

Question:

- We're noticing that older people experiencing social isolation alone are increasingly not being approved for CHSP Social Support through My Aged Care unless they also present with other functional or health issues. In the past, we've had isolated older people approved for social support under CHSP because it played an important preventative role in maintaining wellbeing and independence. I'm concerned that eligibility appears to be tightening ahead of the transition to Support at Home, which may mean people who are socially isolated are no longer able to access early supports. Can the Department clarify whether there has been any change in guidance to assessors regarding CHSP Social Support eligibility, where social isolation is the primary need? And if there hasn't been a formal change, how will the system ensure that preventative social connection supports remain accessible?

Response:

- Older people must be approved under the Act to access any funded aged care services, including those delivered through CHSP.
- Under the Aged Care Act 2024, to be eligible for CHSP services under section 58 the Act, a person must have care needs and be:
 - aged 65 years and over, or
 - an Aboriginal and Torres Strait Islander person aged 50 years and over, or
 - be homeless, or at risk of homelessness, and aged 50 years and over.
- All older people seeking access to CHSP Social support and community engagement must meet these eligibility requirements and undergo an aged care needs assessment to determine if they are approved to access CHSP services.
 - The aged care assessor will conduct an aged care needs assessment using the Integrated Assessment Tool (section 61 of the Act). They will prepare a report detailing the funded aged care services they assess the client needs (section 63 of the Act) and make a classification assessment (section 75 of the Act).
 - This includes access to Social support and community engagement services.
- CHSP registered providers must ensure that funded aged care services are only delivered to clients who have had an aged care assessment and are approved to access CHSP services.

Question:

- Since the Aged Care Act changes in November, Springwood Neighbourhood Centre have had only 1 referral to our program (which actually seemed to be made in error as they weren't eligible), which has been a huge decrease, since previously they would receive an average of 1-2 referrals a week from My Aged Care. We are concerned that seniors are missing out on this free service, in which a genuine, consistent relationship with a volunteer is formed (who are mainly seniors themselves who also benefit from the relationship). We are wondering if this CHSP category is being phased out and replaced with the similar service offered through Support At Home - which we have heard from

past clients is far less effective as clients are required to pay \$80-\$110/hr for a visit with paid, rotating workers.

Response:

- We can confirm Springwood Neighbourhood Centre is funded in 2025-26 for Individual social support and there has been no change to this funding or service type.
- The CHSP is extended to 30 June 2027 and this includes continued funding for Individual social support services.
- If Springwood Neighbourhood Centre has continuing issues with their referrals and My Aged Care outlets, they should contact the My Aged Care provider helpline on 1800 836 799 from 8am to 8pm Monday to Friday or 10am to 2pm on Saturdays.

Question:

- Dementia advisory service codes – for the Carer and for the individual living with dementia. Both the carer and the individual with dementia needs a code. We need to claim against a code for the carer and the individual with dementia. Since November 1st, 2025 – it has become increasingly difficult to obtain the code for the carer. Significant inconsistency.

Response:

- A carer can attend the dementia advisory service with the CHSP approved client. The carer does not require a CHSP referral code as they are not the client. If they need a separate referral code, they will need to be separately approved for the service in their own right.
- Dementia advisory services is reported in DEX as hours, minutes and fees charged.
- The provider should already have the MACID code for the client recorded in their DEX client record when they attach the client to the session in DEX.

While it is not mandatory for providers to collect carer information, organisations already using the support person function in DEX can continue to do so. Where this is the case, the carer can be attached to the session, but it does not increase the outputs that can be reported for the session.

Question:

Relating to use of algorithm.

Response

- The Integrated Assessment Tool (IAT) is the tool used by needs assessors, in conjunction with the older person, to conduct aged care needs assessments to determine their eligibility for government-subsidised aged care.
 - As such, there is no algorithm used within the IAT itself, nor does any scoring process take place within the IAT.
- The classification algorithm uses information collected by the assessor through the IAT to evaluate an older person's functional ability, the extent to which their needs are

currently being met, and compounding factors that introduce additional complexity for an older person compared to other people with similar functional ability and needs met.

- The IAT commenced on 1 July 2024. A breakdown of the questions and guidance for assessors on what to consider when asking the questions is available here: [My Aged Care – IAT User Guide | Australian Government Department of Health, Disability and Ageing](#).
- The rationale was to create a consistent, national approach to assessing care needs and reduce variation in outcomes.
- The algorithm applies rules set out in legislation to assessor-entered information to determine eligibility and classification levels.
- The specific rules and variables used in the algorithm are described in Section 81-10 of the Aged Care Rules 2025.
- Artificial intelligence is not used to determine funding for elderly people.
- The Integrated Assessment Tool (IAT) ensures service recommendations and referrals are tailored to an individual's needs. It consolidates key information about an older person's needs across several domains, providing a holistic view of their health and circumstances.
- The algorithm used does not replace assessor input and rely on assessors documenting their advice in the IAT first.
- Assessors still play a critical role in achieving high quality assessment outcomes by using their clinical judgement and strong communication and engagement skills to complete the IAT during the assessment.

Question:

Notifications are also no longer being mailed or emailed to clients and or the Care Finder service re clients assignments anymore. If we don't check client's My Aged Care Portal (file) regularly, we could easily miss out on knowing whether clients have received their funding or not. With the limited take up time, clients could potentially miss out on support – especially if they are someone who does not check their letter box regularly.

Response:

We can confirm that all existing Home Care Packages (HCP) funding and package notifications to clients, supporters, and service providers were updated and reimplemented under the Support at Home (SaH) program on 1 November 2025.

Due to implementation constraints, a number of SaH notifications were deferred and are currently scheduled for delivery as part of the **June 2026** system release. These include:

Notifications to Assessors or Delegates :

- *when a letter is sent to their client re SaH funding*
- *when their client is seeking SaH services*
- *when client's funding is withdrawn*

- *when funding is reinstated*

Notifications to Organisation and Outlets who are Agents/Supporters

- *When a SaH letter has been sent to their client*

We are also aware that there are other gaps in the notifications to service providers that were not in scope for 1 Nov. These gaps have been raised as change requests to be scheduled for a future release. What we are aware of is:

- Notification to service providers when client is assigned immediate funding following reassessment or Support Plan review (eg. End of Life, Restorative Care)
- Notification to service providers when a FSO is assigned to their client
- Notification to service providers when AT/HM funding is assigned to their client.

Currently Service Providers should receive notifications when a Minimum Service Offer (MSO) is assigned, or a client with MSO is assigned an FSO, or a MSO or FSO package assigned to a CHSP client.

Question:

Care Finder clients have experienced issues with extensions, especially for Support at Home Packages. The new system doesn't allow services to see if extensions have been applied. Further the contact centre of My Aged Care has been applying for an extension for only one component of the package and not the entire package. Which leads to participants missing out on services. You can't ask for re-assignment until 100% of the funding is restored.

Response:

From 1 November 2025, the operating model for extensions changed as part of the transition from the Home Care Packages (HCP) program to the Support at Home program.

Under HCP, extensions typically restored access to the entire package. Under Support at Home, funding and approvals are structured differently. Participants can hold multiple place allocation including Support at Home ongoing services, Assistive Technology, and Home Modifications. Each allocation is managed separately.

Extensions are applied to each place allocation or component, rather than to individual services or service line items within those allocations.

This means:

- Extensions apply at the allocation level, for example Support at Home ongoing services, Assistive Technology, or Home Modifications
- Extensions are not applied to individual approved services, and there is therefore no system functionality to view extensions at a service-level
- Where a participant holds multiple allocations, an extension must be applied to each relevant allocation separately if required

When a participant or representative contacts the My Aged Care Contact Centre, staff:

- Ask which allocation or allocations the extension should apply to
- Apply the extension to the specified allocation or allocations (ongoing, AT or HM)
- Confirm with the caller once the extension has been applied

Extensions are not automatically applied across all allocations unless this is explicitly discussed and requested during the call. This is because each allocation has a separate uptake deadline, which varies depending on the time of allocation. The My Aged Care Contact Centre cannot assume or predict whether an extension is required across all components and can apply extensions only to the allocation or allocations identified during the call.

This reflects a system design change introduced with Support at Home, rather than a deterioration of extension processes or incorrect application by the Contact Centre.

If you'd like us to look into individual cases, please provide the relevant AC IDs and the date and time of the call so the call history can be reviewed and the matter investigated.