Silverchain submission

Senate Community Affairs References Committee Inquiry into the transition of the Commonwealth Home Support Program to the Support at Home Program

23 January 2026

silverchain

Acknowledgement of Country

Silverchain respectfully acknowledges the Traditional Custodians of the lands on which we work and live. We acknowledge Elders both past and present, whose ongoing effort to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future leaders and reconciliation within Australia. Our Innovate Reconciliation Action Plan artwork was created by artist, Charmaine Mumbulla from Mumbulla Creative. The artwork is crafted from many individual pieces and is layered to tell the Silverchain story, including our increased commitment and efforts towards healing, reconciliation, and social justice.

Contents

Contacts

For more information, please contact:

Bronwyn Perry
Executive Director, Strategic Communications

Dr Ronelle Hutchinson
Head of Policy & Advocacy

Executive Summary

As the third largest provider of in-home aged care in Australia, Silverchain welcomes the Senate Committee's inquiry into the transition of the Commonwealth Home Support Program (CHSP) into the Support at Home program. The timeline and process for transition needs to be carefully considered.

The Support at Home program and the home-based aged care sector need an extended period of stabilisation before CHSP is transitioned.

At present, we provide services to more than 7,200 Support at Home participants and 32,200 people in CHSP (of whom at least 2,100 are awaiting their Support at Home allocation) across all states and territories of Australia (except NT) and within all Modified Monash Model regions.

CHSP operates within a larger ecosystem of health and aged care services, and thus the effectiveness of, and challenges associated with the program and its transition to Support at Home cannot be considered in isolation from these other sectors. We have provided advice and evidence about the current state of both CHSP and Support at Home in relation to the terms of reference for the inquiry. We ask that you consider our evidence in relation to the readiness of the sector, providers, older people and their families, and the Australian Government agencies and departments for the transition of CHSP.

The Support at Home program needs to be working effectively before the sector is asked to accommodate approximately 800,000 people currently receiving CHSP services into this new program. The current timetable for CHSP transition to be 'no earlier than' mid 2027 threatens to undermine the stability of the new program and the economic viability of the sector, much of which is not-for-profit.

The transition of CHSP to Support at Home should retain the value of CHSP as an early entry (light touch) aged care service to support people as they begin to age and experience challenges with their independence and health and wellbeing. Ongoing and intensive clinical care cannot be provided through CHSP which is critical to prevent unnecessary use of primary and tertiary health care services, entry to hospital, or premature entry to residential aged care. In the past six months, we have seen 630 CHSP clients awaiting Support at Home/Home Care Packages or awaiting reassessment enter residential aged care permanently. This goes against the stated aim of the federal in-home aged care programs, which is to allow people to age at home as they wish.

Support at Home must be supported to achieve the aims laid out in the aged care reform program, and eventually effectively support more than one million Australians to meet their care needs before CHSP is transitioned.

We recommend:

- That the timeframe for CHSP transition for "no earlier than mid 2027" be reconsidered and a geographically phased transition be considered after consultation with the sector. A rushed and poorly executed transition would negatively impact older people and providers, as well as the already overstretched hospital and residential aged care systems.
- That a shift to a multi-provider model for Support at Home does not occur at the same time as the CHSP transition.
- A communications and education campaign by government to CHSP clients regarding Support at Home be undertaken in 2026 and repeated ahead of any transition. This was a key element missing in the transition from Home Care Packages to Support at Home, despite repeated requests from the sector, older people, and advocacy groups.
- That the My Aged Care assessment system can accurately (re)assess people's needs and assign them to an appropriate Support at Home classification in a timely manner before CHSP is transitioned.
- Services Australia use the interim period before CHSP transitions to assess and communicate the co-payments expected under Support at Home, so that CHSP clients clearly understand the financial impact ahead of time. This did not occur in the transition from Home Care Packages to Support at Home, which led to significant client confusion.

Prior to any transition of CHSP, **we recommend the following for Support at Home:**

- That Government monitor outcomes associated with changing consumer behaviours linked to co-payments, including co-payment debt levels and changing service mix (e.g. consumers choosing not to have needed personal care because of the co-payment burden).
- That the effectiveness of the Services Australia Hardship Application process be reviewed.

- That the Government mandate that people offered a Support at Home classification cannot continue to access CHSP services instead of taking up their Support at Home package.
- That the capped price set by Government includes a relevant margin.
- The Service List for Support at Home be reviewed and refined.
- The Assistive Technology and Home Modifications list and guidelines be reviewed.
- The Government allow providers to maintain varied pricing structures to allow for client complexity (among other things).
- Ensure that any CHSP participant needing equipment and home modifications that is referred to Support at Home Assistive Technology and Home Modifications (ATHM) scheme is also provided with an ongoing Support at Home budget.

Prior to any transition of CHSP and in the interim, **we recommend the following for CHSP:**

- Build improved flexible funding provisions to allow providers to reallocate resources within service categories and across geographic regions if possible. Where a provider is registered for Category 5 in the new registration and accreditation scheme, allow them to be auto-approved to provide all CHSP services in any region. This should help smooth out demand/supply problem spikes in specific local areas and allow providers to fully utilise staff who primarily provide Support at Home services in those regions.
- Develop mechanisms to provide limited care management under CHSP, to assist in addressing growing client complexity.
- Introduce public-facing monitoring of key aspects of CHSP including waiting times and waiting lists to allow the Department to undertake more proactive demand management and service modelling.

Providers, the Department, and the broader community need more time for Support at Home to stabilise. We recommend at least six to twelve months between:

- The introduction of Support at Home (November 2025)
- The introduction of capped pricing (expected July 2026) – ideally no earlier than November 2026, with significant consultation and notification periods commencing many months prior to allow providers to prepare their service models.
- The introduction of a multi-provider model (expected July 2027)
- The transition of CHSP into Support at Home (expected no earlier than July 2027) – ideally no earlier than July 2028 and in a phased process.

The introduction of capped pricing, the multi-provider model and the CHSP transition each represent a significant challenge to the stability and effectiveness of the Support at Home program and to the financial viability of providers and the sector overall. Now that Support at Home and other Aged Care Act related reforms have been introduced, we ask that a more reasonably paced progression of these significant reforms be considered. The implementation of Support at Home was rushed, and subsequently delayed from July to November 2025. Key information was still not available to recipients or to providers when the program started on 1 November 2025.

We welcome any questions the Senate Committee may have, and the opportunity to provide additional evidence at any hearing of the Committee.

About Silverchain

For 130 years Silverchain has provided high-quality, in-home health and aged care services to multiple generations of Australians. A not-for-profit organisation, we employ more than 5,900 people, including nurses, doctors, allied health, care experts, and a dedicated research and innovation division.

Our ambition is to create a better home-care system for all Australians.

Our team provides a range of health and aged care services to more than 140,000 people each year. We specialise in home and community-based care because we believe that people should have, and prefer to have, their care in or close to their homes. Our services comprise personal care, domestic support, social support and wellbeing services, complex and acute nursing, hospital in the home, community specialist palliative care, independence services, reablement allied health to improve mobility and independence, the provision of equipment and home modifications, digitally enabled care and remote monitoring, and chronic and complex disease management. We provide services in metropolitan, regional and remote locations and across all aspects of aged care, including the range of services funded under Support at Home and CHSP. We provide CHSP services directly or through partnership arrangements in all states and territories of Australia (with the exception of the Northern Territory).

We are accredited according to both the national health care and aged care standards. We are recognised as a rural and remote aged care provider through the Department of Health and Aged Care specialist verification for aged care framework.

At present, we provide services to more than 7,200 Support at Home participants and 32,200 people through CHSP (of whom at least 2,100 are awaiting their Support at Home allocation). We are active members of Ageing Australia and contributed to the development of the Ageing Australia design principles for CHSP (see below and submission by Ageing Australia to this inquiry).

We were also active contributors to the Australian National Audit Office audit into the effectiveness of CHSP and were disappointed that there has been a delay in the release of the ANAO's findings. We encourage the Committee to seek evidence from the ANAO as part of your deliberations.

Ageing Australia design principles for CHSP

1. Cater for thin markets – commission for equity and plan services locally
2. Low barrier to entry – preserve CHSP's low-barrier, high-trust approach
3. Local flexibility, national consistency – protect local flexibility within a clear national framework
4. Embed wellness, prevention and reablement – resource it properly
5. Recognise and support carers and volunteers – acknowledge and enable their role
6. Make entry fit-for-purpose – one simple, contextual and timely process
7. Give entry-level aged care a deliberate role – fund CHSP as integrative infrastructure
8. Co-design with participants – centre the aspirations of older people
9. Align funding with meaningful measures – fund what matters to older people
10. Introduce government accountability – transparent evaluation and reporting

The impact of the transition of CHSP into Support at Home

CHSP operates within a larger ecosystem of health and aged care services, and thus the effectiveness of, and challenges associated with the program and its transition to Support at Home cannot be considered in isolation from these other sectors. Given CHSP has not yet entered Support at Home, we submit the following to the Inquiry as our current predictions of the impact of the transition of CHSP into Support at Home:

- The **My Aged Care (MAC) assessment system does not have the capacity and capability to accommodate the volume of reassessments needed** to accurately and appropriately assign classification levels to each individual currently receiving CHSP services. We are currently observing delays in assessment and unexpected assessment outcomes (where the classification and priority level assigned do not appear to have validity when compared with clinical judgement of need). We are also observing inappropriateness in referrals (or insufficient communication of a client's needs) which can lead to increased complexity or client deterioration by the time services can be initiated. We have also witnessed a trend in new Support at Home clients not receiving nursing services or allied health where it is required as an allowable service in their budget. We are monitoring this carefully to determine how widespread this is and if these people require a reassessment. The assessment system needs to be bolstered prior to the transition of approximately 800,000 CHSP people into Support at Home.
- **The impact of co-payments on consumer behaviour** (including preferences for a Support at Home service mix that minimises co-payments). It is too early in the roll out to determine the extent of changes to consumer behaviour and the impact this will have on the overall health and aged care system. This is complicated by a lack of visibility over co-payment debts associated with CHSP (where people receive services from multiple providers who each have the discretion to waive/reduce fees). This is a live concern that we are actively monitoring and will provide further evidence (if possible) in our submission to the Committee's Support at Home Inquiry by 31 July 2026.
- **The impact of the Services Australia hardship application process to** determine if individuals can be provided with a fee waiver or reduction on their co-payments. It is too early in the roll out to determine if this process is working effectively for the people who need it or if the Services Australia threshold is too high. We are actively monitoring this process and our unrecovered debts from co-contributions and will provide further evidence (if possible) in our submission to the Committee's Support at Home Inquiry by 31 July 2026.
- **Clarity on the impact of a capped price for Support at Home services** on the financial viability of service delivery under Support at Home and the stability of the aged care market once capped pricing is introduced in July 2026. We have two fundamental concerns about capped pricing:
  - That the Independent Health and Aged Care Pricing Authority (IHACPA) will recommend a cap to government that is the median of the current costs/pricing – meaning that 50% of providers will need to bring down their costs considerably in order to price at the cap. We are unsure if this is possible without compromising quality and safety, and continuing to meet the care of clients whose needs are more complex.
  - We have been advised that IHACPA recommends pricing to the Minister based on a cost incurred analysis. Our understanding is that this does not include any margin consideration. If the home care provider market is to be sustainable, there needs to be a margin consideration included. Pricing on costing alone needs to be reconsidered by government.
- **Reluctance by some older people receiving CHSP to take up their Support at Home classification.** We have observed some clients are unwilling to move to Support at Home for a variety of reasons including co-payments and a perception that they will be 'worse off' under Support at Home than CHSP[1]. Many CHSP clients currently receive fee reduction and waivers that were at the discretion of their provider but under Support at Home, this is no longer possible, so they are needing to pay significantly more in co-payments. Since October 2025, nearly one third of our CHSP clients who have received a Support at Home classification have decided to stay on CHSP. This speaks to the perception by consumers that CHSP is a 'better' program than Support at Home. Clarity is needed as to whether people receiving CHSP must move to Support at Home if offered a classification or if this is 'optional'. The CHSP program will continue to grow at pace, worsening the

[1] Particularly for clients who have been allocated a lower classification level for Support at Home.

transition problem if and when CHSP transitions to Support at Home. The current Departmental position is that accepting a Support at Home package is optional and consumers can remain on CHSP indefinitely. This is problematic for many reasons with our primary concerns being:

  - The provider holds increased risk if attempting to provide care and services to an older person through CHSP when that person's needs have been assessed as needing a higher level of care and support[2]. The risk is that the older person's health, wellbeing and ability to remain living at home is compromised by not receiving the right type, level or intensity of care.
  - Ongoing and intensive clinical care cannot be provided through CHSP which is critical to prevent unnecessary use of primary and tertiary health care services, entry to hospital or premature entry to residential aged care. In the past six months, we have seen 630 CHSP clients awaiting Support at Home/Home Care Packages or awaiting reassessment enter residential aged care permanently.
  - People with higher needs require care coordination that is a core component of Support at Home but can only be provided in very limited capacity and circumstances under CHSP. Again, the risk lies with the provider in this situation.
  - The use of CHSP by people with higher level needs that are more appropriate for Support at Home will result in less CHSP services for the community and reduced access for others, give it is a block funded program. The principle of CHSP is that it's an entry level program with high volumes of clients who require low volumes of supports/services.

- The **Support at Home Service List requires review and refinement** to ensure it includes all the services that would benefit older people to remain independent and living at home and that people receiving CHSP services are enabled continuity of care once they transition to Support at Home. We remain concerned that there are no specific items for services relating to social support for housing alternatives for people living in dwellings characterised by hoarding and squalor, the development of advanced care plans for people receiving care in their homes, or an item for the development of dementia and cognition management plans for people receiving care in their homes.
- **The Support at Home Assistive Technology and Home Modification (ATHM) List and process requires review and refinement**. We are concerned that the funding amount for the highest tier of ATHM will be insufficient to meet the needs of some older people. The funding amount for the lowest tier of $500 is inadequate for everything except the most basic of equipment. An analysis of the recent spend on ATHM by CHSP clients indicates that some of our CHSP clients have spent over $15,000 on ATHM in the past year.
- **The commercial viability of Support at Home short term pathways (ATHM, Restorative Care and End of Life Care) needs to be clear**. It is too early in the roll out for clarity but this is a live concern that we are actively monitoring and will provide further evidence (if possible) in our submission to the Committee's Support at Home Inquiry by 31 July 2026. The financial viability of these pathways will be further impacted by any capped pricing introduced from 1 July 2026.
- **Clarity is needed if the government has ceased the Home Modifications stream within CHSP** and if this will continue until CHSP transitions into Support at Home. The case study illustrates a significant gap in access to critical supports currently at the intersection of the CHSP and Support at Home programs. Access to the Support at Home ATHM stream as a stand-alone stream without access to a Support at Home classification may not be viable for older people or their providers.
- The **need for care management and case management is growing**, which was not a primary objective of CHSP, indicating a shift in client complexity and program demands within CHSP that will be relieved when these people transition to Support at Home (with care management a core component of that program). Increasing client complexity, including higher clinical acuity and psychosocial needs, strains the entry-level service model of CHSP.
- **Interim Support at Home budgets are placing pressure on CHSP to address the gap in services and are an inefficient use of funding.** The 60% interim budgets that have been allocated to some older people are problematic because:
  - MAC assessments continue to offer a care plan that is inclusive of all the services and supports the person needs – raising the expectation that their Support at Home funding will cover these services. A 60% budget will not cover these and the impost is then on the provider to justify the restriction in services that can be offered. The onus is then on the provider to prioritise the

[2] This risk is compounded by the lack of visibility over if the person is receiving CHSP services from multiple providers and if any of these are 'over servicing' these clients.

services needed most immediately and explain to the participant that they are unable to access all the services recommended due to constraints imposed by government on their Support at Home budget.

- As the month closes out and the monthly allocation of the interim budget has been used, CHSP services are used to 'fill the gap'. Services to these people through CHSP is not specifically funded.
- Care planning, service agreements and onboarding need to happen for all new Support at Home clients and is usually performed by the Care Partner. This happens regardless of whether the person has been allocated 60% or 100% of their funding. For those with interim funding, when their full funding becomes available, the Care Partner needs to repeat the care plan process, as often at that point, the client can then 'afford' the full suite of services and supports that MAC assessed them as needing. The provider is doing the planning work twice.

Limited flexibility in moving funds between CHSP geographic areas is compromising our ability to effectively use our clinical workforces. Because CHSP funding is tied to specific geographic regions, we are constrained in how we can shift unused capacity from one region to another. This is most problematic in the case of our clinical staff where we may have some capacity for our nurses or allied health in one region, high demand in another but we are unable to make use of these unused resources because we are not approved for CHSP services in the regions we find we have capacity. The rigidity of the CHSP funding requirements compromises our ability to use our clinical workforces effectively.

Case study: The gap between CHSP home modifications and Support at Home ATHM access

Margaret is a 69-year-old living alone in Sydney, receiving support through CHSP including personal care, allied health, meals and domestic assistance. Unfortunately, Margaret experienced a fall in her home in November 2025. A Silverchain occupational therapist assessed her and determined that she needed a ramp and rails installed to help her stay safe and minimise the risk of another fall. However, when Margaret's care team tried to arrange these home modifications through CHSP, they were informed that she could not access CHSP Home Modifications and must instead apply for funding through the Support at Home Assistive Technology and Home Modifications (ATHM) scheme. A MAC assessment determined Margaret would need a Support at Home classification 8 (medium priority) as well as a high-tier for both technology and home modifications.

Margaret's Support at Home funding is still pending but she has her ATHM funding available. The rules around the use of ATHM funding for coordination and administration mean that there are insufficient funds available to support adequate onboarding, risk assessment, coordination and also the delivery of the home modifications she needs. This left Margaret in a difficult position: she could not access the necessary home modifications through CHSP, she didn't have access to any Support at Home ongoing funding, and she still cannot use the funding she has available through the ATHM scheme. It is now three months since her fall; Margaret continues to wait for the installation of the ramp and rails funded through an appropriate funding stream.

Readiness of older people for the transition from CHSP to Support at Home

The transition of CHSP to Support at Home does not just impact providers and the Australian Government – the most important stakeholders are older people themselves. We ask that the Committee considers the readiness of the community for the transition from CHSP to Support at Home during your deliberations. We believe that people receiving CHSP are not ready to transition and significant work needs to be undertaken to prepare them for a successful transition.

- **The community is confused about Support at Home**. There has been insufficient Government communication and education ahead of the Support at Home rollout, leading to significant confusion among older people, their families, and related sectors. Providers have had to step in, at their own cost, to educate clients transitioning from Home Care Packages. The sector will not be able to sustain this level of investment for the much larger CHSP cohort. The Government now has a critical opportunity to improve understanding of Support at Home before CHSP clients are required to transition. Services Australia should also use this interim period to assess and clearly communicate the co-contributions individuals will be expected to make under Support at Home.
- **Accessing CHSP (or Support at Home classification 1) needs to be expedited.** Older people and their families often delay seeking aged care support, waiting well beyond when they first need help before initiating a MAC assessment and accessing CHSP. This creates a significant hurdle, as many are reluctant to seek support and must then navigate a long, complex assessment process. As a result, people may wait many months for assessment and decision, after already delaying help for years.
- **Consumer preferences for a multi-provider model need to be determined**. The Government has flagged that it will transition CHSP into Support at Home "no earlier than" mid 2027. This is the same time as Government has indicated it will seek to shift Support at Home to a multi-provider model. There is no clarity as to whether older people will want to receive services from multiple providers, nor is there any clarity on how a shift to a multi provider model will impact the financial viability of providers and the sector overall.
- **The extent of bad debts arising from co-payments across the sector remains unclear**. It is not yet possible to determine the level of unpaid co-payments that providers may ultimately be required to absorb if some people do not contribute to the cost of services received. Willingness of older people to actually make their co-payments is unclear. It is too early in the roll out for clarity however this is a live concern that we are actively monitoring and will provide further evidence (if possible) in our submission to the Committee's Support at Home Inquiry by 31 July 2026.
- **The value proposition of Support at Home lower-level classifications needs to be demonstrated to older people**. Funding available through CHSP and Support at Home classification level 1 is roughly equivalent at about $11,000 per annum, even though Support at Home is intended for people with needs beyond CHSP. The challenge is that Support at Home has higher unit prices and mandatory co-payments that providers cannot waive, meaning older people may receive fewer hours of care within the same budget. Under CHSP, providers have more discretion, so these limits may not apply. As a result, there are few incentives, and some disincentives, for people to move from CHSP to Support at Home. It also remains unclear how capped pricing will affect the relative value of entry level packages across both programs.

Readiness of aged care providers for the transition of CHSP into Support at Home

The transition of people from CHSP to Support at Home will present a more than four-fold increase in the Support at Home program. Providers must be given time to stabilise operations, governance and finances after the introduction of the Aged Care Act 2024 and Support at Home.

The timeframe for the introduction of Support at Home itself was not ideal (even with a small delay) and the timeframe for the provision of critical information to the sector and older people did not allow providers time to design and test their processes and systems in a way to allow for optimisation. Our workforce is still feeling the effects of such a rushed transformation. A few months into the roll out, we are still testing and refining our processes to ensure they are efficient, achieving our clients' needs and preferences, and being provided at the lowest cost base possible.

We continue to face uncertainty about the impact of Support at Home in regard to:

- The financial viability of delivering services via Support at Home under our provider-determined prices until mid 2026
- Short term pathways (with our key concern being the ATHM pathway which has unclear guidance)
- Co-payments and debt recovery from clients
- Fine tuning billing and statements to Services Australia and to clients
- Adequacy of the care management cap for clients with differing needs
- The need for flexible responses to changing demand and supply pressures
- The impact of moving to a multi-provider model
- The impact of introductions of capped pricing in mid 2026 on the financial viability of service provision.

Providers and the sector need more time for Support at Home to stabilise. We recommend at least six to twelve months between each of the following reforms:

- The introduction of Support at Home (November 2025)
- The introduction of capped pricing (expected July 2026) – we recommend no earlier than November 2026.
- The introduction of a multi-provider model (expected July 2027)
- The transition of CHSP into Support at Home (expected no earlier than July 2027) – recommend no earlier than July 2028 and in a phased process.

To reduce the risk of further disruption and strain to the sector, we recommend that the CHSP cohort be transitioned to the Support at Home Program in a phased process, allowing providers to increase gradually the volume of clients they are servicing under the program. This might be done through transitioning of different cohorts based on classification level, geographic area or some other means. A similar phased process might be considered for the introduction of a multi-provider model.

Readiness of the Australian Government for the transition of CHSP to Support at Home (other matters)

As the sector and older people need time to embed the Support at Home program into their everyday life and work, so too does the Australian Government and its agencies to mature their systems and processes to have Support at Home working more effectively before expanding the program to include CHSP. The narrative leading up to the 1 November 2025 roll out of Support at Home was that refinements would be needed after the initial roll out to the program. We believe refinements in terms of policy and implementation are needed to allow the program to work effectively for older people and their families, for the providers who serve them and the Australian Government. The improvement opportunities we have identified include:

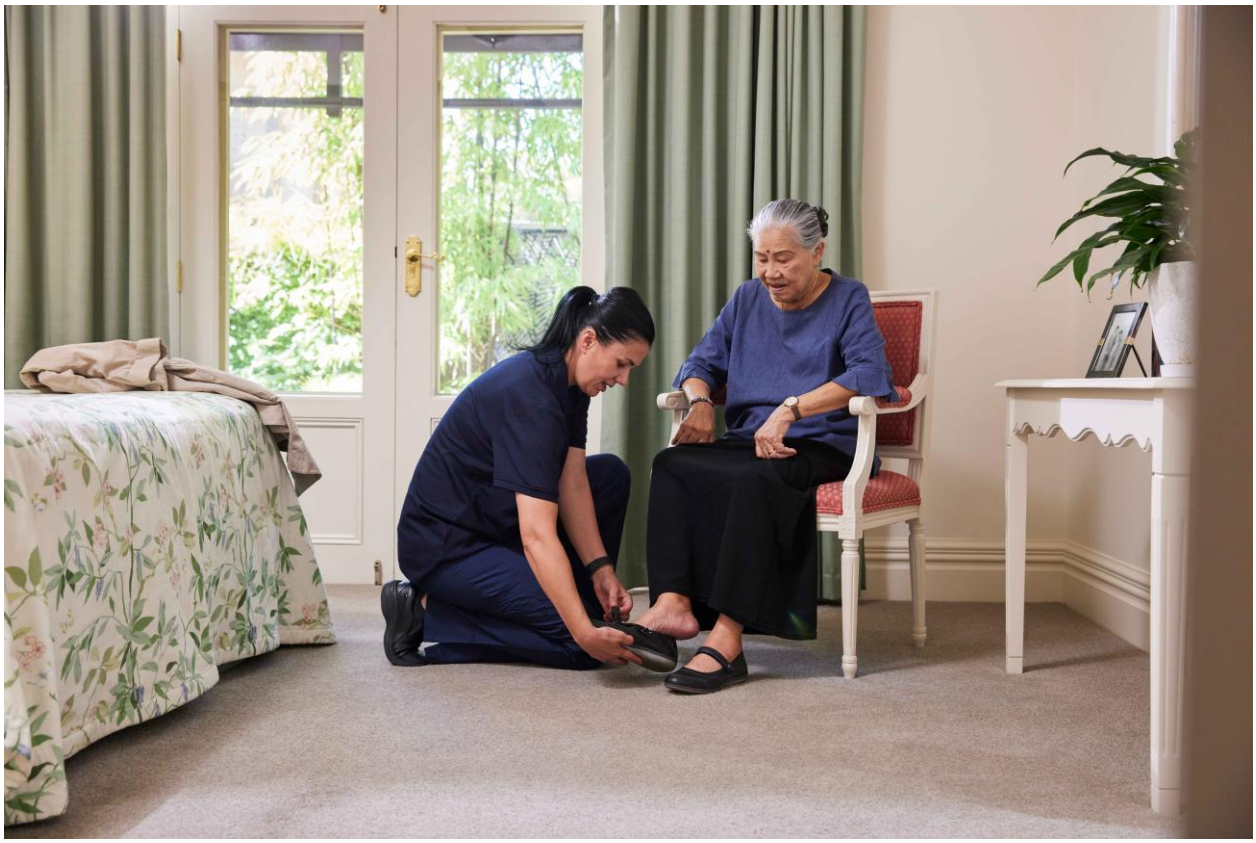
- The effective functioning of the MAC assessment system
- The effective functioning and responsiveness of Services Australia to claims and billing related issues
- The Support at Home service list
- The effectiveness of the Services Australia hardship application process and outcomes (including its cultural safety for First Nations people)
- Refinements to the ATHM service list and guidance materials
- Reconsideration of the adequacy of the funding tiers associated with the ATHM pathway
- Education and communications to older people receiving CHSP regarding Support at Home and co-payments
- Clarification for ongoing reporting requirements for the sector (CHSP and Support at Home)
- Clarity on the capped pricing introduction
- Clarity on how a multi-provider model of Support at Home will be operationalised

The timeline for transition of CHSP to Support at Home

Providers and the sector need more time for Support at Home to stabilise. We recommend at least six to twelve months between each reform:

- The introduction of Support at Home (November 2025)
- The introduction of capped pricing (expected July 2026) – recommend no earlier than November 2026.
- The introduction of a multi-provider model (expected July 2027)
- The transition of CHSP into Support at Home (expected no earlier than July 2027) – recommend no earlier than July 2028 and in a phased process.

Capped pricing, a multi-provider model and CHSP transition each represent a significant challenge to the stability and effectiveness of the Support at Home program and to the financial viability of providers and the sector overall. Now that the Act has been passed, and Support at Home has been introduced, we ask that a more reasonably paced progression of these other significant reforms be considered.



Conclusions and recommendations

The Support at Home program needs to be working effectively for older people, providers and government before the sector is asked to accommodate approximately 800,000 people currently receiving CHSP services into this new program. The current timetable for CHSP transition to be mid 2027 threatens to undermine the stability of the new program and the economic viability of the sector.

We wish to see a successful Support at Home program as well as successful transition of people receiving CHSP.

We recommend:

- That the timeframe for CHSP transition for no earlier than mid 2027 be reconsidered and a geographically phased transition be considered after consultation with the sector.
- That a shift to a multi-provider model for Support at Home does not occur at the same time as the CHSP transition.
- A communications and education campaign by government to CHSP clients regarding Support at Home be undertaken in 2026 and repeated ahead of any transition. This was a key element missing from the transition from Home Care Packages to Support at Home, despite repeated requested from the sector, older people, and advocacy groups.
- That the My Aged Care assessment system is able to accurately assess people's needs and assign them to an appropriate Support at Home classification in a timely manner before CHSP is transitioned.
- Services Australia use the interim period before CHSP transitions to assess and communicate the co-payments expected for under Support at Home, so CHSP clients are clear on the financial impact ahead of time. This did not occur in the transition from Home Care Packages to Support at Home and led to significant client confusion.

Prior to any transition of CHSP, **we recommend the following for Support at Home:**

- That Government monitor outcomes associated with changing consumer behaviours linked to co-payments, including co-payment debt levels and changing service mix (e.g. consumers choosing not to have much needed personal care because of the co-payment).
- That the effectiveness of the Services Australia Hardship Application process be reviewed.
- That Government mandate that people offered a Support at Home classification cannot continue to access CHSP services instead of taking up their Support at Home package.
- That the capped price set by Government include a relevant margin.
- The Service List for Support at Home be reviewed and refined.
- The Assistive Technology and Home Modifications list and guidelines be reviewed.
- The Government allow providers to maintain varied pricing structures to allow for client complexity (among other things).
- Ensure that any CHSP participant needing equipment and home modifications who is referred to Support at Home Assistive Technology and Home Modifications (ATHM) scheme is also provided with an ongoing Support at Home budget.

Prior to any transition of CHSP and in the interim, **we recommend the following for CHSP:**

- Build improved flexible funding provisions to allow providers to reallocate resources within service categories and across geographic regions if possible. Where a provider is registered for Category 5 in the new registration and accreditation scheme, allow them to be auto-approved to provide all CHSP services in any region. This should help smooth out problematic demand/supply spikes in specific local areas and allow providers to fully utilise staff who primarily provide Support at Home services in those regions.
- Develop mechanisms to provide limited care management under CHSP, to assist in addressing growing client complexity.
- Introduce public-facing monitoring of key aspects of CHSP including waiting times and waiting lists to allow the Department to undertake more proactive demand management and service modelling.

Providers, the Department, and the broader community need more time for Support at Home to stabilise. We recommend at least six to twelve months between:

- The introduction of Support at Home (November 2025)

- The introduction of capped pricing (expected July 2026) –recommend no earlier than November 2026, with significant consultation and notification periods commencing many months prior to allow providers to prepare their service models.
- The introduction of a multi-provider model (expected July 2027)
- The transition of CHSP into Support at Home (expected no earlier than July 2027) – recommend no earlier than July 2028 and in a phased process.

The introduction of capped pricing, the multi-provider model and the CHSP transition each represent a significant challenge to the stability and effectiveness of the Support at Home program and to the financial viability of providers and the sector overall. Now that Support at Home and the Aged Care Act reforms have been introduced, we ask that a more reasonably paced progression of these other significant reforms be considered. The implementation of Support at Home was rushed and subsequently delayed from July to November 2025. Key information was still not available to recipients or to providers when the program started on 1 November 2025.

We welcome any further questions the Senate Committee may have, and the opportunity to provide additional evidence at any hearing of the Committee.

Health. Human. Home.