

## Workshop 1: Managing Costs and Setting Prices

This FAQ provides general information and guidance current as of December 2025 to assist providers with managing costs and setting prices. It has been prepared on the instructions of the Department solely for the purpose of assisting aged care providers prepare for the Support at Home reforms on 1 November, 2025. It does not constitute legal, financial, or compliance advice and should not be relied upon as such.

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## Frequently Asked Questions

The following table provides suggested guidance to answer questions asked during the Costing and Price Setting workshops on 3 and 7 October, 2025. The answers aim to provide general guidance to assist aged care providers prepare for the SaH reforms.

Question	Answer
<b>Transport and travel</b>	
<b>Transport pricing per kilometre (km)</b>	
How should we set a transport price per trip given the variable is the Km's travelled?	<p><b>Short answer:</b> You can no longer charge per kilometre. Instead, group trips into clear distance or time brackets (e.g., short, medium, long) and agree a price range per trip.</p> <p><b>Action for providers:</b> Review current km-based pricing and update service agreements to reflect trip-based pricing. Include your agreed price ranges in both the agreement and your My Aged Care listing.</p>
Are you able to provide an example of how to price e.g. Physio for a local client - travel under 10KM and for a client - travel 100km	<p><b>Detailed answer:</b> For Direct Transport services (supply of a driver and a car, connecting participants to their usual activities):</p> <p>This service is charged <b>per trip</b></p> <p>Service agreements may specify a <b>price range per unit</b> (a trip)</p> <p>The price range quoted may include factors such as: length of trip (time or distance); requirements of the participant (e.g. additional mobility assistance required); or other relevant costs.</p> <p>To set a price range for Direct Transport, for a participant with no mobility assistance requirements (illustrative example only):</p> <p>Define trip ranges:</p> <ul style="list-style-type: none"> <li>▪ Low distance = 1-10km</li> <li>▪ Medium distance = 10-50km</li> <li>▪ Long distance = 50-200km</li> </ul> <p>Determine the price range:</p> <ul style="list-style-type: none"> <li>▪ Low distance price = \$31-\$40</li> <li>▪ Medium distance price = \$40-\$80</li> </ul>
It's disappointing that we can no longer charge per km for services. It was easy to have a set price per KM, which was based on how much it costs us to deliver that service. Now that we need to do set trips/km brackets it is less concise. Any ideas on how we should go about this in rural areas where travel can be anywhere from 2km to 200km depending on what the client wants to do that day?	



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Question	Answer
<p>Where do we find the government guidelines on creating these km price range fees?</p> <p>If we are charging on a per unit basis can we justify our pricing as a 10km is 1 unit. So we can titrate the cost of the trip this way instead of low/med/high trip</p> <p>Hi, I would like to ask for some advice regarding social support service charges. We are planning to apply a kilometre-range rate, for example, one rate for trips under 40 km and another for those above 40 km.</p> <p>However, in some cases, a client might need to travel much farther, such as from Sydney to Newcastle (around 100 km). How should we calculate or charge the cost in such situations?</p>	<ul style="list-style-type: none"> <li>▪ Long distance price = \$80-\$230</li> </ul> <p>Price per km calculation:</p> <ul style="list-style-type: none"> <li>▪ Baseline price = \$30</li> <li>▪ Price per additional km = \$1</li> </ul> <p>No additional fees can be charged to a participant's budget for delivering a unit of Direct Transport.</p> <p>If providers have a participant who travels 2km to the Physio, their budget would be charged \$32 for the trip. If providers have a participant who travels 50km to the Physio, their budget would be charged \$80 for the trip. Using this method, providers can calculate a price per km, and quote and agree the price range for low, medium and long-distance trips to participants.</p> <p>For group transport, the cost must be apportioned to each participant.</p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home pricing - FAQ</a></p>
<p><b>Accompanied activities transport pricing</b></p>	
<p>Is transport simply transport - so if a Support Worker is going with a consumer this would be classified as accompanied activities and transport is simply a driver &amp; car provided but not assistance for the consumer?</p> <p>Are Home care organisations charging social support as well as tiered transport when they do a long transport needing assistance?</p> <p>Most of our current services incurring Kms are not transport to and from destination.</p> <p>We have supported services: e.g. 2 hrs of support service including 2x trips/ kms and assisted time for e.g. shopping or medical appointment Any ideas how to cost this?</p>	<p><b>Short answer:</b> If a participant requires support during transport, it should be funded under the 'accompanied activities' service. If a participant does not require support during transport, it should be funded under the 'transport' service.</p> <p><b>Detailed answer:</b> The transport service is used when a participant is unable to independently travel to an activity (e.g. they are not able to drive themselves or catch the bus), but do not require assistance from a support worker during the activity. If a participant requires assistance from a support worker during travel, this should be funded using the accompanied activities service (under the Social Support and Community Engagement service type).</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• 'Transport' service (direct or indirect): A participant is transported to their regular GP clinic (either by a driver and car or via use of taxi/rideshare vouchers). They get out of the car, walk to the clinic and attend the appointment on their own. Each leg of the trip (i.e. the trip to the clinic and the trip back home from the clinic) is charged using the transport service.</li> <li>• 'Accompanied activities' service: A participant is transported to their regular GP clinic. The support worker assists them to get out of the car and walks with them to the clinic while carrying their bag. The support worker stays with them during the visit and then transports them home. The entire trip (including time spent at the clinic) is charged using the accompanied activities service.</li> </ul>

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Question	Answer
<p>Can you provide suggestions re how to cost kilometres or staff time spent transporting a participant within a service into the unit price of the relevant service? The Department's guidance appears to say: Separate travel claims (e.g. per kilometre) are no longer permitted All costs associated with travel while delivering a service including fuel, vehicle wear-and-tear, and worker time must be bundled into the service's unit cost/health [sic] pricing from the Department</p>	<p>Transport services are priced on a <b>trip basis</b>, and the billable unit is a one-way trip. Setting prices for transport services is outlined in the above section on transport pricing per km.</p> <p>Accompanied activities services are priced on a <b>time basis</b>, and the billable unit is an hour. Setting prices for accompanied activities services should include the direct and indirect costs required for a support worker to accompany and support a participant with their usual activities. These costs may include the support worker salary costs as well as the fuel costs associated with transporting the participant.</p> <p><i>Relevant government guidance:</i> <a href="#">Support at Home service list FAQs</a></p> <p><b>Short answer:</b> If a participant requires support during transport, it should be funded under the 'accompanied activities' service. Costs associated with a worker travelling to a participant's home to provide services must be included in the price for that service, noting that different unit prices can be set for the same service if it is delivered in different circumstances, such as for close/far locations.</p> <p><b>Detailed answer:</b> If a participant requires assistance from a support worker while travelling to an activity, this should be funded using the accompanied activities service (under the Social Support and Community Engagement service type). Refer to the above response for further information on accompanied activities services.</p> <p>All provider/worker travel costs associated with other services (for example, travel by a worker to travel to a participant's home or to meet a participant at a clinic/activity) must be included in the price for that service. You can set prices for services delivered in different locations (i.e. different areas within the same city) to reflect differences in travel times by the worker.</p> <p><i>Relevant government guidance:</i> <a href="#">Support at Home service list FAQs</a>; <a href="#">Support at Home Pricing FAQ</a></p>
<p>How is everyone approaching the variability of services when there is transport included. E.g. Short accompanied transport to local appointments vs transport to appointments and services that may be 100s of kms away. Obviously the way we need to charge for longer journeys is to increase the price to cover petrol and toll costs. Local journeys are always cheaper. Can we offer scalable pricing</p>	<p><b>Short answer:</b> If a participant requires support during transport, it should be funded under the 'accompanied activities' service (charged on a time basis). If a participant does not require support during transport, it should be funded under the 'transport' service (charged on a per trip basis), for which a price range can be specified, allowing prices to scale based on factors such as length of trip and requirements of the participant.</p> <p><b>Detailed answer:</b> Please refer to above responses on accompanied activities transport pricing and transport pricing per km.</p> <p>Accompanied activities services are charged on a per km basis, so a longer distance trip will incur a larger price to reflect the greater time spent accompanying and supporting a participant to their usual activities.</p> <p>Transport of a participant (i.e. without a support worker) is priced on a per trip basis, however a price range can be specified for this service. In calculating the price range, providers may consider factors such as length of trip (distance</p>

Question	Answer
	<p>and/or time), the requirements of the participant (for example, if they require mobility assistance) and any other relevant costs. In this way, longer trips can incur a larger price (within the agreed price range).</p> <p><i>Relevant government guidance:</i> <a href="#">Support at Home service list FAQs</a>; <a href="#">*Support at Home pricing - FAQ</a>, <a href="#">*Support at Home program manual - version 4.1</a></p>
<b>Indirect transport</b>	
<p>How do we work out CabCharge payments moving forwards?</p>	<p><b>Short answer:</b> For the supply of taxi or rideshare vouchers, deduct the exact cost from the budget. When it is not possible to get an exact price prior to the ride, be sure to agree the budget with the participant.</p>
<p>How would we charge the client for taxi vouchers?</p>	<p><b>Detailed answer:</b> For Indirect Transport services (supply of taxi or rideshare vouchers), the exact cost is deducted from participants' budget.</p>
<p>How do we calculate the transport cost in terms of indirect transport like CabCharge, taxi etc</p>	<p>Where it is not feasible to obtain prices before delivery of a service (i.e. for transport services such as taxis or rideshare), a provider must discuss this with the participant and ensure there is appropriate management of the participant's budget so an overspend does not occur.</p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home pricing - FAQ</a>, <a href="#">*Support at Home program manual - version 4.1- section 10.3</a></p>
<b>Other</b>	
<p>What about travel costs for HMS? Is there any criteria in relation to how this is to be calculated?</p>	<p><b>Short answer:</b> Travel costs should be included in the unit price.</p> <p><b>Detailed answer:</b> All costs to deliver the service must be included in the unit price. In the case of home maintenance services, this may include (but not limited to):</p>
	<ul style="list-style-type: none"> <li>▪ labour</li> <li>▪ administration (e.g. human resources)</li> <li>▪ transport (such as fuel costs)</li> <li>▪ sub-contracting, if applicable.</li> </ul>
	<p>All provider/worker travel costs (for example, travel by a worker to travel to a participant's home) must be included in the unit price for that service. You can set prices for services delivered in different locations (i.e. different areas within the same city) to reflect differences in travel times by the worker.</p>
	<p>Where the price is not known (for example, ad-hoc allied health, home maintenance or assistive technology) providers should include (in the service agreement) the process by which they will contact the participant to notify them of the price when it is known and obtain their agreement for the price. As a minimum, this must include providing the price in writing to the participant.</p>



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Question	Answer
<p>Relevant government guidance <a href="#">Summary of Indicative Support at Home Prices.pdf</a>, <a href="#">National summary of home care prices</a>, <a href="#">*Support at Home program manual - version 4.1 - section 7.2</a></p>	
<p><b>Brokered and Third-Party Services</b></p>	
<p><b>Pricing for variable sub-contractor costs</b></p>	
<p>We are struggling to find a home maintenance and repairs provider that will charge an hourly rate - most say it is based on a quote and have a call out fee. How do we create a 'standard' price for this?</p>	<p><b>Short answer:</b> Providers are required to publish the <i>most common price</i> for services during standard business hours on My Aged Care. Providers also need to publish their common price for different time periods (Saturdays, Sundays, outside of standard business hours, and public holidays) on their website. For services where pricing often varies, you can publish a representative example based on the more frequent service arrangements.</p> <p><b>Detailed answer:</b> Under the new Support at Home program, providers are required to publish the <i>most common price</i> for each support service on the My Aged Care website</p> <p>For home maintenance and repairs, where pricing often varies, you can still meet this requirement by publishing a <b>representative example</b> based on your most frequent service arrangements. This should include:</p> <ul style="list-style-type: none"> <li>▪ A <b>typical call-out fee</b> (e.g., \$120) (for new client only)</li> <li>▪ A <b>standard hourly rate</b> (e.g., \$80/hour)</li> <li>▪ An <b>average job duration</b> (e.g., 2 hours)</li> <li>▪ A <b>total estimated cost/ price</b> published on MAC (e.g., \$280)</li> </ul> <p>You should also include a short note explaining that: “Final costs may vary depending on the scope of work. This price reflects a typical minor repair job.”</p> <p>For service agreements, it is suggested to also provide a breakdown of common pricing and wording that clearly states that final costs may vary depending on the scope and complexity of the work required. If the price agreed in the service agreement is different to the published price you must explain why in the service agreement. Where a quote is necessary, it will be provided prior to the commencement of the service. Any additional materials or specialist services will be discussed and agreed upon with the participant before proceeding. This pricing reflects the most common or standard arrangement and is published on the My Aged Care website in accordance with the Support at Home pricing transparency requirements.</p>

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Question	Answer
	<p>In circumstances where the care recipient can choose the organisation that delivers the service, providers still need to publish their common price but can add extra details on their minimum and maximum prices on their website. The common price must always be published or standard.</p>
	<p><i>Relevant government guidance: <a href="#">Support at Home - Guidance for providers on service agreements   Australian Government Department of Health, Disability and Ageing</a>; <a href="#">Publishing prices for Home Care Packages   Australian Government Department of Health, Disability and Ageing</a></i></p>
<p>How do we price sub-contractor services that may be provided by different providers at different times (e.g. podiatry)?</p>	<p><b>Short answer:</b> Providers may set different prices for the same service if it is in different circumstances (e.g., days of the week, time of day, complexity of the service, and location). However, providers must not set different prices based on who is providing the services (e.g. employees or associated providers, sub-contractors or third parties). The price must be clear and published on My Aged Care and in the service agreement. However, if the price in the service agreement is different to their published price there must be a reason for why that is in the service agreement.</p>
<p>In Allied health, we have a range of people who give physio. Do we have to have one pricing for all of the services we provide through the package?</p>	<p><b>Detailed answer:</b> Providers have the flexibility to set different prices for the same service when it is delivered in different circumstances. For example, different circumstances could include:</p>
<p>Is it one price for all of the services we provide i.e. Physio?</p>	<ul style="list-style-type: none"> <li>▪ days of the week and times of the day (for example, normal business hours and non-standard business hours).</li> <li>▪ different types of the same service (for example, personal care for a participant with complex care needs and a participant with less complex care needs).</li> <li>▪ services delivered in different locations (for example, different areas within the same city to reflect differences in travel times).</li> <li>▪ services delivered at the participant's home or at a specialist clinic (for example, a physiotherapist could charge a different price for physiotherapy delivered in a participant's home, and physiotherapy delivered at a clinic).</li> </ul>
	<p>All prices charged must be reasonable and reflect the costs required to deliver the service in different circumstances. providers must be able to demonstrate how they arrived at the different costs. For associated providers (i.e. subcontractors and third parties), providers:</p> <ul style="list-style-type: none"> <li>▪ <b>must not</b> set different pricing based on who is providing the service. If you use both employees and associated providers to deliver the same types of services, the same pricing must apply regardless of who is delivering the service.</li> <li>▪ <b>must not</b> pass on excessive costs to consumers as a result of an associated provider seeking premium rates.</li> </ul>

Question	Answer
	<ul style="list-style-type: none"> <li>▪ <b>must note</b> that associated providers may not be bound by aged care pricing requirements, however reasonable pricing requirements are extended to what a consumer is charged for a subcontracted service</li> </ul> <p>Under the <b>Support at Home program</b>, providers are required to publish the <b>most common price</b> for each type of service they deliver. If you offer physiotherapy through multiple allied health professionals with varying qualifications, experience levels, or specialisations, you are <b>not required to publish a single price for all</b>.</p> <p>Instead, you could:</p> <ul style="list-style-type: none"> <li>▪ <b>Group similar services:</b> If the physiotherapy services are substantially the same in nature and outcome, you can publish the common price that reflects the most common arrangement.</li> <li>▪ <b>Differentiate where necessary:</b> If there are distinct service types (e.g., general physiotherapy vs. functional reablement, you may publish separate prices for each.</li> <li>▪ <b>Use clear descriptors:</b> Label each price entry with a short description (e.g., “Standard physiotherapy - senior clinician” or “Physiotherapy - assistant level”) to help consumers understand the difference.</li> <li>▪ <b>Avoid vague pricing:</b> Do not use “TBA”, “Varies”, or “Quote only”. Instead, provide a dollar figure that reflects the common price for each service type.</li> </ul> <p>The price must also be included in the service agreement. If the price in the service agreement is different to their published price there must be a reason for why that is in the service agreement.</p> <p>This approach ensures compliance with the <b>pricing transparency requirements</b> and helps older Australians make informed choices.</p> <p><i>Relevant government guidance: <a href="#">provider Guidance - Home Services Pricing and Agreements</a>; <a href="#">*Support at Home pricing - FAQ</a></i></p>

Overheads / margins on brokered and third-party services	
<p>Can the provider include an overhead of up to 10% of the cost of third-party services for *all* third party services? Or only when sourced by the client?</p> <p>Please can you answer the 10% margin question in the chat. Regarding brokered services.</p> <p>If a provider is providing lots of services via third parties (brokers), are they still able to put a markup on those prices?</p> <p>Also, are we allowed to have different price rates for a</p>	<p><b>Short answer:</b> The 10% self-management overhead cap only applies when a participant has directly sourced a third-party worker and is self-managing the service. It is capped at 10% of the actual cost of the third-party service. This needs to be included in the final price. If the participant is not self-managed, but nominates a third-party worker themselves, the overhead cap does not apply.</p> <p><b>Detailed answer:</b> The self-management overhead cap may apply under the following conditions:</p> <ul style="list-style-type: none"> <li>▪ Where a participant has directly sourced a third-party worker; and</li> <li>▪ The participant is self-managing the service.</li> </ul>



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Question	Answer
<p>particular service? For example, depending on what brokers charge us, can we put a 10-15% mark up on it and charge them to SAH Participants?</p> <p>We have many subcontractors / Associated providers. Is the 10% a maximum charge on the lowest price? Is the 10% a rule, or with a one price for all, everyone who delivers the price needs to give the same price?</p> <p>Notice: Is it a 10% surcharge</p> <p>Did I hear correctly. Did Melinda say that we can charge a surcharge for 3rd party providers for our non self managed clients</p> <p>What about costs for things like personal alarm services and or continence aids. The 10% rule seems to only be for Self-managed clients so how does a provider charge for these costs. Can we add the 10% or do we pass on the direct cost with no mark up as we do now under the HCP program?</p> <p>Can you confirm if the 10% admin fee which can be charged to third party providers is only for self-managed clients. i.e.: if you have a client that is not self-managed, but elects their own 3rd party provider, and we agree to engage them as an associated provider, do we then add 10% admin fee or do we then switch to adding a margin (of any amount) before determining the price to be charged. There seems to be some uncertainty as to whether the 10% only applies to self-managed clients or not.</p> <p>The gentlemen stated unless I mis-understood it that we can charge 10% on all third-party services. My understanding was 10% can be charged only against</p>	<p>Providers are able to charge an overhead to cover their costs of supporting use of the third-party worker for activities such as:</p> <ul style="list-style-type: none"> <li>▪ oversight to ensure a third-party worker meets worker obligations under the Act (e.g., carrying out worker screening, training the worker in the provider’s complaints and incident management procedures)</li> <li>▪ claiming for subsidy and paying the third party.</li> </ul> <p>The cap is 10% of the actual cost of the third-party service. The overhead is not claimed separately by the provider. Therefore, considerations such as the self-management overhead cap and GST must be included in the final service price for the third-party worker.</p> <p><b>The overhead cap does not apply if the provider has elected to engage a third-party to deliver services outside of self-management, and the participant is not contributing to coordinating the third-party.</b></p> <p><b>If the participant is not self-managed, but nominates a third-party worker themselves, the overhead cap does not apply.</b></p> <p><i>Relevant government guidance: <a href="#">*Support at Home program manual - version 4.1</a> (section 11.5.1)</i></p>

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Question	Answer
<p>Self-managed clients. Can you confirm as Anonymous asked the same question please</p> <p>10% surcharge: what about when the provider sources a 3rd party say for OT? Is surcharge still allowable?</p> <p>Do you recommend providers add a fee onto the hourly rate charged by associated providers to allow for the administration costs of setting up and reviewing sub-contractor policies etc?</p>	
<b>Other</b>	
<p>Do we have to publish services that are brokered out in our pricelist. e.g. nursing?</p>	<p><b>Short answer:</b> Yes, providers must publish the prices of services regardless of who is delivering the service such as associated providers, subcontractors or third parties.</p> <p><b>Detailed answer:</b> From 1 January 2026, you will be required to list your common price for each service type (including brokered services) on the Find a Provider tool, as evaluated over the previous 2-months. The common price is the price that has been most frequently charged to your participants, evaluated over a 2-month reporting period.</p> <p>Following the end of each reporting period, you have 30 days to update your prices on the Find a Provider tool. The 2-month reporting periods will cover November-December, January-February, and so on.</p> <p>You must be able to explain any discrepancy between your published price and the price that has been most frequently charged to participant budgets.</p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home program manual - version 4.1</a> (section 10.3), <a href="#">*Guidance for setting Support at Home prices</a></p>
<p>Mel, you talked about a provider may either use in-home workers or outsource (broker) OR do not offer the particular service at all. Who would be responsible to find the service that may not be provided at all given that the provider would be charging 10% for management fees.</p>	<p><b>Short answer:</b> Participants may choose to select their own service worker, where the self-managed 10% overhead cap applies. The service broker would then become an associated provider, in which brings a number of governance requirements.</p> <p><b>Detailed answer:</b> If a client chooses their own provider (e.g., a physiotherapist or gardener), the primary provider may charge up to 10% additional fee to cover the administrative costs such as coordination and invoicing. However the fee must be transparent, disclosed in the service agreement and reflected in the published price. The Support at Home Handbook encourages providers to respect consumer choice and avoid unnecessary markups that could reduce affordability.</p> <p>Providers should also note the strengthened Aged Care Quality and Safety Commission (ACQS) governance obligations for associated providers.</p>

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Question	Answer
<p>We are a brokered service provider. we invoice our agreed partner. can we still invoice km singular on the invoice?</p>	<p><i>Relevant government guidance:</i> <a href="#">Provider Guidance - Home Services Pricing and Agreements, Support of Home provider payment arrangements</a></p> <p><b>Short answer:</b> As an associated provider, you may include travel costs such as kilometres travelled on your invoice as a separate line item if the detailed requirements are met.</p> <p><b>Detailed answer:</b> If you are a brokered service provider invoicing an agreed partner (e.g., a registered provider), you may include travel costs such as kilometres travelled on your invoice as a separate line item, provided that:</p> <ul style="list-style-type: none"><li>▪ The km charge is reasonable and transparent</li><li>▪ It must reflect actual travel undertaken to deliver the service.</li><li>▪ Rates should align with industry standards or agreed rates (e.g., SCHADS Award travel rates).</li><li>▪ The registered provider includes this cost in their published pricing.</li></ul> <p>Under Support at Home, the total unit price for a service must include all associated costs, including travel. The registered provider cannot pass on travel as a separate charge to the client unless it is clearly disclosed and part of the agreed pricing.</p> <ul style="list-style-type: none"><li>▪ The invoice clearly identifies the travel component<ul style="list-style-type: none"><li>○ Use a line item such as: "Travel - 12 km @ \$0.92/km = \$11.04"</li></ul></li><li>▪ The registered provider remains responsible for compliance<ul style="list-style-type: none"><li>○ They must ensure that the brokered service (including travel) meets all aged care legislative and pricing requirements.</li></ul></li></ul>
<p>We are predominately a broker company however now we have our own Aged care license. Do we keep the same broker prices as we have our own workers or set new prices with SAH coming in.</p>	<p><i>Relevant government guidance:</i> <a href="#">Provider Guidance - Home Services Pricing and Agreements</a></p> <p>The prices you set and charge as a broker or a licensed aged care provider should cover your cost and allow for a small margin.</p>
<b>Client contributions</b>	
<b>Hardship provisions</b>	
<p>Could you please advise on the process for applying for a hardship payment in cases where clients are unable to pay their co-contribution?</p>	<p><b>Short answer:</b> The financial hardship assistance program is managed by Services Australia. Applicants can apply to <a href="http://www.myagedcare.gov.au/financial-hardship-assistance">www.myagedcare.gov.au/financial-hardship-assistance</a>.</p>

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Question	Answer
<p>To inform decisions made by providers regarding hardship provisions, does EY have any information on the current number of HCP clients who have been successful in applying for hardship provisions (process is the same for S@H)? Incidental observation is that not many people are able to negotiate the 17+ page application for hardship and then fewer number are actually approved for hardship provision.</p>	<p><b>Detailed answer:</b> To apply, a participant must submit the Aged Care Claim for financial hardship assistance form (SA462) to Services Australia. They will assess against eligibility requirements, including the participant’s realisable assets, whether they have had a means assessment for their aged care costs and whether they meet gifting rules. If the eligibility requirements are met, then the participant’s income and essential expenses are assessed.</p> <p>If a participant currently has financial hardship approval in home care, this will remain in place under Support at Home until its expiry.</p> <p>For more information, visit: <a href="#">Financial hardship assistance   My Aged Care</a></p> <p><a href="#">Aged care claim for financial hardship assistance form (SA462) - Services Australia</a></p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home program manual - version 4.1-</a> section 9.3. <a href="#">Hardship assistance for aged care - Fact sheet</a></p>
<p>When a client has applied for Hardship and is waiting for their determination, does the business have to wear the cost of that co-contribution difference, or does the government reimburse in full while the process is ongoing?</p>	<p><b>Short answer:</b> Providers cannot invoice a participant while their hardship application is being assessed.</p> <p><b>Detailed answer:</b> Service providers cannot invoice participants for their contributions while their hardship application is being assessed. If approved, the government will pay for some or all of their aged care fees, backdated to the date of application. If the application is not approved, <b>it is the responsibility of the provider to recover the participant contributions from the participant.</b></p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home program manual - version 4.1- section 9.3</a></p>
<p>At what stage can clients apply for the hardship fee reduction for SAH? Do they need to wait until 1 November?</p>	<p><b>Short answer:</b> If participants already have financial hardship assistance approved, under Support at Home this will continue until the relevant expiry date. If a participant does not currently have financial hardship assistance approved, they may be eligible from 1 November 2025. Further information can be found here: <a href="#">Aged care claim for financial hardship assistance form (SA462) - Services Australia</a></p> <p><b>Detailed answer:</b> Clients can apply for the fee reduction by submitting the submit the Aged Care Claim for financial hardship assistance form (SA462) to Services Australia.</p> <p>For participants with approved financial hardship assistance in home care, this will remain until its expiry until Support at home.</p> <p>For participants without financial hardship assistance in home care, they may apply following 1 November 2025. Participants who received a Home Care Package before 1 July 2024 are now also eligible for government financial hardship assistance under Support at Home. <i>Relevant government guidance:</i> <a href="#">Hardship assistance for aged care - Fact sheet</a></p>

Operationalising client contributions

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Question	Answer
<p>How do we ask a client for a different level of co-contribution for Independence &amp; Everyday living service, when say 1 x 3hr shift might be the carer assisting to shower, then helping to cook a meal?</p>	<p><b>Short answer:</b> Participant co-contribution will depend on the type of service delivered.</p> <p><b>Detailed answer:</b> Under the Support at Home program commencing 1 November 2025, co-contributions are based on the <b>type of service delivered</b>, not the duration or complexity of a shift. Services are categorised into:</p> <ul style="list-style-type: none"> <li>• <b>Clinical support</b> - fully funded by government (no co-contribution)</li> <li>• <b>Independence services</b> - moderate co-contribution (e.g. personal care, transport)</li> <li>• <b>Everyday living services</b> - higher co-contribution (e.g. meal preparation, domestic assistance)</li> </ul> <p>In your example, a 3-hour shift includes both Independence (e.g. showering assistance) and Everyday Living (e.g. cooking a meal). You should split the time and cost proportionally between the two service categories based on the time it takes to deliver each service, and then charge the applicable price for each service, applying the relevant co-contribution rates for each.</p> <p><b>Suggested Approach:</b></p> <ul style="list-style-type: none"> <li>• <b>Break down the shift</b> into service components based on the time it has taken to deliver each service (e.g. 1.5 hours for personal care, 1.5 hours for meal prep).</li> <li>• <b>Apply the co-contribution rate</b> for each category based on the client’s financial assessment (e.g. full pensioners pay a co-contribution of 5% for Independence services and 17.5% for Everyday Living services).</li> <li>• <b>Communicate clearly</b> with the client about how the charges are calculated and why different rates apply.</li> </ul>
<p>How do you classify participants whom their home care package been approved after 12 September [2024] until 30 June 2025 in terms of the contributions?</p>	<p><b>Short answer:</b> These participants are considered ‘transitioned HCP care recipients’ and do not have grandfathered arrangements, meaning they will pay the applicable Support at Home contribution rates.</p> <p><b>Detailed answer:</b> HCP recipients who on or before 12 September 2024 were either receiving a package, on the National Priority System or assessed as eligible for a package, are considered a ‘grandfathered HCP care recipient’. The <i>no worse off principle</i> applies to grandfathered HCP care recipients, ensuring these participants make the same contributions, or lower, than they would have under HCP arrangements (based on their income-tested care fee under HCP), even if they are reassessed into a higher Support at Home classification at a later date. Services Australia will notify participants, and their providers of the grandfathered contribution amount payable.</p> <p>Existing HCP care recipients who commenced a Home Care Package and older people who have been assessed as eligible for a HCP, after 12 September 2024. Transitioned HCP care recipients are not eligible for grandfathering arrangements and will be required to contribute to the cost of their services on Support at Home (unless approved for hardship).</p> <p>Participants will continue to receive the same funding level as they were approved for under the HCP.</p>

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Question	Answer
<p>Do grandfathered participants receive their current HCP funding amount, or will they be automatically move to the new SAH funding category?</p>	<p><i>Relevant government guidance:</i> <a href="#">Support at Home program manual - version 4.1</a> - section 1.3 and 6.7.</p> <p><b>Short answer:</b> An HCP recipient who on or before 12 September 2024 were either receiving a package, on the National Priority System, or assessed as eligible for a package, will be automatically transitioned to SAH. The funding level will remain the same as their current arrangement due to the 'no worse off' principle. The 'no worse off' principle also applies to co-contributions.</p> <p><b>Detailed answer:</b> A grandfathered HCP care recipient is a person who on or before 12 September 2024, was either receiving a package, on the National Priority System, or assessed as eligible for a package. When Support at Home starts, HCP recipients will move to a Support at Home classification - Transitioned HCP Level 1, Transitioned HCP Level 2, Transitioned HCP Level 3, Transitioned HCP Level 4 (respectively). HCP recipients will continue to receive the same funding level on Support at Home as they did under HCP.</p> <p>HCP recipients, including people on the National Priority System will retain the level of funding of their approved HCP until re-assessed to a new classification.</p> <p>Home Care Package (HCP) care recipients will transition to Support at Home at their current funding levels. Older people on the National Priority System awaiting allocation of a HCP will transition to the Support at Home Priority System and have their budget allocated once a place is available. They will retain an equivalent budget to their assessed HCP budget. They won't need a new assessment unless their needs change.</p> <p><i>Relevant government guidance:</i> <a href="#">Funding classifications for Support at Home ; support-at-home-program-classifications-and-budgets.pdf</a></p>

Managing bad debt	
<p>SaH model effectively transfers the entire credit risk and potential for bad debt from the government directly onto providers. Given that our pricing must be all-inclusive, how do you propose we ethically and practically incorporate a provision for this significant bad debt risk into our price settings without making services unaffordable or inadvertently penalising the participants who do meet their obligations?</p>	<p><b>Short answer:</b> Under the Support at Home model, providers are responsible for managing client billing and bear the <b>credit risk</b> for unpaid co-contributions. This shift requires careful pricing strategies that balance financial sustainability with fairness and accessibility.</p> <p><b>Detailed answer:</b> With the shift of providers being responsible for managing client billing and unpaid co-contributions, providers should consider pricing strategies that balance financial sustainability with fairness and accessibility.</p> <p><b>Potential Strategies for Managing Bad Debt Risk</b></p>



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Question	Answer
<p>As a regional not-for-profit provider, a significant operational challenge we foresee is the collection of participant contributions. Historically, our collection rate for co-payments in a regional area has been very low, and this will impact us significantly, as the new contributions can be substantial—potentially reaching as high as 80% for everyday living services for some participants. This introduces a considerable risk of bad debt that will directly affect our cash flow. From a cost accounting perspective, how do you recommend providers, particularly NFPs, model and provision for this heightened bad debt risk? Thank You.</p> <p>Debt collector VS Willingness of payment of co-contribution Why does the government collect co-contribution on its own through the pension payment system in arrears or via another method? People are accustomed to not paying their contribution in the HCP sector for some time, and they (post 12/09/2024) may not be willing to make their contribution. As a result, it will place a greater burden on providers to deliver the service with less money if they cannot receive those consumer contributions. The government should be responsible for this. It appears that an excessive burden has been placed on the provider's shoulders, in addition to the threatening audit/registration fees under the guise of "cost recovery". Where can providers do 'cost recovery business.</p>	<ul style="list-style-type: none"> <li>• <b>Means-Tested Co-Contributions</b> Co-contributions are <b>means-tested</b> based on the client's financial capacity. This ensures that those with greater ability to pay contribute more, while those with limited means are protected.</li> <li>• <b>Refer to the Department's Hardship Policy</b> Clients experiencing genuine financial hardship can access the Department of Health and Aged Care's hardship provisions, which offer a strong financial safety net. providers should actively inform clients of this support and assist them in applying when needed.</li> <li>• <b>Transparent Communication</b> Clearly explain to clients how pricing is structured, including any provisions for bad debt an the potential to cease providing services if the debts are not paid. Transparency builds trust and can reduce the likelihood of non-payment.</li> <li>• <b>Incorporate a Modest Risk Provision</b> providers could consider including a small provision for bad debt in their pricing structure, spread across the client base. This avoids penalising individual clients and helps maintain affordability while covering the cost of non-payment risk.</li> <li>• <b>Ceasing Services for Non-Payment</b> If a client is unable or unwilling to meet their co-contribution obligations, and all avenues of support (including hardship provisions) have been exhausted, providers could consider ceasing services. This should be done with clear communication, documentation, and in accordance with consumer protection laws and the provider's service agreement.</li> <li>• <b>Early Intervention and Support</b> Implement proactive billing practices, such as reminders, flexible payment plans, and early engagement, to reduce the risk of bad debt and support clients before issues escalate.</li> </ul>
<p>From my reading yesterday, if you are a home care provider now (1-5 category), the renewal fee is about \$35,000. We need to include these costs in our unit price setup. What do you think?</p>	<p><b>Short answer:</b> Yes, it is both reasonable and necessary to incorporate renewal fees into your unit pricing structure.</p> <p><b>Detailed answer:</b> Under the Support at Home model, providers are expected to set prices that reflect the full cost of service delivery. This includes transition costs and other factors such as:</p>

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Question	Answer
<p>Prices we charge are inclusive of the co contribution???</p>	<ul style="list-style-type: none"> <li>▪ Direct service costs (e.g. wages, travel)</li> <li>▪ Administrative overheads</li> <li>▪ Compliance costs (e.g. renewal fees, reporting)</li> <li>▪ Financial risk (e.g. bad debt provisions).</li> </ul> <p><b>Short answer:</b> Yes, prices must be inclusive of participant co-contributions.</p> <p><b>Detailed answer:</b> Participants will contribute towards the cost of some services delivered, with contribution rates varied.</p> <p>The Department has released the Schedule of Fees and Charges for Support at Home which will apply from 1 November, 2025 (see link below). The Schedule includes participant contribution rates, lifetime caps and deeming thresholds for SaH participants.</p> <p><i>Relevant government guidance:</i> <a href="#">Schedule of contributions for Support at Home services</a></p>
<p><b>Care Management</b></p>	
<p>How do we justify how we charge the care management fees. I understand it is 10% and funds are pooled. However, do we charge per hour and keep a record of time the care partner spends working on each client, or is it done on the average time spent managing the clients.</p> <p>Can you elaborate more on care management charges? What will be the charges for the client who requires more care (more calls everyday) compared to the clients who doesn't need calls very often?</p> <p>Do we have to have a Case Management unit cost to charge for anything extra than one hour per month?</p>	<p><b>Short answer:</b> Care management is charged both per hour and part-hour, mapped against the relevant participant.</p> <p><b>Detailed answer:</b> For each participant with an ongoing classification, 10% of the quarterly budget will be allocated to the provider's care management account. This funding will be pooled together with the care management funding from all other participants.</p> <p>Rather than allocate a fixed number of hours of care management to each participant each month, the pooled funding approach enables providers to flex up and down with care management support depending on the classification, changing needs and psychosocial factors of each participant.</p> <p><b>To claim for care management</b>, providers will need to identify the individual participant for whom the care management activity was delivered and the day on which the activity took place. providers can make both whole-hour and part hour claims. Part hour claims can be in 15 minute increments e.g., 15, 30, or 45 minutes. If the claim submission is successful, the amount to be claimed will be drawn down from the provider's care management account and paid to the provider.</p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home program manual - version 4.1</a> section 8.9 and 8.10, <a href="#">National summary of Home Care Package prices</a>, <a href="#">Summary of indicative Support at Home prices</a></p>
<p>When can you begin claiming care management? Once the referral is accepted? Or does services have to have commenced?</p>	<p><b>Short answer:</b> Care management can be claimed once the service has been delivered, it cannot be claimed for future dates.</p>

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Question	Answer
	<p><b>Detailed answer:</b> Providers will need to claim for care management activities delivered during the quarter on a payment in arrears basis. Claims must include an itemised list of all services and supports, including care management and AT-HM, delivered for the period.</p> <p>The service delivery date being claimed for cannot be in the future.</p> <p><i>Relevant government guidance:</i> <a href="#">*Support at Home program manual - version 4.1</a> - section 8.10, 16.3 and 16.4</p>
<b>Rural and Remote</b>	
<p>What is the likelihood that when price caps are set that factors such as rural remote locations will be taken into consideration? Historically these providers have essentially been overlooked and left out which is a cause of concern when facing these caps.</p>	<p><b>Short answer:</b> EY is unable to comment on future pricing decisions by government. providers should continue to set prices that reflect the full cost of delivering services and maintain clear documentation for pricing decisions.</p> <p><b>Detailed answer:</b> EY is unable to comment on future pricing decisions by government.</p> <p>Providers should:</p> <ol style="list-style-type: none"> <li>1. Continue to set prices that reflect the full cost of delivering services, including travel, workforce availability, and infrastructure challenges unique to rural and remote areas. This ensures sustainability and prepares your organisation for future regulatory settings.</li> <li>2. Maintain clear documentation of the factors influencing your pricing, such as geographic isolation, workforce premiums, and service delivery logistics. This will support transparency and help justify your pricing if reviewed.</li> </ol>
<b>Calculating costs</b>	
<p>What is the typical utilisation percentage of Direct Care Workers?</p> <p>From your experience with providers, what is the typical utilisation % of workers that you see.</p>	<p><b>Short answer:</b> A potential benchmark utilisation rate for Direct Care Workers is generally expected to be above 85%. However, many factors may impact this benchmark.</p> <p><b>Detailed answer:</b> The benchmark utilisation rate for Direct Care Workers under the Support at Home model is generally expected to be above 85%, taking into account time spent on training, travel, and other non-client-facing activities. However, this benchmark can be lower in rural and remote areas, where extended travel times and logistical challenges significantly impact the proportion of time spent delivering direct care. In these contexts, lower utilisation rates are recognised as a practical reality and should be factored into your workforce planning and pricing models.</p> <p>Further information can be found in <a href="#">Workshop 2: Approaches to Business Cost Out</a></p>
<p>Would you consider Coordinators salary as direct care cost or as operational overheads?</p>	<p><b>Short answer:</b> While generally considered an operational overhead, if a Coordinator spends a portion of time delivering direct care services, that portion of their salary may be classified as a direct care cost.</p>

Question	Answer
<p>What is the "best practice" percentage to try to achieve for Direct Costs when looking at overall costs of doing business and Direct vs Indirect costs?</p>	<p><b>Detailed answer:</b> Under the Support at Home model, Coordinator salaries are generally considered an operational overhead, as their role typically involves indirect support functions such as rostering, service coordination, client engagement, and administrative tasks.</p> <p>However, if a Coordinator spends a portion of their time delivering direct care services—for example, assisting with personal care or domestic tasks, that portion of their salary may be classified as a direct care cost.</p> <p>providers should maintain clear records of time allocation to ensure accurate cost classification and compliance with pricing transparency requirements.</p> <p>Further information can be found in <a href="#">Workshop 1: Managing Costs and Setting Prices</a></p> <p><b>Short answer:</b> There is no fixed “best practice” percentage for Direct Costs, as this will vary depending on your business model, geographic location, and client cohort. However, as a general guide:</p> <ul style="list-style-type: none"> <li>▪ Labour costs % of revenue: 65%- 75%</li> <li>▪ Agency costs % of labour costs: &lt;10%</li> <li>▪ Corporate costs % of revenue: 5%-15%</li> </ul>
<p>For your 15% can you clarify what is included - e.g. Marketing, HR, IT, Building, etc Can you also give a ballpark % for Direct Costs.</p>	<p><b>Detailed answer:</b> Further information can be found in <a href="#">Workshop 2: Approaches to Business Cost Out</a></p> <p><b>Short answer:</b> Corporate costs are broader business costs that support the organisation as a whole. Example corporate costs include:</p> <ul style="list-style-type: none"> <li>▪ Wages, salaries and benefits for all administrative and non-care staff (including executive and management)</li> <li>▪ Financial and legal services (e.g. accounting, payroll, legal compliance and insurance)</li> <li>▪ Marketing and business development</li> <li>▪ IT / communication infrastructure and support</li> <li>▪ Corporate governance and Board costs</li> <li>▪ Rent/building maintenance for head office.</li> </ul>
<p>Where would you put payroll tax?</p>	<p><b>Detailed answer:</b> Further information can be found in <a href="#">Workshop 1: Managing Costs and Setting Prices; Workshop 2: Approaches to Business Cost Out</a></p> <p><b>Short answer:</b> Costs for payroll tax is dependent on whether the staff is involved with direct or indirect care.</p> <p><b>Detailed answer:</b> Payroll tax and workers compensation for direct care staff involved in providing the service are typically considered direct costs.</p>

Question	Answer
	<p>Payroll tax for indirect or non-care workers (such as management, administrative staff) are typically considered corporate overhead or operating costs.</p> <p>Further information can be found in <a href="#">Workshop 1: Managing Costs and Setting Prices</a></p>
<b>Setting prices</b>	
<p>If you have implementation costs to be recovered within the price you set, how can you spread this across multiple years when the price cap is to be applied from 1 July 2026?</p>	<p><b>Short answer:</b> Providers should consider planning to recover costs before 1 July 2026, or ensure they are spread in a way that aligns with future pricing constraints.</p> <p><b>Detailed answer:</b> Yes, it is appropriate to recover implementation costs through your pricing structure. However, given that price caps will apply from 1 July 2026, providers should consider planning to recover these costs before that date, or ensure they are spread in a way that aligns with future pricing constraints.</p> <ol style="list-style-type: none"> <li><b>1. Recover Costs Before Price Caps Apply:</b> If feasible, consider recovering the majority of your implementation costs between now and 30 June 2026, while you still have full pricing flexibility.</li> <li><b>2. Amortise Costs Over Multiple Years:</b> If your implementation costs are significant, consider amortising them over several years. This means factoring a portion of the cost into your pricing now, and planning for future recovery through operational efficiencies or cost reductions once price caps are in place.</li> <li><b>3. Document Your Cost Recovery Strategy:</b> Maintain clear documentation of how implementation costs are being recovered. This supports transparency and helps justify your pricing to clients and regulators.</li> <li><b>4. Monitor Price Cap Guidance:</b> Stay informed about how price caps will be structured. The Department has indicated that price caps will be designed to reflect reasonable costs, and provider input will be considered during consultation.</li> </ol>
<p>How will dynamic pricing work under price caps? What is the point of even exploring this innovation?</p>	<p><b>Short answer:</b> Dynamic pricing gives providers the freedom to innovate within the price caps. This includes setting flexible pricing below the cap based on certain factors.</p>



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Question	Answer
<p>Noticing the focus is on cost reductions for off peak services rather than a continuation of care that has been available under HCP. These changes and options are directed towards the provider with little assistance from the regulators.</p> <p>In order to utilise the Dynamic model the increased workload would be unsustainable, especially given the comment around significant record keeping to justify to the commission, we seem to be moving so far from Person Centric Care it is disturbing.</p> <p>I am aware we have all shared these sentiments across the consultation period.</p>	<p><b>Detailed answer:</b> Under the Support at Home model, price caps represent the maximum amount a provider can charge for a given service. However, providers are not required to charge the full cap - price caps set the ceiling, value-based and dynamic pricing gives providers the freedom to innovate within that ceiling.</p> <ul style="list-style-type: none"> <li>• <b>Flexible Pricing Below the Cap:</b> Providers are able to set prices below the cap based on factors such as: <ul style="list-style-type: none"> <li>▪ Client cohort (e.g. pensioners vs self-funded retirees)</li> <li>▪ Service delivery efficiency</li> <li>▪ Geographic location</li> <li>▪ Time of day or urgency.</li> </ul> </li> <li>• <b>Encouraging Innovation and Responsiveness:</b> Value-based and Dynamic pricing may allow providers to: <ul style="list-style-type: none"> <li>▪ Offer discounts or incentives for off-peak services</li> <li>▪ Adjust pricing based on local market conditions</li> <li>▪ Tailor pricing to client needs and preferences.</li> </ul> </li> <li>• <b>Potential Benefits of Value-Based and Dynamic Pricing:</b> Exploring different pricing may: <ul style="list-style-type: none"> <li>▪ Supports competitive differentiation</li> <li>▪ Encourages cost efficiency</li> <li>▪ Enables client choice and affordability</li> <li>▪ Helps providers remain financially sustainable while complying with regulatory limits.</li> </ul> </li> </ul> <p>Further information can be found in <a href="#">Workshop 1: Managing Costs and Setting Prices</a></p> <p><i>Relevant government advice:</i> <a href="#">*Support at Home pricing - FAQ</a>, <a href="#">Publishing prices for Home Care Packages</a></p>
<p>When using dynamic pricing - what price is listed on My Aged Care ?</p> <p>Publishing standard price. Is the most frequent, not a weighted average right?</p>	<p><b>Short answer:</b> Providers must publish a standard price for each service they offer. The standard price is the most frequent price charged for each service on My Aged Care and a providers' website from 1 November 2025.</p> <p><b>Detailed answer:</b> Providers must keep their standard prices up to date, especially when there is a material change in service delivery costs or pricing strategy - such as quarterly.</p> <p>Providers using dynamic pricing must still list a standard price on My Aged Care. This price should reflect the base or most commonly charged rate, not the highest or lowest possible price.</p> <p>Dynamic pricing can still be used to:</p> <ul style="list-style-type: none"> <li>• Offer discounts for off-peak times or group services</li> </ul>

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Question	Answer
<p>Can we charge a different price for the services listed under Social Support &amp; Community Engagement – e.g. Individual SS and Accompanied Activities given there is likely to be a travel component to the accompanied activities?</p>	<ul style="list-style-type: none"> <li>• Adjust pricing for rural/remote delivery or urgent requests</li> <li>• Tailor pricing to client preferences or service configurations</li> </ul> <p>These variations are managed directly with the client and must be clearly explained in service agreements.</p> <p><i>Relevant government advice:</i> <a href="#">Guidance for setting Support at Home prices – fact sheet for providers</a>, <a href="#">Publishing prices for Home Care Packages</a></p> <p><b>Short answer:</b> Providers may set different prices for each service based on the actual costs to deliver each service.</p> <p><b>Detailed answer:</b> Each service in Support at Home (as listed on the <a href="#">Support at Home service list</a>) may have its own price. Prices charged by a provider must reflect the costs of delivering the service. These costs can include:</p> <ul style="list-style-type: none"> <li>• labour</li> <li>• package management</li> <li>• administration (e.g. human resources)</li> <li>• travel</li> <li>• sub-contracting, if applicable</li> <li>• a margin to cover the cost of capital used in delivering the service.</li> </ul> <p>If the costs to deliver Individual Social Support and Accompanied Activities are different, different prices can be charged for these services, so long as the prices are transparent, reasonable and justifiable.</p> <p>Prices can also reflect the costs of transitioning to Support at Home where they relate to the delivery of that service. The overall price must still be reasonable and justifiable.</p> <p><i>Relevant government guidance:</i> <a href="#">Support at Home service list</a>; <a href="#">Guidance for setting Support at Home prices</a></p>
<p>Can I please ask if anyone has released their pricing for SAH?</p>	<p><b>Short answer:</b> The Department has released a summary of indicative Support at Home prices and Schedule of Fees and Charges for Support at Home as a guide for providers.</p> <p><b>Detailed answer:</b> The Department has released a fact sheet highlighting indicative price ranges for most Support at Home services that reflect what over 300 HCP providers reported that they intended to charge when surveyed in February 2025. Please note these are not price caps and are not recommended prices. <i>Relevant government guidance:</i> <a href="#">Summary of indicative Support at Home prices</a></p> <p>The Department has released the Schedule of Fees and Charges for Support at Home which will apply from 1 November, 2025. The Schedule includes participant contribution rates, lifetime caps and deeming thresholds for SaH participants.</p>



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Question	Answer
	<p>Relevant government guidance: <a href="#">Schedule of contributions for Support at Home services   Australian Government Department of Health, Disability and Ageing</a></p> <p>From 1 November, providers will need to update My Aged Care with their new pricing for each service. Relevant government guidance: <a href="#">Guidance for setting Support at Home prices</a></p> <p>The Department publishes national median prices for common care services, care management and package management quarterly (under HCP): <a href="#">National summary of home care prices</a></p>
<b>Allied health</b>	
<p>Most allied health e.g. Physiotherapy require an initial assessment/consultation which is charged differently than ongoing physio sessions - if we have to charge per hour - how do we cover this initial consultation which is possibly double the hourly rate?</p>	<p><b>Short answer:</b> Allied health and other therapeutic services are charged on a time-based basis. Providers have the option to charge separate prices for face-to-face ('direct') activities and indirect activities.</p> <p><b>Detailed answer:</b> For allied health and nursing services, time-based billable units have the option to define distinct time-based billable units for face-to-face ('direct') activities and for related indirect activities. This means that you do not need to include the costs of delivering indirect activities in the price for direct activities. It also means you have the option for separate unit prices for direct and indirect activities. For these services, indirect activities may include:</p> <ul style="list-style-type: none"><li>• documentation and record keeping<ul style="list-style-type: none"><li>▸ writing progress notes</li><li>▸ updating patient files</li><li>▸ preparing reports and recommendations for other healthcare providers.</li></ul></li><li>• coordination and case management<ul style="list-style-type: none"><li>▸ organising referrals</li><li>▸ participating in case conferencing meetings with other health professionals and care partner.</li></ul></li><li>• service planning and development<ul style="list-style-type: none"><li>▸ designing individualised clinical care plans and training supports in those care plans</li><li>▸ designing clinical guides or programs for participants and carers.</li></ul></li></ul> <p>These activities should be included in the unit price for indirect activities. All other activities related to the delivery of a service must be included in the unit price for direct activities. Travel costs are not an example of indirect activity.</p> <p>If an initial consultation requires additional indirect activities such as the setting up of records and service planning activities, these can be charged in addition to the face-to-face direct activities undertaken. As an example (illustrative example and prices only):</p>

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Question	Answer
<p>As allied health professionals, we are required to provide detailed reports following assessments, especially for complex cases such as home modifications, which often include clinical justifications, sketches, and diagrams. These reports are essential for continuity of care and funding applications. However, under the new Support at Home pricing model, we understand that only face-to-face time is billable, and all associated tasks (e.g., report writing, travel, documentation) must be built into the face-to-face hourly rate. This makes our published hourly rate appear disproportionately high when compared to services that require minimal documentation.</p> <p><b>Could you please clarify:</b> How can we ensure our pricing remains compliant and competitive, while still reflecting the true scope of work involved (especially for disciplines like OT)? Is there any flexibility or alternative mechanism being considered for high-reporting allied health services, such as home modifications?</p>	<ul style="list-style-type: none"> <li>• A provider may agree a price of \$185 per hour for direct physiotherapy activities and \$100 per hour for indirect physiotherapy activities with a participant.</li> <li>• An initial consultation may take 2 hours, which includes 1 hour of direct services with the participant, and 1 hour of indirect services.</li> <li>• When submitting the claim for the initial consultation, the provider would create 2 invoices, one covering the direct services (for \$185) and one covering the indirect services (for \$100).</li> </ul> <p><i>Relevant government guidance:</i> <a href="#">Support at Home prices for allied health and nursing services - fact sheet for providers</a></p> <p><b>Short answer:</b> Allied health and other therapeutic services are charged on a time-based basis. Assistive technology and home modifications (AT-HM) is funded separately to general Support at Home services. Providers have the option to charge separate prices for face-to-face ('direct') activities and indirect activities.</p> <p><b>Detailed answer:</b> For allied health and nursing services, please refer to the above answer in response to charging for direct and indirect activities.</p> <p>The AT-HM scheme is funded separately to the ongoing Support at Home services. As all home modifications must be prescribed by a suitably qualified health professional, AT-HM funding will cover the necessary and applicable health professional assessments. AT-HM funding will also cover any extra support or wraparound services as needed.</p> <p>For qualified health professionals providing services under the AT-HM scheme, unit prices will be time-based. The prices charged can include direct (face-to-face) time, as well as time spent on indirect activities related to providing the services. Indirect activities may include:</p> <ul style="list-style-type: none"> <li>• Planning and documenting home modifications (HM)</li> <li>• Interaction with builders and tradespeople for HM</li> <li>• Researching assistive technology (AT) and HM solutions</li> <li>• Consulting with other health professionals on complex AT requirements</li> <li>• Consulting with AT suppliers</li> <li>• Writing home assessment reports and AT prescriptions</li> </ul> <p><i>Relevant government guidance:</i> <a href="#">Support at Home prices for allied health and nursing services - fact sheet for providers; support-at-home-program-assistive-technology-and-home-modifications-at-hm-scheme_0.pdf;</a></p>
<p><b>Operational</b></p> <p>I checked Proda today, and 2 of my grandfather Clients are showing a contribution percentage?</p>	<p><b>Short answer:</b> A no worse off principle applies for grandfathered HCP care recipients who, on or before 12 September 2024, were either receiving a HCP, on the National Priority System or assessed as eligible for a package.</p>

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<p>Whist the minimum is 15 minutes for billable time, what if a case managers spend 20 minutes with a client. Do they claim the actual 20 minutes or go up to 30 minutes?</p> <p>Has the pricing matrix that we have to publish on our services MAC site been provided yet?</p> <p>Is the Department likely to release updated indicative prices? Cost of doing business has increased since these prices were released...</p>	<p><b>Detailed answer:</b> For participant contributions, a no worse off principle applies for grandfathered HCP care recipients who, on or before 12 September 2024, were either receiving a Home Care Package, on the National Priority System, or assessed as eligible for a package. The no worse off principle applies to participant financial contributions. These participants will make the same contributions, or lower, than they would have had under HCP program arrangements, even if they are re-assessed into a higher Support at Home classification at a later date. Grandfathered participant contribution arrangements include:</p> <ul style="list-style-type: none"> <li>▪ previous HCP care recipients who were not required by Services Australia to pay an income-tested care fee will continue to make no contributions for the remainder of their time in Support at Home. This group includes all grandfathered full rate pensioners.</li> <li>▪ previous HCP care recipients who, based on the outcome of their income test were required to pay an income-tested care fee, will pay contribution rates that are the same or less under Support at Home. Note: Transitioned HCP care recipients will pay a contribution rate (if required). They will not pay an income-tested care fee as this was abolished under Support at Home</li> </ul> <p><i>Relevant government guidance:</i> *<a href="#">Support at Home program manual - version 4.1</a> section 9.4.1.1</p> <p><b>Short answer:</b> Providers must charge the actual number of minutes of care provided to a participant. providers can set a price for unit of less than 1 hour or more than 1 hour.</p> <p><b>Detailed answer:</b> Providers cannot charge a participant for more time than you spend delivering the service. For example, you are not allowed to deliver 20 minutes of face-to-face personal care and charge 30 minutes of personal care. providers can set a price for units of less than 1 hour (such as 15 minutes, 30 minutes, 45 minutes) and for more than 1 hour (such as 2 hours, overnight, 24 hours).</p> <p><i>Relevant government guidance:</i> <a href="#">Guidance for setting Support at Home prices - fact sheet for providers</a></p> <p>Providers must list their price for each service during standard business hours to the My Aged Care website. Between 1 and 30 January, providers will be required to update their common price for each service as calculated over the previous 2-month reporting period. Further information and updates can be accessed here: <a href="#">Prices for Support at Home participants   Australian Government Department of Health, Disability and Ageing</a></p> <p><b>Short answer:</b> A summary of indicative prices has been published by the Department as a guide for providers to use when setting prices.</p>



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Question	Answer
<p>How reliable are the Dept 'survey' results as a guide to likely future market prices - what is EY's view based on financial analysis undertaken for your clients?</p>	<p><i>Relevant government guidance: <a href="#">Summary of indicative Support at Home prices</a>, <a href="#">*Support at Home program manual - version 4.1 - section 10.4</a>, <a href="#">National summary of Home Care Package prices</a></i></p>
<p>My understanding is that we should have already had this pricing distributed to clients in order to have agreements signed by Nov 1. Obviously given the delays again, this has not happened for us and we are still working out the pricing and given the webinar today, I'm guessing many others haven't either. Do we have to have all of this in place for Nov 1 or do we have some leniency?</p>	<p>From 1 November, providers must display their price for each service delivered to participants during standard business hours. Refer to the <a href="#">My Aged Care - Service and Support Portal user guide - Creating service delivery outlets and adding service information</a>. Page 25 has instructions on how to upload the pricing schedule to the My Aged Care Service and Support Portal. A Support at Home - <a href="#">example pricing schedule for providers</a> is available on the Departments website</p>
<p>Has any of the providers received an invoice from the Department for the Support at Home registration fee? Or do we pay that at our next renewal date?</p>	<p>Provider registration is facilitated by the ACQSC. Please see <a href="#">Registration fees   Aged Care Quality and Safety Commission</a> for further information on payment of fees.</p>
<p>How do we know what the percentage the government has set for our clients</p>	<p><b>Short answer:</b> Actual contribution rates for participants are determined by Services Australia. They will notify Support at Home participants of their contribution rate (regardless of whether the participant has completed an income and assets assessment or if their pension information has been used). My Aged Care has a Fee Estimator that can be used to calculate what a participant's fees might be: <a href="#">Upcoming changes to aged care funding   My Aged Care</a> <i>Relevant government guidance: <a href="#">*Support at Home program manual - version 4.1 - section 9.5</a>; <a href="#">Preparing for Support at Home - Services Australia</a></i></p>
Miscellaneous	
<p>Has there been any indication that IHACPA will align price caps towards NDIS pricing structure? To avoid market distortion.</p>	<p>TBC</p>
<p>What actions will the Dept and ACQSC take if many providers find delivery of services unsustainable, what will happen to the clients who are no longer able to</p>	<p>TBC</p>

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<p>receive care from their current provider, what happens then when we add 700ish K in CHSP recipients in 2027?</p>	
<p>Can we say that, on average, if we uplift our current pricing - or add 30% on top of brokered services cost - it would be viable?</p>	<p>An important responsibility of a provider is to charge prices that are reasonable and to charge no more for any care or service other than the amount agreed with the participant. The price for each service represents the entirety of the revenue that Support at Home providers will receive for delivering that service. Providers must not charge participants separate administration fees, travel fees, or charge these expenses to the care management account. The agreed price for each service must be documented with the participant in their service agreement before the commencement of care and services.</p>
<p>If we need to keep updating prices, would we have to give the client say, 30 days notice, prepare a new SAH service agreement &amp; then increase? Clients wouldn't be happy if this happened more than once a year</p>	<p><i>For further support, please contact <a href="#">Aged Care Business and Workforce Advisory Service   EY Restructuring   Oceania</a></i></p> <p><b>Short answer:</b> Providers must communicate and consult with participants if there are any proposed changes to the service agreement, including price increases. Communications must be in a timely manner and in a way that is appropriate for the participant.</p> <p><b>Detailed answer:</b> Providers will need to review (but not necessarily update if prices have not changed) prices every two months to align with specific reporting periods. An example of a reporting is July to August. If a provider's price within a reporting period is different to that on My Aged Care, the price must be updated within 30 days. There can be no changes to pricing without a new service agreement with the participant, and agreement must be recorded and acknowledged. How frequently a provider changes their prices depends on the organisation's business strategy.</p> <p>We suggest also referring to the Australian Consumer and Competition Commission for an overview of consumer rights - <a href="#">Home care services   ACCC</a></p>
<p>Do we have to have indicative prices for services we do not provide and never have before for our existing client base (e.g., music therapy)?</p>	<p><i>Relevant government guidance: <a href="#">Consumer protections for Support at Home prices - fact sheet for providers, Support at Home: Guidance for providers on service agreements, Support at Home program manual - version 4.1 - section 10.3.1.1</a></i></p> <p><b>Short answer:</b> No. Providers will need to publish their prices <b>for the services they deliver</b> on the My Aged Care Service and Support Portal.</p> <p><b>Detailed answer:</b> Prices must be published for the services providers are delivering (or have delivered) in the last 12 months. Providers will need to review prices every two months to align with specific reporting periods.</p> <p><i>Relevant government guidance: *<a href="#">Support at Home program manual - version 4.1 - section 10.3</a></i></p>

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