National Seniors AUSTRALIA

30/01/2026

Committee Secretary
Senate Standing Committees on Community Affairs
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The Transition of the Commonwealth Home Support Program (CHSP) to the Support at Home (SaH) Program

National Seniors Australia (NSA) welcomes the opportunity to provide feedback on the Inquiry into the transition of the Commonwealth Home Support Program (CHSP) to the Support at Home (SaH) Program.

NSA is a peak consumer body representing the interests of all older Australians, with a community of more than 280,000 consumers. We advocate for an aged care system that prioritises fairness, transparency, affordability and accessibility.

We represent and advocate for a system that is fair, transparent, accessible and responsive to the needs of current and future generations of older people.

NSA is concerned that the transition of the CHSP to the SaH that would take into effect no earlier than 1 July 2027 could worsen existing pressures on the system, that are already causing delays in access to care for older Australians. Since the new Aged Care Act began and the SaH program was introduced on November 1, older Australians have faced assessment backlogs, IT system issues, workforce shortages, and increasing challenges in securing aged care services. These challenges are already impacting access to both entry-level and more intensive home-based care.

While CHSP offers valuable assistance to many older people who do not need intensive levels of care, older people have reported that although it is relatively easy to enrol in CHSP, they often struggle to find service providers with available funding to offer the necessary services.

At the launch of the Aged Care reforms, the transition of the CHSP to SaH was a significant component of the entire reshaped aged care system however without clear funding arrangements, sufficient assessment capacity and a workforce strategy that addresses current service gaps, particularly in allied health and thin markets (regional and rural areas), the

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proposed transition of CHSP to SaH risks disruptions for over 800,00 older Australians who currently rely on CHSP.

The proposed transition from the CHSP into the SaH program raises significant unanswered questions for consumers, providers and the broader aged care sector. **At present, there is no publicly articulated transition framework, funding model, or detailed guidance explaining how CHSP services will be incorporated into SaH.**

Stakeholders are unclear about the future system's design, its ability to accommodate existing CHSP clients, and the process for transferring individuals into the eight SaH classification levels.

The lack of information creates significant uncertainty throughout the sector. This undermines providers' ability to effectively plan, allocate their workforce, and ensure continuity of care, while also leaving consumers unclear about how their supports may change.

In these situations, older people, providers and industry stakeholders struggle to make informed contributions to the consultation process, as essential questions about design, funding, and implementation remain unanswered.

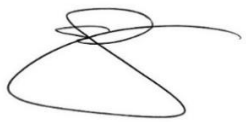
NSA calls on the Government to:

- **Develop a comprehensive transition framework** detailing how CHSP will be integrated into SaH. Include specific timelines and safeguards to ensure continuity of care;
- **Release comprehensive funding and classification details,** including the mapping of CHSP clients to SaH levels and the implications for funding and co-contributions; and
- Before proceeding with the transition, **ensure that the system is ready by evaluating the assessment capacity and confirming workforce availability**.

We expand further, below, by responding to specific parts of the Terms of Reference.

Should you require further information or input, please contact the NSA Policy Team via policy@nationalseniors.com.au.

Yours sincerely,



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Terms of Reference

The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027

Running SaH alongside CHSP until at least July 2027, is problematic because it increases system complexity for both mixed program providers and consumers. When talking with older people, we find that many do not understand the difference between CHSP and SaH.

Transitioning CHSP to SaH carries significant risks if not handled carefully. As at 30 June 2025 there were **838,694 people in the CHSP system**[1] and a further 308,244 people with a Home Care Package (now transitioned to the Support at Home system).[2] Any transition can potentially impact the care of over 1.1 million people, requiring careful planning and even more meticulous implementation.

While the government has stated that CHSP will be rolled into the SaH program "no earlier than 1 July 2027"[3], the scheduled expiry of existing funding on 30 June 2027[4] creates a significant risk. If funding arrangements are not extended or clarified ahead of this date, providers and recipients may face uncertainty that effectively forces a transition by default, undermining the Government's stated timeline and increasing the risk of a rushed transition or inadequate rollout of funding.

The government should be seeking to give the sector and older people as much certainty and lead time to ensure that system fundamentals are in place far in advance of any transition of CHSP to SaH.

The expected impact of this transition, including on:

I. Waiting periods for assessment and receipt of care

The transition arrangements from CHSP to SaH program is likely to further increase waiting periods for assessment and delay access to care, building on issues already evident since the commencement of the new Aged Care Act on 1 November.

Under the current arrangements all recipients including those with low level needs must undergo a formal aged care assessment through the single assessment system. This represents

[1] 14 Aged care services - Report on Government Services 2026 | Productivity Commission
[2] Home Care Packages Program Data Report Quarter 4 2024-25
[3] Booklet: Your guide to the Commonwealth Home Support Program | My Aged Care
[4] Funding for the Commonwealth Home Support Program (CHSP) | Australian Government Department of Health, Disability and Ageing

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a significant change for CHSP recipients, who were previously able to access services more quickly. Since the implementation of the new Act and the commencement of the SaH, consumers and advocacy organisations have reported assessment backlogs, system and IT issues, and confusion about eligibility and service pathways. These issues have resulted in delays between initial contact, the assessment, and the commencement of services, as reflected in evidence to parliamentary committees.

NSA is particularly concerned that recipients of CHSP services are already facing delays in receiving support due to difficulties in securing available providers. These challenges are largely driven by workforce shortages and limited provider capacity. Considering this situation, transitioning this group into the SaH pathway may result in even longer wait times for both assessments and care.

The transition of CHSP into SaH, not earlier than 30 June 2027 is taking place in a system already characterised by lengthy assessment delays and extended waits for service commencement under SaH.

NSA is particularly concerned that CHSP clients may continue to face a "double wait", first for assessment and then again for services to commence, undermining the purpose of CHSP as an entry-level program designed to provide timely, low-intensity support.

At the same time there remains uncertainty about the funding model that will apply to the transition of CHSP into SaH, including how funding levels, co contributions and service volumes will be determined, with limited detail provided to date in implementation guidance by the Department. This lack of clarity, combined with existing access delays and system pressures, creates a significant risk that the transition will further exacerbate wait times and disrupt timely access to care for older people.

Currently, the CHSP service is established to assist older people to live independently at home with basic support and entry-level aged care services/assistance. The broader health and aged care system is already under significant strain, with older Australians waiting too long to receive care they urgently need.

Without streamlined assessment processes, clear funding pathways, robust workforce planning and improved service capacity, the transition of CHSP into SaH risks compounding existing pressures rather than alleviating them. This creates a real risk of service gaps, particularly for older people who rely on consistent, low-level support to remain independent at home.

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II. The lifetime cap of $15,000 on home modifications

The lifetime caps under SaH compare unfavourably with CHSP, which currently allows up to $15,000 **per year** for home modifications under the "Home Adjustments" category[5].

There is a saliant question about what will happen to CHSP clients access to home modifications if CHSP is integrated into SaH. NSA is concerned that moving to a lifetime cap will increase consumer contributions and may deter older Australians from undertaking necessary home modifications.

The Department's own consultation summary records older Australians'[6] concerns that the $15,000 lifetime limit may not cover major changes like bathroom modifications and specialised equipment needed to safely age in place.

There is a risk that older people may delay or avoid minor or moderately complex home modifications to preserve funding for future needs. This is concerning as early, relatively low cost environmental changes play a critical role in preventing injury, maintaining independence and reducing future demand on health and aged care services.

Currently, **CHSP limits home adjustments to $15,000 per year**. This compares favourably to SaH which has an **annual cap** of $500 (low), $2,000 (medium) and a **lifetime cap** of $15,000 (high) for home modification[7]. These same caps apply to Assistive Technology, compared to the $1,000 per-year cap under CHSP. Hopefully, when CHSP is transitioned, despite it being the entry-level program, the level of SaH caps (which include co-contributions) will be raised rather than CHSP decreased.

Evidence consistently shows that investment in Assistive Technology (AT) delivers significant savings to the health and aged care system, particularly through reduced hospitalisations and restricting access to this type of support is a false economy.

Analysis prepared for the National Aged Care Alliance (NACA), indicates that for every $1 spent on AT for individuals with 'mild functional impairment' there is a saving of $12.83 in direct costs, in addition to the wellbeing benefits experienced by the individual.[8]

[5] Commonwealth Home Support Program: Program Manual 2025-2027 Version 2 – November 2025
[6] Feedback on the Support at Home Funding Arrangements
[7] Support at Home program manual - version 4.0
[8] 4.2-Assistive-Technology-for-Older-Australians-Research-Paper.pdf

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The Review of Assistive Technology Programs in Australia reached similar conclusions.[9] For older people with 'profound impairment', an investment of $1,761 in spending on AT yields a benefit of $13,555, or $7.70 in benefit for each $1 spent. A significant portion of this benefit arises from reduced hospitalisations. It is important to note that this level of spending far exceeds the CHSP cap of $1,000 per person per year.

While such caps are a concern, they are largely secondary if people cannot access the services at all. We have heard from older people that there are difficulties accessing Occupational Therapy (OT) to prescribe home modifications in the first instance.

III. Thin markets with a small number of aged care service providers

The transition poses risks for thin markets, particularly in regional and remote areas. Providers in these locations face higher transportation and outreach costs, reduced economies of scale, and higher expenses for telecommunications and service-delivery infrastructure.

Many of these services have relied on block funding to operate effectively in thin markets. However, there are ongoing concerns that block funding may be replaced with individual budgets, as proposed by the SaH program. This shift could make it extremely difficult for services to establish and maintain operations in thin markets, especially in regional, rural, and remote areas.

The impact of the proposed transition in thin markets in rural and remote regions will largely depend on how existing CHSP providers are integrated into the Support at Home system, and whether funding arrangements accurately reflect the true costs of service delivery in these regions.

Aged care provider readiness for the transition, including their workforce

The readiness of aged care providers for the transition from the CHSP to the Support at Home SaH model by July 31, 2027, is still uncertain. This raises concerns about the continuity of services and consumer access. Many providers are managing multiple programs and funding models while also dealing with workforce shortages, increased administrative demands, and ongoing changes under the new Aged Care Act.

For those delivering CHSP services, the uncertainty surrounding future funding arrangements, pricing structures, and reporting obligations makes it difficult to plan effectively, invest in

[9] Review of Assistive Technology Programs in Australia Final Report | Australian Government Department of Health, Disability and Ageing

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workforce capacity, and maintain service availability [10]. These pressures may force providers to reduce service volumes, eliminate certain service types, or prioritise higher-funding programs, which directly affects older Australians who rely on CHSP for timely, low-level support.

Without clear transition guidelines and adequate lead time, consumers may experience longer delays, fewer choices of providers, and disruptions to their established care arrangements during and after the transition.

Other related matters.

Publicly available information does not clearly identify the level of unmet need currently within CHSP. If providers are already operating at funded capacity, workforce availability may be insufficient to meet demand under a transitioned system.

What will happen to service availability when CHSP is integrated into SaH? Will services, which are exclusively for CHSP recipients become available to all SaH recipients, and if so, will the government increase funding accordingly?

For example, the Department of Health Disability & Ageing recommends in its manual that hydrotherapy services delivered under exercise physiology or allied health should use the national equipment and products provider GEAT2GO (Goods, Equipment, and Assistive Technology), only as a provider of last resort due to high demand [11]. We expect this is due to a funding cap of $10 million a year for the geat2GO program. If the GEAT2GO program is currently only available to CHSP clients, will the government extend eligibility under an integrated system and will it increase funding to account for increased demand or will CHSP recipients be transitioned to a new universal scheme with adequate funding for all. Also of concern is what changes to schemes like this mean for providers.

These issues will impact on providers and their capacity to deliver goods and services to meet the needs of older people.

The aged care workforce, particularly allied health professionals, is already under pressure. It is unclear how the system will handle increased demand as CHSP clients transitioning to SaH.

CHSP is designed as an entry-level program to support older people to live independently at home, with a focus on wellness, rehabilitation, and short-term or low-intensity assistance. Services are targeted, subsidised and often limited to one or two supports.

[10] Ageing Australia Submission 2026

[11] Commonwealth Home Support Program (CHSP) 2025-27 Manual (from 1 November 2025)

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CHSP structure, including provider-based funding, service-specific eligibility and referral through My Aged Care, differs significantly from SaH. Careful consideration is required to ensure that the transition does not undermine the role of CHSP in preventing escalation into higher cost care.

Conclusion

The transition of CHSP into SaH is occurring in a system already experiencing funding shortfalls, assessment backlogs, workforce shortages, provider capacity constraints and delays in service delivery.

CHSP recipients are already waiting for care, not due to eligibility barriers but because services are unavailable in many areas. Requiring these older people to enter the SaH assessment and funding pathway, has already created additional bottlenecks and disrupted access to essential, entry-level supports.

Without sufficient assessment capacity or changes to assessment processes, workforce planning and funding certainty, the transition of CHSP to SaH risks compounding existing system pressures rather than improving access to care. This is particularly concerning for older people who rely on timely low-level supports to remain independent and avoid escalation into higher health costs and aged care services.

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