

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.