Assistive Technology & Home Modifications (AT-HM) List

Operational Implementation Guide

Key Changes from February 2026 to July 2026

Summary

Resources: Assistive Technology and Home Modifications list (AT-HM list)

Disclaimer: This Operational Implementation Guide must be read in conjunction with the Updated AT-HM List July 2026

The **20 July 2026 AT-HM List** builds on the February 2026 version by strengthening governance rather than significantly changing the products or home modifications available under the Support at Home Assistive Technology and Home Modifications (AT-HM) Scheme. The most significant operational changes relate to:

- Expanded prescription categories
- Clearer provider responsibilities
- Mandatory prescription requirements for home modifications
- Evidence requirements for high-cost and conditional items
- Stronger clinical governance and documentation expectations

What Has Not Changed

The July 2026 update does **not** significantly expand the range of products available under the AT-HM Scheme.
The following February 2026 operational improvements continue to apply:

- Item-level risk categories.
- Detailed home modification classifications.
- Assistance dog supports.
- Environmental control technologies.
- Expanded cognitive support products.
- Conditional domestic appliance categories.
- Vehicle modification classifications.
- Expanded wheelchair accessory categories.
- ISO 9999:2022 classification framework

Key Takeaway

The July 2026 update is primarily a **governance and implementation update**, rather than an expansion of the AT-HM List itself. The revised List provides clearer prescribing requirements, strengthens provider accountability and introduces more explicit evidence expectations for higher-risk and higher-cost items. Providers should ensure their governance systems, documentation, prescribing practices and staff capability align with these revised requirements before implementation

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Operational Area	What Changed	Operational Impact	Required Provider Action	Priority	Reference (July 2026 AT-HM List)
Prescription categories	Five prescription categories now apply: • Low risk (recommended), • Under advice (recommended), • Prescribed (recommended), • Prescribed (required), and • Under advice (evidence required)	Provides greater clarity about the level of clinical oversight required and distinguishes between recommended and mandatory prescribing	Review • prescribing matrices • clinical pathways • delegation arrangements and • staff guidance	**High = immediate action required**	Prescription Requirements section (pages 1–3); Category column throughout the AT-HM List.
Mandatory prescriptions	Clearly distinguishes between Prescribed (recommended) and Prescribed (required) categories: • **Recommended** – is **not** mandatory • **Prescribed-** prescription **must** be obtained	Removes ambiguity about when a prescription is mandatory and supports consistent clinical decision-making	To ensure mandatory prescription requirements are met before items are supplied update • Policies/procedures and • clinician guidance	**High = immediate action required**	Prescription Requirements section (pages 1–3); Category column throughout the AT-HM List.
Home modifications	**All** home modifications now require a prescription from an appropriately qualified health professional.	Introduces a consistent clinical assessment requirement for **every** home modification	For **all** Home Modification requests review • referral pathways • clinical assessment processes • documentation templates	**High = immediate action required**	Prescription Requirements section – Home Modifications; Section 18 – Home Modifications.
Provider responsibilities	**The provider is explicitly responsible** for arranging assistive technology, home modifications, prescriptions and wraparound services based on the participant's assessed needs.	Clarifies provider accountability across the participant journey and procurement process	To ensure responsibilities are clearly assigned review • operational responsibilities • procurement procedures and • internal workflows	**High = immediate action required**	Prescription Requirements section – Provider Responsibilities.
Evidence requirements	Evidence requirements have been clarified for High Tier AT funding requests above $15K and conditional inclusion items. Conditional inclusion items may only be funded where the conditions specified in the AT-HM List are met. These items require supporting clinical evidence to demonstrate the participant's assessed need.	Higher-cost or conditional items require stronger supporting clinical documentation before approval.	To ensure required documentation is obtained before submission of requests for funding above $15K and conditional inclusion items • Clinical assessment templates • Evidence checklists and • Approval processes	**High = immediate action required**	Prescription Requirements section – Evidence Requirements; references to High Tier Funding (> $15,000) and Conditional Inclusion Items.

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AT-HM Scheme Guidelines	The update includes stronger references to the AT-HM Scheme Guidelines for prescribing responsibilities and implementation requirements.	Reinforces that the AT-HM List should be read together with the Scheme Guidelines.	Update internal guidance and ensure clinicians and operational staff refer to **both** the AT-HM List and the AT-HM Scheme Guidelines.	**Medium = update**	Prescription Requirements section – references to the AT-HM Scheme Guidelines.
Clinical governance	The revised **prescribing categories** and evidence requirements strengthen governance expectations for prescribing, procurement and record keeping.	Providers need robust governance processes to demonstrate compliance and support audit readiness	Review • Clinical governance framework • Prescribing policies/procedures • Quality assurance processes and • Audit tools.	**High = immediate action required**	Reflected throughout the Prescription Requirements section and Category column of the AT-HM List.
Documentation and audit readiness	The July update reinforces the need for documentation that supports prescribing decisions, evidence requirements and procurement.	Complete records are increasingly important to demonstrate compliance and support funding decisions.	Review to ensure all required evidence is retained: • clinical documentation standards • record keeping practices and • audit processes	**High = immediate action required**	Prescription Requirements section; evidence requirements for High Tier AT and conditional inclusion items.

Governance and Compliance Implications

Area	Operational Implications
Clinical Governance	Organisations should review prescribing governance, delegation arrangements and professional accountabilities.
Documentation	Clinical records should clearly demonstrate why the prescribed item meets the participant's assessed need.
Audit Readiness	Evidence supporting prescriptions should be readily available for audit purposes.
Risk Management	Internal controls should ensure mandatory prescriptions and supporting evidence are obtained before procurement.
Staff Capability	Staff involved in assessment, care management and procurement should understand the revised prescribing categories and documentation requirements.

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