ATSA Submission to the Evaluation of the Single Assessment System and Support at Home

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About Assistive Technology Suppliers Australia (ATSA)

Assistive Technology Suppliers Australia (ATSA) is Australia's national peak body representing the needs of assistive technology suppliers, distributors, manufacturers and technicians. We also work closely with the allied health sector, with allied health professionals being eligible for affiliate membership.

ATSA requires its members to adhere to a comprehensive Code of Practice on the provision, sales and servicing of assistive technology (AT).

We are a registered not-for-profit organisation with charitable status, ensuring we advocate for the rights of people with disability and older people to access the most appropriate assistive technology to provide for their ongoing independence and individual needs.

Our purpose is to support the assistive technology industry to enhance the lives of Australians with disability by:

- Ensuring the provision of quality equipment
- Upholding ethical business practices
- Conducting research
- Promoting education
- Cultivating partnerships
- Advocating for positive change with government and other stakeholders

We are also a member of the Australian Ethical Health Alliance.

Purpose and scope of this submission

This submission provides targeted evidence about the operation of the Single Assessment System and the implementation of the Assistive Technology and Home Modifications (AT-HM) Scheme under Support at Home. It identifies features of the pathway that support appropriate decision-making and gaps that can prevent an assessed need from becoming a safe and usable solution.

The submission focuses principally on home support classification and how AT-HM needs are identified and progressed through assessment, recommendation, tier selection, approval and funding activation. It examines whether these arrangements support the following outcomes:

- Recognition and accurate recording of the older person's AT-HM needs.
- An actionable recommendation and a funding tier that provides a viable pathway to the professional work and complete solution required.
- Timely availability of approved funding and access to any required professional assessment, equipment or modification, delivery, setup and training.
- A clear and proportionate pathway for correcting missed needs, inadequate tiers and administrative or system errors.
- A safe and sustainable outcome that preserves the person's independence, choice and continuity of support, including access to maintenance and repairs where required.

ATSA has also provided its Sector roadmap for improving access to assistive technology under Support at Home as supporting evidence concerning the broader implementation of the program. The roadmap addresses:

- Timeliness and urgent access
- Provider arrangements
- Participant choice and control
- Affordability
- Maintenance and repairs
- Market viability and outcomes reporting.

ATSA asks Nous Group to consider the roadmap alongside this submission when evaluating the broader implementation of Support at Home.

Summary of recommendations

ATSA recommends that Nous Group:

1. Treat AT-HM as a distinct, end-to-end pathway within the evaluation of both the Single Assessment System and the implementation of Support at Home.
2. Assess whether the ongoing home support classification process directs older people to a funding pathway capable of meeting their AT-HM needs.
3. Establish whether possible AT-HM needs are consistently recognised, recorded and progressed to an actionable recommendation and approval.
4. Assess whether initial AT-HM tiers provide a viable pathway to the professional work and complete solution required by the older person.
5. Assess whether approved AT-HM funding becomes available within a timeframe that reflects the nature and urgency of the older person's need, and whether priority can be reconsidered where their circumstances or level of risk change.
6. Assess whether there is a clear, proportionate and timely pathway for correcting missed needs, inadequate tiers and administrative or system errors without unnecessary repetition of the assessment process.
7. Assess whether the quality and outcomes of AT-HM assessment give practical effect to the objects and Statement of Rights in the Aged Care Act.
8. Assess whether current data collection, linkage and reporting are sufficient to monitor access to AT-HM and outcomes for older people across the complete pathway, and identify any limitations preventing effective ongoing monitoring and public reporting.
9. Coordinate relevant evidence and findings with the independent expert review of aged care classification and prioritisation assessment mechanisms.
10. Treat the attached Sector roadmap for improving access to assistive technology under Support at Home as supporting evidence for the evaluation of the broader implementation of Support at Home.

These recommendations are explained in detail in section 10 and are supported by the evidence presented throughout this submission.

Evidence informing this submission

This submission draws on official and administrative material describing how the AT-HM pathway is intended to operate, alongside implementation evidence about how it operates in practice.

Official and administrative material considered by ATSA includes:

- The Aged Care Act 2024 and relevant subordinate legislation.
- The Aged Care Assessment Manual, Integrated Assessment Tool User Guide, Support at Home program guidance and classification material.
- Correspondence with the Department of Health, Disability and Ageing concerning assessment, classification and funding decisions.
- Documents released by the Department on 11 September 2026 in response to ATSA's freedom of information request lodged on 4 May 2026.
- The Inspector-General of Aged Care's 2026 submission to the Senate inquiry into the Support at Home Program.

Implementation evidence considered by ATSA includes:

- Ongoing feedback from ATSA members about the implementation of Support at Home and the AT-HM Scheme.
- Evidence from ATSA's national AT-HM roundtable held in Sydney on 7 July 2026. More than 30 stakeholders participated in this event, representing consumer and aged care peak bodies, assessment organisations, registered providers, allied health clinicians and professional bodies, and assistive technology suppliers. Participating organisations are listed in Appendix A.
- The attached Sector roadmap for improving access to assistive technology under Support at Home, which consolidates roundtable evidence and subsequent input received by ATSA. A draft was provided to members of the National Aged Care Alliance and presented at its August 2026 meeting, with feedback invited to inform finalisation.
- Case information and written feedback concerning older people's experiences, provided by registered providers, care partners, clinicians, assessment organisations, consumer organisations and assistive technology suppliers.

The case examples are not presented as evidence of the prevalence of a particular problem. They illustrate how specific features of the pathway can operate in practice, where an identified need can cease to progress, and the consequences for the older person. Where possible, ATSA has considered these experiences against published guidance, departmental correspondence and administrative material.

1. Statutory outcomes engaged by the evidence

The objects of the Aged Care Act include giving effect, in conjunction with other laws, to Australia's obligations under the Convention on the Rights of Persons with Disabilities. They also include providing a system designed to:

- Uphold the Statement of Rights
- Assist older people to live active, self-determined and meaningful lives
- Ensure equitable access and flexible delivery
- Enable choice and control, and
- Protect people from harm caused by poor-quality or unsafe care.[1]

For many older people, assistive technology and home modifications are one of the principal means through which these objects are realised. It can enable a person to remain at home, communicate, move safely, manage daily activities and participate in family and community life.[2]

The Statement of Rights applies when an individual is accessing, or seeking to access, funded aged care services. Rights directly relevant to AT-HM include:

- Choice about how, when and by whom approved services are delivered
- Equitable access to an assessment or reassessment
- Safe, fair, equitable and non-discriminatory treatment
- Accessible services delivered by workers with appropriate skills and experience
- Information about services and their costs
- Communication in a form the person understands, and
- Open support when problems arise.[3]

These objects and rights provide the statutory benchmark against which the assessment pathway should be evaluated. The Act requires the assessor to discuss with the individual the funded aged care services identified through the assessment that may help them maintain their independence, as well as their preferences and goals, the next steps and how the outcome will be communicated. The assessor must also consider the person's rights to independence, autonomy, empowerment and freedom of choice. The assessment report must identify the funded aged care services the assessor considers necessary and any service groups they consider should be approved.[4]

For AT-HM, the relevant outcome is not simply that an assessment has been completed. The first question is whether an identified need is carried through into the assessment report as a need for assistive technology or home modifications and a recommendation that the relevant service group be approved. However, an appropriate assessment outcome is only one part of the pathway. The objects and rights described above will not be realised in practice unless the recommendation and approval also result in timely access to a safe, suitable and usable solution.

This submission therefore focuses principally on the assessment decisions that determine access to AT-HM, while also identifying points at which an appropriate

assessment outcome may be lost or delayed during implementation. ATSA's sector roadmap provides more detailed evidence and recommendations concerning the broader pathway from approval and funding through to delivery, setup, use, maintenance and repair.

2. How AT-HM access is determined

The AT-HM Scheme is the component of Support at Home that provides separately allocated funding for approved assistive technology and home modifications. Funding is generally provided through low, medium or high tiers and sits outside the participant's ongoing quarterly budget. It can cover the equipment or modification and, where required, associated assessment, prescription, customisation, fitting, delivery, setup, training and follow-up.

Access to this funding is not determined through a single decision. For an older person who requires AT-HM, access depends on a sequence of separate decisions and actions. Understanding this sequence is important because completion of one step does not ensure that the next step will occur.

In broad terms, the pathway involves:

1. Recording the person's circumstances, function, needs, risks and goals in the Integrated Assessment Tool.
2. Determining eligibility for ongoing home support and whether the person is directed to the Commonwealth Home Support Program (CHSP) or one of eight ongoing Support at Home classifications.
3. Identifying whether the person may benefit from assistive technology or home modifications.
4. Adding an AT-HM recommendation to the support plan and selecting a funding tier.
5. Obtaining approval and having the funding assigned.
6. Engaging a registered provider to arrange and source the specific solution, including professional assessment or prescription where required.
7. Delivering, setting up, and supporting the safe use of the equipment or modification.

The following sections explain the gateway decision and the points at which a need may be missed, delayed or converted into funding that cannot deliver the required solution.

2.1 The gateway classification

The ongoing home support classification process determines more than the amount of funding available for recurring services. It also influences whether an older person can access individualised funding through the AT-HM Scheme or must rely on CHSP arrangements.

Information recorded in the Integrated Assessment Tool (IAT) is first used to determine whether the person is eligible for ongoing home support. Where eligibility is established, the classification algorithm recommends either CHSP or one of eight ongoing Support at Home classifications. The recommendation is based on the person's functional independence score, the extent to which their needs are already being met and specified compounding factors.[5]

Approval for the assistive technology and home modifications service groups is legally dependent on the person first being approved for the home support service group.[6] For a newly assessed person with a Support at Home classification from 1 to 8, the low, medium or high AT-HM tiers may be available, subject to their assessed need.[7] Some tiers are also available through the short-term pathways, subject to the applicable classification rules.[8]

Where a person has a CHSP classification and is also approved for assistive technology or home modifications, they receive an "AT CHSP" or "HM CHSP" classification. These classifications do not establish an individualised AT-HM funding account or attract the person-centred AT-HM subsidy. The person must instead seek government-funded equipment or home adjustments through CHSP arrangements.[9]

An older person does not need to have received or commenced their ongoing Support at Home budget before AT-HM funding can be allocated. The AT-HM Priority Systems operate separately from the priority system for ongoing services. A person with the necessary approvals may therefore be allocated AT-HM funding while still waiting for their ongoing funding.[10]

The concern is that access to the individualised AT-HM pathway depends partly on an algorithm that is designed to distinguish between entry-level and more complex recurring care needs. Although some functional questions used by the algorithm may reflect circumstances relevant to AT-HM, the nature, urgency and likely cost of the person's AT-HM need are not separate inputs in the published ongoing home support classification algorithm.[11]

In reality, however, an older person may require relatively little recurring personal care but still need substantial, urgent or highly specialised assistive technology or a one-off home modification.

The boundary between CHSP and Support at Home is therefore significant. A person with a functional independence score of 42 to 48 is classified for CHSP regardless of the extent to which their needs are being met. A person with a score of 35 to 41 is also classified for CHSP unless they have both a needs met score of 30 or below and significant compounding factors.[12]

The difference in available funding between CHSP and Support at Home is particularly pronounced where an older person requires higher-cost equipment or products. Under CHSP, a client who is unable to purchase the items independently can access up to $1,000 in total equipment and products support per financial year, including delivery and installation. Any cost above the cap must be paid privately by the client. The CHSP Manual also acknowledges that not all CHSP registered providers offer the equipment and products service or supply all types of equipment.[13]

By comparison, the indexed high assistive technology tier under the AT-HM Scheme provides up to $15,390.[14] Additional AT funding may be approved where a higher amount is required to meet the person's assessed need and is supported by appropriate evidence.[15]

This creates a structural risk that the funding pathway available to an older person will reflect the complexity of their recurring care needs rather than the nature, urgency and cost of the AT-HM solution they require. In practice, this means that two people with comparable assistive technology needs may be directed to materially different funding pathways because their recurring care needs differ.

2.2 The AT-HM decision pathway at a glance

Once the person's broader home support pathway has been determined, access to AT-HM depends on the following sequence of separate decisions and actions:

1. The assessor recognises and accurately records the AT-HM need
2. The assessor adds an actionable AT-HM recommendation to the support plan
3. The assessor selects an appropriate funding tier
4. The recommendation and funding tier are approved
5. Funding is allocated through the relevant AT-HM Priority System and activated once the necessary provider arrangements are in place
6. The specific solution is assessed or prescribed where required, sourced, delivered and set up for safe use.

These stages are interdependent. A failure or delay at any point along the AT pathway can prevent an identified need from resulting in a safe and usable solution. The following sections examine each stage of this pathway in greater detail and present evidence about the barriers experienced by older people.

It must be noted that the five stages described below are only as reliable as the assessment that underpins them. Across the AT-HM pathway, assessment quality depends on three connected conditions:

- The evidence requested is relevant and proportionate
- The assessment draws on appropriate expertise and uses a suitable assessment method
- The older person can understand and participate meaningfully in the process.

3. Step 1: Identifying and recording AT-HM needs

The first potential barrier within the AT-HM decision pathway arises when the information collected during the assessment is interpreted.

The IAT captures difficulties and risks across a broad range of domains. Identified needs may then inform the goals, considerations and recommendations included in the person's support plan. This is a positive feature because AT-HM may respond to needs relating to:

- Mobility, transfers and personal care
- Communication, vision and hearing
- Cognition and medication management
- Social participation, and
- Home and personal safety.[16]

The IAT User Guide directs the assessor to select an AT or HM consideration where, based on the information collected, they consider that the person may benefit. However, the published guidance does not identify a universal automatic trigger requiring a particular response, difficulty, risk or goal to generate an AT-HM consideration. Identification at this stage therefore depends substantially on the assessor recognising the potential relevance of AT-HM and recording the consideration appropriately.[17]

ATSA is not suggesting that every difficulty recorded in the IAT should automatically be treated as an AT-HM need. The concern at this stage is whether assessors consistently recognise when AT-HM may be relevant and are able to accurately select the corresponding consideration.

Existing equipment and informal support can also obscure the person's continuing need. A person may appear to manage an activity independently because suitable equipment is currently available and operational. Their need may also appear to be met because a family member or other informal supporter is providing assistance.

Within relevant functional questions, the IAT User Guide directs assessors to identify the aids and assistance currently used, observe the condition of equipment, consider whether it is suitable and safe, and record whether current arrangements (including informal support) are working and sustainable.[18] ATSA considers that a complete account of need should therefore record:

- The person's reliance on existing AT
- Whether the equipment remains suitable, safe and operational
- Any additional assistance required to use it safely and effectively
- Foreseeable repair or replacement requirements, and
- Whether informal assistance is safe, sustainable and consistent with the person's preferences.

For example, a person may appear independently mobile because they use a wheelchair. The assessment should nevertheless record their reliance on the wheelchair, whether it remains suitable and operational and what would occur if it failed. Similarly, family assistance should not be treated as a sustainable outcome without considering the supporter's capacity and the consequences if that assistance is reduced or withdrawn.

4. Step 2: Converting an AT-HM consideration into a recommendation

Once a potential AT-HM need has been identified and recorded, it must be added as a separate recommendation in the person's support plan if it is to progress to an approval decision. Selecting an AT or HM consideration during the IAT does not, by itself, create that recommendation.

For most older people, the assessor must separately add an AT or HM recommendation under the Goals and Recommendations section of the support plan and make the applicable classification and proposed-tier selections. Where AT-HM Short-term has been selected as an Other Consideration during the IAT, the assessor portal displays an information message reminding the assessor to consider the identified need when making a funding-tier recommendation. The message does not add the recommendation. The assessor must still create and save it.

Limited automatic pathways apply. Subject to the relevant active classifications not already being in place, recommending the Restorative Care Pathway automatically generates medium-tier AT and HM recommendations. Recommending the End-of-Life Pathway automatically generates a medium-tier AT recommendation.[19]

Once added, the recommendation forms part of the material considered by the assessment delegate. It should reflect the person's identified needs and goals and contain sufficient information to support an approval decision.[20] Step 3 considers the adequacy and approval of the proposed funding tier.

This manual transition has statutory significance under the Aged Care Act:

- Section 62 requires the assessment to include a discussion with the person about the funded aged care services the assessment has identified they may require, their preferences and goals, the next steps in their application and how they will be informed of the outcome.
- Section 63 requires the assessment report to identify the funded aged care services the assessor considers necessary to meet the person's care needs, together with the service groups, service types and classification types the assessor considers should be approved.
- Section 65 requires the System Governor to consider the assessment report and decide whether the person requires access to funded aged care services

and which service groups, classification types and services should be approved.[21]

An AT-HM need that is recorded during the assessment but not carried through into the assessment report and support plan as a recommendation may therefore never be put forward for an approval decision. Completion of the IAT does not, by itself, establish that the person has been placed on an effective AT-HM pathway.

Evidence received by ATSA in May 2026 illustrates how a clinically identified need can remain without a clear and actionable pathway. An occupational therapist assessed an older person with deteriorating mobility in January and undertook trials and made recommendations in February. The recommendations included a shower chair and pressure-relieving cushion. The occupational therapist also identified the need for a manual wheelchair and power-assist device, which required further assessment.

The process then stalled while the older person and those assisting her sought clarification about available occupational therapy hours, the relevant funding pathways, the approvals required and responsibility for progressing the recommendations. During this period, her mobility deteriorated, she became increasingly housebound, and her family experienced greater physical demands in supporting her. She eventually purchased a shower chair privately because her existing chair was unsafe and the need could not wait.

This case is not presented as evidence that the original aged care assessor failed to add an AT-HM recommendation. Its relevance is that identifying a clinical need, or even obtaining a professional recommendation, does not create an actionable pathway unless responsibilities, required approvals and next steps are clear. Straightforward items can become stranded alongside more complex equipment where these matters are not established and communicated.

5. Step 3: Selecting and approving an appropriate AT-HM tier

Where an assessor recommends AT-HM, they must select a proposed funding tier, complete and upload the AT-HM Tier Guide, and manually record the recommended tier in the support plan.[22] The recommendation and supporting evidence are then considered by an assessment delegate. The delegate determines whether the person requires and is eligible to access the assistive technology and/or home modifications service group, whether to approve the relevant classification type, and which classification level or funding tier to approve.[23]

The AT-HM Tier Guide uses a non-scored pattern of indicators. It suggests the tier in which the highest number of indicators has been selected. Where the indicators do not produce a clear outcome or the person's circumstances are more complex, clinical reasoning should be applied having regard to their functional ability, safety, independence and home environment. Progressive conditions may support a higher tier, and the assessor may recommend an alternative tier where the suggested funding does not align with the assessed need.[24]

The Aged Care Assessment Manual directs assessors to consider whether prescription or wraparound services will be required and to ensure these costs are reflected in the recommended funding tier.[25] Depending on the person's assessed needs, the complete cost of the solution may include:

- The equipment or modification and any eligible accessories or components integral to its use
- Professional assessment and prescription and, where appropriate, rental for a product trial
- Customisation, fitting, delivery and setup
- Training and education in safe use
- Follow-up to determine whether the solution effectively meets the person's needs
- Eligible repairs and maintenance of assistive technology, subject to the scheme requirements
- For home modifications; associated installation, planning, approval and permit costs
- Applicable provider administration or home-modification coordination costs.[26]

The likely price of the principal item is therefore not a reliable measure of the funding required.

A difficulty arises because the funding tier may be recommended and approved before the precise solution and its complete cost are known. The assessor is not required to identify the exact product or modification. The registered provider is responsible at the point of service delivery for arranging the specific solution, including obtaining any required professional prescription and associated services. Prescription, product configuration, trials, quotations and detailed implementation costs may therefore become available only after the tier has been approved.[27]

ATSA members and roundtable participants have reported that this can create a circular pathway. An initial tier may not be sufficient to fund the professional assessment needed to identify the solution and establish its cost. Without that assessment, however, it may be difficult to provide the evidence required to obtain a higher tier.

In practice, this means an older person may receive an approval that cannot fund the professional work needed to identify the solution or meet the complete cost of delivering and using it safely. They may then face another review, further delay or private costs before the need identified during their original assessment can be met.

In evidence provided to ATSA, one registered provider described seeking an initial low-tier allocation so that an occupational therapist could undertake the assessment needed to determine whether medium- or high-tier funding was required. This created a circular issue in that an allocation was needed to fund the professional assessment required to establish the appropriate final tier. Once that evidence was obtained, a further support plan review or reassessment and funding decision would be required before the solution could proceed.

A tier is not adequate merely because it makes some funding available. It must be sufficient to progress the person from assessment through to a safe and usable solution. Approval data alone will not establish this. An initial tier must be considered against subsequent professional advice, quotations, requests for adjustment and whether the required solution was ultimately delivered. This analysis should also capture people who abandoned the pathway or were forced to pay privately rather than pursuing another review.

6. Step 4: Turning approval into usable funding and timely access

Even where an AT-HM need has been correctly identified, an appropriate tier selected and the recommendation approved, the older person will not necessarily have funding they can use immediately.

A person recorded as seeking assistive technology or home modifications is ordinarily placed in the separate Assistive Technology Priority System, Home Modifications Priority System or both.[28] Approval does not itself make the funding available. Except where immediate-allocation or transitional arrangements apply, the older person cannot access AT-HM Scheme funding until a place and funding have been allocated.

After funding is allocated, an older person who is not already connected to a Support at Home provider who is able to deliver AT-HM must select a provider that's registered for Category 2 – Assistive Technology and Home Modifications and enter into a service agreement. The provider must then submit a valid start notification to Services Australia before services can commence and claims can be made.[29]

The AT-HM priority category is generated using information recorded during the assessment. For the high, medium and standard priority categories, the current criteria include whether the person:

- Lives alone
- Has a mobility impairment
- Is an Aboriginal or Torres Strait Islander person
- Lives in a home that presents a moderate or severe risk to their health or safety, or
- Has waited more than six months from the relevant application and lives in a rural, remote or very remote area as classified under the Modified Monash Model.

Two or more of these circumstances result in high priority, one results in medium priority and none results in standard priority. A separate immediate priority applies where the assessor considers that a short-term Support at Home classification should be approved, or the person had motor neurone disease at the time of their most recent assessment.

Although the immediate category recognises short-term pathway participants and people with motor neurone disease, there is otherwise no criterion that directly measures the urgency of the particular item or modification, or the likely consequences for the older person if its delivery is delayed[30].

Evidence provided to ATSA demonstrates the consequences of this distinction. In one case, an older person was assessed as requiring a falls-detection pendant and the relevant AT funding was approved. The funding remained unallocated for several months. During this period, the person fell outside her home and sustained facial injuries. Following the fall, the care partner requested urgent prioritisation of the approved funding. The care partner was advised that an application awaiting funding allocation could not be expedited. The person therefore remained without the safety support for which funding had been approved, even after the risk the equipment was intended to address had resulted in harm.

A separate case concerned an older person discharged from hospital after being approved for a Level 8 Support at Home classification and approximately $15,000 in high-tier AT-HM funding. The person required essential equipment, including a bed and wheelchair. Despite the nature of these needs, both the ongoing services and AT-HM approvals received a standard priority allocation. The person was advised that they could wait up to nine months and expressed concern that they might not survive long enough to receive the required support.

ATSA has received other reports of urgent AT-HM needs remaining unresolved after assessment and approval. These include:

- A person with a rapidly progressive neurological condition whose family was forced to hire a wheelchair privately while approved AT funding remained unavailable.
- A person with pressure injuries who required urgent pressure-relieving equipment but was advised that the request remained in the queue and could not be expedited.

These cases do not establish how frequently these outcomes occur. They demonstrate that an appropriate assessment and approval may still fail to produce timely access to the required support. They also show that the person's circumstances and level of risk may change while funding is awaiting allocation, without an effective mechanism for reconsidering the priority assigned at assessment.

The relevant implementation issue is therefore not only whether funding was eventually allocated. It is also:

- The time between approval and allocation
- Whether the assigned priority reflected the nature and urgency of the person's need
- Whether priority could be reconsidered when risk increased or circumstances changed
- The consequences for the person while funding remained unavailable, or

- The further time between allocation, provider commencement, delivery and safe use.

7. Step 5: Correcting failures across the AT-HM pathway

Information obtained after the original assessment may show that an AT-HM decision needs to be corrected or reconsidered. This may occur because:

- An AT-HM need was missed during the original assessment
- The initial tier was insufficient
- New professional or cost evidence clarified the solution required to meet the need already identified
- An administrative or typographical error affected the recorded decision
- A request was incorrectly cancelled or withdrawn
- A system or funding-allocation error occurred after approval, or
- The person's needs or circumstances genuinely changed.

The appropriate pathway depends on why the original assessment outcome needs to be changed:

- An AT-HM funding-tier decision may be reviewed through a support plan review where the approved tier does not cover the person's assessed need.
- A reassessment may be undertaken where a significant change in the person's needs or circumstances affects the objectives or scope of the existing support plan.
- A separate correction process applies where an administrative or typographical error has been made in recording the original decision. The assessment delegate must submit the correction request within 42 days of the original decision.[31]

The distinction between an inadequate original decision and a subsequent change in need is particularly important for AT-HM. As explained under step 3, The complete cost of the solution may not be known at the time of assessment and may only become available after a health professional has assessed the person, conducted trials and obtained quotations. Where this later evidence shows that a higher tier is required, it does not necessarily mean that the person's needs have changed. The evidence may simply clarify the cost and nature of the solution required to meet the need identified during the original assessment.

Allied health clinicians have told ATSA that, in their experience, it is more common than not for detailed assessment, prescription and costing to establish that the initial AT-HM tier is insufficient. The older person must then return through a support plan review before an appropriate tier can be approved. This is qualitative evidence and does not establish how frequently the issue occurs across the scheme. It nevertheless identifies an important matter for the evaluation to test. If support plan reviews are routinely required because the initial tier is selected before sufficient clinical and cost information is available, the review process is operating as a regular second stage of tier determination rather than an exception. This can add substantial delay even though the person's underlying need has not changed. It may also leave the initial tier unable to fund the professional assessment needed to produce the evidence supporting a higher tier.

Where current professional evidence and quotations establish that the original tier cannot meet the assessed need, there should be a clear and expedited pathway to adjust the tier without unnecessarily repeating the original assessment.

Correction is also required where a request is cancelled, recorded incorrectly or affected by a system or funding error. These problems require a different response from a clinical reassessment.

This distinction is especially important because ordinary quarterly Support at Home funding cannot generally be used to purchase AT-HM. AT-HM must be accessed through the separate AT-HM funding pathway, subject to the transitional arrangements applying to unspent Home Care Package funds.[32] Incorrect advice about the applicable funding source can therefore prevent the person from obtaining the required support.

Evidence received by ATSA in September 2026 demonstrates the consequences when this distinction is not applied correctly. A request for a four-wheel walker for a 91-year-old woman was first submitted on 8 April 2026. According to the care partner, the request was subsequently cancelled because the woman was considered to have sufficient quarterly Support at Home funding available to purchase the walker. An urgent resubmission was cancelled on 9 September. The care partner learned of the cancellation through an enquiry to My Aged Care on 23 September. No notification or explanatory note was visible in the record, and the care partner was advised to submit the request again. By that time, more than five months had passed since the original request was submitted.

This case demonstrates how an identified need can remain unresolved when the funding pathway is misunderstood and there is no timely notification, correction or escalation process.

A separate case reported to ATSA demonstrates the difficulty involved in correcting inconsistent system records. An occupational therapist recommended a four-wheel walker and bath bench and sought high-tier funding for a bathroom modification on 5 March 2026. Trials, quotations and discussions with the family were completed by 9 April, and a support plan review was submitted on 10 April. The provider was advised in May that the review had been rejected because of what the assessment

service described as a system glitch. At the same time, the provider was told that the request remained in progress. Subsequent records reportedly displayed inconsistent statuses, including approved, pending and withdrawn.

Although the notice of decision recorded approvals for AT and home modifications, the provider reported that the funding did not become available until 20 July. In the meantime, showering remained unsafe and the provider was required to use donated funds to purchase the bath bench.

Taken together, this evidence indicates that the effectiveness of the correction pathway cannot be assessed solely by examining the final decision. It is also necessary to establish:

- Why the original decision required correction
- Whether the person's needs had changed or later evidence merely clarified the original need
- Whether a support plan review or reassessment was required
- How long the correction took
- Whether the request was cancelled, withdrawn or repeatedly submitted
- Whether the person received clear information about what had occurred, or
- Whether they experienced additional risk, private costs or delayed access while the problem was being resolved.

8. Broader Support at Home implementation

An accurate AT-HM assessment and approval are necessary, but they still do not guarantee that the older person will receive a suitable solution. Access may still fail where funding is delayed, no registered provider accepts the request, the person cannot afford their contribution, supplier choice is restricted or arrangements for maintenance and repair are unavailable.

These broader implementation issues are addressed in ATSA's attached Sector roadmap for improving access to assistive technology under Support at Home. The roadmap should be treated as ATSA's principal evidence for the component of the evaluation concerning the broader implementation of Support at Home. Its evidence and recommendations are not repeated in this submission.

ATSA can also assist Nous Group to engage with assistive technology suppliers, technicians and other associated providers whose experience may not be visible in registered-provider records.

9. Monitoring and reporting of AT-HM outcomes

Transparent, end-to-end monitoring and reporting is one of the broader implementation priorities identified in ATSA's attached Sector roadmap for improving access to assistive technology under Support at Home. The roadmap explains that numbers of assessments, approvals, funding allocations and registered providers do not establish whether an older person was able to use their funding, find a suitable provider or receive the complete solution they required. It calls for reporting that follows the pathway through assessment, approval, funding allocation, provider commencement, delivery and participant outcomes.

On 4 May 2026, ATSA submitted a freedom of information request seeking information about the operation and performance of the AT-HM Scheme. The Department of Health, Disability and Ageing issued its decision on 10 September 2026 and released the document pack on 11 September 2026.[33] Both are attached to this submission.

ATSA's review of the released material identified some useful information about some aspects of the funding allocation process. It did not, however, identify linked information showing:

- Whether an AT-HM need identified during assessment resulted in an AT-HM consideration, recommendation and approval
- Whether the initial tier was sufficient or was subsequently adjusted
- Why requests were cancelled, resubmitted or abandoned, or why approved funding was not used
- The time between approval, funding activation, provider commencement and delivery, or
- Whether the older person ultimately received a suitable solution and was able to use it safely.

The FOI outcome does not conclusively establish that this information is not being collected or held elsewhere. The release may not capture every dataset or information that could be produced by linking records held across different systems. It does, however, demonstrate that the released material did not provide a complete, publicly understandable account of whether an identified AT-HM need resulted in timely funding, delivery and safe use.

The Inspector-General of Aged Care has identified comparable limitations - stating that, without adequate data or clear policy guidance, it was extremely difficult to reliably assess whether Support at Home was working as intended. In examining the AT-HM Scheme, the Office had to rely on information supplied directly by providers to fill gaps about provider viability, service delivery and the implications for older people. It also concluded that existing transparency arrangements were insufficient to identify and monitor risks before older people's access to critical supports was affected.[34]

Against this background, the Inspector-General has recommended six-monthly public reporting on AT-HM wait times, approval timeframes and delivery outcomes.[35]

10. Detailed recommendations

ATSA recommends that Nous Group:

1. Treat AT-HM as a distinct, end-to-end pathway within the evaluation of both the Single Assessment System and the implementation of Support at Home. The evaluation should follow the pathway through:
    - Information entered into the Integrated Assessment Tool
    - The broader home support classification
    - Recognition and recording of the AT-HM need
    - Recommendation and tier selection
    - Approval and funding activation, and
    - Delivery and continuing safe use.

    The evaluation should distinguish between completion of an administrative step and achievement of an outcome for the older person. In particular:

    - A completed assessment does not establish that an AT-HM need was captured
    - An approved allocation does not establish that the tier was adequate
    - Expenditure does not establish that a safe and usable solution was delivered.

    Where the available information cannot establish these outcomes, that limitation should be clearly identified.
2. Assess whether the ongoing home support classification process directs older people to a funding pathway capable of meeting their AT-HM needs. This should include consideration of:
    - People who have relatively limited need for recurring services but require urgent, substantial or highly specialised assistive technology or a one-off home modification
    - The boundary between CHSP and Support at Home
    - The consequences of that classification for the type and level of AT-HM funding available, and
    - Whether the available pathway can respond to the nature, urgency and likely cost of the person's AT-HM need.
3. Establish whether information indicating a possible AT-HM need is consistently recognised, recorded and progressed to an actionable recommendation and, where the relevant criteria are met, approval. This should include whether:
    - Comparable needs produce consistent outcomes across assessors and assessment organisations

- Sensory, communication, cognitive, progressive and equipment-replacement needs are recognised as consistently as mobility and personal care needs
- Reliance on existing equipment is recorded without obscuring the person's continuing need, including foreseeable repair or replacement requirements
- Informal support is assessed for its safety, sustainability and consistency with the older person's preferences.

4. Assess whether the initial AT-HM tier provides a viable pathway to the professional work and complete solution indicated by the information available at assessment. Tier adequacy should be considered against the cost of any required including:

    - Professional assessment and prescription
    - Product trials
    - Accessories and componentry
    - Customisation and fitting
    - Delivery and setup
    - Training and follow-up, and
    - Maintenance and repair.

    The evaluation should also consider whether an older person can obtain the professional evidence needed to establish the appropriate tier without first receiving an allocation that is insufficient to fund that work.

5. Assess whether approved AT-HM funding becomes available within a timeframe that reflects the nature and urgency of the older person's need. The evaluation should distinguish between:

    - Approval of an AT-HM recommendation
    - Allocation of the approved funding
    - Provider commencement, and
    - Delivery and safe use.

    It should also consider:

    - The time taken at each stage of the pathway
    - Whether the priority assigned accurately reflects the person's circumstances, level of risk and the consequences of delay
    - Whether priority can be reconsidered promptly where the person's condition deteriorates or their level of risk changes while funding is awaiting allocation
    - Whether the older person receives clear information about the status of their funding and expected waiting time, and
    - The availability of safe interim arrangements where the required support cannot be provided promptly.

The evaluation should identify the consequences of delay for the older person, including deterioration, falls or other harm, loss of independence, increased reliance on family, delayed hospital discharge and private expenditure on equipment or interim support.

6. Assess whether there is a clear, proportionate and timely pathway for correcting missed needs, inadequate tiers and administrative or system errors. The evaluation should distinguish between:
    - A need missed during the original assessment
    - An initially inadequate tier
    - New evidence clarifying the original need
    - An administrative or system error, and
    - A genuine change in circumstances.

    It should establish how frequently an initial AT-HM tier must be adjusted through a support plan review, the time required to obtain the adjusted decision and whether this process contributes materially to delays in accessing AT-HM.
7. Assess whether the quality and outcomes of the AT-HM assessment process give practical effect to the objects and Statement of Rights in the Aged Care Act. This should include whether:
    - The evidence required is proportionate to the complexity, cost and risk of the support
    - Existing professional evidence is accepted where it is current and sufficient
    - Appropriate clinical and AT-HM expertise is available
    - An in-person assessment is provided where remote methods are insufficient
    - Information and communication are accessible
    - The older person's goals and preferences are recorded and carried through into the support plan
    - Carers, family members, advocates and other supporters are involved where this reflects the older person's will and preferences, and
    - The assessment ultimately leads to services that are accessible, safe and capable of supporting the person's independence, choice and control.
8. Assess whether current data collection, linkage and reporting are sufficient to monitor access to AT-HM and outcomes for older people across the complete pathway. The evaluation should establish whether available information can show:
    - Whether an AT-HM-related need recorded during assessment resulted in an AT-HM consideration, recommendation and approval
    - The initial tier approved and whether it was subsequently adjusted

- The reason for any support plan review, reassessment or tier adjustment
- The time between identification of need, approval, funding allocation, provider commencement, prescription, delivery and safe use
- The number and reasons for requests that were cancelled, withdrawn, resubmitted, abandoned or not used, and
- Whether the older person ultimately received a suitable solution that met the need identified during the assessment

Where this information is not collected, cannot be linked across systems or cannot be obtained from existing administrative data, the evaluation should identify the limitation and the minimum information needed for effective ongoing monitoring and regular public reporting.

9. Identify findings that are relevant to the independent expert review of aged care classification and prioritisation assessment mechanisms and, where permitted, make those findings and supporting evidence available to that review. Relevant findings may concern:

    - The Integrated Assessment Tool
    - The ongoing home support classification algorithm
    - Prioritisation arrangements, or
    - The interaction between these mechanisms and access to AT-HM.

    This will help ensure that evidence concerning AT-HM informs the broader consideration of whether the assessment mechanisms appropriately reflect older people's circumstances and care needs.

10. Treat the attached Sector roadmap for improving access to assistive technology under Support at Home as supporting evidence for the evaluation of the broader implementation of Support at Home. The roadmap was developed from evidence provided by older people, aged care providers, assessment organisations, allied health professionals, assistive technology suppliers and other sector stakeholders. Its evidence and recommendations should inform the evaluation's consideration of:

    - Timeliness and continuity of support
    - Registered and associated-provider arrangements
    - Older people's choice and control
    - Supplier and market viability
    - Funding adequacy
    - Data and transparency, and
    - Accountability for outcomes

    The roadmap should be considered alongside the assessment-specific evidence presented in this submission.

Concluding comments

The Single Assessment System should enable an older person's AT-HM needs to be identified, accurately recorded and converted into an actionable recommendation and appropriate funding decision. Those decisions must then provide a workable pathway to a timely, safe and usable solution if the objects and Statement of Rights in the Aged Care Act are to have practical effect.

ATSA's evidence identifies gaps at multiple points in this pathway, from the broader classification decision and recognition of an AT-HM need through to recommendation, tier selection, correction, funding activation and delivery. For the older person, an assessment may therefore be administratively complete while the equipment or modification needed to remain safe and independent is still unavailable.

The gaps evidenced in this submission concern the current operation of the assessment and implementation pathways. They should be examined as present implementation issues and not deferred solely to future policy design.

The evaluation should use the evidence in this submission to determine whether the Single Assessment System produces accurate, actionable and adequately funded AT-HM outcomes. It should use the attached roadmap as ATSA's evidence on whether those outcomes are then translated through Support at Home into timely access to complete, safe and usable solutions.

Without considering both stages, the evaluation cannot reach a complete conclusion about the effectiveness of either the Single Assessment System or the implementation of Support at Home for older people who require AT-HM.

Appendix A: Organisations represented at ATSA's AT-HM sector roundtable

ATSA convened a full-day sector roundtable in Mascot, Sydney, on 7 July 2026. More than 30 representatives from 23 organisations attended.

The roundtable brought together representatives from:

- Consumer and older people's advocacy organisations.
- Aged care provider peak bodies.
- Aged care assessment organisations.
- Registered aged care providers.
- Allied health clinicians and professional bodies.
- Assistive technology suppliers and industry representatives.
- The Australian Government Department of Health, Disability and Ageing.

Before the event, participants were invited to identify the principal barriers they were encountering, the consequences for older people and the sector, and practical changes that could improve the operation of the AT-HM Scheme.

During the roundtable, participants examined the pathway from assessment and funding allocation through to provider engagement, clinical input, sourcing, delivery, claiming, maintenance and repair.

Following the roundtable, ATSA circulated a draft sector roadmap to participants for review and invited corrections, additions and comments. The final roadmap reflects the strongest areas of convergence from the roundtable, subsequent consultation and additional evidence provided to ATSA.

Three representatives from the Australian Government Department of Health, Disability and Ageing attended the roundtable. They participated primarily as observers. Where useful, they also provided clarification about the current operational and administrative arrangements applying across the AT-HM pathway to assist the group's discussion and consideration of possible reforms. Their attendance and contribution should not be interpreted as endorsement of the resulting roadmap, this submission or ATSA's recommendations.

Organisations represented:

- Access Care Network
- Ageing Australia
- Aidacare
- Allied Health Professions Australia
- Assistive Technology Suppliers Australia
- Australian Government Department of Health, Disability and Ageing
- Australian Rehabilitation and Assistive Technology Association
- Australian Unity/Remedy Healthcare Group
- Bolton Clarke

- COTA Australia
- Country Care Group
- Dovida
- Five Good Friends
- Hammond Care
- Independent Living Specialists
- Indigo/iLA
- Lime Healthcare
- Occupational Therapy Australia
- Older Persons Advocacy Network
- Peak Care Group
- Proactive Care
- Silver Chain Group
- UPA Home Care

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