

Preparing for the Future of Home Care

Support at Home: reform drivers, early challenges and a more efficient partnership model

Industry briefing

An evidence-informed update on why the system changed, what has happened since launch, why CHSP was extended, the funding queue and how partnerships with Vivir can support quality, compliance and a lower operating cost-to-serve.

September 2026

Contents

Executive Summary	3
01 Why the Historical Model Changed	4
02 What Has Been Challenging Since Launch	5
03 Why CHSP Was Extended to 2029	6
04 Are Participants Still Waiting for Funding?	7
05 How Partnerships with Vivir Can Reduce Operating Costs	8
06 A Practical Vivir Partnership Model	11
07 Why Allied Health Matters	12
08 Preparing for the Next Phase	13
Sources and Notes.....	14

Executive Summary

A reform designed around independence, quality and accountability

Support at Home commenced on 1 November 2025, replacing the Home Care Packages Program and Short-Term Restorative Care Programme. The reform sought to address long-standing concerns about complexity, fragmented assessment, timeliness, choice and transparency, while strengthening the focus on safe, high-quality care and independence at home.

The new environment also places stronger expectations on Associated Providers. Registered Providers remain accountable for the quality and safety of funded services, which increases the importance of selecting partners with robust clinical governance, documented compliance systems, consistent workforce standards and transparent reporting. This greater rigour is intended to support more consistent care across the participant journey.

Early implementation has created opportunities through more classifications, dedicated short-term pathways and a stronger restorative focus. It has also exposed practical challenges involving assessments, participant understanding, contributions, compliance, technology, claiming, pricing and care management funding.

In August 2026, government extended Commonwealth Home Support Programme grant funding to 30 June 2029 while it consults on a sustainable long-term design for entry-level support. At 31 March 2026, official data recorded 100,191 people waiting in the Support at Home Priority System for an ongoing place at their approved classification or transitioned level.

THE PROVIDER OPPORTUNITY

Vivir brings experience as a national Associated Provider and as a Registered Provider delivering CHSP services in Western Australia. This dual perspective can help align allied health delivery with Registered Provider expectations, strengthen compliance and quality systems, and simplify referrals, service delivery, reporting and coordination.

This paper covers

- Why government moved away from historical home care models
- Challenges identified since November 2025
- Why CHSP was extended to 30 June 2029
- The continuing backlog for ongoing funding
- How a structured Vivir partnership can strengthen compliance and reduce avoidable operating costs

01 | Why the Historical Model Changed

The policy case for reform

Government framed the reform as a response to issues raised by the Royal Commission into Aged Care Quality and Safety. The intended direction was a system that is simpler to access and understand, uses one assessment process, improves timely access, strengthens choice and control, and applies fairer and more transparent fees.

Support at Home introduced eight ongoing classifications and dedicated short-term pathways for restorative care, assistive technology and home modifications, and end-of-life care. It also raised expectations for Registered Providers to exercise effective oversight of Associated Providers so quality, safety and consistency are maintained across outsourced service delivery.

Historical pressure point	Reform direction
Multiple programs and pathways	A more integrated framework and clearer assessment direction.
Four broad package levels	Eight ongoing classifications plus short-term pathways.
Complex fees and variable visibility	Greater pricing transparency and consumer protections.
Variable oversight across delivery partners	Stronger governance, compliance and assurance across Registered and Associated Provider arrangements.
Support often commissioned after decline	More explicit focus on restoration, independence and early intervention.
Limited separation for equipment and modifications	A dedicated Assistive Technology and Home Modifications pathway.

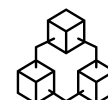
02 | What Has Been Challenging Since Launch

Early implementation has tested operating and compliance models

Evidence available in 2026 points to a combination of transition issues and deeper design concerns. Provider reporting has identified pressure across funding, assessments, systems, claiming and reconciliation, while the compliance and regulatory environment has become substantially more rigorous.

Assessment and access delays

Official data continued to show a substantial priority queue for ongoing funding.



Participant understanding and affordability

The Senate inquiry is examining co-contributions, pricing, hardship support and impacts on access.



Compliance and regulatory uplift

Greater automation has reduced some traditional package-management activity, but Registered Providers and their Associated Providers must meet stronger governance, evidence, incident, workforce and service-quality expectations. The challenge is embedding these requirements consistently without creating duplicated processes.



Technology and claiming

Provider feedback has identified system and reconciliation friction as new workflows and automated processes have been introduced.



Care Partner resourcing

Providers continue to balance capped care-management funding with onboarding, coordination, participant communication and oversight responsibilities.



Thin markets and workforce coverage

Rural, remote, specialised and small-market access remain important considerations.



Pricing and margin sustainability

Providers must keep prices reasonable and transparent while meeting labour, service delivery, compliance, administration and coordination costs.



AT-HM rollout

The Assistive Technology and Home Modifications pathway has required the sector to adapt to new assessment, approval, evidence, sourcing and delivery processes. Clear responsibilities and communication between Registered Providers, assessors, suppliers and Associated Providers are important to avoid delays and inconsistent participant experiences.



A BALANCED READING

These issues do not prove that reform has failed. They show where policy intent, compliance expectations and operational delivery are not yet consistently aligned.

03 | Why CHSP Was Extended to 2029

Continuity now, redesign next

On 21 August 2026, the Australian Government announced that CHSP grant funding would be extended to 30 June 2029. Older people will continue to access CHSP entry-level support while government consults on the future of CHSP, entry-level services and in-home support.

The consultation agenda

- A sustainable entry-level program
- Fair and equitable contributions
- How early intervention can reduce system pressure
- Smoother pathways as needs change
- The future role of block-funded services

WHAT THE EXTENSION SIGNALS

Entry-level, community-based support performs a distinct system role, and further design work is needed before its long-term relationship with the broader home care system is settled.

04 | Are Participants Still Waiting for Funding?

Yes. Official data shows a substantial priority queue

At 31 March 2026, 100,191 people were waiting in the Support at Home Priority System for an ongoing place at their approved classification or transitioned Home Care Package level.

Measure at 31 March 2026	Official figure
People with access to ongoing services	364,723
People receiving care	338,049
Assigned a place and considering the offer	26,675
Waiting for an ongoing place	100,191
Ongoing places released in the March quarter	79,145
Average places released per week	6,088
Approved providers with a Support at Home service	950

PUBLICATION CAUTION

This paper uses the official 31 March 2026 position and should be refreshed when newer official quarterly data is available.

05 | How Partnerships with Vivir Can Reduce Operating Costs

From allied health supplier to strategic efficiency and compliance partner

Under Support at Home, the cost of allied health is not limited to the clinician appointment. Providers also carry costs associated with sourcing suppliers, contracting, credential checks, referrals, scheduling, participant communication, service delivery, reporting, invoice queries, care coordination, compliance assurance and performance oversight. A partnership with Vivir can be designed to reduce this broader operating cost-to-serve.

Vivir's experience as both a national Associated Provider and a Registered Provider delivering CHSP services in Western Australia provides a practical view of both sides of the partnership. Registered Provider experience can inform stronger internal controls, clearer evidence requirements, more consistent workforce governance and reporting that better meets provider expectations.

Eight practical cost and governance levers

1. Consolidate allied health supply

Access physiotherapy, occupational therapy, speech pathology and dietetics through one partner and governance framework, reducing repeated sourcing, onboarding, contracting, credential management and supplier review activity.



2. Create one referral pathway

Use a standard referral form, agreed minimum information and discipline-specific triggers to reduce clarification loops and Care Partner follow-up.



3. Improve triage and right-first-time allocation

Direct referrals to the appropriate discipline, service pathway and urgency level, reducing avoidable hand-offs and duplicated assessment activity.



4. Strengthen compliance assurance

Use consistent credentialing, policies, clinical governance, incident escalation, audit evidence and quality reporting to reduce the provider effort required to oversee multiple Associated Providers.



5. Improve scheduling and service efficiency

Share forward demand and coordinate service delivery by geography, cohort or site where appropriate to improve responsiveness and clinician utilisation.



6. Reduce Care Partner administration

Use agreed report templates, update points and escalation rules so Care Partners receive decision-ready information without chasing routine updates.



7. Simplify commercial administration

Use consolidated invoicing, agreed rate cards, clear billable-activity definitions and exception reporting to reduce invoice queries and manual corrections.



8. Scale capacity without carrying fixed workforce cost

Provide flexible allied health capacity across disciplines, locations and service models without requiring providers to replicate every capability internally.



VIVIRS VALUE PROPOSITION

One partnership can connect multidisciplinary allied health, clinical governance, compliance assurance, workforce coordination and operational reporting. Vivir's Registered Provider experience can be used to strengthen how we operate as an Associated Provider and make oversight simpler for provider partners.

Where efficiencies may be realised

Operating cost area	Vivir partnership response	Potential efficiency to test
Supplier governance	Multidisciplinary capability and one assurance framework	Fewer contracts, reviews, audits and onboarding processes.
Referral administration	One agreed pathway	Fewer clarification loops and manual hand-offs.
Compliance oversight	Standard credentials, evidence and reporting	Less duplicated assurance activity and faster issue escalation.
Service coordination	Demand visibility and agreed service pathways	Improved responsiveness and utilisation.
Care Partner coordination	Standard updates and exception-based escalation	Less chasing, duplicate communication and report handling.
Billing and reconciliation	Agreed rates, scopes and consolidated invoicing	Fewer invoice exceptions and corrections.
Workforce capacity	Flexible multidisciplinary capacity	Reduced need to maintain all capabilities as fixed internal cost.

Turning efficiency into provider value

Before commencement, Vivir and the provider can establish a baseline for referral effort, service commencement, compliance checks, report turnaround, invoice exceptions and other agreed cost drivers. A pilot can then test whether the redesigned pathway reduces friction. Verified efficiencies can inform pricing, service inclusions, reduced administration or reinvestment in participant access.

COMMERCIAL GUARDRAIL

No saving should rely on reducing clinically necessary care, limiting participant choice, under-scoping reporting or transferring hidden work to the provider. Efficiency and compliance outcomes should be supported by agreed measures and reviewed regularly.

Suggested measures

- Referral completeness and clarification rate
- Referral-to-contact and referral-to-commencement time
- Compliance evidence completeness and exception rate
- Service delivery and report turnaround
- Care Partner follow-up requests
- Invoice exception and credit/reissue rate
- Cancellation and rescheduling rate
- Participant goal progress, incidents and feedback
- Total cost-to-serve for the agreed pathway

06 | A Practical Vivir Partnership Model

From transactional referrals to shared operating discipline

Stage	Provider commitment	Vivir commitment
Design	Agree populations, locations, scopes and escalation pathways.	Confirm capability, coverage, governance, compliance controls and cost drivers.
Refer	Provide complete information and participant goals.	Acknowledge, triage and flag gaps promptly.
Deliver	Support access, consent and relevant background.	Deliver within scope and escalate material changes.
Assure	Set oversight and evidence expectations.	Maintain credentials, clinical governance, incident pathways and audit-ready evidence.
Communicate	Nominate contacts and avoid duplicate requests.	Provide concise updates at agreed points.
Review	Share demand forecasts and feedback.	Report access, quality, outcome, compliance and efficiency measures.
Improve	Remove low-value steps and review commercials.	Identify rework, service and administration opportunities.

PILOT APPROACH

Start with a defined cohort, geography or discipline. Agree the baseline, measures, compliance expectations and service standards, then review results before scaling.

07 | Why Allied Health Matters

Expanding independence to age in place, longer

Vivir can support physiotherapy, occupational therapy, speech pathology and dietetics through coordinated service models. Allied health can identify practical risks, build capability and connect intervention to participant goals, expanding independence so older people can age in place, longer.

Discipline	Examples of contribution
Physiotherapy	Mobility, strength, balance, pain management and falls prevention.
Occupational therapy	Daily function, home safety, assistive technology, home modifications, expanding independence to age in place longer.
Speech pathology	Communication, swallowing and mealtime safety.
Dietetics	Nutrition, hydration, weight management and condition-related dietary support.

08 | Preparing for the Next Phase

Provider checklist

- Map current referral, service, reporting and billing friction
- Identify duplicated supplier, compliance and workforce administration
- Select a suitable cohort for a Vivir efficiency pilot
- Agree clinical, compliance, access, cost and experience measures
- Set minimum referral information and escalation triggers
- Review verified efficiencies and determine how value will be reflected
- Retain flexibility as government settings evolve

Vivir Healthcare

Vivir partners with home care providers to deliver multidisciplinary allied health through service models designed around participant needs and provider workflows. Our national Associated Provider experience, supported by Registered Provider experience in Western Australia, helps us bring a stronger understanding of governance, compliance and practical service delivery to every partnership.

OUR FOCUS

Helping providers reduce avoidable operating friction, strengthen compliance and expand independence so older Australians can age in place, longer.

Three practical actions

01 MAP THE COST-TO-SERVE

Identify where sourcing, referrals, scheduling, service delivery, reporting, billing, compliance or coordination create avoidable cost.

02 PILOT THE PARTNERSHIP

Agree a defined cohort, pathway, service standards, compliance expectations, baseline and measures.

03 VERIFY AND SHARE VALUE

Review quality, compliance, outcomes and efficiencies, then refine pricing, inclusions or reinvestment opportunities.

Sources and Notes

This whitepaper provides general industry information and strategic commentary. It is not legal, financial or clinical advice. Statements about operating efficiencies are proposed partnership opportunities, not guaranteed savings. The references to Vivir's national Associated Provider role and Registered Provider experience delivering CHSP services in Western Australia reflect internal business information supplied during review and should be validated by Vivir before external publication.

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