



## Assistive Technology and Home Modifications (AT-HM) Fact Sheet

### 1. What is the AT-HM scheme?

AT-HM is a short-term pathway under the Support at Home program that provides **separate funds** for assistive technology and home modifications, so approved participants do not need to save from their quarterly Support at Home budgets.

### 2. What AT-HM can fund (high-level)

- Assistive technology (AT) items and equipment that support independence (examples include mobility aids, bathing equipment, and cognitive supports).
- Home modification (HM) items and associated services such as installation, planning, building and trade services, and council fees, where relevant.
- Prescription and wraparound services by suitably qualified health professionals (where required).
- Repairs and maintenance for eligible assistive technology purchased through the AT-HM scheme, where listed as included on the AT-HM list.

### 3. Participant contributions (who pays what?)

Items and services funded through AT-HM may attract participant contributions, depending on the category.

- AT products/equipment and HM items and associated services attract a contribution rate equivalent to the 'independence' category.
- Prescription and wraparound services fall under 'clinical supports' and have no participant contribution (fully funded by the government for all Support at Home participants).
- Funding tiers (caps and standard access periods)
- The table below summaries AT-HM funding tiers, caps and standard access periods.

Support type	Tier	Funding cap	Access period
Assistive technology (AT)	Low	Up to \$500	12 months

Assistive technology (AT)	Medium	Up to \$2,000	12 months
Assistive technology (AT)	High	Up to \$15,000+	12 months (usually)
Home modifications (HM)	Low	Up to \$500	12 months
Home modifications (HM)	Medium	Up to \$2,000	12 months
Home modifications (HM)	High	Up to \$15,000 cap	12 months (may extend to 24 months)

- Notes:
- - AT high tier: costs above \$15,000 may be claimed with evidence (AT high tier over \$15,000 process).
- - AT progressive conditions: may have a 24-month funding period and may be extended to 48 months if required.
- - HM high tier: capped at \$15,000 per lifetime; the funding period may be extended by 12 months (24 months total) for complex modifications if evidence of progress is provided.

#### 4. What providers can charge (caps apply)

Charge type	What it covers	Cap (maximum)
AT administration fee	AT-specific administration activities not covered by care management (e.g., sourcing/ordering, quotes, paying suppliers, coordinating delivery, arranging wraparound services).	10% of the cost of the item or bundle, or \$500 (whichever is lower).
HM coordination fee	Coordination and project management activities for home modifications (e.g., managing quotes/invoices, scheduling works, permits, delivery/installation, organising wraparound services).	15% of the total quoted HM cost, or \$1,500 (whichever is lower).

#### 5. Funding tiers and time limits (key points)

- AT and HM funding are allocated separately, based on assessed need.
- Funding tier amounts are not accrued and are allocated for a fixed period, generally 12 months.
- Funding must be spent (not just committed) within the allocation period. After the period ends, providers have an additional 60 days to finalise claims; after that, funds are no longer accessible.

## 6. What does the '\$15,000' mean?

**Assistive technology (AT) high tier:** shown as \$15,000+ in the guidelines, and the \$15,000 cap is described as a nominal amount. Additional funds may be accessed through the 'AT high tier over \$15,000' process where required.

**Home modifications (HM) high tier:** funding is capped at \$15,000 per lifetime. Any unspent amount can be accessed in a later HM high-tier allocation (following assessment).

## 7. Documentation and pricing rules (important)

- Providers must create an itemised individualised budget in consultation with the older person, including AT/HM costs, participant contributions, and any admin/coordination costs.
- The amount charged to a participant's funding cannot exceed the invoiced cost of AT-HM items plus the documented costs for prescription, wraparound services, and provider administration/coordination charges.
- All AT-HM costs (including participant contributions) must be agreed and documented. If a price changes, the provider must obtain consent and record agreement in writing.

## 8. How AT-HM is accessed

- AT-HM approval requires an aged care assessment and a funding tier classification for AT and/or HM.
- The provider documents needs, goals and preferences in the care plan and builds the individualised budget.
- For home modifications, providers must ensure written consent from the homeowner (where applicable) and include quotes with sufficient scope and costs.