

The Transition of the Commonwealth Home Support Program to the Support at Home Program

Queensland Health's submission to the Community Affairs References Committee

Introduction

Queensland Health welcomes the opportunity to contribute to the Community Affairs References Committee's Inquiry into '*The Transition of the Commonwealth Home Support Program to the Support at Home Program*'.

Queensland Government aged care services

The Commonwealth Government has primary responsibility for aged care in Australia. This responsibility is formally documented in the National Health Reform Agreement and predominantly involves stewarding a market of for-profit and not-for-profit aged care service providers. Queensland Health is a provider of last resort for aged care services and focuses on delivering aged care for people who would otherwise struggle to access aged care in the market, including older people with low financial means or complex conditions and behaviours. Queensland Health aged care services include:

- Support at Home Program (replaced the Home Care Packages Program and Short-Term Restorative Care Program on 1 November 2025);
- Commonwealth Home Support Program;
- Transition Care Program;
- Multi-Purpose Health Services;
- Residential Aged Care Homes; and
- Single Assessment System.

Home Care Package Program

The Support at Home Program provides home care services to eligible older people with complex care needs to support their independence. As of 31 October 2025, Queensland's waitlist for Home Care Packages (referred to as Support at Home packages from 1 November 2025) was 22,243, up from 18,974 on 30 June 2025 (17.2 per cent growth). Wait lists have fluctuated over time, however, more recently there has been a consistent upward trajectory. The quarterly *Home Care Program Data Report 4th Quarter 2021-22* reported a wait list for Queensland of 10,370 people as at 30 June 2022 and nationwide wait times between 3 to 6 months for all package levels as at 31 October 2022. The total wait list across all package levels trended downwards in 2022-23, with just 4,993 Queenslanders on the wait list (as at 30 June 2023), and then expanded each quarter to current levels. Wait times have also increased for all levels of care and significantly increased for low-level and intermediate care, when compared to mid-2022.

Table 1 - Estimated wait time for people entering the National Priority System by Home Care Package level nationwide and number of people waiting on a Home Care Package at their approved level in Queensland

Home Care Package Program				
Levels of care	As at 31 October 2022	As at 31 October 2025	As at 30 June 2022	As at 31 October 2025
	Wait time	Wait time	Wait list	Wait list
1 (basic assistance)	3 to 6 months	6 to 9 months	485	1,449
2 (low-level care)	3 to 6 months	9 to 12 months	4,038	11,584
3 (intermediate care)	3 to 6 months	9 to 12 months	4,726	7,685
4 (high-level care)	3 to 6 months	6 to 9 months	1,121	1,525
Total			10,370	22,243

Commonwealth Home Support Program

Queensland Health has 11 Hospital and Health Services that deliver the Commonwealth Home Support Program. The Commonwealth Home Support Program serves as the first line of support for older Australians, enabling them to live independently and with dignity in their own homes and communities. The program not only supports individuals to maintain their independence but also helps to reduce the need for more intensive care services, ultimately easing pressure on the broader health and aged care systems. In 2023-24, there were approximately 190,000 older people using the Commonwealth Home Support Program in Queensland.

The nexus between Queensland public hospitals and aged care

Queensland's public hospital system is increasingly strained due to insufficient supply of residential aged care beds and home supports, and insufficient capability across the aged care sector. This results in the aged care market refusing to accept clients with complex conditions such as advanced dementia or high behavioural support needs, due to higher costs, staffing requirements and the clinical risks involved. The current shortfall in home support services leads to higher rates of avoidable hospitalisations and extended inpatient stays, placing significant pressure on acute care facilities and emergency departments. There is also a current shortfall in resources for community aged care assessments which leads to long waits for aged care assessments in the community, and comparatively shorter waits for aged care assessments in public hospitals. Therefore, older people, or their families, seek out a hospital admission to expedite the aged care assessment process. This is not an appropriate or productive use of hospital resources.

From 1 July 2025 to 30 November 2025, the median wait times for an aged care needs assessment were:

- Hospital high priority – 1 day
- Hospital medium priority – 2 days
- Hospital low priority – 2 days
- Complex community high priority – 1.5 days
- Complex community medium priority – 6 days
- Complex community low priority – 37 days
- Home Support community medium priority – 16 days
- Home Support community low priority – 23 days

Prolonged hospital stays for older patients awaiting Home Care Packages impact the effectiveness of the health system to deliver care to the broader community due to impacts on staff capacity, bed management and patient flow. As at 24 November 2025, there were 909 older people in Queensland Health facilities who were clinically fit for discharge but remained in hospital while waiting for Commonwealth Government aged care supports. Of these, 688 (75.8%) were awaiting a placement in a residential aged care home. The daily cost to the health system of 909 older patients experiencing delayed discharge is approximately \$2.1 million (at \$2,284 per day).

These unnecessary hospital admissions and delays in discharge of older people negatively impact patient flow, contribute to ramping and emergency department pressures, and strain healthcare resources. Additionally, older people who remain in hospital for extended periods of time due to a lack of available supports in the community have an increased risk of hospital-acquired infections, and potential for deconditioning within 24 to 48 hours of admission, leading to increased healthcare costs and poorer health outcomes. Notably, 29% of delays to placement in an aged care home from Queensland hospitals can be attributed to patients experiencing challenging behaviours either due to dementia or mental health diagnoses. These system pressures culminate in a significant increase to health system operational costs. Additionally, there is a perception that aged care homes and staff are unprepared to accept and manage the ongoing care of older patients with challenging behaviours indicating that there is a need to focus on both building provider capability, and financial levers, to address the market failure for this cohort.

From 1 July 2024 to 10 December 2025, Queensland Health supported 186 vulnerable older Queenslanders to avoid an unnecessary hospital admission through the Preventing Avoidable Presentations of Older People initiative, delivered in collaboration with the Commonwealth Government. Of these 186 patients, 43 instances of program support were delivered to specifically address the delay in home care package availability, where essential services such as personal care, assistive technology and nursing supports were funded to sustain or bolster existing arrangements in the community. Without the initiative, it is estimated that the 186 patients would have an unnecessary length of stay in hospital of approximately 16,555 collective bed days, with an approximate economic impact to Queensland Health of over \$37.8 million.

Implementation of the new Aged Care Act 2024 (Cwlth)

Advice from Queensland's regional and metropolitan Hospital and Health Services (HHSs) indicates that the implementation of the new *Aged Care Act 2024* has not materially improved circumstances for vulnerable clients. Vulnerable clients include those who do not have the financial means to purchase services privately and have no informal supports to rely on. These clients typically present at public hospitals with social support needs, rather than health needs. Any further changes to the Support at Home program should consider how best to meet the social support needs of vulnerable clients in the community.

Aged care providers have also advised Queensland Health that the commencement of the *Aged Care Act 2024*, including understanding and complying with rights-based legislation, has been a resource-intensive process, and has had a significant negative impact on the confidence and sustainability of the sector. Queensland Health suggests that before commencing the next stage of transition, it is important that the Commonwealth Government provides the aged care sector with at least six (6) months' notice for any further changes to the funding or regulatory environment. This is a key learning from commencement of the new *Aged Care Act 2024*, given Queensland Health and the Support at Home providers were being advised of eligibility and regulatory changes to services within four (4) months of the commencement of new legislation. This created confusion and uncertainty about the requirements for legislative compliance and sustainable delivery of aged care supports.

Proposed solutions

To better support Queensland's ageing population, it is essential that the Commonwealth effectively stewards the aged care market to expand the capacity and capability of home care providers. Strengthening provider capacity and capability through targeted funding, workforce development, and service innovation will improve continuity of care for clients, reduce hospital dependency, and promote healthier ageing in the community.

To account for an increasing ageing population the Commonwealth Government must plan for growth in home supports beyond clearing current waitlists. The Royal Commission into Aged Care Quality and Safety showed that 80 per cent of older people want to age at home. The release of packages under the Support at Home Program must keep pace with demand from people aged 75 years and over, otherwise there will be a direct and negative impact on public hospital capacity.

Response to the Terms of Reference

Part (a) - The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027

The Commonwealth Home Support Program will transition to the Support at Home Program no earlier than 1 July 2027. The proposed timeline includes completing the systems review and pathway design by early 2026 and building provider capacity by mid-2026, to achieve full implementation by 2027.

Benefits of the timeline

Queensland Health supports a staged restructure and transition of the Commonwealth Home Support Program to the Support at Home Program. A staged transition allows time for Aged Care Assessment Services and aged care providers to become more familiar and competent working within the Support at Home framework, before the transition of the Commonwealth Home Support Program occurs. A staged transition also allows time for any issues with the Support at Home Program to be addressed.

The staged transition of the Commonwealth Home Support Program to the Support at Home Program will also enable the Commonwealth to undertake system design, implement workforce development initiatives, develop policies, procedures, and guidelines, and provide clear advice to clients and providers about the transition.

Considerations and risks associated with the timeline

Queensland Health considers that the proposed timeline allows sufficient time for these activities to be completed, provided that the Commonwealth Government ensures the release of all requirements, information, and supporting resources to clients and providers in a timely manner. Queensland Health notes previous directions announced by the Commonwealth Government have not included sufficient implementation time. In March 2025, the Commonwealth Government released correspondence signalling that any Commonwealth Home Support Program clients that had historically not received an aged care assessment (due to grandfathering arrangements) must be assessed prior to 30 June 2025 (in line with the original commencement date of the *Aged Care Act 2024*). However, the Commonwealth Government was unable to provide advice on how to identify affected clients. With over 2,500 clients potentially impacted in Queensland, this direction placed a significant burden on providers, at a time when they were already investing substantial time and effort in preparing for new legislated regulatory requirements.

With the commencement of the Support at Home Program, a range of new changes and information was released close to the 1 November 2025 program commencement date. Aged care providers reported that the release of new information and guidance so close to the implementation deadline reduced their capacity to appropriately respond to the guidance and effectively transition to the new *Aged Care Act 2024*. The Commonwealth Government must provide information about the transition of the Commonwealth Home Support Program to the Support at Home Program well in advance of the transition date (six (6) months or more) to ensure aged care providers are adequately prepared and that a smoother transition occurs.

The transition of the Commonwealth Home Support Program to the Support at Home Program must be accompanied by clear, detailed guidance well in advance of implementation. Comprehensive guidance will allow continuity of high-quality aged care service delivery through the transition, which in turn will minimise disruption for aged care recipients.

Recommendation to support timeline

Queensland Health recommends that to achieve the proposed implementation date the Commonwealth Government must provide:

- a roadmap of milestones for the transition with adequate lead time to allow providers to plan for the transition;
- opportunities for states and territories to review and provide feedback on key resources to ensure they are fit for purpose and support the transition between the programs;
- clarity on what services are funded under the different components of the new Support at Home Program;
- early release of requirements: policies, any IT system requirements and operations, compliance obligations, and operational frameworks communicated with sufficient lead time for consideration by providers and subsequent implementation;
- accessible information: practical resources, explanatory materials, and updates must be readily available to all providers;
- targeted supports: training, funding guidance, and technical assistance should be provided to ensure providers can adapt effectively in the lead up to the transition and following the transition; and
- timely communication to allow providers to plan service delivery, workforce adjustments, and client engagement strategies.

If re-assessments are required for clients transitioning from the Commonwealth Home Support Program to the Support at Home Program, there must be time allocated for this to occur before the transition.

In addition, the 'Support at Home Program Manual' and 'My Aged Care Assessment Manual' may need to be updated to enable Commonwealth Home Support Program providers to make informed decisions and take any necessary actions during the transition.

One of Queensland Health's public aged care providers suggested that it may be better if the planned transition occurs after Support at Home providers have been audited. This would allow time to ensure the current Support at Home Program is operating effectively, before transitioning Commonwealth Home Support Program clients into the program. The Commonwealth Government also needs to ensure the current issues and delays with assessments under the Support at Home Program are addressed before the transition. Currently there is a 37 day wait for complex community low priority aged care assessments in the community, 6 days for complex community medium priority assessments and 1.5 day wait for complex community high priority assessments.

Part (b) - The expected impact of this transition

Queensland Health requests that the Commonwealth Government clearly communicates the full expectations of Commonwealth Home Support Program providers in transitioning to the Support at Home Program. Specifically, providers need to understand whether they will be required to deliver the full suite of services, or whether they can continue to deliver a subset of services aligned to their capacity and expertise. This advice needs to be provided as soon as possible because without this clarity, it is not possible for the government aged care providers, or market participants in the aged care sector, to assess the impacts of the transition.

Queensland Health raises the following issues of concern for early consideration:

- whether transitioning the Commonwealth Home Support Program to the Support at Home Program will require clients to be re-assessed. If so, this will exacerbate wait times for older people who are yet to be assessed if all home supports are channelled through the same pathway;
- whether the transition from the Commonwealth Home Support Program to the Support at Home Program will require clients to contribute co-payments for their domestic supports, such as cleaning, transport and meals – this may impact on the ability for Commonwealth Home Support Program clients to afford access to supports;
- whether the regulatory and market impacts of the Support at Home Program might negatively impact rural areas – some rural areas have a limited number of existing Commonwealth Home Support Program providers, and these providers may choose to close rather than convert to being Support at Home providers due to the associated obligations; and
- combining the Commonwealth Home Support Program with the Support at Home Program creates concerns about how long clients will have to wait for urgent supports – currently the Commonwealth Home Support Program is used as a bridging service provision while awaiting Support at Home packages.

Recommendation to mitigate the impact of the transition

Queensland Health recommends that the Commonwealth Government facilitate a session with providers to: understand these issues; manage provider expectations; and develop practical strategies to address these issues before moving forward with the implementation of the transition.

Between now and the transition of the Commonwealth Home Support Program in 2027, some aged care providers may be reluctant to invest in the provision of Commonwealth Home Support Program services or accept referrals/offer services for individuals who only require Commonwealth Home Support Program services. This could result in older Queenslanders not being able to access the home supports they require, which places additional strain on the hospital system, or premature entry into residential aged care homes.

(i) - Waiting periods for assessment and receipt of care

Waiting periods for assessments by Single Assessment Organisations present significant challenges for both the community and aged care providers. Queensland Health notes that if a re-assessment is required for individuals participating in the Commonwealth Home Support Program to transition to Support at Home, this is likely to significantly increase the wait time for assessments and the subsequent wait time for supports. There is also a risk that the introduction of a requirement for re-assessments increases the strain on an already strained assessment workforce.

It is important to note that delays in assessment and the delivery of supports can have a wide range of impacts on consumers, such as: clinical deterioration, avoidable hospitalisation, carer fatigue, increased dependency on community care, or early entry into residential aged care.

Queensland Health notes there is also a risk that some consumers will not take up the care they need if increased contributions are required when they transition to the Support at Home Program. This may impact on consumers' ability to live safely in the community and increase the risk of unnecessary hospitalisations.

Recommendation to address waiting periods

Queensland Health recommends that the Commonwealth resource the expansion of capability and capacity for community-based assessments to be commensurate with the projected growth in the population aged 75 years and over. Otherwise, older people will be waiting longer than appropriate for community supports which can lead to poor health outcomes, and unnecessary use of hospital resources.

Queensland Health also recommends that information about the requirements for transitioning to the Support at Home program is provided to Single Assessment Organisations and Commonwealth Home Support providers by January 2027, to support a timely and seamless transition in June 2027.

(ii) - The lifetime cap of \$15,000 on home modifications

The home modifications lifetime cap of \$15,000 may be insufficient for supporting individuals with complex care needs to remain in their own home. This may result in an increase in demand for residential aged care among consumers who could be ably supported at home with modifications. Due to limited aged care bed availability, the consequence of a lifetime cap on home modifications is likely to be an increase in public hospital presentations among people who could be supported to live at home, and a consequent increase in the number of people experiencing delayed discharge.

Placing a lifetime cap on home modifications is inconsistent with evidence-based models of prevention rehabilitation and functional maintenance. The lifetime cap requirement creates a perverse outcome where the more successfully a person avoids residential care, the more likely they are to exhaust their home modification funding. This may discourage the behaviour the reforms seek to promote.

There is no reference to the application of indexation to the \$15,000 cap. The lifetime cap of \$15,000 on home modifications should be indexed to reflect anticipated price growth in construction costs. Without indexation, the real value of the lifetime cap will decrease, disproportionately affecting individuals with higher support needs.

Queensland Health also notes that \$15,000 is unlikely to cover major home modifications. A single major structural change may exhaust an entire allocation, for example:

- bathroom rebuilds;
- ramps;
- stair lifts;
- structural reinforcement;
- door widening; and
- lighting modifications.

Avoidance of a home modification, or insufficient funding for a modification, may cause premature entry into aged care.

The *Aged Care Act 2024* also requires service agreements for Commonwealth Home Support Program clients to be completed prior to the start date of the provision of services. It is currently unclear whether this applies to one-off purchases, which is creating confusion and uncertainty in the aged care and health sectors.

Recommendation to support timely home modifications

Queensland Health recommends that the Commonwealth Government index the lifetime cap for home modifications and carefully monitor the sufficiency of the lifetime cap and whether the objectives of the home modifications scheme can be achieved under these settings. Consideration should also be given to whether the flat \$15,000 cap on modifications creates health inequities between rural and metropolitan regions, and people without financial means.

Queensland Health also recommends that the Commonwealth Government provides advice about whether a service agreement is needed for home modifications as they are generally a one-off, and the need to complete an agreement may keep people in hospital longer due to additional administrative requirements.

(iii) The End-of-Life Pathway time limits

The dedicated End-of-Life Pathway (12-week standard, up to 16-week extension) under the Support at Home Program should improve equitable access to short-term home supports. However, peak bodies,

including Palliative Care Australia, have raised concerns that the fixed time limits and prognosis-based eligibility criteria risk leaving people without support, particularly those with dementia, frailty and unpredictable illness trajectories.

The model also lacks prescribed timeframes for priority assessments or reviews. Some clients are not already linked with a provider when they enter the program, which can delay assessment. If assessments and the commencement of services for these clients are not prioritised, there is a significant risk that people may die before services begin, particularly given the requirement of an expected prognosis of three months or less.

The time limited model risks unintentionally pressuring people into presenting to hospital once funding is exhausted or the timeframe is reached, even when they wish to remain at home. This outcome would be inconsistent with the Aged Care Principles under the *Aged Care Act 2024*, as well as broader health system goals of reducing avoidable hospital admissions.

End-of-life care does not conform to predictable durations, and rigid time limits risk interrupting continuity of care for families and clients during the most vulnerable period of life. Arbitrary cessation of supports based on timelines rather than clinical need introduces unnecessary instability into an already distressing phase of care.

Recommendations to improve the effectiveness of the End-of-Life Pathway

Queensland Health recommends that safeguards are created to provide clear exemptions or seamless continuation processes for people who outlive the End-of-Life Pathway timeframe. As the End-of-Life Pathway has a funding allocation cap of \$25,000, removing or exempting the 12–16-week limit alone will not ensure ongoing support for people who outlive an expected prognosis of three months or less.

Queensland Health proposes those who require support beyond the time and budget limits of the End-of-Life Pathway are seamlessly transitioned to higher level Support at Home plan without service interruptions, reassessment delays or cessation of essential care during this critical time in the person's end of life journey. A reassessment could still occur over time but should not prevent those on the pathway from receiving immediate high-level care while their needs are being reviewed.

(iv) - Thin markets with a small number of aged care service providers

In regional, rural and remote areas, limited aged care provider availability could exacerbate inequities. Some Queensland Hospital and Health Services have reported there is currently insufficient aged care providers in their regions, and due to inadequate staff or staff skill mix, insufficient service delivery by those aged care providers. For these regions, it is difficult to predict the impact of the transition.

Operating in a thin market presents additional challenges, for example, in-person allied health and nursing services are often not offered by other community aged care providers due to limited workforce availability. Some clients are approved for entry-level aged care services but are unable to access them due to providers reaching the capacity of their grants. There are considerable challenges in providing cost-effective aged care services to clients living outside a town in rural and remote regions, where the distances travelled to deliver care can be substantial.

For example, in Southeast Queensland, there are many aged care providers; however, chronic workforce shortages continue to impact the sector. Recruiting appropriately skilled new staff and retaining existing staff remain significant challenges, further limiting the capacity to deliver timely and consistent support. At times services are brokered out, increasing the costs to deliver services. In Far North Queensland, the limited number of aged care providers and high service demand, has meant the availability of Commonwealth Home Support Program clinical services is currently significantly impacted by extended wait periods.

There is a risk that current Commonwealth Home Support Program providers will not transition to become Support at Home providers due to staffing and other business constraints and viability. This will cause greater strain on existing Queensland Health Hospital and Community Health Services.

Recommendation on responding to thin markets

Queensland Health recommends that the Commonwealth Government outline strategies to support thin markets, including incentives, workforce development, and alternative service models. The transition to an individualised contribution model will be particularly challenging in an environment with limited workforce flexibility. These strategies need to support Commonwealth Home Support Program providers transition to the Support at Home Program to minimise market exit and maximise workforce retention.

Part (c) - Aged care provider readiness for the transition, including their workforce

Queensland Health recommends that the Commonwealth Government clearly communicates the requirements and expectations of Commonwealth Home Support Program providers in transitioning to the Support at Home Program. A dedicated transition project will be needed to ensure all systems are in place prior to implementation.

The move away from grant-based funding to an individualised contribution model will represent a significant change for aged care services. Queensland Health notes that establishing a fee structure that accurately reflects the cost-of-service provision will require substantial work in preparation for the transition.

Workforce readiness requires significant lead time to achieve and cannot be meaningfully assessed without first understanding what aged care providers are being asked to deliver once the Commonwealth Home Support Program transitions to the Support at Home Program. Queensland Health recommends that aged care providers need early, detailed information on service scope, compliance obligations, and funding arrangements to recruit, train, and retain staff appropriately. Practical engagement with providers, including a dedicated information session is essential to discuss expectations in detail before readiness can be evaluated.

Capacity and capability

Queensland Health recommends that the Commonwealth Government prioritise building the capacity and capability of providers to meet the rising demand for community aged care. This includes providing structured, targeted and timely education, training and guidance to aged care services providers as early as practicable to ensure readiness for the transition. Improved communications regarding respective aged care provider requirements will also be beneficial for those providers and older persons receiving services.

A key consideration for providers in determining their readiness and willingness to transition will be financial viability. Queensland Health recommends that information on any new pricing arrangements, funding models, and cost structures is released early and in detail. Providers need to understand whether the new framework will enable sustainable service delivery, particularly in thin markets. Without this clarity, Commonwealth Home Support Program providers cannot make informed decisions about their future participation in the Support at Home Program.

Furthermore, Queensland Health recommends that the Commonwealth Government address the unique challenges faced by providers in rural and remote Queensland, where service delivery can be more complex, due to a higher prevalence of chronic disease, and limited access to primary care or aged care services. Ensuring both consumer access and provider capacity is critical to preventing avoidable hospitalisations and premature entry into residential aged care, outcomes that directly impact Queensland's public hospital system.

Staffing and workforce

Queensland Health recommends that workforce development and support is prioritised to ensure aged care providers can deliver appropriate, supportive, and client-centred care. While clients may have the necessary packaged funding, aged care providers are often unable to deliver specific services, for

example, domestic assistance, due to workforce limitations. There is a risk of workforce shortages where interim packages become fully funded and the workforce is already fully optimised with service delivery. As a result, clients may miss out on support altogether, or the provider must outsource the service to private agencies at a significantly higher cost.

In addition, if aged care assessments are required to transition existing Commonwealth Home Support Program clients to the Support at Home Program, then sufficient time needs to be allocated to allow for this increased workload on assessment teams prior to the transition of the Program.

Queensland Health also suggests that there needs to be greater incentives for staffing in community care roles to ensure continuity and quality of services. There have been recent wage increases for staff in residential aged care homes, but these wage increases have not extended to community-based care. Given the Commonwealth Government's position to support people to remain at home, adequate remuneration is essential for retaining staff and reducing workforce casualisation. Without competitive pay and conditions, the sector risks instability and diminished capacity to meet growing demand for home-based care.

Closing

Successful implementation of the transition of the Commonwealth Home Support Program to the Support at Home Program, relies on the Commonwealth Government taking a lead role in stewarding the market of aged care providers. This must involve increasing home care support services and bolstering provider capability and capacity to align with the forecast needs of the ageing population, including complex care; dementia; and financial hardship.

Specifically, to better support aged care providers while ensuring aged care recipients continue to receive high-quality care throughout the transition of the Commonwealth Home Support Program, the Commonwealth Government must improve communication with, and clarify the expectations of, aged care providers regarding the scope of services that they are to deliver. The Commonwealth Government must also build capacity across the aged care sector and address the unique challenges faced by providers in regional, rural and remote Queensland.

Queensland Health acknowledges the commitment to collaboration and partnership that the Commonwealth Department of Health, Disability and Aged Care has shown in resolving issues identified as part of implementing the new *Aged Care Act 2024*. Queensland Health will continue to work closely with the Commonwealth Government on the implementation of the aged care reforms.

Queensland Health thanks the Committee for the opportunity to highlight the impacts on Queensland of the transition of the Commonwealth Home Support Program to the Support at Home Program and welcomes the opportunity to provide further detail on any of the information provided in this submission.