Support at Home Program Manual V4.3 July 2026
A policy-to-practice Implementation Action Plan

A practical implementation companion to the Support at Home Program Manual Version 4.3

Eastern Sector development team
Connect - Support - Promote

About this Guide

The **Support at Home Program Manual V4.3 - July 2026 Implementation Action Plan** supports registered providers to identify and implement the **substantive operational changes** introduced in Version 4.3 of the Support at Home Program Manual. This guide focuses on **changes requiring provider action** rather than summarising the Manual. It highlights key operational changes and suggests practical implementation actions.

Developed by the Eastern Sector Development Team (ESDT), this resource is a practical companion to the *Support at Home Program Manual Version 4.3.*

It is not a substitute for the Program Manual or legislative requirements. Providers should refer to the Manual, including the Business Rules in Chapter 16, as the authoritative source of program and operational requirements.

What this guide does not cover

This guide does **not** cover:

- Editorial or formatting changes in the Manual
- Program requirements that have not changed
- Background or explanatory information that does not require provider action
- Detailed Business Rules in Chapter 16 of the Program Manual.

Priority	Definition
Priority Action	Immediate implementation required due to significant operational, financial or compliance impact.
Action Required	Review and update policies, procedures, systems, documentation or operational practice.
Check Current Practice	Confirm existing arrangements align with the updated Program Manual requirements.

Implementation Priorities at a Glance

Manual Reference	Executive Implementation Priority
6.9	Update intake, onboarding and service commencement procedures so participants enter a Service Agreement and start services within **56 calendar days**, or **84 calendar days** where an extension is approved.
8.5	Update self-management and contractor governance arrangements to ensure the registered provider meets all legislative, quality and program responsibilities when care management is delivered through self-management.
9.3.1.3	Update Home Care Package Commonwealth unspent funds procedures to ensure funds are reconciled and returned in line with Program requirements.
9.4	Update pricing, billing, Service Agreements and participant communications to reflect personal care contribution changes from **1 October 2026**.
10.3–10.5	Update pricing schedules, methodologies and price variation procedures to meet Support at Home pricing requirements.
12.3.1	Update participants exit procedures, including reconciliation and return of Home Care Package unspent funds within required timeframes.
15.2–15.8	Update End-of-Life Pathway procedures, care management arrangements and transition processes to align with the revised pathway requirements.

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Manual Reference	Priority	Key Operational Change	Implementation Action	Suggested Evidence of Implementation
2.1 Legislative Framework	**Check Current Practice**	Governance arrangements should align with the Aged Care Act 2024 and support safe, effective and quality service delivery, legislative compliance and continuous improvement	Review & Update: • Organisational governance framework to ensure alignment with the Support at Home Program and Aged Care Act 2024	Updated: • Governance Framework • Board reports • CI Plan
3.1–3.7 Provider Obligations	**Check Current Practice**	Provider governance arrangements should support compliance with provider registration conditions, the Strengthened Aged Care Quality Standards, the Aged Care Code of Conduct, the Serious Incident Response Scheme (SIRS), worker screening requirements and other legislative obligations under the Aged Care Act 2024	Review & Update: • Governance policies and • Compliance monitoring processes to ensure alignment with current legislative and program requirements	Updated: • Governance Framework • Compliance Register • Board reports
5.3–5.5 Wellness, reablement and Dignity of Risk	**Check Current Practice**	Assessment, care planning, service delivery and workforce practices should reflect the Statement of Rights, wellness and reablement, person-centred care, support for people with diverse needs, and dignity of risk principles	Review & Update: • Care planning procedures & templates • Service delivery practices • Workforce practices to ensure they reflect the core principles of the Support at Home Program	Updated: • Care planning procedures • Staff guidance and • Training records
6.7 Classification	**Action Required**	Funding amounts for ongoing participant classifications and transitioned Home Care Package participants *include* care management. Funding for the Restorative Care Pathway, End-of-Life Pathway and the Assistive Technology and Home Modifications (AT-HM) Scheme is **provided separately** through the Schedule of Subsidies and Supplements	Review & Update: • Participants' funding • Budgeting • Financial management procedures to ensure they reflect the funding arrangements for ongoing services, short-term pathways and the AT-HM Scheme	Updated: • Financial procedures • funding guidance • budgeting tools and • staff guidance
6.9 Finding a SAH Provider	**Priority Action**	Participants are expected to enter into a Service Agreement and commence services within **56 calendar days** of selecting a provider. Where an extension has been approved by the System	Review & Update: • Intake process • Onboarding process	Updated • intake procedures • Onboarding workflow

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		Governor, participants have up to **84 calendar days** to commence services	Review & Update: • Service commencement procedures to ensure participants commence services within the required timeframes and approved extensions are appropriately documented	• Service commencement checklist • Staff guidance
7.2.3 Service Agreements	**Action Required**	Participants transitioning between ongoing Support at Home services and the Restorative Care Pathway or End-of-Life Pathway may **either vary an existing Service Agreement or enter into a new Service Agreement**, depending on the participant's circumstances and service arrangements	Review & Update: • Service Agreement templates and • Participant transition procedures to reflect the revised Service Agreement arrangements	Updated: • Service Agreement templates • Transition procedures and • Staff guidance
8.4.1 Care Management	**Action Required**	**Care management** activities include participant engagement, care planning, care coordination, risk identification and management, referrals, liaison with advocacy bodies where appropriate, and record keeping directly related to care management decisions	Review & Update: • Care management procedures • Documentation standards and • staff guidance to reflect the clarified care management responsibilities	Updated: • Care management procedures • Documentation standards • Staff guidance
8.5 Self-Management	**Priority Action**	Participants may self-manage selected Support at Home services. Where care management activities are delivered through self-management arrangements or with the assistance of care partners, the registered provider remains responsible for meeting all legislative, quality and program requirements	Review & Update: • Self-management governance arrangements • Contractor oversight and monitoring processes to ensure the provider continues to meet all legislative, quality and program responsibilities	Updated: • Self-management procedures • Governance framework • Contractor monitoring • Audit records
9.3.1.3 Unspent funds	**Priority Action**	**Provider-held Commonwealth Home Care Package unspent funds** may be used to pay for eligible Support at Home services. Any remaining Commonwealth unspent funds must be returned to Services Australia in accordance with Program requirements when the participant exits care	Review & Update: • HCP Commonwealth unspent funds procedures to ensure reconciliation and return of funds complies with Program requirements	Updated: • Financial procedures • Reconciliation process • Staff guidance

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9.4 Personal Care Contributions	**Priority Action**	Personal care included in a participant's Support Plan will be fully government funded from 1 October 2026. Participants will no longer pay an Independence contribution for personal care services delivered from this date	Review & Update: • Pricing schedules • Billing processes • Service Agreements and • Participant communications to reflect the revised participant contribution arrangements	Updated • Pricing schedules • Service Agreements • Billing procedures • Participant communications
9.6 Collection of Participant contributions	**Action Required**	Participant contribution collection arrangements must be documented in the Service Agreement. Providers may offer flexible payment arrangements but **cannot require payment before services are delivered**, while a fee reduction application is being assessed, or where a full fee reduction supplement applies. Interim contribution rates may be agreed pending a Services Australia assessment, with providers required to refund or recover any difference once the final contribution rate is determined	Review & Update: • Participant contribution • Invoicing and debt management procedures • Service Agreement wording to reflect the revised contribution collection requirements	Updated • Contribution procedures • Service Agreements • Invoicing procedures • Debt management guidance
10.3 Set Prices	**Priority Action**	Providers must publish a standard price for each Support at Home service. Published prices must be reasonable, transparent and represent the total amount charged for delivering the service. **Additional administration** or package management fees **cannot be charged** unless specifically permitted under the Program	Review & Update: • Published pricing schedules to ensure compliance with Support at Home pricing requirements	Published: • Pricing schedule • pricing policy • Website updates
10.4 Capped prices	**Priority Action**	Participant-specific prices must not exceed the provider's published standard price unless permitted under the Program. Any higher price must reflect the participant's individual circumstances and be agreed before services are delivered	Review & Update: • Pricing methodologies • Service Agreement templates to ensure participant-specific pricing complies with Program requirements	Updated • pricing methodology • Service Agreement templates and • pricing guidance
10.5 Price variations	**Action Required**	Price variations must be based on the participant's individual circumstances, documented in the Service Agreement, agreed	Review and update: • Price variation procedures • Supporting documentation requirements	Updated • Price variation procedures

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		before the varied price is charged and supported by appropriate records		• Service Agreement templates • Staff guidance
10.6 Government cap prices	**Check Current Practice**	Government implementation of capped prices has been deferred. When introduced, providers must not charge above the government-capped price or apply additional fees above the capped amount unless specifically permitted under the Program	Review: • Pricing governance arrangements Prepare: • Organisational pricing systems for future implementation of capped prices	• Pricing governance framework • Implementation plan • Pricing procedures
11.1–11.2 Self management	**Action Required**	Participants may self-manage selected Support at Home services while the provider continues to manage other services. The services to be self-managed and provider-managed should be documented in the Service Agreement, care plan and individualised budget	Review and update • Self-management agreements • Service Agreement templates • Care plans • individualised budget templates to ensure self-management arrangements are clearly documented	Updated: • Self-management agreements • Service Agreement templates • Care planning documentation • individualised budget templates
12.3.1 Changing Providers	**Priority Action**	Provider-held Commonwealth Home Care Package unspent funds must be returned to Services Australia within **60 calendar days** of the participant's exit date. Participant-contributed Home Care Package unspent funds must be returned to the participant (or their estate) within **70 calendar** days	Review and update: • Participant exit procedures • Home Care Package unspent funds reconciliation processes to ensure compliance with the required timeframes	Updated: • Participant exit procedures • Reconciliation process • Financial guidance
12.4.2 Ceasing Funded aged Care Services	**Action Required**	Where a service delivery branch transfers to another registered provider, outgoing providers must ensure continuity of care, notify Services Australia **within 28 calendar days**, submit final claims within **60 calendar days**, issue final participant statements and complete Home Care Package unspent funds reconciliation	Review and update: • Provider cessation procedures • Participant exit checklists • Staff guidance to ensure all notification and reconciliation requirements are met	Updated: • Provider cessation procedures • Participant exit checklist • Staff guidance

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13.2 Accessing AT-HM	**Action Required**	The Manual clarifies eligible Assistive Technology and Home Modification supports, including approved assistive technology, personal alarms (including associated base subscription costs where applicable), home modification associated services and provider responsibilities for delivering approved prescriptions	Review and update: • AT-HM referral pathways • Service delivery procedures • Staff guidance to reflect the clarified eligibility and provider responsibilities	Updated: • AT-HM procedures • Referral pathways • Staff guidance
13.4 AT-HM Services & Activities	**Check Current Practice**	Assistive Technology and Home Modifications funding remains separate from participant quarterly budgets and must be used only for approved items, approved home modifications and associated approved services	Review: • Financial management procedures to ensure Assistive Technology and Home Modifications funding is managed separately from participant budgets	Updated • Financial procedures • AT-HM funding guidance
14.2 Restorative Care	**Action Required**	Support Plan Reviews may be requested during a restorative care episode to seek additional restorative care funding (up to **$12,000**), request Assistive Technology and Home Modifications funding, request additional approved services or seek reassessment for ongoing Support at Home services	Review and update: • Restorative care procedures • Support Plan Review processes to reflect the expanded review arrangements	Updated: • Restorative care procedures • Support Plan Review guidance
14.3 Restorative Care Funding	**Action Required**	Funding may only be used for services included in the participant's restorative care Support Plan. Care management should support goal attainment, monitoring and transition planning throughout the episode	Review: • Restorative care funding procedures • Care management practices to ensure services align with the approved Support Plan	Updated: • Restorative care procedures • Financial guidance
14.5 Restorative Care Management	**Check Current Practice**	Transition planning should commence early during the restorative care episode to support timely access to ongoing Support at Home services where ongoing support is required	Review: • Transition planning procedures to ensure continuity of care following completion of the restorative care episode	Updated: • Transition planning procedures • Care planning documentation
15.2 EOL Pathway	**Priority Action**	Care management provided under the End-of-Life Pathway is not subject to a care management funding cap. Care management	Review and update: • EOL care management procedures	Updated:

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		should include coordination with the participant's treating doctor, medical specialists and palliative care services, as appropriate	to reflect the clarified care management responsibilities	• EOL Care Management procedures • Staff guidance
15.3.1 EOL Funding	**Priority Action**	EOL Pathway funding is provided separately from a participant's ongoing Support at Home quarterly budget and must be used only for services included in the participant's EOL Support Plan. Providers should manage access, funding use and episode arrangements in line with the current Manual and the Schedule of Subsidies and Supplements	Review and update: • EOL Pathway procedures • Participant information • Staff guidance to reflect the revised pathway arrangements	Updated: • EOL procedures • Participant information • Staff guidance
15.5 EOL Care Management	**Action Required**	Funding may only be used for services included in the participant's End-of-Life Support Plan. Care management and clinical coordination should support participant goals, symptom management and continuity of care	Review: • EOL funding procedures • Service delivery processes to ensure services align with the approved Support Plan	Updated: • EOL procedures • Financial guidance
15.8 Exit EOL	**Priority Action**	Participants requiring ongoing support following completion of an End-of-Life episode should transition to ongoing Support at Home services through a Support Plan Review or reassessment, as appropriate. Transition planning should commence early to minimise disruption to service delivery	Review and update: • EOL transition procedures • Support Plan Review processes to support timely transition to ongoing Support at Home services	Updated: • Transition procedures • Support Plan Review documentation • Staff guidance
Chapter 16	**Check Current Practice**	Chapter 16 consolidates the Support at Home **Business Rules** within the Program Manual and provides the detailed operational requirements supporting program administration, claiming and funding processes	Review: • Business Rules Confirm: • Organisational procedures • Claiming processes • Financial controls • System configurations align with the current operational requirements	Evidence of • Business Rules review • Updated procedures • Claiming guidance review • Financial controls review • System configuration compliance

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