

# The Transition of the Commonwealth Home Support Program to the Support at Home Program

January 2026



The voice for  
local government



No one understands the challenges and opportunities facing Victoria in the 21st century better than local councils. From rapidly evolving technology to social changes, shifting economies to environmental pressures, our local communities and the governments that represent them—are at the forefront of multiple transformations happening simultaneously.

As the peak body for the Victorian local government sector, the Municipal Association of Victoria (MAV) offers councils a one-stop shop of services and support to help them serve their communities.



## **ACKNOWLEDGEMENT OF COUNTRY**

We acknowledge the traditional custodians of the land on which we live. We recognise their continuing connection to land, waters and culture and pay our respects to their Elders past, present and emerging.

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## Table of contents

### Contents

<i>Executive Summary</i> .....	3
<i>About the MAV</i> .....	3
<i>The future of aged care in Australia</i> .....	3
<i>Introduction</i> .....	5
<i>Preparing for transition</i> .....	6
<i>The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027</i> .....	6
<i>Transition risk one: CHSP funding and demand data are insufficient</i> .....	7
<i>Transition risk two: pre-emptive provider exits</i> .....	7
<i>Transition risk three: Aged care provider readiness for the transition, including their workforce</i> .....	8
<i>Option 1: Evolve the CHSP and formalise its position as Australia’s foundational ageing care program</i> .....	9
<i>Strengths of the block funding</i> .....	9
<i>Maintaining CHSPs’ diverse and place-based provider cohort</i> .....	10
<i>Support providers of last resort</i> .....	11
<i>Option 2: Transition to Support at Home, utilising a regional pilot roll-out model over a minimum of three years</i> .....	12
<i>Overview of proposed transition model</i> .....	12
<i>The impact of transition on waiting periods for assessment and receipt of care</i> ....	14
<i>Thin markets with a small number of aged care service providers</i> .....	14
<i>Conclusion</i> .....	15

## Executive Summary

The Municipal Association of Victoria (MAV) welcomes the opportunity to provide a submission to the Senate Inquiry into the Transition of the Commonwealth Home Support Program to the Support at Home Program (Inquiry). We appreciate the Committee's focus on ensuring that aged care reforms deliver on the Australian Government's promise to improve the aged care system.

### About the MAV

The MAV is the peak body for Victoria's 79 local governments, advocating on behalf of councils and their communities. Our position on this matter is reflective of our local government's long history of delivering community services, including community aged care and our deep commitment to ensuring access to place-based services that meet the diverse needs and experiences of communities.

### The future of aged care in Australia

For the past decade, the Commonwealth Home Support Program (CHSP) has played an essential role in providing accessible, cost-effective services to older people across Australia. Block funding has historically allowed local governments and other providers, including smaller ethno-specific providers, to plan and deliver services across their municipality regardless of income and geography.

Our members are clear, the way to ensure a diverse and sustainable system of community aged care providers is to retain and expand block funding. Therefore, in responding to the terms of reference of this Inquiry, we encourage the committee to consider all options related to the future funding model for services currently delivered through the CHSP.

We have serious concerns about the preparedness of the government, providers, and clients to undertake the proposed transition, particularly by 2027. As such, we outline two options for the committee to consider.

**Option 1: evolve the CHSP and formalise its position as Australia's foundational ageing care program**

**Option 2: Transition to Support at Home, utilising a regional pilot roll-out model over a minimum of three years**

This submission is also informed by our experience working across all three levels of government to support system transitions, including the National Disability Insurance Scheme and Single Assessment Transition. Implementing system reform does not happen overnight, as the transition issues related to Support at Home already exemplify.

## Recommendations

**Recommendation 1: That the CHSP be extended until July 2028, with a funding uplift, to allow time for further consultation and transition planning supported by a comprehensive Reform Roadmap.**

**Recommendation 2: That the Department of Health, Disability and Ageing publish comprehensive unmet need and waitlist data by region to identify service gaps and inform evidence-based resource allocation decisions.**

**Recommendation 3: That the Australian Government introduce a flexible funding mechanism allowing CHSP providers to adapt and reallocate funds across service types in response to emerging local needs, population shifts, and equity priorities.**

**Recommendation 4: That the Australian Government adopt a position that embeds a grant-funded foundational in-home care program into the aged care system to secure access to services across Australia.**

## Introduction

In addressing the terms of reference of this Inquiry, this submission considers two potential options available to the Australian Government regarding the future of the Commonwealth Home Support Program.

**Option 1: evolve the CHSP and formalise its position as Australia's foundational ageing care program**

**Option 2: Transition to Support at Home, utilising a regional pilot roll-out model over a minimum of three years**

Using these options as the basis of our submission, we will primarily consider:

- the timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027
- the impact of transition on waiting periods for assessment and receipt of care
- thin markets with a small number of aged care service providers
- aged care provider readiness for the transition, including their workforce

Nationally, the MAV is part of a chorus of sector voices calling for the continuation of the CHSP, or a CHSP-like program, to support the almost one million Australians who require less intensive, lower-cost services to keep them safe at home and connected to their communities.

The MAV supports strengthening Support at Home to ensure those with higher or more complex needs can access appropriate services. It is unclear how integrating the CHSP into Support at Home will improve access, reduce wait times, and enhance service quality. Instead, we see a clear opportunity to evolve and adequately fund the CHSP to continue delivering care that is responsive, flexible, preventive, and person-centred, ultimately reducing pressure on Support at Home, residential aged care, and health systems.

### **A local government perspective**

This submission draws on insights from Victorian local government's deep knowledge of their communities, their experience in system transition, and their delivery of trusted, quality aged care services.

Today, Victorian councils subsidise CHSP services to the tune of an estimated \$30 million. With their deep connection to community and place, councils are a valuable partner to government as both service providers and local system stewards.

## Preparing for transition

### At a glance:

This section addresses key transition risks that must be mitigated to ensure the CHSP sector is prepared for a successful transition:

- The transition from CHSP to Support at Home remains uncertain, with no clear plan for providers post-2027 and unresolved systemic issues such as underfunding and poor data collection.
- Immediate priorities include extending CHSP until July 2028 with a funding uplift, publishing unmet need and waitlist data, and introducing flexible funding mechanisms.
- Without these measures, risks include inadequate capacity to meet demand, premature provider exits due to uncertainty and cost pressures, and increased compliance burdens under the new Aged Care Act, threatening service stability and equitable access.

### The timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027

It is challenging to comment on the timeline for transition to Support at Home for CHSP providers and clients due to an ongoing lack of detail. The government has yet to determine what will happen to CHSP providers when their contracts end in June 2027 as transition into Support at Home is not guaranteed.

As has been demonstrated in the early stages of Support at Home and the Single Assessment System, transitioning to a new program model does not automatically address the ongoing problems of the previous model.<sup>12</sup> Weaknesses in the current administration of the CHSP, including insufficient funding and data collection, must be addressed to support provider readiness.

The Department of Health, Disability and Ageing has committed to undertaking further consultation on the proposed transition in 2026, making any transition in July 2027 untenable.<sup>3</sup> Whatever the future of the CHSP, we argue that commencing transition before 2028 would risk the stability of the system. As such, the CHSP should be urgently extended until July 2028 with a funding uplift, including growth funding to ensure provider viability and system stability. Challenges associated with insufficient funding were well documented in the August 2025 Senate Inquiry into Aged Care Service Delivery, with CHSP services reporting that demand exceeded funded outputs.

Research conducted by the MAV found that a majority of Victorian councils are funded at the lowest end of the National Unit Price Range for CHSP services. Local government CHSP providers were also excluded from funding uplifts associated with the Fair Work Commission's Work Value Case Grants in 2023/2024 and 2024/2025.

<sup>1</sup> <https://cota.org.au/news/aged-care-reform-falling-short-of-its-promise-to-older-people-cota/>

<sup>2</sup> <https://www.invox.com.au/news-resources/sah-serious-assessment-wobbles>

<sup>3</sup> Invox Webinar, 'Essential Briefing: CHSP - The New Aged Care Act', viewed 9 December 2025

These funding inequities, coupled with a legacy subsidisation arrangement, have left councils subsidising service costs with ratepayer funds to meet local demand and maintain employment conditions. This stark inequity is illustrated by one Victorian council, which reported a unit price difference of \$36 per hour of domestic assistance between Veteran’s Home Care (\$93.70) and CHSP (\$57.69).

**Recommendation 1: That the CHSP be extended until July 2028, with a funding uplift, to allow time for further consultation and transition planning supported by a comprehensive Reform Roadmap.**

**Transition risk one: CHSP funding and demand data are insufficient**

A strength of block-funded programs is their ability to respond to community needs within a given funding envelope. Funding for the CHSP has remained relatively stagnant, with overall funding increasing by 16% since 2017.

Despite a 37% increase in the number of Australians aged 65+ since 2015 (when the CHSP began), the number of participants in the CHSP has comparatively only increased from 783,043 in 2017-2018 to 834,981 in 2023-2024, an increase of 6.63%.

Almost 70,000 people approved for an HCP on the National Priority System are currently approved for CHSP. Up to 8% of people receiving CHSP were assessed as needing more complex care than the entry-level services funded through the CHSP. Coupled with anecdotal evidence of significant, decentralised waitlists for CHSP services such as domestic assistance, it is clear that the CHSP is not achieving its full potential, and individuals are missing out on timely access to care.

A reduction in flexibility provisions post-COVID-19 pandemic has further impacted providers' ability to respond to changing demand. Due to a lack of central, verified data on local demand, local providers are best placed to assess what services are most needed in their local areas.

Before the transition begins, the Department must gather reliable, transparent data on unmet need and waitlists and share it with the sector to inform funding allocations and provider planning.

**Transition risk two: pre-emptive provider exits**

The lack of detail on the program’s design from 2027, including the transition to individualised funding, is also undermining councils’ confidence and business continuity.

This is particularly concerning for smaller, place-based providers, who are likely to be disadvantaged under a fee-for-service model. Analysis from the University of Technology Sydney found that the lowest-performing Home Care Package Providers were those delivering fewer HCPs overall and a higher proportion of lower-level packaged care (Levels 1 & 2).<sup>4</sup> This finding suggests that, under a fee-for-service model, providers who deliver more entry-level care on a smaller scale will be at a disadvantage. Given that most CHSP providers operate on smaller, place-based scales and deliver entry-level care, there is a risk that many would choose to exit aged care if block funding ended.

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<sup>4</sup> University of Technology Sydney - Australia’s Aged Care Sector: Mid-Year Report 2024–25

Without a data-informed, well-planned and communicated transition (whatever the final endpoint) providers may pre-emptively exit the system to avoid transition risks. To ensure the future of the diverse network of CHSP providers across Australia, a clear roadmap for transition (either to a new block-funded program or Support at Home) must be delivered well in advance of the ultimate transition date.

### **Transition risk three: Aged care provider readiness for the transition, including their workforce**

The transition support available during the transition to Support at Home, and the introduction of the new Aged Care Act 2024, fell short of provider expectations and exacerbated the risk of further councils or other providers choosing to relinquish their CHSP services.

Councils are absorbing high, unfunded costs across their workforces, systems, IT, administrative capacity, and compliance work. All while also being expected to maintain quality and continuity of care. This was even more stark for councils that only provide CHSP, as they have not been able to set new prices incorporating the increased costs, unlike providers of Support at Home.

While many of the most significant changes for CHSP providers commenced on 1 November 2025 with the new Aged Care Act, transitioning to a fee-for-service model will present new challenges for an already fatigued sector.

Frontline teams are being stretched to breaking point because there is no funding to adequately resource these significant changes.

New costs for provider registration under the Aged Care Act 2024 are already being experienced by local government providers who are being invited to re-register as providers less than six months after they were deemed into the new registration system.

The introduction of a cost-recovery model for provider registration will likely force many providers to consider their viability in anticipation of a shift to Support at Home. Further, those providers who provide support to significant numbers of clients experiencing socio-economic disadvantage or at risk of homelessness may struggle to operate under the increased Support at Home co-payments.

Clients who would have engaged with much-needed support earlier through the CHSP may delay accessing Support at Home until they present with higher care needs. This will impact the CHSP's essential function as an early intervention program.

**Recommendation 2: That the Department of Health, Disability and Ageing publish comprehensive unmet need and waitlist data by region to identify service gaps and inform evidence-based resource allocation decisions.**

**Recommendation 3: That the Australian Government introduce a flexible funding mechanism allowing CHSP providers to adapt and reallocate funds across service types in response to emerging local needs, population shifts, and equity priorities.**

## Option 1: Evolve the CHSP and formalise its position as Australia's foundational ageing care program

### At a glance:

- The CHSP remains a cost-effective backbone of aged care supporting the majority of Australians receiving aged care.
- Despite its strengths—efficiency, responsiveness, and ability to deliver early, lower-level care—persistent underfunding and rationing have limited its potential, creating long waitlists and inequities.
- Block funding ensures sustainability for diverse, place-based providers, especially in thin markets where councils often act as providers of last resort.
- Maintaining and strengthening CHSP through a grant-funded foundational program would secure equitable access, affordability, and workforce stability across Australia.

The CHSP, as it stands today, is the by-product of a proud 40-year history of dependable home and community care services and of iterative reforms undertaken by successive governments. It retains many of the strengths of the place-based Home and Community Care Program but has been weakened and neglected by almost a decade of anticipated reform and underfunding.

Providers, government and communities are now presented with a choice: persist with the current plan of integration with the rationed Support at Home Program or reimagine the potential benefits of a block-funded, locally connected foundational aged care program. We argue that the latter option provides greater opportunity to enhance access, maintain affordability and address workforce sustainability. We explore why in the following sections.

**Recommendation 4: That the Australian Government adopt a position that embeds a grant-funded foundational in-home care program into the aged care system to secure access to services across Australia.**

### Strengths of the block funding

Under a rationed aged care model, grant funding allows providers to deliver services that are more efficient and responsive to emerging needs than individualised packages.<sup>5</sup>

According to the 2025 Productivity Commission's Report on Government Services, the CHSP supported more than 60% of aged care system clients while receiving less than 10% of total Commonwealth aged care expenditure, demonstrating high efficiency and value for money.<sup>6</sup>

<sup>5</sup> <https://johnmenadue.com/post/2025/12/a-beginners-guide-to-australian-aged-care-policy-in-2025/>

<sup>6</sup> [Productivity Commission Report on Government Services 2025 – Aged Care Services](#) – accessed 30 November 2025

Rationing, persistent underfunding, limited flexibility provisions and an overreliance on the CHSP to fill gaps in HCP/SAH mean that the CHSP is not currently operating to its full potential. In some regions of Victoria, councils are reporting wait times of up to 18 months for services like domestic assistance. These wait times vary widely across regions, a symptom of insufficient funding and limited data to support service and workforce planning.

With over 87,000 Australians waiting for services and over 120,000 awaiting an aged care assessment, the CHSP serves as the backbone of the aged care system. According to the Australian Government's *Home Care Packages Program Data Report 3rd Quarter 2024-25*, 99% of people who are waiting to be assigned an HCP for the first time were receiving services through the CHSP.<sup>7</sup> The average wait time for people assessed as medium priority for an HCP across all levels was 11 months. While clients wait to be assigned an HCP, the CHSP is supporting almost all eligible older people at higher levels of support.

The CHSP has the potential to operate as more than a feeder program for Home Care Packages or Support at Home; it can provide responsive services that can promote reablement and prevent further deterioration and the need for more intense support.

For cohorts of older people who require lower levels of care, block funding offers a cost-effective model for providers to deliver less intensive care. Notably, the CHSP costs the government \$3,580.32 per person per year to deliver, in 2023-2024, compared to \$22,585.60 per person per year under HCPs.<sup>89</sup>

Grant funding allows providers to intervene early (pending efficient assessment systems), providing lower-level or interim care when individuals need it, rather than waiting for an individual's funding to be assigned. We argue that current policy arrangements devalue the critical role the CHSP plays in ensuring older people have access to care and call on the committee to recommend against its planned cessation.

### Maintaining CHSPs' diverse and place-based provider cohort

Individualised funding, reductions in care management fees, delayed releases of HCPs, have incentivised the adoption of business models that embrace economies of scale and achieve significant administrative efficiencies.<sup>10</sup>

While these models may achieve success for some provider types, as previously covered, these efficiencies often come at the expense of actions that improve quality care, including workforce planning and conditions, collaboration across services, and operational stability in rural and remote areas.

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<sup>7</sup> [Home Care Packages Program Data Report 3<sup>rd</sup> Quarter 2024-2025](#) – accessed 9 December 2025

<sup>8</sup> [Australian Government expenditure on home care packages, per recipient, 2023-24 dollars](#) - accessed 15 December 2025

<sup>9</sup> [Australian Government expenditure on the Commonwealth Home Support Programme \(CHSP\), per recipient, 2023-24 dollars](#) – accessed 15 December 2025

<sup>10</sup> University of Technology Sydney - Australia's Aged Care Sector: Mid-Year Report 2024–25 – accessed 12 December 2025

The Older Persons Advocacy Network (OPAN)'s 2025 Presenting Issues Report noted that decreasing numbers of providers, particularly in regional, rural and remote areas, was reducing access to services for older people. They note a 1.97% increase in aged care service providers nationally, in contrast to a 3.28% increase in the client population, which can be partially linked to CHSP providers exiting services in anticipation of upcoming changes under the new Support at Home program.<sup>11</sup>

The CHSP plays an important role in providing system stability and, when properly funded, service availability.

Block funding can work alongside individualised funding and mitigate many of the weaknesses inherent in fee-for-service programs.

### Support providers of last resort

While not a formal classification, MAV has heard from several of our members who are operating as providers of last resort in areas of their municipality that are more geographically remote (relative to large centres) and areas of higher economic disadvantage. These 'thin markets' are not restricted to rural and remote Australia; outer metropolitan suburbs also face reduced service capacity due to underfunding and increased demand for both CHSP and SAH services.

Outer-metropolitan councils report they are often the only consistent provider of critical services such as domestic assistance, transport and delivered meals.

Providers in rural and remote areas often operate as providers of last resort. With limited numbers of providers and limits on service outputs, the program becomes less effective when providers operate at capacity, closing their portal on MAC, increasing the number of older people waiting to access care.

As described above, there has been no significant increase in funding for the CHSP since its inception. As a result, providers are expected to use existing funding to cover the increased cost of care, reducing service outputs.

One Victorian council has reported that the reliance on existing funding to cover the cost of rural loading for CHSP unit prices will result in a 20% reduction in service outputs. Operating as a provider of last resort for the most remote parts of the municipality, the council will continue to subsidise costs to maintain service continuity until it can reduce its service provision by 20% to ensure existing clients maintain service.

The lack of coordination and planning, coupled with the rationing of aged care funding, has resulted in a 'postcode lottery' of service availability. With appropriate increases in funding, block funding, supported by government stewardship and data-informed planning, can be used to ensure more equitable service availability.

By embracing the benefits of block funding in ensuring providers in thin markets can operate sustainably, more Australians will have access to the services they need.

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<sup>11</sup> [OPAN Presenting Issues Report 2025](#) – accessed 17 December 2025

## Option 2: Transition to Support at Home, utilising a regional pilot roll-out model over a minimum of three years

We disagree that moving all in-home care clients to individualised packages will result in a more sustainable and accessible aged care system for the reasons outlined in previous sections.

If the Australian Government ultimately chooses to pursue substantial changes to the current CHSP model, including integration into Support at Home and the cessation of block funding, sufficient time must be provided for planning, communication and implementation.

As with the transition of the Single Assessment System, discussed in this section, there will always be unforeseen challenges that require collaborative responses between government and providers. Insufficient timelines exacerbate these challenges and reduce the government's ability to respond and ensure continuity of care.

The transition of the CHSP will impact almost one million Australians. Lessons from previous transitions must be accounted for in future transition planning, or more Australians will lose access to these vital supports.

### **At a glance:**

This section explores the broader system implications of the proposed transition of CHSP providers and clients into the Support at Home model. Were this option to be adopted we recommend a phased transition to manage transition issues and inform a continuous improvement approach.

A phased transition would allow the Government to:

- Manage and respond to provider exits occurring during transition.
- Strategically intervene in thin markets to ensure services are available during transition.
- Adjust policy settings based on current Support at Home outcomes and communicate with the sector and clients to ensure continuity of care.

We also outline significant risks associated with the decision to move CHSP services to individualised packages under Support at Home.

### Overview of proposed transition model

#### **Pre-emptive provider exits**

We understand the rationale to integrate the two former service programs (CHSP and HCPs) into a single program to reduce complexity and provide a more seamless service experience for older people as their support needs change over time.

However, transitioning the most efficient part of the aged care system, which provides support to the largest number of older Australians, is inherently risky for older people, providers and the Government. We therefore strongly recommend against this position being adopted by the government.

Potential risks associated with transition include disruptions for older people and disruption and instability within the provider 'market' (if providers exit service delivery), which could create service deserts in some geographic areas or specific cohorts.

A significant number of Victorian councils have previously transitioned from providing CHSP, and the future design and funding of the program may pre-empt further exits, which would be a loss for the communities they serve.

### **Provider transition support to ensure continuity of care and provider readiness**

The preparation and investment undertaken by CHSP providers to comply with the Aged Care Act 2024 were significant. Transition support, both financial and operational, did not reflect the work and costs to CHSP providers.

Meaningful transition support that reflects the actual cost of transition prior to service integration must be built into government transition planning. These funds should be accessible to all CHSP providers, including local government. Barriers to accessing funding must also be recognised with appropriate information and timelines made available to support provider planning.

### **Adopting a phased transition approach**

We recommend that the national transition to Support at home be phased by region over a 3-year minimum period. Similar to the rollout undertaken for the National Disability Insurance Scheme.

A phased approach to the national transition will enable a feedback loop for continual improvement, allowing policy tweaks and course correction during transition avoiding market disruption. Local Networks in the Department of Health, Disability and Ageing could leverage their nuanced knowledge of their regions, including opportunities and risks, to plan and implement regional transitions as a structured transition project. This would strengthen strategic interventions in areas of thin markets.

A phased approach could also facilitate timely, targeted transition supports at a regional level to assist providers and older Australians. This could include:

- Business and workforce training and resources
- Local targeted communications and supports for older Australians to understand the changes and make informed decisions about their service access
- Outreach undertaken by the Department of Health, Disability and Ageing, the Aged Care Quality and Safety Commission, sector peaks, Older Persons' Advocacy Network, Sector Support and Development providers, through both regional in-person and online supports.

Serious investment in aged care is needed. A phased transition must be accompanied by a funding uplift for the Commonwealth Home Support Program. The pricing has not kept pace with rising service-delivery costs. Providers should not be disadvantaged because they are in regions scheduled for a later roll-out to transition into Support at Home.

### **Establish CHSP Transition Advisory Group**

We recommend that the Department of Health, Disability and Ageing establish a CHSP Transition Advisory Group with representation from the Department, My Aged Care, national provider peak organisations (including advocacy peaks), and a balance of individual providers representing diversity of service provision (including local government providers, First Nations providers, and specialist providers, also a mix of providers offering CHSP only and both CHSP and Support at Home).

Regular, detailed communication and consultation with the broader sector and community should be prioritised by this group.

### **The impact of transition on waiting periods for assessment and receipt of care**

As previously highlighted, the current CHSP system is supporting a significant number of older Australians whilst they await a Support at Home package. It is unclear how integrating CHSP into the Support at Home model will relieve pressure on service demand or address the blown-out waiting periods for older people to be assessed for services and then wait for their Support at Home package allocation.

To truly address waiting periods for in-home aged care services, the rationing of aged care packages must end. This was a key recommendation of the Royal Commission into Aged Care Quality and Safety.

### **Thin markets with a small number of aged care service providers**

Social service markets, such as aged care, leave the government with relatively few levers to respond to market failures. Under a marketised system, price setting becomes the department's main option for incentivising providers to deliver care. Unlike the NDIS, funding through Support at Home is severely rationed (see waitlist numbers in the above sections).

The future funding model for individualised packages must incentivise rural equity, recognising the real costs involved with travel for service delivery. Reporting should be granular enough to identify thin markets requiring strategic intervention by the Department. Similarly, demographic projections should also identify trends in rapid growth (or reduction) of ageing populations, such as growth corridors, to strategically intervene.

### **Understanding and responding to the impacts of co-payments under Support at Home**

Councils have reported to us that older Australians requiring higher levels of care are declining Support at Home funding in favour of CHSP due to the introduction of co-payments under Support at Home. This points to a considerable risk that more clients will refuse care due to cost if Support at Home were to become the only aged care program.

Responses to this Committee's concurrent inquiry into the Support at Home Program, particularly those related to the impact of new co-payments on individuals' access to care, should be closely considered when making recommendations about the future of the CHSP.

MAV is particularly concerned about the impacts of compulsory co-payments for First Nations Elders and supports the advocacy of the Victorian Aboriginal Community Controlled Health Organisation in calling for the removal of compulsory co-payments

for services delivered by Aboriginal Community Controlled Organisations (ACCOs). It is critical that ACCOs are empowered by the future system to provide culturally safe and appropriate care to Elders. Equity cannot be achieved through a one-size-fits all system.

## Conclusion

The Commonwealth Home Support Program is the backbone of Australia's aged care system. Years of policy and funding neglect must be corrected to ensure Australians with lower care needs have access to equitable aged care delivered by place-based providers.

The principles underpinning the CHSP are sound; it is time for policy settings, data and funding to catch up.

The evidence presented in this submission indicates that, due to longstanding issues including underfunding, inadequate data, and unclear program design, the proposed transition risks destabilising the most efficient and widely accessed part of the aged care system.

Victorian councils continue to play a crucial role in delivering high-quality, place-based services that keep older people safe, connected and well. The uncertainty surrounding future arrangements and mounting workforce and compliance pressures threatens the sustainability of these providers and the continuity of care for nearly one million Australians.

MAV would be pleased to provide clarification on any information in this submission. For further information, please contact, [inquiries@mav.asn.au](mailto:inquiries@mav.asn.au).