



StewartBrown
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Support at Home Pricing and Margin Analysis

February 2026

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Background

Support at Home commenced on 1 November 2025 as part of the implementation of the *Aged Care Act 2024* and *Aged Care Rules 2025*. Support at Home replaced the Home Care Packages (HCP) Program and the Short-Term Restorative Care (STRC) Programme.

In addition to the eight ongoing classifications (replacing the previous four package levels), there are also three new short term pathways being:

- Restorative care
- End-of-life
- Assistive Technology and Home Modifications (AT-HM)

Funding for the eight classifications is as follows:

Classification	Quarterly Budget*	Annual Amount*
1	\$2,682.75	\$10,731.00
2	\$4,008.61	\$16,034.45
3	\$5,491.43	\$21,965.70
4	\$7,424.10	\$29,696.40
5	\$9,924.35	\$39,697.40
6	\$12,028.58	\$48,114.30
7	\$14,537.04	\$58,148.15
8	\$19,526.59	\$78,106.35
*Quarterly budgets and annual amounts are effective from 1 November 2025 and are subject to change in July each year in line with indexation.		

HCP clients transitioning to Support at Home will stay with their existing classifications and funding is as follows:

HCP Classification	Support at Home Classification	Support at Home Quarterly Budget*	Support at Home Annual Amounts*
HCP Level 1	Transitioned HCP Level 1	\$2,746.63	\$10,986.50
HCP Level 2	Transitioned HCP Level 2	\$4,829.86	\$19,319.45
HCP Level 3	Transitioned HCP Level 3	\$10,513.83	\$42,055.30
HCP Level 4	Transitioned HCP Level 4	\$15,939.55	\$63,758.20
*Quarterly budgets and annual amounts are effective from 1 November 2025 and are subject to change in July each year in line with indexation.			

For both the ongoing and short-term classifications funded services are grouped into three categories:

- Clinical support
- Independence
- Everyday living

Within each category there are a number of services that are available to participants. An abridged version of this service list is included as *Appendix 1* and the full service list with guidance as to inclusions and exclusions can be obtained from <https://www.health.gov.au/resources/publications/support-at-home-service-list?language=en>

In December 2024, the Government made a decision to stage the introduction of price caps for the Support at Home program which will now commence on 1 July 2026. From the date of commencement of Support at Home until that date providers will continue to set prices for services, as they have done since the introduction of Consumer Directed Care principles under the HCP program.

Support at Home Pricing

Overview

The design of the Support at Home (SaH) program meant that providers would no longer be able to charge separately for Package Management (up to 15% of the package value) and the cap on Care Management would be halved from 20% to a pooled allocation of 10% of package value. This meant that the individual price of services would have to increase to recover these lost revenue streams.

This resulted in providers having to increase the price on most service types to build into those prices the costs that had been recovered through those other revenue streams in the past. The price set for each service (including care management) now represents the total revenue stream that providers will receive for delivering a funded service. All costs incurred to deliver the service should be included in the price of that service - including the cost of any associated provider that may deliver the service on behalf of the registered provider.

In February 2025, the Department of Health, Disability and Ageing (the Department) conducted a survey of home care providers to ascertain what the indicative prices were likely to be when the SaH program was due to commence on 1 July 2025. At the time, most providers were still in the beginning of their process to properly assess the pricing levels and as such the data collected in the Department survey was likely to have been high level estimates at best.

However, the results of the Department survey did provide important market level information at a time when there was no available market data regarding pricing of services under Support at Home. The summary of [indicative prices](#) is included as *Appendix 2* to this report.

The Department has published a range of [guidance material](#) on pricing matters including what constitutes a reasonable price and how prices should be set.

StewartBrown Price Surveys

In the period leading up to the original planned commencement date of Support at Home, providers started to establish their price settings based on understanding their unit costs and establishing margins that would both support a fair price and return for the business, maintain a competitive place in the market and also to replace revenue streams lost (package management and some care management fees) so that their business remained viable.

StewartBrown (SB) worked with over 50 providers to assist them in modelling prices and impacts on their business and in **August 2025** it conducted a survey of its clients and other providers to update the indicative price data that had been provided by Government. The SB Survey average prices were generally within 10% of the high range median of the Government indicative price. At that point the median price for the SB August Survey showed that prices for 5 services that had previously been published on My Aged Care had increased by an average 39%.

The SB August Survey was followed up by a market scan of 112 provider price lists in **November 2025** after the commencement of the Support at Home program. While there were some variances from the prices gathered in the SB August Survey, they were only minor and likely to reflect changes based on access to market data and cost increases during the intervening period.

There are a range of issues identified when reviewing provider price lists that will be important considerations for Government when it sets the capped prices based on advice from the Independent Health and Aged Care Pricing Authority (IHACPA) including:

- Provider's prices lists often allow for different prices depending on how a service is delivered - reflecting that cost to deliver a service changes depending on how it is delivered
- Prices for shorter visits are being charged with a higher effective hourly cost than a longer visit (costs such as travel and overheads are relatively fixed no matter how long a visit is)
 This means that if the most common way of delivering a service is in 15 minute intervals, then the most common price per hour will be higher than the standard hourly rate
- There will be regional differences in costs, particularly due to higher travel costs and unproductive time of staff travelling between participants

A one-size-fits-all approach to setting prices may stymie innovation so there will need to be some form of flexibility built into the system. There are always dangers that when interventions in markets occur it leads to unintended consequences.

Analysis

Overview

By 30 January 2026, all providers should have published to My Aged Care their most common price for each service type which they provide. StewartBrown has undertaken a detailed scan and review of that data, and the following analysis is based on that market scan conducted over the weekend commencing 1 February 2026.

Methodology

The data set was trimmed by removing the bottom and top 1% of data points to eliminate clear outliers. It is sufficient to say that there still appears to be some possible outliers in relation to minimum and maximum values however this is unlikely to materially affect the median data points for each quartile in the analysis.

It should also be noted that there are five services which appear on the service listing that do not appear to have prices advertised on My Aged Care and as such they are excluded from this analysis. Those services are:

- Prescribed nutrition
- Accompanied activities
- Cultural support
- Digital education and support
- Assistance to maintain personal affairs

In addition, the analysis excludes the following services for the reasons stated below:

- Assistive technology prescription and clinical support
- Irregular data patterns possibly caused by the way providers are delivering these services and the fact that it might include consumables. Minimum value is \$38.50 and maximum value is \$660 represent large fluctuations with no clear central tendency
- Expenses with home maintenance and repairs
- Irregular data patterns possibly caused by the way providers are delivering these services and the fact that it might include consumables. Minimum value is \$20 and maximum is \$500. Large fluctuations and Insufficient data points
- Community and centre-based respite
- Irregular data patterns possibly caused by the way providers are delivering these services and the fact that it might include consumables. Minimum value is \$13 and maximum is \$900. Multiple different units used for pricing, some priced on full day/half day/per hour

From this analysis and the irregularity of some of the data, it appears that there needs to be further education regarding “common price” and possibly more flexibility on how service prices appear on My Aged Care to better reflect how providers are providing prices in their published price lists.

Detailed Analysis

For the five services that appeared on My Aged Care for the purpose of pricing transparency, the average increase in the median price between prices at 1 February 2026 and prices at 30 June 2025 is 39%, being the same as it was based on the SB August Survey (refer *Table 1*).

As was the case in the SB August Survey, individual prices of services, on average, have landed at a level which is similar to the median of the indicative price list issued by the Department of Health, Disability and Ageing in March 2025.

Depending on the service type, there were significant variations between the minimum and maximum prices. This was more notable for the clinical and specialist services, and this may reflect the variations in associated provider pricing as well as the way a service is delivered (including direct or indirect).

Table 1: Price comparisons between common price charged under Support at Home and price charged under HCP program

Service Type	National Median Price June 2025 (\$ per hour)	National Median Price 1 February 2026 (\$ per hour)	% Increase
Cleaning and household tasks	79	110	39%
In-home respite	80	112	40%
Light gardening	81	113	40%
Nursing	132	180	36%
Personal care	80	112	40%
Average			39%

It is apparent that there has been a shift whereby some Associated Providers have significantly increased their pricing to reflect the “retail” price that Registered Providers are charging to participants, rather than a “wholesale” price that better reflects their own costs. This has started to put pressure on provider margins, particularly in relation to some of the specialist services and in more regional areas where registered providers may not have much choice in who they access for subcontracted services.

It was also notable that at the time the analysis was conducted there were 422 outlets that had not submitted any pricing data representing 15.7% of the 2,684 outlets scanned for data.

Also, there was not a single service type for which all 2,262 outlets with data provided a price. The highest number of data points for any service type was 2,209 for General House Cleaning followed by 2,202 data points for Assistance with Self-care and Activities of Daily Living. Surprisingly, there were only 2,179 data points for Home Support Care Management.

From the scan and analysis it is evident that there are providers that have not yet entered all of their prices and will need to do so quickly to comply with legislative requirements.

With the exception of specialist services to the Indigenous participants, the lowest number of data points were for Music Therapy (883), Art therapy (975) and Diversional therapist (999).

The pricing data will continue to mature over coming weeks and months and should be a good guide for the Department as to the range of prices necessary to maintain viability of the sector, particularly as the cost advice from IHACPA will be based on data gathered under the old HCP program and will not reflect current practice and costs to deliver under the Support at Home program.

StewartBrown will continue to analyse the Support at Home pricing and future data sets to provide further insights into pricing patterns and where possible across regional boundaries.

Service (All prices are expressed in dollars per hour unless otherwise stated)	Survey Median \$	Pricing Market Scan - 1 February 2026												Government Indicative SaH			Data Points
		Quartile 1			Quartile 2			Quartile 3			Quartile 4			Median \$	Lower Range Median \$	Upper Range Median \$	
		Min \$	Median \$	Max \$	Min	Median \$	Max	Min	Median \$	Max	Min	Median \$	Max				
Clinical Support																	
Nursing - Registered Nurse	180	115	160	168	169	175	180	180	186	196	196	214	270	160	144	186	2,160
Nursing - Enrolled Nurse	160	100	138	140	140	155	160	160	165	180	181	199	225	140	120	163	1,698
Nursing - Nursing Assistant	125	91	110	111	112	120	125	125	139	145	147	170	214	110	92	143	1,226
Aboriginal and Torres Strait Islander Health	220	91	165	195	196	220	220	225	233	233	235	247	280				567
Aboriginal and Torres Strait Islander Health Worker	195	85	120	167	170	192	195	196	219	220	228	240	280				548
Allied Health Assistance	158	92	120	130	131	148	157	158	170	186	188	200	300	122	105	167	1,451
Counselling or Psychotherapy	220	135	200	208	209	220	220	221	240	250	252	280	350	208	160	225	1,227
Dietitian or Nutritionist	220	108	196	205	207	219	220	221	235	245	245	276	400	200	165	219	1,830
Exercise Physiologist	219	96	180	200	200	210	219	220	225	235	236	269	350	190	165	219	1,809
Music Therapist	215	90	170	190	193	200	215	219	225	230	231	255	350				883
Occupational Therapist	230	145	200	210	212	220	229	230	236	250	252	280	400	200	174	220	2,008
Physiotherapist	220	128	185	200	202	220	220	221	235	242	243	263	350	185	160	210	2,032
Podiatry	215	98	170	195	196	203	215	216	230	240	241	265	374	180	153	208	1,975
Psychologist	240	145	219	228	229	239	240	242	255	270	273	310	360	228	210	250	1,382
Social Worker	220	109	195	200	200	220	220	221	235	240	244	268	350	200	163	238	1,381
Speech Pathologist	230	152	200	212	214	220	230	231	240	257	259	270	374	208	187	236	1,644
Home Support Care Management	140	95	120	120	121	135	140	141	150	150	150	165	198	120	80	150	2,179
Home Support Restorative Care Management	170	95	149	150	150	165	170	171	180	190	190	200	265	150	120	173	1,637
Independence																	
Assistance with Self-care and Activities of Daily	112	67	99	105	105	110	112	112	115	120	121	125	140	100	85	115	2,202
Assistance with Self-administration of Medication	112	65	99	105	105	110	112	112	115	120	121	127	167				2,137
Continence Management (Non-clinical)	112	67	99	105	105	110	112	112	115	120	121	125	140				2,028
Individual Social Support	111	65	99	105	105	110	111	112	115	120	121	130	170	99	82	110	2,114
Acupuncturist	195	98	140	165	168	180	194	195	200	220	221	240	281				1,280
Chiropractor	196	74	150	170	173	187	196	198	210	220	221	240	320				1,366
Diversional Therapist	198	80	146	165	168	184	198	199	200	215	216	230	280				999
Remedial Masseuse	189	100	150	165	168	180	189	190	200	215	215	225	280	150	134	206	1,620
Art Therapist	200	38	150	175	180	195	200	203	215	220	221	245	280				975
Osteopath	195	110	160	176	180	190	195	196	203	220	221	240	325				1,316
Flexible Respite	112	67	99	105	105	110	112	112	115	120	121	125	139				2,021
Everyday Living																	
General House Cleaning	110	65	95	100	100	109	110	110	114	116	117	121	135	95	83	109	2,209
Laundry Services	110	59	95	100	100	110	110	110	114	116	117	121	135				2,051
Shopping Assistance	110	65	99	105	105	110	110	111	116	120	121	130	155				2,128
Gardening	113	68	95	103	103	110	113	113	120	125	126	139	210				2,020
Assistance with Home Maintenance and Repairs	120	72	100	109	110	115	120	121	125	132	133	150	260	103	85	120	1,752
Meal Preparation (per hour)	110	16	95	100	100	109	110	110	115	117	118	122	135	97	82	110	1,971
Meal Delivery (per meal) where you are supplying the meal	20	3	15	15	16	18	20	21	25	30	32	99	138	15	11	22	1,434

The median of the data set for each service type does not vary materially to the median of the upper range of the indicative prices released by the Department in March 2025.

Provider Margins

In the work undertaken with providers during FY25 to assist them to model pricing and costs to deliver it was clear that margins were, on average, not what StewartBrown would consider to be investible. This is also borne out the results of the StewartBrown Sep-25 Survey of provider financial performance (covering 85,074 packages) which shows that the average profit margin is 5.3%.

StewartBrown have consistently stated that the average profit margin should be a minimum of 9.5% for the SaH sector to move to becoming investible.

The average margin can also vary significantly depending on the business model, location and scale of the business. For example, the profit margin of small providers is significantly less than that of larger providers as the table below illustrates:

Operating Performance by Provider Size	Up to 250 Packages	250 to 500 Packages	500 to 750 Packages	750 to 1,250 Packages	1,250 to 2,000 Packages	2,000 to 3,000 Packages	3,000 plus Packages
Revenue Utilisation %	92.4%	90.2%	84.1%	94.9%	87.0%	88.9%	89.8%
Financial Results (\$ per client day)							
Operating Revenue	\$83.37	\$86.95	\$85.81	\$88.55	\$92.88	\$84.33	\$90.86
Direct Care (internal and external)	\$54.98	\$50.06	\$50.43	\$52.48	\$54.69	\$49.29	\$57.77
Care management	\$8.13	\$8.23	\$6.72	\$8.20	\$9.03	\$7.01	\$7.56
Administration and support services	\$20.66	\$23.09	\$21.05	\$23.46	\$20.96	\$21.77	\$20.96
Depreciation	\$0.52	\$0.52	\$0.25	\$0.25	\$0.48	\$0.49	\$0.76
Operating Result	(\$0.91)	\$5.05	\$7.35	\$4.17	\$7.72	\$5.77	\$3.81
Operating EBITDA (\$ per client per annum)	(\$143)	\$2,031	\$2,777	\$1,611	\$2,994	\$2,284	\$1,671
Key Performance Indicators							
Direct care costs as % of revenue	65.9%	57.6%	58.8%	59.3%	58.9%	58.5%	63.6%
Care management costs as % of revenue	9.7%	9.5%	7.8%	9.3%	9.7%	8.3%	8.3%
Administration costs as % of revenue	24.8%	26.6%	24.5%	26.5%	22.6%	25.8%	23.1%
Profit margin %	(1.1%)	5.8%	8.6%	4.7%	8.3%	6.8%	4.2%
Level 1 Package mix %	4.3%	4.7%	2.3%	4.9%	3.5%	4.5%	3.4%
Level 2 Package mix %	38.0%	36.1%	30.7%	36.7%	35.0%	36.3%	33.6%
Level 3 Package mix %	37.7%	36.1%	41.6%	36.0%	39.7%	38.3%	37.7%
Level 4 Package mix %	20.0%	23.1%	25.4%	22.3%	21.8%	20.9%	25.3%

Those with fewer than 250 packages on average have a negative margin whereas as the scale of the business grows the profit margins increase up to an average margin of 8.6% for those with between 500 and 750 packages and 8.3% for those providers with between 1,250 and 2,000 packages.

The other matter to consider is that most aged care providers do set prices with a standard margin on costs. Those services where there are high volumes of services delivered will often operate at a lower margin than those services with a higher price. If a standard margin is used across all service types it may mean that some services will become uncompetitive in the market, particularly should the market be opened to single service providers in the future.

Margins should be high enough for providers to achieve sufficient return on capital and to invest in technology and innovative service types and delivery methods to improve the outcomes for participants. It is fair that the taxpayer, through the Government, does not fund all of the margin earned by providers - there is a responsibility for providers to drive efficiencies in their business to improve on the margin built into pricing set by Government in the future. However, it is imperative that Government does not set the base cap too low because this could drive providers out of business and have negative impacts on outcomes for participants.

The one thing that a scan of prices did reveal and that was there was no obvious evidence of providers systemically setting prices too high and this should be taken into account in the deliberations of Government when setting prices. It would appear, that by and large, providers have been setting prices in a responsible manner so that they can remain viable and continue to provide services to participants and to invest in better ways of doing so in the future.

Appendices

Appendix 1 – Service Listing

Service type	Services
Clinical supports <i>Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly¹, or be supervised, by university qualified or accredited health professionals trained in the use of evidence-based prevention, diagnosis, treatment and management practices to deliver safe and quality care to older people.</i>	
Nursing care**	Registered nurse ²
	Enrolled nurse ²
	Nursing assistant ²
	Nursing care consumables ^{3*}
Allied health and other therapeutic services**	Aboriginal and Torres Strait Islander health practitioner
	Aboriginal and Torres Strait Islander health worker
	Allied health assistance
	Counselling or psychotherapy
	Dietitian or nutritionist
	Exercise physiologist
	Music therapist
	Occupational therapist
	Physiotherapist
	Podiatry
	Psychologist
	Social worker
	Speech pathologist
Nutrition	Prescribed nutrition ^{4*}
Care management	Home support care management
Restorative care management	Home support restorative care management
Independence <i>Support delivered to older people to help them manage activities of daily living and the loss of skills required to live independently.</i>	
Personal care	Assistance with self-care and activities of daily living
	Assistance with the self-administration of medication
	Continence management (non-clinical)
Social support and community engagement	Group social support
	Individual social support
	Accompanied activities
	Cultural support
	Digital education and support

Service type	Services
	Assistance to maintain personal affairs ⁵
	Expenses to maintain personal affairs ^{6*}
Therapeutic services for independent living	Acupuncturist
	Chiropractor
	Diversional therapist
	Remedial masseuse
	Art therapist
	Osteopath
Respite ^{7, 8}	Respite care
Transport ^{9*}	Direct transport (driver and car provided)
	Indirect transport (taxi or rideshare service vouchers)
Assistive technology and home modifications*	Assistive technology
	Home modifications
Everyday living <i>Support to assist older people to keep their home in a liveable state in order to enable them to stay independent in their homes.</i>	
Domestic assistance	General house cleaning ¹⁰
	Laundry services
	Shopping assistance
Home maintenance and repairs	Gardening
	Assistance with home maintenance and repairs
	Expenses for home maintenance and repairs ^{11*}
Meals ^{7*}	Meal preparation
	Meal delivery
Note: * These services do not have a per hour unit of measure but will have a relevant unit cost (e.g., per trip, per meal or as per the cost of the consumable or product). ** Prices for nursing, allied health and other therapeutic services can have a billable unit for direct and indirect activities. For more information, refer to Support at Home prices for allied health and nursing services – fact sheet for providers. ¹ ‘Delivered directly’ refers to a university qualified health professional delivering the services themselves. This is distinct from ‘supervised’ where they may be supervising another person. Clinical supports may be delivered via telehealth. ² The hourly price of a registered nurse, enrolled nurse and/or nursing assistant includes the cost of everyday nursing consumables that nurses are expected to carry (e.g., bandages, antiseptics). ³ The nursing consumables service enables reimbursement for specialised nursing products (e.g., prescribed skin emollients for management of skin integrity, oxygen consumables) that are specific to an individual participant and that a nurse would not be expected to carry as an everyday consumable. Everyday nursing consumables that are expected to be carried (e.g., bandages, antiseptics) must be included in the price for nursing. ⁴ The prescribed nutrition service provides reimbursement for prescribed supplementary dietary products (enteral and oral) and aids required to treat impairments or functional decline. This can include prescribed nutritional supplements purchased from a pharmacy.	

Service type	Services
	⁵ Assistance to maintain personal affairs refers to the hourly rate for a person to support a participant with managing their personal affairs. ⁶ Expenses to maintain personal affairs covers payment of internet and/or phone bills where the participant is at risk of, or is homeless, and support is needed to maintain connection to services. ⁷ Providers delivering certain meal services are required to meet requirements for meals, snacks and drinks detailed under section 148-20 of the Rules. These requirements apply to providers delivering ‘meal delivery’ services under registration category 1 – <i>Home and Community Services</i> and the service ‘community and centre-based respite’ and ‘cottage respite’ services under registration category 4 – <i>Personal and care support in the home and community</i>. Further guidance on the requirements will be published on the department’s website at Food and nutrition in aged care – regulation and compliance. ⁸ In the Aged Care Rules 2025, the service type ‘respite’ has two services ‘flexible respite’ and ‘community and centre-based respite’. Providers will need to select one of these two services when claiming for respite. The service type ‘cottage respite’ can only be accessed through CHSP and is not available under Support at Home. ⁹ Direct transport is the supply of a car and driver. Indirect transport is the supply of a voucher for taxi or rideshare services. Transport can be used for group and individual transport services. For group travel, the provider must apportion the cost to each participant. The price of transport excludes the purchase of a vehicle, running costs and licencing. Transport cannot be used for holiday-related travel. ¹⁰ The hourly price for general house cleaning may include cleaning consumables (e.g., mops and cleaning agents) if the participant is unable to provide the required cleaning equipment. ¹¹ Expenses for home maintenance and repairs covers products that may need to be purchased while receiving services under the ‘home maintenance and repairs’ service type. For example, the expense of a new door handle or tap.

Source: *Support at Home program manual V4.2*

Appendix 2 – Summary of Indicative Prices

	Unit	National Median Price	Range (lower)	Range (upper)
Nursing care	Hour	\$150	\$125	\$179
Registered nurse	Hour	\$160	\$144	\$186
Enrolled nurse	Hour	\$140	\$120	\$163
Nursing assistant	Hour	\$110	\$92	\$143
Allied health and other therapeutic services	Hour	\$195	\$160	\$220
Allied health therapy assistant	Hour	\$122	\$105	\$167
Counsellor or Psychotherapist	Hour	\$208	\$160	\$225
Dietitian or Nutritionist	Hour	\$200	\$165	\$219
Exercise physiologist	Hour	\$190	\$165	\$219
Occupational therapist	Hour	\$200	\$174	\$220
Physiotherapist	Hour	\$185	\$160	\$210
Podiatrist	Hour	\$180	\$153	\$208
Psychologist	Hour	\$228	\$210	\$250
Social worker	Hour	\$200	\$163	\$238
Speech pathologist	Hour	\$208	\$187	\$236
Care management	Hour	\$120	\$80	\$150
Restorative care management	Hour	\$150	\$120	\$173
Personal care	Hour	\$100	\$85	\$115
Social support and community engagement	Hour	\$99	\$82	\$110
Therapeutic services for independent living	Hour	\$165	\$140	\$220
Remedial masseuse	Hour	\$150	\$134	\$206
Respite	Hour	\$99	\$85	\$112
Transport	Trip	\$70	\$40	\$97
Domestic assistance	Hour	\$95	\$83	\$109
Home maintenance and repairs	Hour	\$103	\$85	\$120
Meal delivery	Meal	\$15	\$11	\$22
Meal preparation	Hour	\$97	\$82	\$110

Source:

<https://www.health.gov.au/resources/publications/summary-of-indicative-support-at-home-prices?language=en>