



**StewartBrown**  
Integrity + Quality + Clarity

## Support at Home Price Survey Sector Report

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*August 2025*

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# 1. Background

## Change of Pricing Policy

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. In December 2024, the government delayed the introduction of capped prices for the initial 12 months of the SaH program that was to commence on 1 July 2025. This meant that providers had to set their own prices for the first year of operation of the SaH program.

Previous analysis by StewartBrown indicated that revenue from direct services would have to increase by an average of 30% to maintain existing profit margins and by up to 38% to achieve an investible margin of around 9.5%.

To reiterate, the reason for price increases from the current HCP pricing structure to the new SaH program is due to this change in policy, not because the providers wanted to significantly increase service prices. From a participant perspective, the actual total price charged should remain the same, albeit coming from a different pricing bucket. Had prices been capped from the commencement of the SaH program as was the original policy, then the government would have been setting prices at rates much higher than that under the current HCP program.

## SaH Pricing Data

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<sup>1</sup>.

By the end of June 2025, the majority of providers had undertaken the work to have in place prices ready for the original commencement date of SaH on 1 July 2025. Many providers had started to socialise their proposed pricing levels with existing participants in preparation for having new Home Care Agreements in place and agreement for the new pricing structures.

Due to the commencement date of SaH and the new *Aged Care Act 2024* being deferred until 1 November 2025, it is opportune to update the earlier data released in relation to indicative pricing by Government. As a result of discussions with a variety of providers, StewartBrown has conducted a further pricing survey of home care providers that participate in the quarterly *Aged Care Financial Performance Survey* and providers that detailed modelling was reviewed by StewartBrown during the transition to SaH.

The StewartBrown Survey (SB Survey) was conducted in the first two weeks of August 2025 with the objective of understanding the pricing levels that would have applied for the original 1 July 2025 SaH program implementation date.

The results of the SB Survey provide further insights into market pricing expectations and preparedness ahead of the revised SaH implementation timeline. *Please note that the information provided in this report do not constitute pricing recommendations.*

## Profile of SB Survey Participants

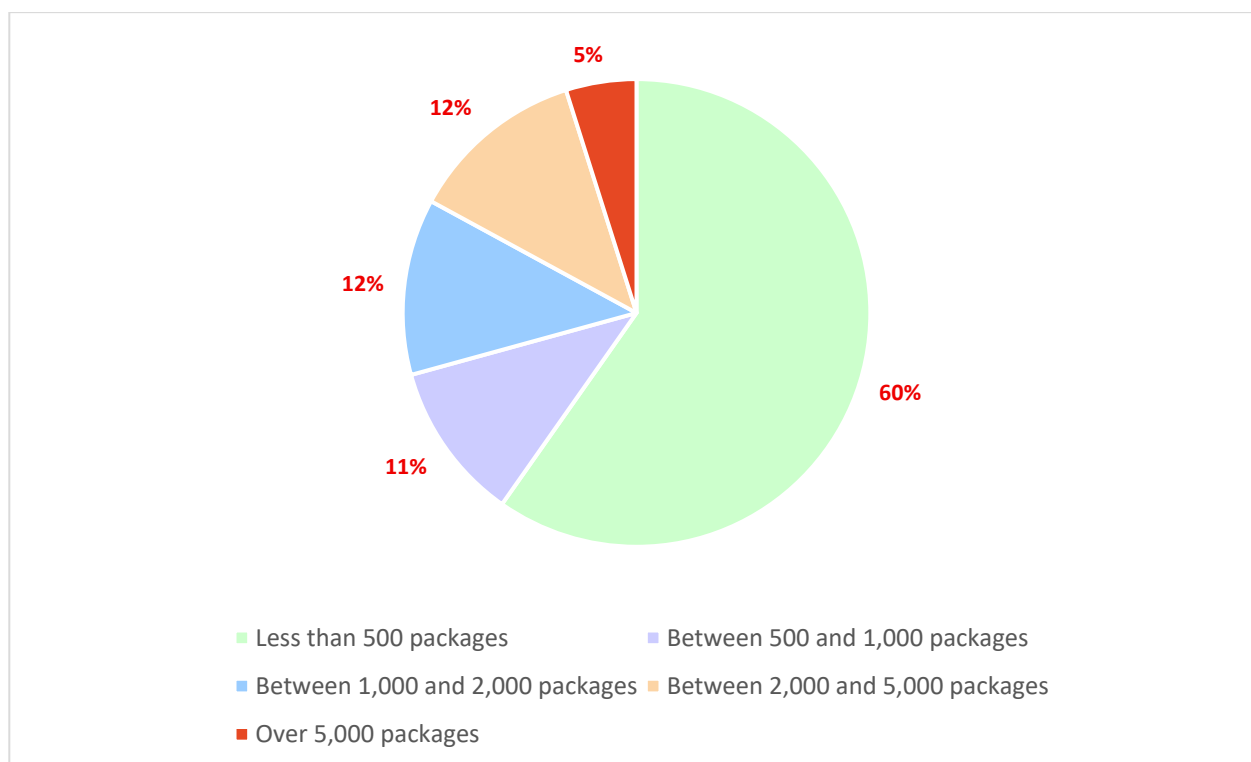
The SB Survey received 82 valid provider responses representing approximately 9% of total approved HCP providers and covers 95,673 packages, representing 33% of total HCP packages as of 31 March 2025.

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<sup>1</sup> [Summary of indicative Support at Home prices | Australian Government Department of Health, Disability and Ageing](#)

Of the providers in the SB Survey, 94% are not for profit, however the for-profit providers account for 16% of the packages in the SB Survey. 76% of the providers are operating in a single state or territory with the remaining 24% of providers operating in multiple jurisdictions.

Figure 1: Size of SB Survey participant provider by package numbers



## 2. SB Survey Findings

### Summary of Key Findings

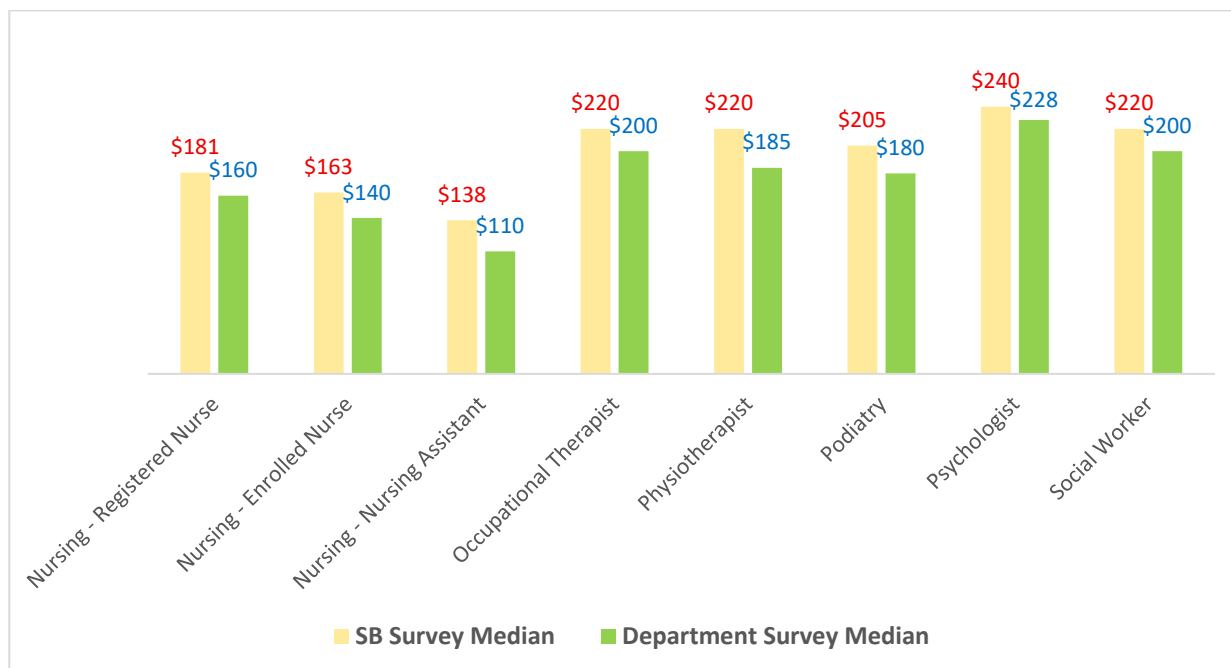
There are a number of insights gained from the SB Survey including:

- When considering the median price for services in the SB Survey compared to the Department survey indicative price list, it should be noted that as the two surveys involved a different sample of providers that caution should be taken in making a direct comparison
- There are likely to be differences between how providers have traditionally priced services to how those services may have to be priced under SaH rules
- Provider's prices lists often allow for different prices depending on how a service is delivered - reflecting that cost of service delivery changes depending on how it is delivered
- There will be challenges for IHACPA and the Department to ensure that when capped prices do come into force, they do not limit the ability for providers to innovate in how services are delivered to participants and take into consideration the cost differentials between service delivery methods and situations
- There are a variety of systems used by providers to collect and report information
- A large majority (73%) of providers are likely to, or are considering, changing the prices from the proposed July settings at the 1 November SaH commencement date as a result of changing costs and circumstances during the intervening period
- Providers are split in relation to charging different prices depending on location

### Pricing Practices

**Clinical services** remain the highest priced services, as is currently the case.

Figure 2: Comparison of median clinical service prices from SB Survey and Department Survey (\$ per hour)



**Price Lists** were received from 45 of the 82 SB Survey respondents and they provide an insight into how providers would like to be able to charge participants to enable flexibility in how services are delivered to ensure the best outcomes for the participants while recovering the costs of service delivery.

**Visit times** featured in 47% of the price lists received whereby shorter visits were priced at a higher effective hourly rate than a longer visit recognising that certain fixed costs still had to be recovered but over a shorter time period.

**Granularity** of service types also played a role in how providers constructed price lists and was evident in 33% of the price lists received. This may involve different ways a service might be provided, specific programs being run, whether certain activities were conducted in a group environment and so forth.

**Location or methodology** of service delivery also saw variations in price for 27% of the price lists received. This could involve delivery of service into the home, at a clinic or other central location or via tele-health.

**Nature of visit** was evident in 20% of the price lists whereby the first visit, or an assessment visit was charge at a different price to a follow-up or routine visit. This was a way of providers acknowledging and recovering the costs of the report writing and other time spent on an assessment visit over the period actually spent face to face with a participant.

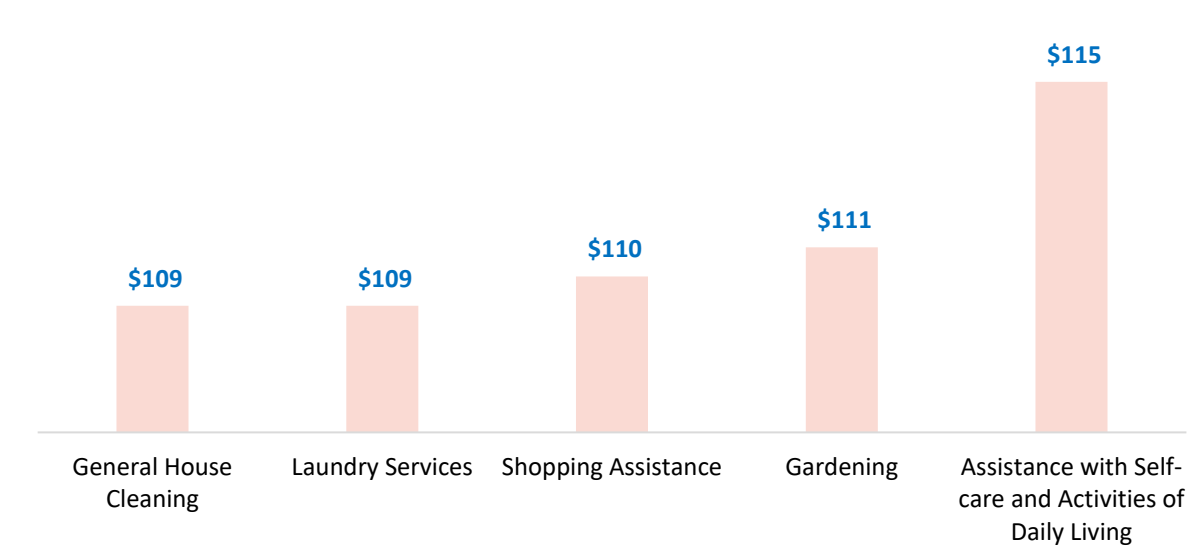
**Services not specifically listed on service listing** were observed in 18% of the price lists examined. Some of these were special programs being run by the provider that may fall within a service category but were included separately. Providers will need to be mindful that they will only be able to charge a service to a participant budget if it is a service in the service listing and if the participant is approved for that service.

**Third party service provision** is an area where there has been a significant shift in pricing practices from a pass through of costs to where the majority of providers appear to have set a price for a service and that price will be in place whether or not it is provided by a contractor or in-house personnel. Only 24% of the price lists examined did not provide any price for services that are contracted indicating instead that it would be provided on application.

**Home Support Care Management** is another area where some providers include a separate price for care management and clinical care management on their price list, despite there only being a single service type of care management in the service listing.

**Personal care and domestic assistance pricing** in the past has generally been offered at the same price, in many instances because these services can often be bundled into a single visit and be performed by the same staff member. The SB Survey medians for these activities shows that there appears to be a small gap between personal care (Independence) and some of those services that now fall into the everyday living category as shown below.

Figure 3: Comparison of median personal care and domestic assistance prices from SB Survey (\$ per hour)



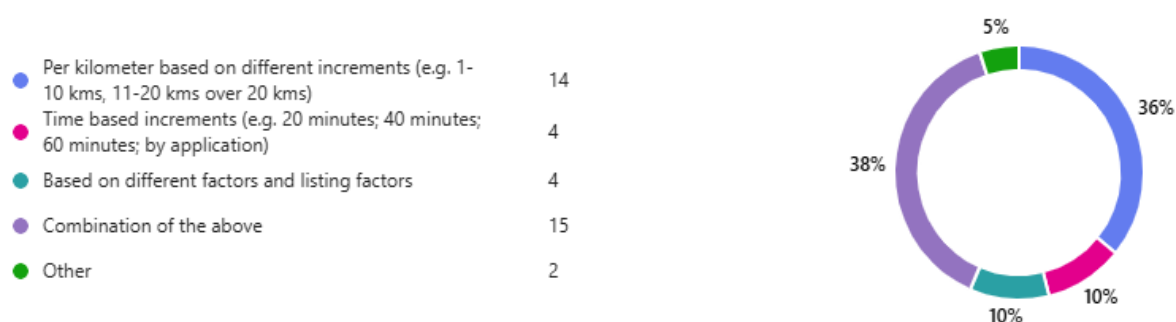
It is possible that the price differential has been formed with a view that the independence category only attracts a 5% co-contribution from pensioners whereas a service in the everyday living category attracts a 17.5% co-contribution. Therefore the price (cost) to the participant of a slightly higher price for personal care type services will potentially have an adverse effect on the cost to the participant.

## Transport

Transport is one of the limited services where providers can provide a range of prices based on a specific set of parameters such as distance of the trip or time taken for the trip. A study of the price lists provided to use indicated that 16% of those price lists had different pricing for group transport. The majority of price lists had a range of prices for driver plus car and then a separate price for indirect transport (cab charge or share ride).

The average per trip price across the data set was \$105 per trip. More importantly is the methodology that providers are likely to use to determine how travel is charged and that is explained in the graph below:

Figure 4: Methodology for charging per trip price

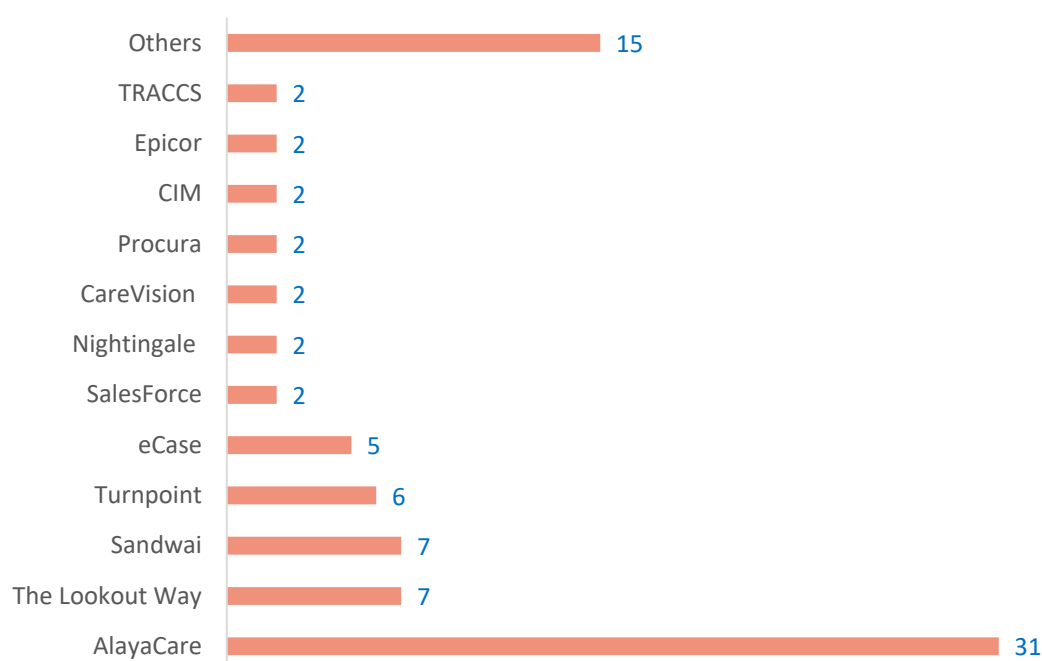


It appears that the majority of providers will be charging transport time based on either a trip length or a combination of distance and time.

## Software Applications

The SB Survey examined operational software systems used by participating providers to understand technology adoption patterns across the sector. *AlayaCare* emerges as the most widely adopted platform, used by 31 providers. The data reflects all software systems reported, with providers using multiple systems counted separately, resulting in total responses exceeding the 82 SB Survey participants.

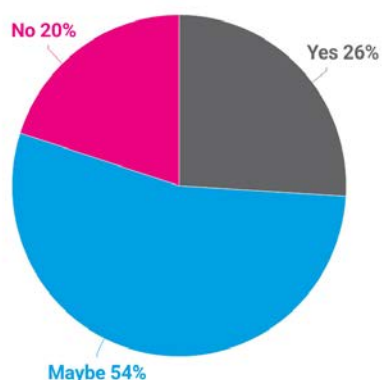
Figure 5: CRM Software applications used by providers for HCP/SAH



### Plans to Revise Pricing for November SaH Implementation

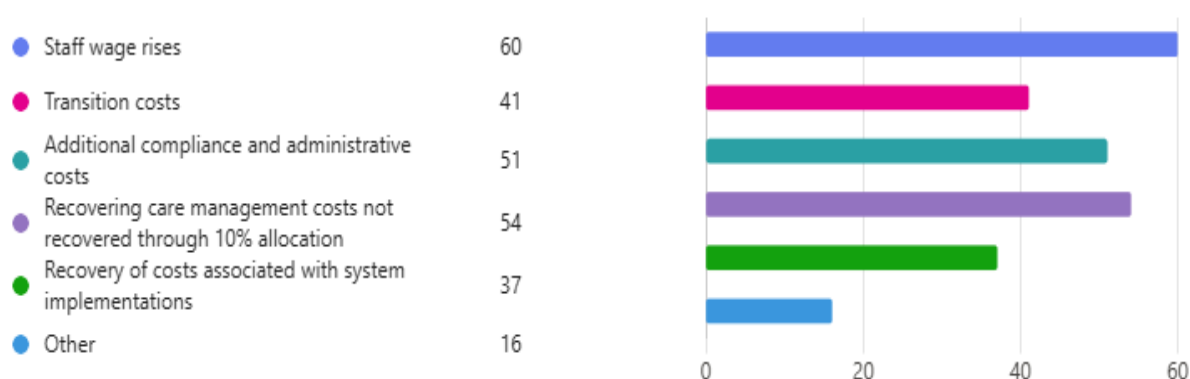
The SB Survey asked providers to submit their service pricing that they had intended to charge from 1 July 2025 had SaH commenced on that date. Respondents to the SB Survey were also asked if they were likely to adjust those prices prior to the new commencement date of 1 November 2025 with the following results.

Figure 6: Plans to change prices between 1 July 2025 Estimate and 1 November 2025



The majority of respondents (80%) have indicated “Yes” or “Maybe” to amending prices. The reasons that were submitted that would be taken into consideration in the final pricing decisions is as follows (noting providers could choose more than one factor):

Figure 7: Factors to be taken into consideration in determining final prices for 1 November commencement date



It is apparent from the responses that providers feel that there are significant additional costs being incurred in preparation for the new SaH program which will need to be recovered in their final listed prices, which were not fully known when initial price modelling work was undertaken.

### Pricing Based on Regional Factors

It appears from responses that the sector is split between whether or not to charge different prices based on geographical regions. This may be related to whether Thin Market Grants will off-set any additional costs, administrative burden of having multiple prices including systems or providers just waiting to see how the market responds.

Figure 8: Response to pricing differently based on where services are delivered





### 3. Summary Price Comparison Table

Service Sub-category	Unit	StewartBrown SaH Pricing Survey							Government Indicative SaH Price		
		Survey Median Price \$	Q1 Range (0-25th percentile) Median \$	Q2 Range (25-50th percentile) Median \$	Q3 Range (50-75th percentile) Median \$	Q4 Range (75-100th percentile) Median \$	Price range		Median \$	Range	
							Min \$	Max \$		Lower \$	Upper \$
CLINICAL SUPPORTS											
Nursing - Registered Nurse	Hourly	181	160	175	190	220	125	260	160	144	186
Nursing - Enrolled Nurse	Hourly	163	127	160	172	200	108	220	140	120	163
Nursing - Nursing Assistant	Hourly	138	115	131	150	181	107	210	110	92	143
Aboriginal and Torres Strait Islander Health Practitioner	Hourly	220					190	250			
Aboriginal and Torres Strait Islander Health Worker	Hourly	192					120	240			
Allied Health Assistance	Hourly	160	113	145	180	210	72	237	122	105	167
Counselling or Psychotherapy	Hourly	220	195	220	234	282	180	310	208	160	225
Dietitian or Nutritionist	Hourly	220	192	220	235	280	170	650	200	165	219
Exercise Physiologist	Hourly	217	179	200	220	239	140	285	190	165	219
Music Therapist	Hourly	220	190	220	230	255	150	335			
Occupational Therapist	Hourly	220	194	220	230	255	161	390	200	174	220
Physiotherapist	Hourly	220	188	215	231	255	155	423	185	160	210
Podiatry	Hourly	205	165	198	220	239	105	330	180	153	208
Psychologist	Hourly	240	220	236	255	326	190	650	228	210	250
Social Worker	Hourly	220	185	219	235	262	110	309	200	163	238
Speech Pathologist	Hourly	230	216	230	239	273	155	650	208	187	236
Prescribed Nutrition	Hourly	220					195	264			
Home Support Care Management	Hourly	138	120	130	150	165	95	250	120	80	150
Home Support Restorative Care Management	Hourly	168	120	160	184	223	85	300	150	120	173

Service Sub-category	Unit	StewartBrown SaH Pricing Survey							Government Indicative SaH Price		
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			Min \$	Max \$	Lower \$	Upper \$					
INDEPENDENCE											
Assistance with Self-care and Activities of Daily Living	Hourly	115	104	111	120	130	90	160	100	85	115
Assistance with Self-administration of Medication	Hourly	115	100	113	120	130	90	199			
Continence Management (Non-clinical)	Hourly	115	105	115	120	128	90	175			
Individual Social Support	Hourly	110	100	110	118	129	81	155	99	82	110
Accompanied Activities	Hourly	115	105	114	120	137	90	155			
Cultural Support	Hourly	115	105	110	120	136	94	200			
Digital Education and Support	Hourly	112	101	110	120	142	94	200			
Assistance to Maintain Personal Affairs	Hourly	112	101	110	120	136	94	177			
Acupuncturist	Hourly	186	145	176	205	243	114	260			
Chiropractor	Hourly	196	155	180	220	246	100	295			
Diversional Therapist	Hourly	199	120	175	220	230	100	255			
Remedial Masseuse	Hourly	181	133	175	200	225	92	255	150	134	206
Art Therapist	Hourly	200	175	196	220	255	120	285			
Osteopath	Hourly	193	163	190	215	230	114	290			
Respite Care (in participant's home)	Hourly	114	102	110	120	130	81	202	99	85	112
EVERYDAY LIVING											
General House Cleaning	Hourly	109	98	105	115	125	83	155	95	83	109
Laundry Services	Hourly	109	98	109	115	125	83	155			
Shopping Assistance	Hourly	110	102	110	115	129	90	180			
Gardening	Hourly	111	99	110	120	130	90	195			
Assistance with Home Maintenance and Repairs	Hourly	118	100	110	120	139	95	260	103	85	120
Meal Preparation (per hour)	Hourly	110	100	110	118	129	85	230	97	82	110
Meal Delivery where you are supplying the meal (per meal price)	Per meal	20	15	18	22	54	15	54	15	11	22

## 4. Appendix 1 - SB Survey Questions

The following survey questions were asked of providers.

### Profile Information

1. Organisation name
2. Number of home care packages at 30 June 2025
3. States and territories in which you operate

### Contact Details

4. Name
5. Email address

### Survey Method

6. Email price list or complete survey form

Pricing information - standard rate per hour for each service listed.

### Clinical Supports - Nursing care

7. Registered Nurse
8. Enrolled Nurse
9. Nursing Assistant

### Clinical Supports - Allied Health and Other Therapeutic Services

10. Aboriginal and Torres Strait Islander Health Practitioner
11. Aboriginal and Torres Strait Islander Health Worker
12. Allied Health Assistance
13. Counselling or Psychotherapy
14. Dietitian or Nutritionist
15. Exercise Physiologist
16. Music Therapist
17. Occupational Therapist
18. Physiotherapist
19. Podiatry
20. Psychologist
21. Social Worker
22. Speech Pathologist

### Clinical Supports - Nutrition

23. Prescribed nutrition

### Clinical Supports - Care Management

24. Home support care management
25. Home support restorative care management

### Independence - Personal Care

26. Assistance with Self-care and Activities of Daily Living
27. Assistance with Self-administration of Medication
28. Continence Management (Non-clinical)

### Independence - Social support and community engagement

29. Group Social Support
30. For group social support activities, what is the average number of participants in a group activity?
31. Individual Social Support
32. Accompanied Activities
33. Cultural Support
34. Digital Education and Support
35. Assistance to Maintain Personal Affairs

#### Independence - Therapeutic services for independent living

- 36. Acupuncturist
- 37. Chiropractor
- 38. Diversional Therapist
- 39. Remedial Masseuse
- 40. Art Therapist
- 41. Osteopath

#### Independence - Respite

- 42. Respite Care (in participant's home)

#### Independence - Transport

- 43. Direct Transport (driver and car provided) (per trip Price)
- 44. On what basis are you charging transport services
  - a. Per kilometre based on different increments (e.g. 1-10 kms, 11-20 kms over 20 kms)
  - b. Time based increments (e.g. 20 minutes; 40 minutes; 60 minutes; by application)
  - c. Based on different factors and listing factors
  - d. Combination of the above
  - e. Other

#### Everyday Living - Domestic Assistance

- 45. General House Cleaning
- 46. Laundry Services
- 47. Shopping Assistance

#### Everyday Living - Home maintenance and repairs

- 48. Gardening
- 49. Assistance with Home Maintenance and Repairs

#### Independence - Meals

- 50. Meal Preparation (per hour)
- 51. Meal Delivery where you are supplying the meal (per meal price)

#### Supplementary questions

- 52. Please provide the name of the CMS software for your home care business unit
- 53. Are you likely to change your pricing from the July 1 estimates for the November 1 Support at Home starting date?
- 54. Please choose all the factors that you will take into account when finalising the prices for 1 November start date
  - a. Staff wage rises
  - b. Transition costs
  - c. Additional compliance and administrative costs
  - d. Recovering care management costs not recovered through 10% allocation
  - e. Recovery of costs associated with system implementations
  - f. Other
- 55. Do you intend to price differently based on where services are delivered?

## StewartBrown Contact Details

For further analysis of the information contained in the Survey report please contact our specialist analyst team

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