

Australia

Funding the RoseCup through Government Programs from 1 November 2025

The RoseCup, a low-cost assistive drinking aid designed for individuals with dysphagia (swallowing difficulties), can be funded as assistive technology (AT) under three primary Australian Government schemes from 1 November 2025: the National Disability Insurance Scheme (NDIS) for people under 65 with permanent disabilities, the new Support at Home program (replacing Home Care Packages) for those 65 and older and the Clinical and Non-clinical support programs for Residential Aged Care.

Eligibility for funding under the first two schemes depends on the client's age, disability status, and assessed needs. The RoseCup qualifies as a low-cost AT item (typically under \$1,500) and often requires a recommendation from a speech pathologist or occupational therapist to confirm its role in safe eating/drinking.

The NDIS plans may incorporate staged "funding periods" (e.g., quarterly releases) if reassessed after May 2025, and the Support at Home program introduces dedicated upfront AT funding. Below is the step-by-step process for each scheme.

Scheme 1

Process for NDIS Participants (Under 65 with Permanent Disability)

The NDIS funds dysphagia-related AT like the RoseCup if it's directly linked to the disability, promotes independence, and meets "reasonable and necessary" criteria. Low-cost items like this can often be purchased directly from plan funds without prior approval, but evidence (e.g., a therapist report) strengthens inclusion in your plan.

1. Confirm NDIS Eligibility and Access Your Plan:
 - o If not already an NDIS participant, submit an access request via the NDIS website ([ndis.gov.au](https://www.ndis.gov.au)) or call 1800 800 110. Provide evidence of a permanent disability impacting daily life (e.g., medical diagnosis of dysphagia).

- o Undergo an assessment (planning meeting) with an NDIS planner. From 1 January 2025, new participants receive an "impairment notice" confirming eligibility.
 - o Request funding for AT in the "Improved Living" or "Core Supports" budget category. Reference the NDIS Dysphagia Supports guideline, which explicitly includes adaptive cutlery and drinking aids.
- 2. Obtain Professional Assessment and Recommendation:
 - o Consult a speech pathologist (NDIS-funded) for a mealtime management plan and recommendation for the RoseCup. Use the NDIS Nutrition and Dysphagia AT Supports assessment template (available on [ndis.gov.au](https://www.ndis.gov.au)).
 - o For low-cost AT, no formal quote is needed for amounts under \$1,500; include the therapist's report in your plan nomination to justify funding (e.g., how it reduces aspiration risks).
- 3. Include Funding in Your Plan:
 - o During plan creation or review (every 12 months), nominate the RoseCup with the therapist's report. Planners will allocate funding based on evidence.
 - o If your plan started or renewed after 19 May 2025, expect funding periods (e.g., 3-month stages for Core Supports; longer for AT). Unused funds roll over within the plan but not to the next one.
 - o Approval: Plans are typically approved within 14 days of the meeting.
- 4. Purchase the RoseCup:
 - o Use your NDIS funds via self-management, a plan manager, or NDIS-registered provider (e.g., Lifemere or AT suppliers).
 - o Buy directly from www.lifemere.com or approved vendors. Submit claims electronically via the NDIS portal.
 - o Timeline: Immediate once funds are active; low-cost items can be purchased off the shelf or online.
- 5. Review and Adjust:
 - o If needs change, request a plan reassessment anytime via your Local Area Coordinator or online. From 24 November 2025, updated pricing limits apply to AT claims.

Tips: Check the NDIS "In and Out List" (updated 2025) – RoseCup-like aids are "in" for disability-related dysphagia but "out" if covered by the health system (e.g., PBS for supplements). Contact NDIS at 1800 800 110 for free advice.

Scheme 2

Process for Support at Home Participants (65+ or Transitioning from Aged Care)

From 1 November 2025, the Support at Home program provides streamlined access to AT via the new Assistive Technology and Home Modifications (AT-HM) Scheme. This offers upfront funding (up to \$15,000 per item, tiered by need) separate from quarterly service budgets, making it faster for aids like the RoseCup. It's for older Australians needing help to stay at home, including those with dysphagia.

1. Contact My Aged Care for Eligibility Screening:
 - o Call 1800 200 422 or visit www.myagedcare.gov.au to request a screening. Provide details on your needs (e.g., swallowing difficulties affecting hydration).
 - o Eligibility: Australian resident, 65+ (50+ for Indigenous), needing help with daily tasks due to age-related disability. No assets test, but income-assessed contributions may apply.
2. Undergo a Needs Assessment:
 - o If eligible, book a free Regional Assessment Service (RAS) assessment (home visit or telehealth). An occupational therapist or allied health professional evaluates your dysphagia and recommends AT like the RoseCup.
 - o Use the IDDSI Framework (for fluid thickness) to match the RoseCup's attachments. The assessor will prescribe it if it supports safe drinking.
3. Receive Funding Allocation:
 - o Post-assessment (within 10 business days), get approved for a Support at Home package with dedicated AT-HM funding.
 - o Tiers: Level 1 (<\$500, immediate for low-cost like RoseCup); higher tiers up to \$15,000 with justification. Funding is upfront, not from service budgets.
 - o Sign a service agreement with your provider.
4. Purchase the RoseCup:
 - o Work with an approved AT provider (e.g., via the AT-HM list of eligible items) or directly from Lifemere.
 - o The program partners with states for a potential National AT Loans Scheme (staged rollout post-November 2025), allowing trials before purchase.
 - o Claims: Processed via the My Aged Care portal; items delivered within weeks.
5. Ongoing Review:
 - o Annual reassessment or as needs change. Short-term pathways (e.g., Restorative Care) can fast-track urgent dysphagia supports.

Tips: The AT-HM list (released January 2025) includes drinking aids. For end-of-life or high-priority cases, access the End-of-Life Pathway for expedited funding. Visit health.gov.au/support-at-home for the latest.

Key Differences and Next Steps

Aspect	NDIS (Under 65)	Support at Home (65+)
Eligibility	Permanent disability	Age-related needs to stay at home
Assessment	Speech pathologist report	RAS occupational therapist
Funding Release	Staged periods (post-May 2025)	Upfront AT-HM tiers
Cost Threshold	Low-cost: Direct buy (<\$1,500)	Up to \$15,000, immediate for basics
Contact	ndis.gov.au / 1800 800 110	myagedcare.gov.au / 1800 200 422

Start by determining the client's age and contacting the relevant intake line. For both, a speech pathologist referral is key—Lifemere (www.lifemere.com) can connect you. If the client has private health insurance or state schemes (e.g., QLD MASS), check for overlaps to avoid gaps.

Scheme 3

Process for Nursing Home Residents

Residential Aged Care funding operates under a separate model, with the government covering clinical care costs in full (including prescriptions for AT such as dysphagia aids). Non-clinical supports, such as general equipment, are funded through a mix of:

1. Australian National Aged Care Classification (AN-ACC) Funding:
 - o Providers receive per-resident funding based on assessed care needs (e.g., AN-ACC classes 1–8, with higher classes for complex dysphagia). This includes allocations for AT to support daily living, such as adaptive feeding devices.

- From 1 October 2025, updates to AN-ACC incorporate care minutes targets (e.g., 215–300+ minutes/day per resident) and a 24/7 Registered Nurse supplement, ensuring AT like the RoseCup can be prescribed and supplied as part of routine care.
 - Process: Facility staff (e.g., occupational therapist or speech pathologist) assess needs during admission or review, then procure AT from the budget. No separate client application needed—it's provider-managed.
2. Non-Clinical Care Contribution (NCCC):
- Residents contribute to non-clinical services (e.g., personal care, equipment maintenance) based on means testing (income/assets). Full pensioners pay ~\$12–\$60/week; self-funded retirees up to ~\$300/week max.
 - AT for independence (e.g., RoseCup) falls under "independence support" and requires a moderate contribution (e.g., 17.5–50% based on finances), but clinical prescription elements are fully government-funded.
 - Lifetime cap: No more than \$130,000 total contributions across home and residential care.
3. Supplements and Additional Streams:
- Viability Supplement: For facilities in rural/remote areas, boosting AT access.
 - Outbreak Management: Covers infection-control AT until 30 September 2025 (then integrated into base funding).
 - State/Territory Schemes: E.g., Queensland's MASS (Medical Aids Subsidy Scheme) provides subsidies for dysphagia devices (up to 80% coverage, ~\$1,500/year cap). Similar programs exist in NSW (Enable) or VIC (Equipment Solutions).
 - Private Options: Residents can use personal funds or private health insurance extras for non-subsidised items.

Funding Aspect	Support at Home (Community)	Residential Aged Care (Nursing Homes)
AT-HM Eligibility	Yes, for home-dwellers (up to \$15,000 upfront)	No—integrated into facility AN-ACC budget
Client Role	Apply via My Aged Care; moderate contribution	Provider handles; means-tested contribution
Key Contact	1800 200 422 (My Aged Care)	Facility manager or ACAT assessor
Dysphagia Example	RoseCup via therapist prescription	RoseCup via facility OT/SP, fully clinical

For nursing home residents needing dysphagia AT like the RoseCup, start with the facility's allied health team for an assessment—it's often covered without out-of-pocket costs beyond standard fees.

If transitioning home, contact My Aged Care immediately for the Support at Home intake.

Disclaimer:

The Australian Government Funding streams outlined above are Lifemere's November 2025 interpretation. Always verify with official sources, i.e. health.gov.au/our-work/support-at-home or myagedcare.gov.au, as rules evolve.