025, you will no longer be able to save additional funds. Instead, you will be expected to use your funds, with a max of about \$1000 allowed to be rolled over to the next quarter.

7.

Can I access funding for Restorative Care?

A new budget of about \$6000 over 12 weeks will be available for targeted allied health services. As a grandfathered participant, you may be able to access this funding however, your quarterly budget or unspent HCP funds are generally expected to cover these costs.

8.

Can I access funding for Assistive Technology & Home Modifications?

All participants will have access to the new AT-HM funding pool, which is additional to your quarterly budget and covers items such as equipment, home modifications, coordination costs, prescription by OTs, training for safety equipment and more.

You will have up to \$15,000 available for these items, but you will need to exhaust any unspent HCP funding before accessing this funding pool.

