

Support at Home Program Overview

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Purpose of this Paper

This Paper provides an overview of the proposed design for the new Support at Home Program. Support at Home will start in July 2023 and replace the

1. Commonwealth Home Support Programme (CHSP)
2. Home Care Packages (HCP) Program
3. Short Term Restorative Care (STRC) Programme.¹

This is in line with the Royal Commission in Aged Care Quality and Safety's (the Royal Commission's) recommendation 35, to implement a new aged care program, and recommendation 118, to introduce a new funding model for care at home.

While the Royal Commission included a number of detailed recommendations about aged care support in the home, it also recognised that considerable work needed to be undertaken before the implementation of a new aged care program.

Before settling the details of the administrative and funding arrangements for the care at home category, or finalising the scope of this category, the System Governor should complete its work on the optimal design for the integration of the Commonwealth Home Support Programme and Home Care Package Program. The most recent report of this work provides preliminary support for a model of scalable or 'proportionate' assessment, with classification and funding dependent on a triage or 'screening' process during assessment. Options then would include people being 'classified and funded using only service events', receiving a more complex assessment that would result in classification of the person to a particular level of funding entitlement.

This should include a study to ascertain the need characteristics, service usage patterns and resource requirements of people who access care at home. In light of this study, the System Governor should develop a classification system with distinct classes of need within categories based on clinically meaningful differences in service usage patterns and resource requirements. The study should address whether individualised budgets, casemix funding levels, or some other mechanism for funding, such as direct grants, are appropriate. It should identify whether different funding mechanisms should be used for certain service types or different needs classifications.

In conducting this work, the System Governor should consult with the aged care sector and older people who use the relevant services, and should conduct any trials it deems necessary.²

The department will consult on aspects of the Support at Home Program in early 2022. Sign up to the [Ageing and Aged Care Engagement Hub](#) to be notified when these consultations are commencing.

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- 1 The new assessment system under Support at Home will better integrate residential respite into home care assessments and service plans. Residential respite funding will be delivered through the residential Australian National Aged Care Classification framework (AN-ACC).
 - 2 Royal Commission into Aged Care Quality and Safety Volume 3A page 174.

Why are we moving to Support at Home?

In home aged care services support almost one million senior Australians. Research shows that senior Australians want to remain at home for as long as possible before entering a residential aged care facility.

Improved supports in the home would prevent senior Australians from having to enter residential aged care prematurely and against their wishes. If done well, it may mean people don't need to enter residential aged care at all. Older Australians would be supported to manage the risks associated with staying at home, while the assessment process would ensure that anyone who needs to relocate to residential aged care is able to do so.

In home aged care currently consists of several programs which have different approaches to assessment, eligibility, service providers, funding and fees. The system can lead to inequitable outcomes for senior Australians, as people with the same needs receive different supports, and not enough funding is spent on direct care. As a result, the system is complicated and can be confusing for senior Australians and their families.

The HCP Program has a history of long wait times, high overhead costs charged by some providers, and high levels of unspent funds. The CHSP has variable service availability by location.

In its response to the Royal Commission, the Australian Government announced a commitment to establish a new Support at Home Program in consultation with senior Australians and community stakeholders. The design of the program will be finalised following sector consultation and detailed model development. The program will address several of the Royal Commission's recommendations to improve the support for senior Australians to remain independent and in their own homes for longer.

How would the proposed Support at Home Program improve services?

The proposals for a new Support at Home Program would reform all aspects of the delivery of in-home aged care including assessment, reablement and restorative care, to individualised support plans, clarity on service inclusions, funding of providers, and regulation of the market.

Senior Australians would receive individualised service approvals, based on their assessed aged care needs and personal circumstances, rather than being placed in one of the four broad home care package levels.

Senior Australians would have access to a new program for goods, equipment, assistive technologies, and home modifications needed to live safely and independently, rather than needing to 'save up' package funds for these purchases.

A new funding model would support point-of-delivery payments for service providers, while reducing their reporting burden. This would enable greater transparency for senior Australians and reduce fees and administrative costs.

Support at Home assessments would focus on independence, providing senior Australians with guidance and support to delay functional decline.

Senior Australians would have greater choice between providers to deliver their care.

A risk-proportionate regulation model is being developed to support care businesses and care workers to participate in the delivery of safe and high-quality aged care services in a home environment.

Consistent assessment and better service recommendations

Aged care assessments are currently completed by the Regional Assessment Services (RAS) and the Aged Care Assessment Teams (ACATs) using the National Screening and Assessment Form (NSAF). A new assessment tool would be introduced in July 2023 under a single assessment system.

A new assessment tool

An **Integrated Assessment Tool** is being developed to better match services to a person's aged care support needs. The tool will assess eligibility for all aged care programs, including home care, residential care, transition care, multi-purpose services and respite. A suite of assessment instruments will be combined to cover several domains that identify a person's aged care needs. These include:

- General and personal health
- Functional decline
- Cognition and behaviour
- Psychological condition
- Community engagement and support
- Medical conditions
- Home and personal safety
- Carer support

Recognising that not all senior Australians need intensive assessments, the new tool will have four levels of assessment. Each level of assessment will build on the previous, using trigger points to guide assessors to the most appropriate assessment level for each person.

In addition to assessing a senior Australian's eligibility for the Support at Home Program the new tool would also identify the home care services that are most appropriate to meet their aged care needs using a new classification system.

The assessment process will identify if a senior Australian's needs would be best met in residential aged care and provide their funding approval as part of the assessment outcome.

The Integrated Assessment Tool has been developed through research in which 2,500 senior Australians were assessed using a prototype tool. This tool will be further refined through an iterative 'Living Lab' trial in 2022

Consistent assessment that aligns to client needs

In the proposed new program, people with low-level needs would be assigned one or two services at assessment.

Others would enter a new classification system, which is being developed to convert the results of the Integrated Assessment Tool into a service offer. Clients with similar characteristics identified at assessment will have access to different services within a class that aligns to their broad support needs. Assessors would then determine the tailored mix of services that the person requires within the range permitted for the class, taking account the client's needs, individual circumstances and personal preferences. This will be summarised in an Individualised Support Plan.

A data study of 2,500 existing aged care clients is being undertaken to develop the classes where:

- Services are based on the needs of the client (including their living circumstances) rather than the provider delivering the services.
- The cost of providing support to consumers within any one class is similar (within a range).
- The classes reflect characteristics that make sense to clients and their family/ carers, and people working in aged care.

Figure 1 describes what the classes might look like based on the results of the data study. For example, one class would include people with cognitive issues and significantly reduced physical function; another would cover people with no cognitive issues and moderately reduced physical function. The classes also take account of the complexity of the clients in terms of issues such as incontinence, health conditions, social connection and whether they have had recent falls.

This framework will continue to be modified during the Living Lab trial of the assessment tool and processes in 2022.

An example of the what the Framework may look like is shown in Figure 1.

Figure 1: An Example Classification Framework

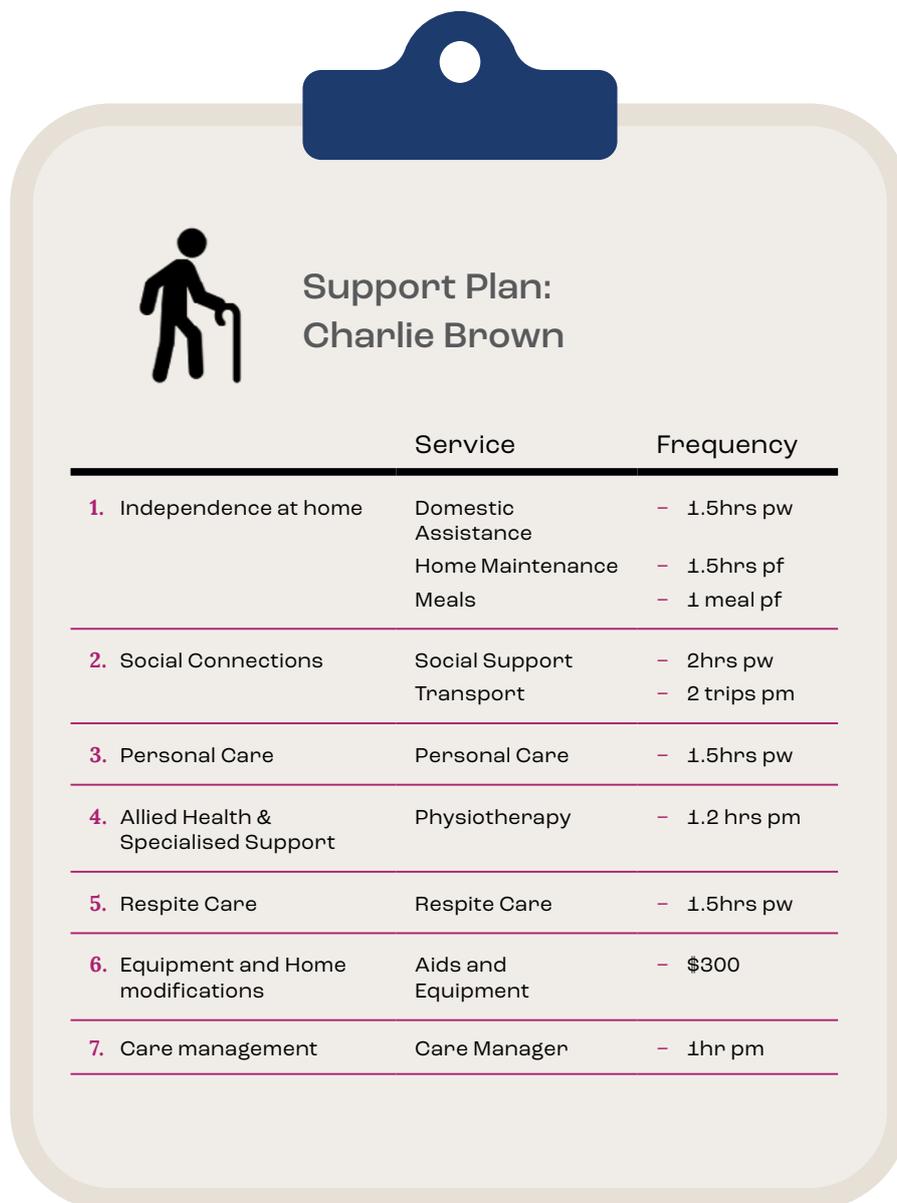
Care needs	Complexity
Low needs (e.g. minor reduction in physical function)	One or two services
Restorative care	Time limited services focussing on allied health
Moderate reduction in physical function	Low complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
	Medium complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, living alone
	High complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
Significant reduction in physical function	Low complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
	Medium complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
	High complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
Cognitive issues AND Significant reduction in physical function	Low complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
	Medium complexity in terms of frailty, incontinence, health conditions, recent falls, swallowing, psychological issues, social connection, living alone
	High complexity in terms of frailty, incontinence, recent falls, swallowing, psychological issues, social connection, living alone

Individualised assessment outcomes

Following assessment, senior Australians would receive an **Individualised Support Plan**. The Plan would outline the service types the senior Australian is eligible for and the frequency and duration in which they should receive them. The senior Australian and the assessor would work together to adjust the service mix within the Individualised Support Plan, to ensure that it best reflects the client's support needs, individual circumstances and personal preferences, within the bounds of the senior Australian's assessed class.

An illustrative example of an Individualised Support Plan is shown in Figure 2.

Figure 2: Example of an Individualised Support Plan



	Service	Frequency
1. Independence at home	Domestic Assistance	- 1.5hrs pw
	Home Maintenance	- 1.5hrs pf
	Meals	- 1 meal pf
2. Social Connections	Social Support	- 2hrs pw
	Transport	- 2 trips pm
3. Personal Care	Personal Care	- 1.5hrs pw
4. Allied Health & Specialised Support	Physiotherapy	- 1.2 hrs pm
5. Respite Care	Respite Care	- 1.5hrs pw
6. Equipment and Home modifications	Aids and Equipment	- \$300
7. Care management	Care Manager	- 1hr pm

A Service List for clarity and efficiency

The CHSP has an established Service Catalogue, which groups services into different types. In the HCP program, providers display prices for some common services, however there is no service list and senior Australians, and providers are instead guided by the Aged Care Act as to which services may be accessed. There is great discrepancy among providers as to the type of services offered.

The Support at Home Program would use a **Service List** to provide greater clarity to senior Australians and providers as to the services available in the new Program. Services included on the Service List would be available to senior Australians at a Commonwealth Government subsidised cost. Providers may choose to offer additional services to senior Australians; however, these would not receive Commonwealth Government funding and would be at the person's own cost.

Services on the Service List would be grouped into Service Categories. Categories would be composed of alike services, which would give people similar outcomes. To ensure that senior Australian's can have their support preferences reflected in their aged care services, people would be able to swap services they have been approved for and that are within the same service category. This will also enable providers to adjust a person's support plan if they have minor changes in their aged care needs.

Figure 3 is a draft of the proposed Service List. The department will be undertaking consultation on the Service List in early 2022, focussing on the Service Categories, the granularity of service types and reablement and restorative care services.

Subsidies set by service type

Under a fee-for-service funding model, a price schedule would be developed by Government, with support from the Independent Hospital and Aged Care Pricing Authority. The price schedule would determine the price of each service type in the Service List.

The set price would include the government subsidy which would reflect the cost of delivering the service, including administrative overheads. The Independent Hospital and Aged Care Pricing Authority would, over time, set prices to reflect the efficient cost of delivering the services.

Figure 3: Draft Service List for the Support at Home Program

Service category	Service types	Sub-categories	Description	Service available in			Potential new service types
				CHSP	HCP	STRC	
1 Independence at Home	Domestic assistance	General house cleaning, Linen services, Shopping delivery	Supports the care recipient with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment.	✓	✓	✓	
	Home maintenance	Gardening Maintenance and repairs	Assists care recipients to maintain their home in a safe and habitable condition. Includes services such as repair of flooring, yard maintenance such as pruning and clearance, gutter cleaning.	✓	✓	✓	
	Meals	Meal delivery Meal preparation	Provides access to nutritional meals for care recipients. Also includes support to increase knowledge, skills, confidence and or safety.	✓	✓	✓	
	Digital monitoring, education, and support	Digital remote monitoring Digital education and support services	Education, assistance or advice to support consumers to use digital technologies effectively, or subscription-based monitoring of consumers using digital technologies.				NEW – proposed service type to enable remote monitoring
2 Social Connections	Social support	Visiting in person Accompanied shopping Accompanied attendance at appointments & social engagements Group social activities	Services that support a person's need for social contact and or company and participation in community life.	✓	✓	✓	
	Transport	Direct Transport (driver and car provided) Indirect Transport (supported through supply of taxi vouchers)	Includes group and individual transport services to connect care recipients with their usual activities such as accessing the community or medical appointments.	✓	✓	✓	
3 Personal Care	Personal care	Assistance with self-care Assistance with client self-administration of medications	Assistance with activities of daily living and self care tasks to help maintain appropriate standards of hygiene and grooming. Includes support with eating, bathing, toileting, and dressing.	✓	✓	✓	
	Nursing	Nursing - high care Nursing - standard	Clinical care provided by a Registered Nurse, Enrolled Nurse or an Assistant in Nursing. Includes the assessment, treatment and monitoring of medically diagnosed clinical conditions. Includes wound care.	✓	✓	✓	

Service category	Service types	Sub-categories	Description	Service available in			Potential new service types
				CHSP	HCP	STRC	
4 Health and Specialised Support	Allied health	Aboriginal and Torres Strait Islander Health Worker, Diversional Therapist, Exercise Physiologist, Dietitian, Occupational Therapist, Physiotherapist, Podiatrist, Social Worker, Speech Pathologist, Audiologist, Pharmacist, Psychologist, Assistants in Allied Health	To assist older people to regain or maintain physical, functional and cognitive abilities which support them to either maintain or recover a level of independence, allowing them to remain living in the community.	✓	✓	✓	
	Specialised supports	Continence advisory services Specialist behavioural intervention support Psychosocial recovery coaching Vision and hearing services Sign language and interpreting supports	Specialised or tailored services for a specific condition. Supports the care recipient to manage these conditions and maximise independence. Includes direct services and expert advice.	✓			NEW – All specialised supports now available to all eligible home care consumers
	Assistance with care and housing	Squalor and hoarding supports	Some existing CHSP housing supports to be provided by Care Finders.	✓			
5 Care Management	Care management	Care management	Coordination with multiple providers, connect to assistance outside of aged care and conduct check-ins. Clinical oversight - monitor care needs, coordinate with the health system and conduct check ins.		✓	✓	NEW – Quarantined funding for care management
6 Digital technologies, equipment, and home modifications	Digital technologies	Digital technology	Acquisition and installation of digitally-enabled technologies that use software for the purpose of supporting consumer independence, care, monitoring, functioning, risk management or social support.				NEW – digital technologies
	Goods, equipment and assistive technologies (non-digital)	Short term and ongoing support through supply of equipment and aids to assist with mobility, communication, reading and personal care.	Goods, equipment and assistive technologies to assist with mobility, communication, reading and personal care, and maintain independence.	✓	✓	✓	
	Home modifications		Where clinically justified or required for safety, alterations to the home to improve safety and accessibility and maintain independence for the care recipient.	✓	✓	✓	
7 Respite Care	Respite	In-home respite (day and overnight), community and centre based respite, host family respite, cottage based respite.	Provides supervision and assistance to the care recipient by a person other than the care recipient recipient's usual informal carer.	✓	✓	✓	
	Residential respite		Respite provided in a residential aged care setting.				

Care management

In the Support at Home Program, care management would be included as a service type. Care Management would be offered to senior Australians who have a more complex mix of services and need oversight and coordination of their care. Funding for care management would be restricted, so that people are not able to swap their care management for any other service type.

The department will undertake consultation with stakeholders in early 2022 to define:

- the roles and responsibilities of the care manager,
- providers' accountability for client care outcomes, including where a senior Australian opts to use multiple providers,
- sharing of client information between care managers and providers,
- how care managers engage with other actors in the aged care system, and
- how care managers are represented in the regulatory framework.

Expressions of interest in engaging in this process are welcome. Let us know by registering your interest on the [Engagement Hub](#).

Access to goods, equipment, assistive technologies and home modifications to support independence

Goods, equipment, and assistive technologies (GEAT) and home modifications are essential supports for many senior Australians living in the community. Simple supports, such as handrails, home monitoring devices, and shower chairs can minimise safety risks and help senior Australians to maintain independence without the need for expensive ongoing services. However, access to these supports is limited under the current in-home programs.

Recipients of the CHSP can currently access up to \$1000 for GEAT and up to \$10,000 for home modifications. Availability is limited by the low proportion of grant funding available for this purpose. Senior Australians receiving an HCP may access any GEAT or home modifications as required using package funds, but must first 'save' enough subsidy funding to make the purchase.

It is intended that the new assessment process would consider a person's need to access GEAT that would improve or maintain their independence. The need for minor home modifications would also be assessed.

The assessor would determine if the person has a need for low-level, mid-level, or high-level GEAT or home modifications that would maintain or retain their mobility, independence, and ability to remain living at home. Senior Australians would have access to the support they are assessed as needing for both GEAT and home modifications without needing to save funds.

The department will undertake co-design activities with stakeholders to continue developing and refining the approach to providing GEAT and home modifications in the Support at Home Program.

Further work is needed on how best to provide access to GEAT and home modifications, including higher cost items, under the Support at Home Program. Consultation will be undertaken in 2022. If you are interested in being involved in this consultation, please let us know by registering on the [Aged Care Engagement Hub](#).

Supporting senior Australians to self-manage their care

Under the current *Aged Care Act 1997*, recipients of a HCP must select one Approved Provider to take full responsibility for the delivery of care under their package. This can involve delivering the full suite of care in-house or managing a series of sub-contractors to deliver care.

The **new regulatory model** under the Support at Home Program would enable clients to self-manage their care, including by using multiple service providers if they choose to do so.

The Approved Provider model is under review, with alternative approaches with risk-proportionate regulation and market-entry requirements under development. The intent is to assure safe and quality care can be delivered with appropriate oversight, including by small businesses, without undue administrative burden.

Self-management under Support at Home would be enabled by a **new ICT payments** platform which would allow senior Australians and providers to view the person's entitlements and book and pay for services at the point of delivery.

Consistent funding arrangements

Home care providers are currently under different funding arrangements, depending what program they operate under. CHSP providers are currently paid in block grant arrangements, with agreed prices for services, target levels of activities and quarterly reporting which leads to adjustments if there is significant under-delivery. HCP providers receive subsidies based on the package levels of how many people are under their care each month, with payments made against services delivered.

Support at Home would bring all in home aged care providers under one funding model. Building on changes already introduced to the CHSP and the HCP Program, Support at Home providers would be paid on a fee-for-service basis. Payments would be made based on the agreed prices for the service list, once services specified in a person's support plan have been delivered.

A **Point of Delivery Payment Platform** is being developed to enable providers to receive payments in real time, from both government and senior Australians. The Platform would also assist in capturing information from providers about service delivery and their clients, automating reporting on service provision.

Support at Home would not allow providers and senior Australians to accrue unspent funds, with providers paid as services are delivered. For example, if a person goes on holiday and does not require their cleaning services, the provider would not receive payment for them, and the senior Australian would not accrue their entitlement.

The needs of senior Australians can change often and rapidly. Support at Home would need to enable providers to respond to changing needs in a timely fashion, without creating excessive reassessment requirements.

One option being considered is to allow each service provider to deliver minor additional services across their clients up to a capped amount per month. Providers would need to allocate the additional services between people as their needs change. Providers would receive the additional funding once they have delivered the services. Additional services would need to be consistent with the senior Australian's Support Plan, included on the Service List and paid based on the pricing schedule.

Senior Australians whose needs change significantly would have to be independently reassessed into a new class.

Support for providers operating in thin markets

The Support at Home Program intends to offer services and a choice of provider, where possible, to all senior Australians, regardless of their geographic location. To facilitate this, it is proposed that a grant program be run to offer financial support to providers operating in thin markets. This includes providers operating in regional, rural, and remote areas, as well as providers who deliver services to small cohorts of senior Australians who have unique aged care support needs that can't be met elsewhere.

The grants would provide supplementary funding to providers who can demonstrate that they have legitimate grounds for additional support to service a small cohort of people.

The department is currently developing guidelines for the grant program to help support providers with small cohorts to remain viable.

Better support for all senior Australians, including specific cohorts

Reablement and restorative care

The STRC program offers people eight weeks of restorative care. The program targets senior Australians who can restore skills or capabilities and is limited to people outside of the HCP program.

Support at Home will integrate the existing STRC program and offer short-term or reablement services to all senior Australians who would benefit from them. Short-term services would be available for up to 12 weeks to help people improve or maintain independence without the reliance on ongoing services. Following the 12-week period, people would be reassessed to determine whether they need ongoing services.

Dementia

The Support at Home Program will continue to have a focus on supporting senior Australians living with dementia and their carers.

The new assessment Tool includes a focus on dementia and psychosocial factors with the aim of better supporting both senior Australians who have a formal diagnosis, and people who may be exhibiting early signs consistent with dementia. Referrals to services such as memory clinics and GP diagnostic pathways would support more timely diagnosis and enable people with dementia and their carers to access early intervention supports. The Service List may offer specialised support services which includes dementia advisory services.

The Support at Home Program complements other reforms so that dementia-related needs are identified early, and access to post-diagnostic support is improved, in both the health and aged care systems.

Aboriginal and Torres Strait Islander peoples

The Australian Government is implementing a new national support service for senior Aboriginal and Torres Strait Islander people to access a range of services, including Support at Home. The new service will offer intensive face-to-face support for senior Indigenous Australians and their families to help them access care, make sure that care is delivered in an environment of cultural safety, and provide guidance to providers on cultural safety and working with Indigenous clients. The service will include end-to-end support to navigate and access aged care services, and assistance to connect with other community supports.

The department will shortly approach the market to seek interest from Aboriginal community-controlled organisations to deliver this service. Recognising different approaches will be needed in different locations, the department is looking to co-design the model with Aboriginal community-controlled organisations from across Australia. The new service is expected to commence early 2022 in a staged roll-out and offer employment to around 250 Indigenous Australians nationally.

The department is also working to establish an Indigenous single assessment system delivered by Indigenous specific organisations, to support Aboriginal and Torres Strait Islander elders to access the aged care services that they need. Recognising different approaches will be needed in different locations, the department is looking working with Aboriginal organisations from across Australia to co-design the model with Aboriginal community-controlled organisations from across Australia.

Carers

The Support at Home Program is supporting informal carers through the assessment process and improved integration between My Aged Care and the Carer Gateway.

The **Carer Gateway** will enable carers to book respite services in advance and provide assistance through counselling, coaching, peer support and skills training. There is also access to specialised dementia carer education through the Carer Gateway.

The new assessment tool would compile information about the carer and their identity. The outcomes of a senior Australian's assessment and their service recommendations will be reflective of the support provided by their informal carer.

Next steps

As mentioned throughout this update **the department will undertake consultation in 2022** to inform the design of the Support at Home Program. The department is seeking to engage with:

- senior Australians, their families, and informal carers
- aged care providers
- aged care and health professionals
- aged care assessors
- peak bodies
- the general public, and
- experts in target areas.

Consultation will include workshops, focus group sessions and bilateral discussions.

A draft consultation timeline has been developed by the Department as below:

	Timing	Consultation Area	Topics	Audience
Codesign	November 2021 – August 2022	Aged Care for Aboriginal and Torres Strait Islander Peoples	Assessment tools and assessment processes for Aboriginal and Torres Strait Islander Peoples	<ul style="list-style-type: none"> Indigenous organisations NAGATSIAC Aboriginal and Torres Strait Islander communities States/territories Broader public
Codesign	February – March 2022	Care Management	<ul style="list-style-type: none"> Definition of care management Responsibilities of care managers Self-management Regulating care management 	<ul style="list-style-type: none"> Consumers, carers Providers and peaks Aged care professionals Experts
	February – March 2022	Service List	<ul style="list-style-type: none"> Appropriate categorisation of service types Granularity of service types Reablement services 	<ul style="list-style-type: none"> Consumers, carers Providers and peaks Aged care professionals NDIS, DVA Assessors
	February – March 2022	Price List for Support at Home	Testing an initial draft price list	<ul style="list-style-type: none"> Consumers, carers Providers Peaks NDIS, DVA
	February – March 2022	Funding Model	<ul style="list-style-type: none"> Overview of model Testing ideas on flexibility for minor changes in needs Self management 	<ul style="list-style-type: none"> Consumers, carers Providers Peaks
	February – March 2022	Evaluation Framework for Support at Home	Led by Health Policy Analysis <ul style="list-style-type: none"> Measures of success for the Support at Home Program Methodology for monitoring and evaluation 	<ul style="list-style-type: none"> Consumers, carers Providers and peaks Aged care professionals Regulators NDIS, DVA
	March – April 2022	Point of Delivery Payment Platform	Consultation to seek input on the payment platform design from providers and consumers.	<ul style="list-style-type: none"> Providers Consumers, carers
	March – June 2022	Assessment Model	Living Lab Trial testing the appropriateness and validity of <ul style="list-style-type: none"> The assessment Tool Assessment process Assessment outcomes 	<ul style="list-style-type: none"> Living Lab trial partners Assessors Providers Consumers, carers
Codesign	May 2022	Goods, equipment, assistive technologies, and home modifications	<ul style="list-style-type: none"> Designing the new schemes for timely access to GEAT and home modifications 	<ul style="list-style-type: none"> Providers Aged care professionals State and Territories NDIS, DVA Consumers, carers

To get updates on these consultations and the latest information on the aged care reforms:

- subscribe to *Your Aged Care Update* (previously called the Information for the Aged Care Sector newsletter) at health.gov.au/aged-care-newsletter-subscribe
- sign up to engage with us through the Engagement Hub at agedcareengagement.health.gov.au
- download resources at health.gov.au/aged-care-reforms.

If you have any questions regarding this update, please send us an email at careathome@health.gov.au. Additionally, if there is any feedback you would like to share before formal consultations in 2022, you can also send this to our email address.