

THE CITY OF
GREATER GEELONG

SUBMISSION TO THE TRANSITION OF THE COMMONWEALTH HOME SUPPORT PROGRAM TO THE SUPPORT AT HOME PROGRAM

JANUARY 2026

Contents

Executive summary	3
Submission	5
1. Timeline and implementation risks	5
2. Expected impact of this transition	6
Wait times for assessments and care	6
Affordability: client fees, home modifications and assistive technology.....	6
End of Life pathway design.....	7
Thin markets (rural/remote and specialised cohorts)	7
3. Provider readiness: ICT, compliance and workforce	8
4. Other matters.....	9
Communication and Care Navigation.....	9
Summary	10
References	11

Executive summary

The City of Greater Geelong strongly supports the intent of ongoing reforms to enhance the quality and accessibility of in-home aged care across Australia.

While the transition from the Commonwealth Home Support Programme (CHSP) to the Support at Home Program is a significant step forward, it carries substantial and immediate risks if key challenges are not urgently addressed by the Government. These include persistent concerns around affordability, particularly client fees, home modifications, and assistive technology, lengthy wait times for assessments and care, limited workforce capacity, thin-market vulnerabilities in rural, remote, and specialised communities, and the necessity for realistic, well-communicated implementation timelines.

Without decisive, targeted action, the most vulnerable older Australians, especially those on low incomes, residing in rural and remote areas, or from culturally and linguistically diverse backgrounds, are at risk of reduced access to essential support, increased out-of-pocket expenses, and disruptive interruptions to critical services. The consequences of inaction could undermine the fundamental aims of the reforms, jeopardising safe, equitable, and sustainable care at a time when it is most needed.

This submission identifies the principal risks associated with the current transition framework and puts forward practical, evidence-based recommendations. These include immediate investment in assessment capacity, fair and transparent fee structures, enhanced support for thin markets, and robust workforce strategies to address critical shortages.

The City urges the Government to consider the following recommendations to ensure the transition to Support at Home delivers on its promise, for every older Australian, regardless of their circumstances.

Recommendations

These recommendations are consistent with the City's earlier submission to the Review of Aged Care Rules 2025 the Aged Care (Consequential and Transitional Provisions) Rules 2025 and the CHSP Senate Enquiry - Transition to Support at Home, and include recommendations previously made in these submissions.

1. Timeline and Implementation Risks

- Monitor the implementation of administrative requirements for the Support at Home program provider transition, to ensure all providers, including rural and regional providers, can meet these obligations without compromising the quality or continuity of client services and care.
- Remove the tiered registration fee structure and registration cost impost on providers.
- Consider fee relief or exemptions for local government providers, recognising their statutory role and public accountability mechanisms.
- Publish clear guidance and a fee calculator for providers to plan compliance costs effectively.

2. Expected Impact of Transition

- Immediately release additional Support at Home packages and fund the Single Assessment System (SAS) capacity uplift (assessment workforce, triage, digital tooling) to pull wait times down now, not post transition.
- Fund additional care navigation and care finding roles (community and council-based) to reduce abandonment and improve uptake, particularly for CALD, First Nations, and digitally excluded older people.
- Index client fees and contribution settings to pension adequacy, with hardship waivers and cap guardrails to prevent essential support drop-off for low-income clients.
- Reform the ATHM lifetime cap: introduce clinical needs-based extensions (with credentialed prescribing and quality controls), and regional price loadings to reflect higher delivery costs.
- Allow flexible extensions beyond 12 weeks when clinically justified, with streamlined approvals and interface funding with specialist palliative care to ensure continuity and dignity at home.
- Maintain block funding models for local government to guarantee service continuity where market-based approaches fail.
- Continue and expand Thin Markets Grants with multiyear, flexible operating expense support (pricing offsets, travel loadings, workforce incentives, brokerage where necessary).
- Reduce administrative burden (apply-and-report once for multiyear periods), and codesign regional commissioning with councils and ACCOs.

- Develop an indexation framework that uses a composite approach rather than relying solely on CPI. This should consider wage growth in the aged care sector, regional cost variations, and other relevant economic indicators.
- Establish a formal industry consultation process before each indexation review to ensure real-world cost pressures are accurately captured.
- Conduct annual reviews combining economic data and provider feedback to maintain fairness and sustainability.

3. Provider Readiness: ICT, Compliance, and Workforce

- Provide dedicated transition support channels that create a single point of contact for urgent queries (including IT and compliance) to reduce uncertainty and duplication across providers.
- Expand the Transition Readiness Fund to include funding for business process redesign and modernisation in addition to ICT upgrades, with multi-year grants and clear implementation timelines.
- Fund workforce development programs focused on digital literacy, skills development and change readiness.
- Incorporate regional wage loadings, role flexibility and targeted support to address critical workforce shortages and higher recruitment costs in rural and remote areas.
- Provide clear pricing signals and maintain a benchmarking/shadow pricing phase before imposing firm caps, to allow providers to calibrate costs responsibly and avoid instability.

4. Other - Communication and Care Navigation

- Fund local care navigation partnerships (including councils, ACCOs, multicultural services) with measurable outcomes (assessment throughput, complaint reduction, client satisfaction).
- Release co-designed communication toolkits early (in plain language, translated, culturally safe), with targeted outreach for vulnerable cohorts.
- Introduce a consumer protection mechanism during the transition period to prevent unintended hardship for clients moving from CHSP to Support at Home.

These twenty-three (23) recommendations reflect sector knowledge, lived experience of carers and clients, and local government insights. The City urges the Government to co-design milestones, fund readiness, and sustain thin markets so that older Australians can access safe, affordable supports where and when they need them.

Submission

The City of Greater Geelong (the City) welcomes reforms that strengthen quality and access in in-home aged care. However, the transition pathway from CHSP to Support at Home presents immediate risks unless the Government acts on affordability, wait times, workforce capacity, thin market support and realistic implementation timelines.

Without targeted measures, older Australians, particularly those on low incomes, in rural and remote communities, and in diverse cohorts, face reduced access, higher out-of-pocket costs and service disruption. This submission outlines key issues and provides practical recommendations to ensure a safe, equitable and sustainable transition.

To have confidence in the timeline for the Support at Home transition, providers require the Department of Health, Disability and Ageing to deliver:

- Comprehensive guidance and communication including finalised and consolidated operational manuals, clear FAQs, transparent timelines, early change notifications, and a dedicated support channel for urgent queries.
- IT systems readiness and digital uplift including prompt release of technical specifications, DEX Toolkit and integration details, as well as funding and training support for digital transformation and new system adoption.
- Financial support for modernisation with targeted funding to help with process upgrades, digital transformation, and managing the shift from block funding to unit pricing.
- Workforce sustainability and frontline support that provides structured programs for digital literacy, change readiness, and recognition of unique rural and regional workforce challenges, along with continued investment in staff wellbeing and development.

1. TIMELINE AND IMPLEMENTATION RISKS

The Support at Home Program commenced for Home Care Packages and Short-Term Restorative Care on 1 November 2025, while CHSP will transition no earlier than 1 July 2027. However, CHSP providers must comply with the new Aged Care Act from July 2025, including registration, Code of Conduct, and Serious Incident Response Scheme obligations.

Late-stage policy changes, such as requiring formal service agreements for all CHSP clients, were announced with minimal lead time, leaving providers scrambling to implement complex administrative processes for over 800,000 clients. This creates an elevated risk of service disruption and consumer confusion.

The *Review of My Aged Care (2025)* acknowledges the transition of the CHSP to the Support at Home Program as a significant reform in Australia's aged care system highlighting the need for careful planning and stakeholder engagement. Noting the *Support at Home program provider transition guide* that has been issued.

Phased implementation and clear milestones reduce compliance shock, allow providers to plan ICT upgrades and workforce training, and prevent unintended service gaps. Without this, councils and small providers may exit prematurely, leaving vulnerable clients without support.

Additionally, the provider registration framework imposes significant compliance and administrative costs, particularly for smaller providers and local government entities. These costs risk discouraging participation and reducing service diversity, especially in rural and regional areas where thin markets already exist.

Local government providers should be exempt from duplicative responsible person evidence requirements, given their established governance structures and legislative responsibilities. If exemption is not granted, a streamlined compliance pathway should be introduced for government entities to reduce administrative burden while maintaining appropriate oversight.

Consistent with City's earlier submission to the Review of Aged Care Rules 2025 the Aged Care (Consequential and Transitional Provisions) Rules 2025 and the CHSP Senate Enquiry - Transition to Support at Home, we reaffirm our ongoing advocacy for these critical reforms.

Recommendations

- Monitor the implementation of administrative requirements for the Support at Home program provider transition, to ensure all providers, including rural and regional providers, can meet these obligations without compromising the quality or continuity of client services and care.
- Remove the tiered registration fee structure and registration cost impost on providers.

- Consider fee relief or exemptions for local government providers, recognising their statutory role and public accountability mechanisms.
- Publish clear guidance and a fee calculator for providers to plan compliance costs effectively.

2. EXPECTED IMPACT OF THIS TRANSITION

The *Review of My Aged Care (2025)* urged the government to approach the transition with caution, flexibility, and a strong focus on equity, to ensure that vulnerable older Australians are not disadvantaged by these changes. Ongoing monitoring, stakeholder engagement, and willingness to adjust policies are emphasised as critical to the success of the Support at Home Program.

Wait times for assessments and care

Current waitlists for Home Care Packages exceed 80,000–87,000 people, with projections to reach 100,000 by late 2025. Delays in assessment and package allocation lead to deteriorating health, increased hospital admissions, carer burnout, and premature entry into residential care. The Government's target to reduce wait times to three months by July 2027 is unrealistic without immediate investment in assessment capacity and package supply.

Already the sector is experiencing low confidence in the new assessment system. The algorithm often produces outcomes that clash with clinical judgement, and assessors cannot override it. Some comprehensive assessments result in inappropriate classifications or ineligible determinations, undermining trust in the process.

Releasing additional packages now and funding the Single Assessment System workforce will prevent bottlenecks during transition and into the future. Care navigation roles will ensure older Australians, especially those in CALD and rural communities, can access services promptly and avoid crisis situations.

Recommendations

- Immediately release additional Support at Home packages and fund the Single Assessment System (SAS) capacity uplift (assessment workforce, triage, digital tooling) to pull wait times down now, not post transition.
- Fund additional care navigation and care finding roles (community and council-based) to reduce abandonment and improve uptake, particularly for CALD, First Nations, and digitally excluded older people.

Affordability: client fees, home modifications and assistive technology

Under Support at Home, clients will contribute to non-clinical services such as cleaning and personal care. While contributions are capped at 5–17.5%, even small fees can deter pensioners from accessing essential supports.

This highlights that the “No Worse Off” principle is failing.

The promise that existing clients would not be disadvantaged is proving unrealistic. Changes to co-contributions mean many older people must reduce services or pay more than they can afford. Remote communities are hit hardest due to loss of regional loadings and rising hourly rates. Evidence has shown that already assessments are slow and unpredictable, creating fear and service gaps.

Many Local Government providers are also worried about their older residents not being able to afford the co-contributions and this impacting their quality of life. There is also concern that this co-contribution will result in vulnerable residents accessing services from unqualified, untrained suppliers to reduce costs, further exposing themselves to risk as was evidenced in the NDIS rollout.

During the NDIS rollout, risks emerged primarily from rapid market expansion and insufficient early safeguards. The influx of new and unregistered providers, combined with regulatory lag, created vulnerabilities that led to fraud, exploitation, and poor service quality. Participants were exposed to unsafe practices as some providers prioritised profit over care, while compliance systems struggled to keep pace, compromising the quality or continuity of client services and care.

For the transition to Support at Home in aged care, government can learn from this by ensuring robust provider registration, clear quality standards, and strong compliance monitoring from the outset. Early investment in workforce capability, fraud detection, and participant safeguards will help prevent similar risks and maintain trust in the system.

The Assistive Technology and Home Modifications scheme improves upfront access but imposes a \$15,000 lifetime cap, which is insufficient for clients needing major structural changes (e.g., bathroom renovations, ramps, and access modifications).

The City recognises that the Australian Government acknowledges concerns about adequacy of this scheme and is monitoring impacts, with recommendations for flexibility under review.

Additionally, while hardship arrangements from previous programs will carry over into Support at Home, with a standardised hardship process outlined in the program manual, acknowledging that clients unable to meet co-contribution requirements can apply for fee reductions, we believe more can be done in this area.

Indexing fees to pension adequacy and introducing hardship waivers will protect equity. Adjusting the lifetime cap for complex needs ensures older Australians can remain safely at home, reducing hospitalisation and residential care costs.

Recommendations

- Index client fees and contribution settings to pension adequacy, with hardship waivers and cap guardrails to prevent essential support drop-off for low-income clients.
- Reform the ATHM lifetime cap: introduce clinical needs-based extensions (with credentialed prescribing and quality controls), and regional price loadings to reflect higher delivery costs.

End of Life pathway design

The End-of-Life pathway offers \$25,000 for up to 12 weeks of intensive home care for people with less than three months to live. While this is a positive step, strict time limits do not account for unpredictable disease trajectories (e.g., dementia, chronic illness) or cultural preferences for extended home-based care.

Flexible extensions and streamlined approvals will ensure continuity of care and dignity for clients nearing end of life, reducing unnecessary hospital transfers and supporting family carers.

Recommendation

- Allow flexible extensions beyond 12 weeks when clinically justified, with streamlined approvals and interface funding with specialist palliative care to ensure continuity and dignity at home.

Thin markets (rural/remote and specialised cohorts)

Thin markets, including rural and remote areas, and specialised cohorts, face high service delivery costs, workforce shortages, and limited provider competition. Without targeted funding, these communities risk losing access to essential services. Bellarine Peninsula includes Modified Monash (MM) 3–4 areas, where provider viability is already fragile.

We acknowledge the introduction of the *Support at Home Thin Markets Grants Program*, with Round 2 open until January 2026. These grants provide flexible funding to providers in rural, remote (Modified Monash MM3–7), and specialised cohorts to maintain service viability and ensure older Australians can access affordable, high-quality care.

Multi-year thin market grants provide long-term funding stability for providers operating in rural, remote, or specialised areas where service delivery costs are high and client volumes are low. Unlike short-term grants, which create uncertainty and discourage investment, multi-year arrangements allow providers to plan effectively, recruit and retain staff, and maintain essential services.

Regional commissioning models complement this approach by tailoring service delivery to local needs through collaboration with councils, Aboriginal Community Controlled Organisations, and multicultural agencies. This ensures care is culturally safe, accessible, and responsive to diverse communities.

Providers in rural areas already are reporting that referrals cannot be accepted due to high travel costs and pricing structures. This leaves older people approved for services without any provider support. Block funding is suggested to guarantee service availability by all local government providers.

Flexible funding further strengthens these measures by reducing rigid rules and excessive reporting requirements, enabling providers to allocate resources where they are most needed, such as workforce incentives, travel costs, or culturally appropriate adaptations, without constant re-approval.

Together, these strategies will reduce administrative burden, support continuity of care, and create a sustainable environment for providers while improving equity for older Australians in thin markets.

Overall, in all markets, funding arrangements must reflect the full cost of service delivery, which has escalated due to inflation and workforce pressures. Current subsidy levels do not adequately account for cost-of-living increases, creating sustainability risks for providers and inequities for consumers.

Consistent with the City's earlier submission to the Review of Aged Care Rules 2025 the Aged Care (Consequential and Transitional Provisions) Rules 2025 and the CHSP Senate Enquiry - Transition to Support at Home, we reaffirm our ongoing advocacy for these critical reforms.

Recommendations

- Maintain block funding models for local government to guarantee service continuity where market-based approaches fail.
- Continue and expand Thin Markets Grants with multi-year, flexible operating expense support (pricing offsets, travel loadings, workforce incentives, brokerage where necessary).
- Reduce administrative burden (apply-and-report once for multi-year periods), and co-design regional commissioning with councils and ACCOs.
- Develop an indexation framework that uses a composite approach rather than relying solely on CPI. This should consider wage growth in the aged care sector, regional cost variations, and other relevant economic indicators.
- Establish a formal industry consultation process before each indexation review to ensure real-world cost pressures are accurately captured.
- Conduct annual reviews combining economic data and provider feedback to maintain fairness and sustainability.

3. PROVIDER READINESS: ICT, COMPLIANCE AND WORKFORCE

Providers must implement new ICT systems, quarterly budgeting, service-line claiming, and strengthened Quality Standards. Many small CHSP providers lack resources for these upgrades. Workforce shortages and change fatigue compound risks, particularly in regional areas. Without support, providers may exit, increasing reliance on brokerage and reducing consumer choice.

A dedicated transition support channel providing a single point of contact for urgent queries (including IT and compliance) would reduce uncertainty and duplication across providers.

The *Review of My Aged Care (2025)* finds that while some providers are preparing for the transition, there are widespread concerns about workforce readiness, training, and the ability to meet new program requirements. The Inspector-General recommended a comprehensive, government-led strategy to support providers and their workforce through the transition, with a focus on training, retention, and ongoing sector engagement.

Although the Government has implemented a Transition Readiness Fund to assist with ICT upgrades, data integration, service agreement tooling, and audit readiness—with scaled grants for smaller providers—continuation and expansion of this fund are critical.

The current Readiness Fund has not offset the workplace process changes, which are significant. Providers face major unfunded expenses for workforce, IT, administration, and compliance while maintaining service continuity and care. Government's own IT project overruns add frustration, and providers demand transparency and genuine partnership.

The Transition Readiness Fund needs to be expanded and strengthened to provide comprehensive support for providers, covering not only ICT upgrades but also full business process redesign and modernisation. Funding should enable workflow mapping, compliance integration, and administrative process reengineering to align with new program requirements.

Multi-year grants are essential to allow providers to implement these changes systematically and avoid rushed, piecemeal solutions that compromise service quality.

Clear and realistic timelines for readiness activities must be established well before the new system goes live, ensuring providers have adequate time to prepare. Government should also commit to transparent guidance and genuine partnership throughout the transition, acknowledging the significant operational burden currently faced by providers.

To substantiate funding for low-needs clients under the proposed model, care partners will be required to conduct brief check-ins with participants. While this approach aims to ensure accountability, there is a significant risk that these interactions could be delegated to unqualified staff and reduced to a 'tick-and-flick' exercise. Such a practice would undermine the quality of engagement and erode the meaningful connections that are central to client-centred care. This shift could also negatively impact job satisfaction among care partners, as their role would become transactional rather than relational.

Furthermore, if regulatory requirements mandate formal qualifications for staff undertaking care partner responsibilities, recruitment challenges are likely to intensify. Current workforce capacity is insufficient to meet these requirements, and without targeted strategies to attract and retain qualified personnel, service delivery and compliance obligations may be compromised.

Already regional providers face acute challenges due to persistent workforce shortages and intense competition for a limited pool of qualified staff, who are often also sought after for NDIS service delivery. This scarcity severely hampers providers' capacity to maintain service quality and continuity, particularly in rural and remote communities. To

ensure equitable access to aged care across all regions, funding models must explicitly account for the higher market costs associated with recruiting and retaining staff in these areas. Without targeted recognition of these regional cost pressures, providers risk being priced out of the market, leading to further workforce attrition, reduced consumer choice, and compromised care outcomes for vulnerable older Australians.

It is important that robust workforce capability programmes are urgently prioritised, not only to close persistent skills gaps and stem high turnover, but also to empower staff with the confidence and expertise required to deliver quality care in line with the new Aged Care Act.

Investing in upskilling is essential for ensuring that providers can meet elevated standards and adapt to evolving care requirements. Equally, fostering greater role flexibility is critical, the diverse and complex nature of aged care work demands adaptable employment models, enabling staff to respond effectively to varying client needs, regional challenges, and emerging service demands.

Without a concerted focus on both skilling and flexible workforce arrangements, the sector risks ongoing workforce attrition, reduced quality of care, and an inability to deliver on the promise of person-centred, sustainable aged care services across Australia.

Without sustained investment in training and retention, providers also risk non-compliance and service disruption, particularly in thin markets and regional areas.

Furthermore, maintaining a benchmarking phase before imposing price caps is essential to allow providers to adapt gradually, calibrate costs responsibly, and avoid financial collapse. These measures collectively safeguard continuity of care, protect vulnerable clients, and ensure the sector remains stable and compliant during this significant reform period.

Recommendations

- Provide dedicated transition support channels that create a single point of contact for urgent queries (including IT and compliance) to reduce uncertainty and duplication across providers.
- Expand the Transition Readiness Fund to include funding for business process redesign and modernisation in addition to ICT upgrades, with multi-year grants and clear implementation timelines.
- Fund workforce development programs focused on digital literacy, skills development and change readiness.

- Incorporate regional wage loadings, role flexibility and targeted support to address critical workforce shortages and higher recruitment costs in rural and remote areas.
- Provide clear pricing signals and maintain a benchmarking/shadow pricing phase before imposing firm caps, to allow providers to calibrate costs responsibly and avoid instability.

4. OTHER MATTERS

Communication and Care Navigation

Older Australians continue to report confusion about aged care reforms and difficulty navigating My Aged Care, as highlighted in the *Review of My Aged Care (2025)*.

Digital exclusion, language barriers, and limited health literacy exacerbate inequity, leaving vulnerable clients at risk of disengagement or presenting in crisis. Effective care navigation is critical because it ensures older people can access the right services at the right time, reduces delays in care, and prevents avoidable hospital admissions.

When navigation is done well, it builds trust, empowers clients to make informed choices, and supports continuity of care, key principles of person-centred aged care. Poor navigation, by contrast, leads to frustration, service gaps, and increased reliance on emergency interventions, which are costly and detrimental to wellbeing.

While *Care Finder supplements* exist for providers managing referred clients, and the Australian Government is reviewing gaps in navigation services, more work is required to ensure equitable access and effective support.

Councils that deliver CHSP services should be funded to provide local care navigation assistance, leveraging their trusted role and deep community connections.

Councils have an extensive history in CHSP delivery, have been significant contributors and investors in these services, and have partnered with government for decades to trial pilots and redesign programs. Their involvement in co-design of CHSP changes is essential to ensure reforms are practical, client-centred, and informed by on-the-ground experience.

Improvements are needed, and input from these trusted partners will strengthen outcomes for older Australians.

Local partnerships with councils and ACCOs:

Current care finder contracts are primarily with NGOs and PHN-selected providers. Councils and Aboriginal

Community Controlled Organisations are not systematically funded to deliver navigation services, despite evidence that local, culturally safe engagement improves outcomes.

Broader cultural and linguistic coverage:

While care finders support CALD and First Nations clients, the *Review of My Aged Care (2025)* found gaps in culturally safe resources and outreach. It recommended co-design with local communities and expansion of navigation services beyond current eligibility criteria.

Measurable outcomes framework:

Current reporting focuses on service delivery metrics (e.g., number of clients supported), but does not consistently track assessment throughput, complaint reduction, or client satisfaction at a national level.

Funding local care navigation partnerships and releasing co-designed communication toolkits will improve uptake, reduce complaints, and ensure culturally safe engagement.

Consumer protections and choice:

There is a genuine risk for clients during the transition from CHSP to Support at Home if they move without fully understanding the implications. Once a client leaves CHSP and begins receiving services under Support at Home, they cannot simply return to CHSP because places are not held open, and eligibility does not revert.

This is due to separate program rules under the Aged Care Act 2024 and capped CHSP funding arrangements. If clients transition without clear information, they may face higher co-contributions or service models that do not meet their needs, with no option to go back.

This highlights the need for strong consumer protections, clear communication, and potentially a cooling-off period to prevent unintended hardship and ensure informed choice.

Recommendations

- Fund local independent care navigation partnerships (including councils, ACCOs, multicultural services) with measurable outcomes (assessment throughput, complaint reduction, client satisfaction, reputable qualifications).
- Release co-designed communication toolkits early (in plain language, translated, culturally safe), with targeted outreach for vulnerable cohorts.

- Introduce a consumer protection mechanism during the transition period to prevent unintended hardship for clients moving from CHSP to Support at Home.

SUMMARY

The reforms can deliver simpler, fairer in-home care if Government addresses affordability, workforce and ICT readiness, thin market viability, and realistic implementation timelines.

Our twenty-three (23) recommendations reflect sector knowledge, lived experience of carers and clients, and local government insights from Geelong and similar communities.

We invite Government to co-design milestones, fund readiness, and sustain thin markets, so older Australians can access safe, affordable supports where and when they need them.

The City welcomes the opportunity to provide further feedback or clarification as the transition of the Commonwealth Home Support Program to the Support At Home Program moves forward.

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