Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Update on Aged Care Act 2024

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Aged Care Act 2024

- Announced in September 2024.
- Implemented November 2025.
- Introduced Support at Home instead of Home Care Package along with Restorative Care Pathway, End of Life Pathway and Assistive Technology/Home Modifications funding.
- End of Short-term Restorative Care and Home Care Packages.
- CHSP (currently) remains unchanged.

Prior to the New Aged Care Act

- RAS teams completed non-clinical assessments for CHSP. All private or not for profit organisations.
- ACAT teams completed clinical assessments for CHSP, HCPs, residential care approvals and short-term restorative care. All WA Health teams.
- ACAT assessors determined the level of HCP (1 – 4) and the priority at which the client received the funding (low, medium, high).
- Clients assessed by Centrelink to determine financial contribution to HCP but usually were not compelled to make a payment.



After the Implementation of the New Aged Care Act

- All Aged Care Assessing teams have clinical and non-clinical assessors.
- WA Health undertake all in-patient assessments & a proportion of the community market share along with other private/not for profit organisations.
- In the Fremantle region community Aged Care Assessments are conducted by:
  - WA Health ACA SMHS West
  - ACNA
  - ILA
  - APM

- Assessors no longer determine the level of funding a client requires – this is now determined by an algorithm embedded in the Integrated Assessment Tool (IAT)
- The priority at which funding is released to a client is determined by specific criteria
- All clients are required to make a financial contribution to their services as determined by Services Australia. There is a contribution fee for all Aged Care services except the Restorative Care Pathway
- Assistive Technology and Home Modification funding now separate from ongoing services funding
- Restorative Care Pathway can be accessed on top of Support at Home services and includes allied health & nursing services as a short-term programme.



Care at home funding types

Approval	Duration	Funding Amount	Funding Released
CHSP	Ongoing / Short Term	1 – 2 services	Immediately
Support at Home	Ongoing	Levels 1 – 8 (see below)	As per priority
Restorative Care Pathway (only available if assessed in the community)	Short Term (up to 16 weeks)	$6,000 x 2 units in 1 year	Immediately
End of Life Pathway	Short Term (12 weeks but can be extended to 16 weeks)	$25,000	Immediately
AT/HM	1 Year (Or ongoing for an assistance dog)	3 Tiers – High, Medium & Low ($500 - $15,000)	As per priority

Other funding types

Approval	Duration	Can be Extended	Location of Care
Residential Respite Care	Short Term - 63 days every financial year	Yes - in multiple blocks of 21 days only if suitable rationale	RACF
Permanent Care	Ongoing	n/a	RACF
Transition Care (only available if assessed in hospital)	Short Term – up to 12 weeks	Yes – up to a total of 18 weeks with suitable rationale	RACF or in client's own home (or mixture of both)



Funding Levels

SAH Level	Transitioned HCP Level	Annual Budget ($)
1		10.731.00
	1	10,986.50
2		16,034.45
	2	19,319.45
3		21,965.70
4		29,696.40
5		39,697.40
	3	42,055.30
6		48,114.30
7		58,148.15
	4	63,758.20
8		78,106.35



Criteria which determines the priority that funding is released

- lives alone (1 point)
- identifies as Aboriginal or Torres Strait Islander (1 point)
- has an assessed cognitive impairment (1 point)
- is experiencing homelessness or is at risk of homelessness (1 point)
- requires urgent ongoing service provision (2 point)
- has waited more than six months from the day they applied to access services, or applied for reassessment and lives in a rural or remote area (in a Modified Monash Model category 5, 6 or 7 area) (1 point)

Current wait times for SAH funding as per My Aged Care

Accessed from My Aged Care website 01/09/2026

Urgent	High	Medium	Standard
5+ points	4 points	2-3 points	0-1 point
Within 1 month	1 month	5-6 months	7-8 months

Current client financial contributions to SAH funding

Accessed from My Aged Care website 01/09/2026

Standard participant contribution rates from 1 November 2025

Age Pension status	Clinical care	Independence	Everyday living
Full pensioner	0%	5%	17.5%
Part pensioner and eligible for a Commonwealth Seniors Health Card	0%	Between 5% and 50% depending on income and assets	Between 17.5% and 80% depending on income and assets
Self-funded retiree	0%	50%	80%

‘No worse off principle’

The ‘no worse off principle’ applies to anyone who was receiving a Home Care Package or approved for a package on 12 September 2024. These participants will make contributions on Support at Home that are the same, or lower, than they did on Home Care Packages Program. This is even if they are re-assessed into a higher Support at Home classification at a later date.

Hardship reduction supplement is available through Services Australia for clients unable to cover aged care costs who meet certain criteria.

Eligibility Requirements under the Aged Care Act 2024

- aged 65 or over; or
- an Aboriginal or Torres Strait Islander person and is aged at least 50; or
- homeless, or at risk of homelessness, and is aged at least 50;
  AND HAS CARE NEEDS
- Each of the above individuals must also provide information relating to the individual's care needs. Care needs are defined under the Act as one or both of the following:
  - the individual has difficulty (whether physically, mentally or socially) undertaking any daily living activities.
  - the individual needs help from another person, or the assistance of an aid, to maintain their physical, mental or social capacity to function independently.

Eligibility Requirements under the Aged Care Act 2024

Homeless & at Risk of Homelessness definition

The term ‘homeless’ in the context of aged care and for the purposes of receiving a needs assessment and funded aged care services refers to an individual who:

- is aged 50 or older, and
- has prematurely aged and requires services for their aged care needs, and has the following living arrangements:
  - lacks any adequate roof over their head, or
  - has no security of tenure, or moves between various forms of temporary or medium-term shelter, or
  - stays in accommodation that falls below minimum community standards, or
  - does not have the means to change their living arrangements.

Eligibility Requirements under the Aged Care Act 2024

Eligibility for End of Life Pathway

- Client has to be eligible under the Aged Care Act as per the above requirements and have:
- End of Life Pathway form completed by GP, non-GP specialist, or nurse practitioner indicating an Australian-modified Karnofsky Performance Status (AKPS) score of 40 or less and likely prognosis of 3 months or less.

Referrals process for community clients

- Anyone can refer a client/themselves to My Aged Care for assessment.
- Health professionals can refer through the MAC website.
- Clients can also refer themselves or a family member via the MAC website or on the phone.

- It is useful to include a medical summary especially for clients who have not attended a public hospital recently, and any risks or known issues which would make the client uncomfortable.
- All clients must consent to having a referral, unless they are deemed not to have capacity and have an alternate decision maker approved.
- Clients may be allocated to any of the local assessment agencies by MAC. A client can request to be referred to a particular agency if they have a preference.
- Advise clients / referrer to chase up referral with MAC if client does not hear anything or if situation changes. If adding additional information via MAC, the assessing agency is not informed of this.



Our process for community clients

- The client lands on our “inbound list” on our My Aged Care Portal, recommended by MAC for either a Home Support Assessment or a Clinical Assessment.
- Our Triage team look at all referrals, contact the client and determine if a client is eligible and which type of assessment is most appropriate.
- Determine if a face-to-face or telehealth assessment is more appropriate or as per client preference.
- We then determine how urgently we need to see a client. Current wait times from referral to assessment for WA Health ACA SMHS West:
  - Very urgent: email put out to team and client usually seen within a few days
  - Urgent: 1 – 2 weeks
  - Standard: 4 – 6 weeks
    (other assessment agencies have their own wait times which we are not privy to)



Further information

All information today is gleaned from the My Aged Care Website, current My Aged Care Assessment Manuals, published client information documents and our assessment team processes.

Information available for health professionals and clients on the My Aged Care website Helping you navigate aged care, every step of the way | My Aged Care.
(This includes booklets that can be downloaded in a range of languages or easy read format)

Please feel free to contact us with any specific queries:
08 9431 2673 / smhs.acawestadmin@health.wa.gov.au

Or call My Aged Care on 1800 200 422.



Questions?

