Claiming the Lumin CareHub

This referenced guide is for registered providers funding the Lumin CareHub through the Support at Home budgets. Every approved participant has two separate budgets: an equipment budget - the AT-HM scheme - which covers the device, set-up and a full year of emergency monitoring in one claim, and a care budget, which funds the services delivered through it. The rules sit across half a dozen Department documents; the sections below bring them into one place - what is funded, what evidence is needed, how to claim, and where the traps are - with every claim referenced to its source.

SEPARATE FUNDING POOL

Not from your service-hour budget.

AT-HM is a separate funding pool, allocated to each participant on top of their quarterly ongoing-services budget, and can only be spent on assistive technology and home modifications. The Department is explicit: quarterly funds cannot pay for AT-HM items, even when unspent [1][3].

FUNDED FOR THE WHOLE YEAR

Device and emergency monitoring in one package.

AT-HM funding for personal emergency alarms pays for the device itself and ongoing monitoring for the whole 12-month funding period - the Department says so in its own guidance. One assessed need, one claim, a full year of connection and safety, with a reassessment pathway to continue beyond it [1][2].

How to use this guide

Every substantive claim in this document is referenced to a numbered primary source in Section 10, drawn from the Department of Health, Disability and Ageing (the Department) and the Aged Care Act 2024. This guide is general information prepared by Lumin to assist registered providers. It is not legal or financial advice, and it does not replace the Support at Home Program Manual or your own compliance advice. Funding amounts are indexed each 1 July; always confirm current rates in the Schedule of Subsidies and Supplements [4]. Participant contributions are determined by Services Australia.

1. Why this guide exists

Lumin exists to keep older Australians well, connected, and supported in the home they have chosen, for as long as possible. Ageing in Place only works when the technology that enables it is fundable in the same system that funds care. From 1 November 2025, the Support at Home program replaced the Home Care Packages program [5][9], and with it came a defined funding architecture for assistive technology. This guide sets out, with references, exactly how a registered provider can fund the Lumin CareHub and the services delivered through it for Support at Home participants.

There are two funding rails, and both fund the Lumin CareHub proposition: Rail 1 pays for the equipment and its monitoring, and Rail 2 pays for the care delivered through it. The rails do not mix, and understanding the boundary between them is the single most important compliance point in this guide.

	Rail 1: the equipment (AT-HM scheme)	Rail 2: the care delivered through it (quarterly budget)
What it funds	The CareHub device and peripherals; delivery, installation and training (wraparound services); the prescription; 24/7 monitored emergency response and device-health monitoring for the funding period.	Human services delivered through the platform: nursing review of CareHub signals; daily wellbeing check-ins; individual social support; digital confidence coaching; allied health follow-up.
Funding source	Separate, upfront, tier-based AT-HM allocation, valid 12 months in most cases [1][5]	The participant's quarterly ongoing-services budget, claimed per the service list [6][9]
Key rule	Equipment claims only through this rail; AT-HM items can never be paid from the quarterly budget [1]	Service hours through the platform are fully claimable; the equipment itself is never claimed as a service line item [8]

The rails work together, not against each other. One CareHub can carry both: the AT-HM tier buys the device and its monitored service for the year, while the quarterly budget funds the human services delivered through it. Two things stay fixed. First, the quarterly budget can never pay for the device - whether purchased or rented, AT-HM items can only be funded through the AT-HM scheme [1]. Second, within the AT-HM bucket the CareHub competes with walkers, rails and bathroom equipment for the same tier - which is why the assessed need written into the support plan matters: it is what puts connection and safety on the shopping list alongside the grab rail.

2. Rail 1: the AT-HM scheme

2.1 The scheme in brief

The AT-HM scheme gives Support at Home participants separate access to assistive technology and home modifications without drawing on their quarterly budgets for ongoing services [1]. Participants are assessed for AT-HM as part of their aged care assessment and, if eligible, approved for a funding tier recorded in their Notice of Decision and support plan [1]. Funding is allocated through the AT-HM Priority Systems, which run separately from the Support at Home Priority System, so AT-HM funding may arrive before or after ongoing funding [1].

The boundary rule is explicit in Department guidance: AT-HM can only be funded through the AT-HM scheme. Participants are not able to use their Support at Home quarterly budget to pay for AT-HM items, even where unspent quarterly funds are available [1].

2.2 Funding tiers and what the funding covers

Assistive technology funding is allocated in three tiers. Amounts are indexed each 1 July; the Department describes the tiers in nominal terms (Low under $500, Medium up to $2,000, High up to $15,000 or more where needed) [1][5], with indexed rates published in the Schedule of Subsidies and Supplements, current publication dated 1 July 2026 [4]. Sector guidance reflecting the 1 July 2026 indexation cites Low $513, Medium $2,052 and High $15,390; confirm the current figures in the Schedule before quoting them to participants [4].

Tier	Indicative amount	Typical Lumin CareHub configuration
Low	Under $500 (indexed: $513)	Accessories and add-ons only - a full CareHub deployment exceeds this tier. Pendants, wall buttons and doorbells fit here (see Appendix).
Medium	Up to $2,000 (indexed: $2,052)	The standard deployment: device, delivery, white-glove onboarding, waterproof pendant and 12 months of monitored service in one package - sits comfortably within the tier (plans and pricing: Appendix).
High	Up to $15,000 (indexed: $15,390); more with evidence [1]	Complex needs: the CareHub alongside other prescribed AT, extra peripherals or wearables, multi-room configurations, or above-cap requests supported by evidence and a prescription [1].

Tier funding covers more than the item itself. It covers the items, a prescription from a health professional where one is needed, wraparound supports to ensure the participant can use the item safely and effectively, and administration and coordination activities [1]. In practice this means onboarding, training and configuration of the Lumin CareHub are claimable within the tier, not an extra the provider must absorb.

2.3 The monitoring subscription: what the Department says

The Department addresses monitored devices directly on the AT-HM scheme guidance page [1], using personal emergency alarms as its worked example. The exact wording is worth quoting in full, because it answers three questions at once: is subscription monitoring expected, where is it paid from, and how does it renew.

> *"AT-HM funding for personal emergency alarms pays for the device itself and ongoing monitoring for the 12-month funding period. If monitoring is needed after that time, the participant will need a reassessment. AT-HM can only be funded through the AT-HM scheme. Participants are not able to use their Support at Home quarterly budget to pay for AT-HM even if there are remaining funds available."*
>
> DoHDA, AT-HM scheme guidance, health.gov.au [1]

Those three sentences establish, in the Department's own words: (a) subscription monitoring is expected and intrinsic to the funded bundle, (b) the subscription is paid within the AT-HM tier, and (c) twelve months, then reassessment, is the rhythm. Funding is generally available for 12 months from the participant signing the service agreement, and must be spent, not merely committed, within the period [1][3]. Participants with specified progressive conditions automatically receive 24 months, extendable to 48 [1].

The claim-friendly Lumin structure follows directly: a single bundle of device plus 12 months of monitoring, priced within the participant's tier, with reassessment before expiry as the renewal mechanism. Provider monthly statements must indicate when a participant's AT-HM funding expires [1], which is also the natural prompt to schedule the reassessment.

2.4 Where the Lumin CareHub sits on the AT-HM list

The AT-HM list is the definitive list of products, equipment and home modifications accessible under the scheme, classified using the international ISO 9999:2022 taxonomy [2]. The Lumin CareHub's capabilities map to named inclusion categories, not to grey areas:

AT-HM list inclusion [2]	ISO 9999 code	Lumin CareHub capability
Personal emergency alarm systems	22 29 06	Integrated emergency duress, remotely monitored and managed, 24/7/365
Environmental emergency alarm systems	22 29 09	In-home safety and environmental alerting
Localising and tracking systems	22 29 12	Location and activity awareness, including for participants living with dementia
Signalling devices	22 29 03	Alerting and signalling functions
Multifunctional communication systems; software for distant communication	22 24 04; 22 24 24	Video calling, family connection, telehealth access
Assistive products for structuring time and activities; memory support products	22 28 09; 22 28 12	Routines, prompts and reminders
Products to enhance cognitive function: memory training; training in sequencing, attention, problem solving; social training	04 26	Cognitive games and engagement programs, where cognitive support or stimulation is an assessed need
Assistive products for administering non-liquid medicines (Low risk)	04 19 04	Medication reminders and adherence support
Electronic assistive products for operation and controlling devices (home modifications: wireless remote controls; software for operating electrical devices)	24 13	Smart home control of lights and appliances

Access categories: every inclusion mapped above, except assistive products for administering non-liquid medicines (04 19 04, Low risk), is classified Prescribed on the AT-HM list - the access category indicating prescription by a suitably qualified health professional - in practice a nurse, OT, physiotherapist or GP; see 2.5 [2][3].

One distinction on the list matters commercially. Generic computing devices are treated far more restrictively: portable computers and PDAs (ISO 22 33 06) are a conditional inclusion only, prescribed solely where software or applications are also prescribed and the older person has no capacity to buy, while desktop computers, operating software, browser software and televisions are excluded outright [2]. A purpose-built, prescribable platform mapped to the emergency-alarm and communication categories has a materially cleaner claiming path than an app running on a consumer tablet. The Lumin CareHub is purpose-built for Ageing in Place; it is not a repurposed tablet, and the AT-HM list is structured in exactly that direction.

The cognitive function category (04 26) deserves one note of discipline. The Lumin CareHub's cognitive games and engagement programs fall within this inclusion where cognitive support or stimulation is an assessed need in the support plan; general entertainment content is not a claiming basis, and the list excludes recreational household items such as televisions [2]. Frame the claim on the assessed cognitive need the platform addresses, with the engagement features as how it is delivered.

Also note the exclusions for clinical test equipment: blood pressure meters, ECG equipment, thermometers and scales are excluded from AT-HM as more appropriately funded by other systems [2]. Where vital-signs peripherals form part of a participant's care, they should be supplied through the clinical pathway (for example, a nursing or hospital-in-the-home provider), never claimed under AT-HM.

2.5 Prescriptions and evidence (position as at July 2026)

Prescription requirements operate on two layers: the prescription category each item carries on the AT-HM list, and when a prescription document must be lodged as claiming evidence. A prescription may be written by any suitably qualified health professional - a nurse or allied health professional - in any format they choose, and its cost is claimable within the tier [1]. Lodging it as evidence is required only in defined instances: above-cap high-tier requests and some conditional inclusions [1]. Home modifications are different: they must be prescribed by an occupational therapist [1]. The CareHub is assistive technology, not a home modification - the OT rule applies only where a deployment extends into the home's fabric, such as installed smart-home relays, wired controls and operating software (Home modifications, ISO 24 13) [2].

For a standard low or medium tier claim, prescription evidence is not lodged; however, every category the CareHub maps to is classified Prescribed on the AT-HM list, so Lumin supplies prescription-led at every tier. What is always required is an

assessed need documented in the participant's support plan [1][2]; attaching clinical documentation strengthens the evidence base and is mandatory for above-cap requests.

2.6 Contributions, sourcing, evidence and edge cases

• **Participant contributions:** AT-HM items are categorised as independence services, so participants contribute a means-tested share of the item cost; prescription and wraparound services are categorised as clinical supports and are fully government funded, and providers cannot ask participants to contribute to those components [1].

• **Sourcing:** providers are responsible for arranging and sourcing AT-HM items and services, and may purchase or loan assistive technology through an assistive technology supplier or private rental arrangements [1]. Lumin supplies registered providers directly as an assistive technology supplier; the rental pathway also expressly accommodates subscription-style supply. Lumin's process is quote-led: request a quote from Lumin, and either the participant submits it to their provider as the supporting document or, with the participant's consent, Lumin liaises directly with the provider contact to complete the arrangement [13]. A National AT Loans scheme is being explored with states and territories on a loan-before-buy principle; it was not implemented at program start and its scope was expanded for consultation in May 2026 [1]. Monitored, personalised platforms are not commodity loan items, but providers should watch the eventual AT Loans List.

• **Record keeping:** for every AT-HM item the provider must hold an invoice plus at least one additional piece of documentation demonstrating delivery, such as care notes, clinician records, the participant's signature on a delivery slip, or photos of the installed assistive technology at the participant's address [1]. Repairs and maintenance of AT purchased through the scheme are funded from the participant's AT-HM allocation; if funds have expired, a Support Plan Review can restore access [1].

• **Transitioned HCP participants:** participants who moved from the Home Care Packages program hold an AT-HM transitional tier with a $0 allocation and must use their Commonwealth unspent HCP funds first, claimed in a set order (provider-held portion, then the government-held portion via Services Australia) [1]. Unspent HCP balances are frequently substantial, and no carryover limit applies to them [5]; for many participants this is an immediately available pool for a Lumin CareHub deployment, with a Support Plan Review or reassessment available where balances are insufficient [1].

• **Short-term pathways:** participants on the Restorative Care Pathway can access assistive technology at all tiers, and End-of-Life Pathway participants can access low

and medium tiers [1]. A hospital-in-the-home or restorative episode is therefore a legitimate, funded entry point for the Lumin CareHub.

2.7 Fee caps, claiming window, registration and reporting

Administration and coordination fees are capped: for assistive technology, 10% of the cost or $500, whichever is lower (home modifications: 15% or $1,500). The cap applies to the item, item bundle or total quoted cost, and the total charged to a participant's funding cannot exceed the invoiced cost of items plus documented prescription, wraparound and administration/coordination charges (Program Manual, section 13.4) [10].

Claims are made in arrears through the Aged Care Provider Portal (individual PRODA account required), with up to 60 days after the end of the allocation period to submit a claim. Providers must also submit AT-HM scheme data via the AT-HM Health Data Portal [1][10].

Delivering and claiming AT-HM requires registration in Category 2 (service type: Assistive Technology and Home Modifications) under the Aged Care Act 2024; each participant's service agreement is held by their Category 4 provider [10].

A remote supplement applies automatically for participants in Modified Monash Model 6-7 areas [4].

3. Rail 2: services delivered through the CareHub

The Aged Care Act 2024 established a single aged care service list (section 8) that prescribes the services for which funding may be payable [8][11]. The Support at Home service list sets out in-scope and out-of-scope activities for each service type [6]. Several service types are directly relevant to care delivered through the Lumin CareHub, and they are claimed from the participant's quarterly budget in the ordinary way.

Service type	In-scope activities (verbatim from the service list) [8]	Delivered through the Lumin CareHub
Individual social support (Independence)	Assistance to participate in social interactions (in person or online); visiting services, telephone, and web-based check-in services	Scheduled video check-ins; supported participation in online social activity and village life
Digital education and support (Independence)	Provision of or assistance with access to training or direct assistance in the use of technologies to improve digital literacy (such as paying bills online,	Onboarding and coaching participants in using the platform, telehealth and digital social programs

Service type	In-scope activities (verbatim from the service list) [8]	Delivered through the Lumin CareHub
	accessing telehealth services and connecting with digital social programs)	
Nursing care (Clinical)	Assessment, treatment and monitoring of medically diagnosed clinical conditions; education; specialist service linkage	Nurse time reviewing CareHub signals, responding to alerts, remote clinical monitoring and education
Allied health and therapy (Clinical)	Clinical intervention, expertise, care and treatment, education, advice and supervision to improve capacity	Allied health consultations and programs delivered via the platform

3.1 The hard exclusions every provider must respect

The same service list draws the boundary in black and white. Both Individual social support and Digital education and support state that the service does not include personal alarms and home monitoring equipment, nor the purchase of smart devices for the purpose of online engagement [8]. In plain terms: the Lumin CareHub device and its monitoring subscription cannot be claimed as a social support or digital education line item. Equipment belongs on Rail 1. A provider that invoices a device or platform subscription against a service type is exposed in an assurance review; a provider that claims service hours delivered through the platform is operating exactly as the service list intends.

3.2 Pricing services delivered through the platform

Providers set their own prices for Support at Home services, subject to government price caps that apply from 1 July 2026 [10][12]. A provider's unit price for a service may legitimately reflect its costs of delivering that service, and technology that enables delivery is a cost of delivery. A provider that runs social support check-ins, nursing surveillance or allied health programs through the Lumin CareHub prices those service hours accordingly, within the caps, and discloses pricing in the service agreement and monthly statements as required [9]. The department has not published guidance endorsing this approach, so providers should take their own compliance advice; the defensible principle is that platform costs are met from care budgets only when embedded in the price of genuinely delivered services, never disguised as the service itself. It is also the stronger commercial story, because each funded hour reaches further when the platform carries part of the load.

4. Compliance guardrails at a glance

Do	Do not
Claim the Lumin CareHub device, set-up, wraparound support and 12 months of monitoring through the participant's AT-HM tier [1]	Claim any AT-HM item from the quarterly ongoing-services budget, even where unspent funds exist [1]
Document the assessed need in the support plan before supply [1][2]	Claim the device or monitoring subscription as "social support", "digital education" or any other service line item [8]
Hold an invoice plus at least one further piece of delivery evidence for every item [1]	Supply Prescribed-classified items with no health-professional involvement; prescription evidence must also be lodged for above-cap and conditional-inclusion items [1]
Show AT-HM funding expiry on monthly statements and diarise reassessment before the 12-month mark [1]	Charge participants a contribution on prescription or wraparound components, which are fully government funded [1]
Claim genuine service hours (social support, digital education, nursing, allied health) delivered through the platform from the quarterly budget [8]	Describe vital-signs peripherals (blood pressure, ECG) as AT-HM claimable; they are excluded from the scheme [2]

5. Worked examples

Example A: standard deployment, medium tier

A participant assessed with an AT-HM medium tier has a documented need for monitored emergency response and family connection. The provider sources a Lumin CareHub bundle from Lumin comprising the device, installation, onboarding and 12 months of remote monitoring, priced within the medium tier. A prescription is obtained from a suitably qualified health professional and funded within the tier; prescription evidence is not lodged at this tier [1], and the assessed need in the support plan is the qualifying evidence. The provider retains the invoice and a photo of the installed Lumin CareHub at the participant's address [1], claims through Services Australia against the AT-HM allocation, shows the funding expiry on monthly statements, and books a reassessment at month ten to continue monitoring into a new funding period [1]. The participant pays a means-tested contribution on the item component only [1].

Example B: complex deployment, high tier

A participant living alone with early cognitive change is approved for a high tier. The configuration adds passive-monitoring sensors, localising support and smart home control (all mapped inclusions [2]) to the standard bundle. The package is priced within the high tier; were it to exceed the cap, the provider would lodge the request form with a quote and a valid prescription from a suitably qualified health professional via the My Aged Care Service and Support Portal and validate it by phone [1].

Example C: transitioned HCP participant

A former HCP care recipient holds $9,000 in Commonwealth unspent funds and an AT-HM transitional tier. The provider claims the Lumin CareHub bundle against the unspent funds in the required order (provider-held portion first, then the government-held portion via Services Australia) [1]. No new assessment is needed to access the scheme [1]; if the unspent funds had been insufficient, the provider would seek an AT-HM tier through a Support Plan Review or reassessment [1].

Example D: services through the platform

The same participants receive twice-weekly web-based social check-ins (Individual social support), an initial digital-education block to build confidence with the platform and telehealth (Digital education and support), and registered-nurse review of monitoring signals with follow-up calls (Nursing care). Each is claimed as service hours from the quarterly budget at the provider's published prices within the applicable caps [8][10]. Social support attracts a means-tested participant contribution as an independence service; nursing care, as clinical support, is fully government funded [9].

6. Provider claiming checklist

1. Confirm the participant's AT-HM approval and funding tier in their Notice of Decision and support plan [1].
2. Confirm AT-HM funding has been allocated through the AT-HM Priority System and the provider has notified Services Australia [1].
3. For transitioned HCP participants, identify Commonwealth unspent HCP funds and apply them first, in the required order [1].
4. Confirm the assessed need for the relevant AT-HM list categories (for example, personal emergency alarm systems, 22 29 06) is documented in the support plan [1][2].

5. Obtain a prescription from a suitably qualified health professional (the CareHub's list categories are Prescribed-classified); lodge it as evidence where required (above-cap high tier, conditional inclusions) and fund it within the tier [1].
6. Source the Lumin CareHub bundle from Lumin as the assistive technology supplier, by purchase or rental arrangement, priced within the tier [1].
7. Deliver and install; retain the invoice plus at least one further piece of delivery evidence [1].
8. Claim against the AT-HM allocation, record the funding expiry on monthly statements, and finalise claims within the allowed window after expiry [1][3].
9. Set up the Rail 2 services (social support check-ins, digital education, nursing review) in the care plan and claim them as service hours from the quarterly budget [8].
10. Diarise reassessment before the 12-month funding expiry so monitoring continues without interruption [1].

7. A note on CHSP clients

The Commonwealth Home Support Programme continues as a separate program and will not transition into Support at Home before 1 July 2027 [12]. CHSP operates under the same single aged care service list, and its Equipment and products service type funds the sourcing, supply and provision of communication and information management products that have been recommended by the assessor or prescribed by an allied health professional, together with non-clinical wraparound services [8]. Providers supporting CHSP clients should claim through their CHSP arrangements rather than AT-HM; the same social support and digital education service types, with the same equipment exclusions, apply [8].

8. Frequently asked questions

FREQUENTLY ASKED QUESTIONS

“Does the Lumin CareHub need to be structured as a subscription?”

Yes, and it is. The Department expects device plus ongoing monitoring as a bundle for the 12-month funding period. The Lumin CareHub is supplied on that model.

“Can the monitoring subscription be claimed from the quarterly care budget?”

No. The paragraph quoted above states explicitly that AT-HM cannot be funded from the quarterly budget, even where unspent funds are available. Some competitor marketing suggests otherwise; that reading conflicts with the Department's guidance and creates assurance-review risk for the provider.

"Is a rental or subscription supply model permitted?"

Yes, explicitly. The AT-HM Scheme Guidelines confirm that providers may source items by purchase or through private rental arrangements [3]. Both models sit inside the participant's AT-HM tier.

"Who can write the prescription?"

Any suitably qualified health professional - a nurse on the provider's own staff, an OT or physiotherapist, or the participant's GP - in whatever format they choose; a short letter or email is fine [1][3]. The prescription cost is claimable within the participant's tier, and where a provider has no clinician on hand, Lumin arranges the prescription pathway as part of supply.

"Is the CareHub a home modification?"

No. The CareHub is assistive technology. Only home modifications must be OT-prescribed, and that applies where a deployment extends into the home's fabric: installed smart-home relays, wired controls and operating software sit under Home modifications on the AT-HM list (ISO 24 13) [1][2].

"What happens after the funded 12 months?"

The participant can be reassessed for a new AT-HM funding period to continue funded monitoring [1]; otherwise the subscription continues privately, billed by Lumin (see Appendix). Diarise the reassessment at month ten.

9. About the Lumin CareHub

The Lumin CareHub is a purpose-built, always-on platform for Ageing in Place: a 15.6-inch touchscreen device designed specifically for older Australians, integrating emergency duress, passive monitoring, medication reminders, family and community connection via the Supporters App, telehealth, and smart home control, remotely monitored and managed, 24/7/365, and backed by real people, always [13]. It is a winner of the Australian Good Design Award 2024 (Product Design: Excellence in Design and Innovation) and is deployed in settings from retirement communities to a public-hospital dementia ward. Because it requires no smartphone, no app download and no login, it reaches the participants that app-only approaches structurally cannot, which is precisely the population Support at Home exists to keep safe and

independent at home [13]. Further Support at Home resources for participants and families are published at mylumin.org [14].

To discuss supply arrangements, tier-aligned bundles or claiming support for your organisation: hello@mylumin.org | 1300 336 038 | mylumin.org

10. References

All Department of Health, Disability and Ageing (DoHDA) sources accessed and current as at 21 July 2026.

1. DoHDA, Assistive Technology and Home Modifications (AT-HM) scheme (program guidance page, accessed 23 July 2026).
   https://www.health.gov.au/our-work/support-at-home/delivering-services-for-support-at-home/assistive-technology-and-home-modifications-at-hm-scheme

2. DoHDA, Assistive Technology and Home Modifications list (AT-HM list), December 2025 edition.
   https://www.health.gov.au/sites/default/files/2025-12/assistive-technology-and-home-modifications-list-at-hm-list.pdf

3. DoHDA, Assistive Technology and Home Modifications (AT-HM) scheme guidelines, October 2025.
   https://www.health.gov.au/sites/default/files/2025-10/at-hm-scheme-guidelines_0.pdf

4. DoHDA, Schedule of Subsidies and Supplements for Support at Home, current issue (indexed each 1 July).
   https://www.health.gov.au/resources/publications/schedule-of-subsidies-and-supplements-for-support-at-home

5. DoHDA, Funding classifications for Support at Home, current as of 1 July 2026.
   https://www.health.gov.au/our-work/support-at-home/funding-for-support-at-home/funding-classifications-for-support-at-home

6. DoHDA, Support at Home service list (resource page and document).
   https://www.health.gov.au/resources/publications/support-at-home-service-list

7. DoHDA, Support at Home service list: FAQs, October 2025.
   https://www.health.gov.au/sites/default/files/2025-10/support-at-home-service-list-faqs.pdf

8. DoHDA, Appendix A: Inclusions and exclusions for the CHSP Service List (implementing the single aged care service list under the Aged Care Act 2024, s 8), October 2025. Verbatim service-type inclusions and exclusions quoted in Sections 3 and 7.
   https://www.health.gov.au/sites/default/files/2025-10/appendix_a_-_inclusions_and_exclusions_for_chsp_service_list_0.pdf

9. DoHDA, Services under Support at Home (provider guidance page).

https://www.health.gov.au/our-work/support-at-home/delivering-services-for-support-at-home/services-under-support-at-home

10. DoHDA, Support at Home Program Manual (current version, including Chapter 12/13: AT-HM scheme; pricing settings including price caps from 1 July 2026).
https://www.health.gov.au/our-work/support-at-home

11. Aged Care Act 2024 (Cth), section 8: aged care service list.
https://www.legislation.gov.au/

12. DoHDA, Support at Home program provider transition guide, v4.2, December 2025 (CHSP transition no earlier than 1 July 2027).
https://www.health.gov.au/sites/default/files/2025-12/support-at-home-program-provider-transition-guide.pdf

13. Lumin, About / FAQ and How It Works: product platform, device and services.
https://mylumin.org/about/faq/ · https://mylumin.org/how-it-works

14. Lumin, Support at Home resources for participants, families and care professionals.
https://mylumin.org/support-at-home-help/ · https://mylumin.org/support-at-home-services/

Appendix: Lumin plans, packages and pricing (AUD inc GST)

What's included	Just Connect	Ease of Mind	Rest Assured
IN EVERY PACKAGE			
Lumin CareHub	✓	✓	✓
Set-up and personalisation	✓	✓	✓
Delivery, onboarding and training	✓	✓	✓
2 bonus months of service	✓	✓	✓
STAY CONNECTED			
WiFi enabled	✓	✓	✓
Video, audio calls & messages	✓	✓	✓
Auto-answer on calls	✓	✓	✓
Share photos	✓	✓	✓
Free Supporters App for family	✓	✓	✓
Assigned landline number	–	✓	✓
Unlimited calls to national numbers	–	✓	✓
4G failover backup	–	✓	✓
STAY SAFE			
Emergency calls	–	✓	✓
Free emergency pendant	–	✓	✓
Block spam and scam calls	–	✓	✓
Connect to in-home duress devices	–	✓	✓
24/7 emergency call centre monitoring	–	–	✓
Proactive daily wellbeing checks (+$10/mo)	–	–	Optional
STAY INDEPENDENT			
Appointments & reminders	✓	✓	✓
Lumin TV, radio, games & entertainment	✓	✓	✓
Smart home controls[1]	✓	✓	✓
Direct access to Lumin support team	✓	✓	✓
PACKAGES - ONE UPFRONT PURCHASE, INC GST			
Starter - 2 months of service included	$1,329	$1,329	$1,329
6-month package (2 bonus months)	$1,429	$1,469	$1,549
12-month package (2 bonus months)	$1,559	$1,659	$1,849
24-month package	$1,844	$2,054	$2,474
48-month package	$2,414	$2,844	$3,724
CONTINUED SUBSCRIPTION AFTER THE INCLUDED PERIOD (BILLED BY LUMIN)			
Per month - no lock-in	$25	$35	$55
Per year - 12-month package holders	$285	$395	$625

[1] Smart home controls require compatible devices; additional costs may apply for relay installation. Installed relays are a home modification and take an OT prescription (see 2.5).

Add-ons at order: wireless doorbell $79 · wall button $109 · extra pendant $115 · duress wristband $125 · extra charger $49 · GEM Watch with fall detection $469 (+$35/mo watch monitoring). Continued monitoring can be re-funded at the participant's AT-HM reassessment [1].