



Support at Home Service Fee Schedule

Effective 1 November 2025

All fees are exclusive of GST

SERVICE TYPE AND DETAILS

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Personal Care *

Includes Assistance with self-care and activities of daily living, Assistance with self-administration of medication and Continence management (non-clinical)

	Monday - Friday	Monday - Friday	Monday - Friday	Saturday	Sunday	Public Holiday	3rd Party Provider
	7am – 6pm	6pm – 11pm	11pm till 7am	All Day	All Day	All Day	Price Range
Hourly Rate	\$104.89	\$118.00	\$120.62	\$157.33	\$209.78	\$262.22	\$30-329
Sleep Over #	N/A	N/A	\$316.06	\$368.79	\$368.79	\$553.18	\$264-1,062
Active Night Awake +	8 hour minimum shift at the applicable hourly rate for overnight hours						N/A

Assistance with, or supervision of, personal tasks of daily living where overnight support is needed, but the care giver can sleep when not required to provide support.
(Must include 2hrs active support extra)

+ Assistance with, or supervision of, personal tasks of daily living where overnight support is needed and the care giver will not have the option to sleep. 8 hour shifts only

Social support and community engagement *

Includes Group Social support , Individual social support, Accompanied activities, Cultural support, Digital education, Assistance to maintain personal affairs and Expenses to maintain personal affairs.

	Monday - Friday	3rd Party Provider
	Day Time	Price Range
Group (6 hours)	\$179.81	\$18-172
Hourly Rate	\$104.89	\$30-329

Respite Care *

Includes supports delivered on an individual or group basis

	Monday - Friday	Saturday	Sunday	Public Holiday	3rd Party
	All Day	All Day	All Day	All Day	Price Range
24hr block	\$712.36	\$864.07	\$1,049.78	\$1,235.48	N/A
Hourly Rate	N/A	N/A	N/A	N/A	\$30-371

Other services offerings for respite care available on request

Assistance to Maintain Personal Affairs *

Includes supports delivered on an individual or group basis

	Monday - Friday	3rd Party Provider
	Day Time	Price Range
Hourly Rate	\$96.31	\$30-329

Direct Transport

Includes driver and car

	0 - 9.99 Kilometres	10 - 19.99 Kilometres	20 - 39.99 Kilometres	40-59.99 Kilometres	60-79.99 Kilometres	80-99.99 Kilometres
Per Trip - Weekdays	Included in Service Fee	\$60.00	\$120.00	\$175.00	\$235.00	\$300.00

Domestic Assistance *

Includes general house cleaning, laundry services and shopping assistance

	Monday - Friday	Monday - Friday	Monday - Friday	Saturday	Sunday	Public Holiday	3rd Party Provider
	7am – 6pm	6pm – 11pm	11pm till 7am	All Day	All Day	All Day	Price Range
Hourly Rate	\$104.89	\$118.00	\$120.62	\$157.33	\$209.78	\$262.22	\$30-329

Meals *

Includes Meal preparation, Meal Delivery

	Monday - Friday	3rd Party Provider
Hourly Rate	\$104.89	\$30-329
Meals	N/A	\$4-30

Home Maintenance & Repairs *

Including Gardening, Assistance with home maintenance and repairs, Expenses for home maintenance and repairs

	3rd Party Provider
Gardening	\$30-329
Assistance with Maintenance & Repairs	\$30-329
Expenses for Maintenance & Repairs	\$30-329

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Nursing Care *

Includes up to 10km travel. Call for a quote if outside 10km area.

		Monday - Friday	3rd Party Provider
Registered Nurse	per hour	\$167.31	\$53-521
Registered Nurse	30 min service	\$112.93	

Dietitian or Nutritionist *

Includes up to 10km travel. Call for a quote if outside 10km area.

		Monday - Friday	3rd Party Provider
Dietitian 1:1	per hour	\$196.54	\$170-200
Dietitian 1:1	per 30 min	\$132.66	
Dietitian Cookery Group	per session	\$86.99	

Exercise Physiologist *

Includes up to 10km travel. Call for a quote if outside 10km area.

		Monday - Friday	3rd Party Provider
Exercise Physiologist 1:1	per hour	\$178.00	\$163-200
Exercise Physiologist 1:1	per 30 min	\$120.15	
Chi Group	per session	\$39.31	
Gym Group	per session	\$44.97	
Hydrotherapy	per session	\$58.96	

Occupational Therapy *

Includes up to 10km travel. Call for a quote if outside 10km area.

		Monday - Friday	3rd Party Provider
Occupational Therapy 1:1	per hour	\$196.54	\$180-220
Occupational Therapy 1:1	per 30 min	\$132.66	

Physiotherapy *

Includes up to 10km travel. Call for a quote if outside 10km area.

		Monday - Friday	3rd Party Provider
Physiotherapy 1:1	per hour	\$196.54	\$130-270
Physiotherapy 1:1	per 30 min	\$132.66	
Chi Group	per session	\$39.31	
Gym Group	per session	\$44.97	
Hydrotherapy	per session	\$58.96	

Allied Health Therapy Assistant

Includes up to 10km travel. Call for a quote if outside 10km area.

		Monday - Friday	3rd Party Provider
Therapy Assistant 1:1	per hour	\$104.71	\$65-130

Home Support Care Management

Includes up to 10km travel. Call for a quote if outside 10km area.

Includes activities that ensure aged care services contribute to the overall well being of an older person.

		Monday - Friday
Care Management	Per Hour	\$129.98

NOTES

* 3rd Party Providers:

genU has an established network of reputable providers that can assist with services.

Prices range between \$18-\$1,062 depending on service type, service length, location and the 3rd party provider.

Prices and provider options will be discussed & agreed with the client at time of contracting services.

Invoicing:

Invoicing will be in 15 minute increments. Personal Care services have a couple of exception which are noted above.

Clinical:

Assessments, Reviews, planning and report writing, will be invoiced at the applicable rate for the service.

Minimum 4 hours of 1:1 clinical funding must be available prior to joining a group to facilitate assessment, planning and review.

Cancellation & No Show:

(1) You must be at your Home at the agreed times to receive Services, unless we agree to provide Services while you are absent. If we are unable to provide Services because you are absent, we may still charge you and/or claim available funding for the attendance.

(2) If you do not provide us with at least 2 business days' advance notice to cancel a Service, we will still claim for the Service and you may be required to pay the applicable Service Contribution.

(3) We may, at our discretion, choose not to charge for the Services if:

- (a) you had reasonable grounds for the late cancellation or no-show (for example, you were in hospital or experienced a health incident); and
- (b) you provide us with written evidence to substantiate this.