

Fees policy and schedule – summary of changes

May 2026

OFFICIAL

Key messages

The Department of Health (the department) has updated the fees policy and schedule applicable to the Community Health Program (CHP) and Home and Community Care Program for Younger People (HACC PYP), following an internal review of the existing policy and several rounds of feedback from the sector. Changes will improve equity, consistency and clarity in how fees are set for consumers and applied across all providers. Changes will take effect on **1 July 2026**.

Policy updates

The department will be updating information online for service providers and the public on the relevant websites prior to 1 July 2026.

- [HACC PYP – Schedule of fees](https://www.health.vic.gov.au/home-and-community-care/HACC-PYP-fees-policy-and-schedule-of-fees) <https://www.health.vic.gov.au/home-and-community-care/HACC PYP-fees-policy-and-schedule-of-fees>
- [CHP schedule of fees and income ranges](https://www.health.vic.gov.au/community-health/community-health-fees-schedule-and-income-ranges) <https://www.health.vic.gov.au/community-health/community-health-fees-schedule-and-income-ranges>
- [CHP access policy](https://www.health.vic.gov.au/community-health/community-health-program-access-policy) <https://www.health.vic.gov.au/community-health/community-health-program-access-policy>

Changes made to the existing policy are summarised as follows:

- **Consumer concession card status replaces income** as the basis for determining the fee payable by the consumer (**Table 1**).
- **Fees are standardised** at the same maximum amount for similar services delivered across the CHP and HACC PYP (e.g., allied health services will have identical fees in CHP and HACC PYP) (**Tables 2 & 3**).
- **Refined fee structure:** Providers may set low or medium fees at or below the maximum amounts set by the department (**Tables 2 & 3**) and based on the consumer's designated fee group (**Table 1**) but cannot set low or medium fees higher than the maximum prescribed by the department.
- **All fee maximums are set at whole dollar amounts** and providers are encouraged (but not required) to set their fees at whole dollar amounts.
- **Flexible fee capping for frequent care:** Providers are encouraged to cap fees for consumers frequently utilising a given service. For example, for a consumer requiring five nursing hours per week for several weeks, providers may elect to only charge the consumer for two sessions per week.

- **Services exempt from fees:** No fees are to be charged for the following CHP services:
 - Multidisciplinary Centre Community Health Nursing
 - Healthy Mothers/Healthy Babies
 - Refugee and Asylum Seeker Health
 - Family and Reproductive Rights Education Program (FARREP)
 - Innovative Health Services for Homeless Youth (IHSY)
- **Full fee-paying consumers:** Services delivered to consumers, where the consumer is charged a fee higher than the maximum fee set by the department, must not to be reported as service hours under the CHP or HACC PYP. If a consumer is paying a fee higher than the maximum set by the department, that service is being provided in a ‘private’ or ‘fee for service’ capacity, and does not count towards performance targets for Victorian Government funded activity.

Table 1: Fee group determination

CHP and HACC PYP consumers		Private / fee-for-service consumers
Low fee	Medium fee	Set by provider
<ul style="list-style-type: none"> • Holder of any valid concession card (see below). • Children of a concession card holder. 	<ul style="list-style-type: none"> • Consumer meets eligibility criteria but does not qualify for the low fee group (i.e., no concession card). 	<ul style="list-style-type: none"> • Consumer does not meet eligibility criteria for CHP or HACC PYP and accesses the service in a private capacity.

Valid concession cards

Consumers holding any of the following concession cards are eligible to pay the low fee:

- Pensioner Concession Card
- Health Care Card
- Commonwealth Seniors Health Card
- Victorian Seniors Card
- DVA Veteran Gold Card
- DVA Veteran White Card
- Foster Child Health Care Card
- Carer Allowance Health Care Card
- Ex-Carer Allowance (Child) Health Care Card

Ongoing obligations under the current and revised policy

To support consistent implementation of the new fees policy, please note the following parts of the current policy that remain unchanged but have not been consistently applied:

- **Inability to pay a fee cannot be used as a basis for refusing a service** to people who are assessed as eligible and requiring a service.
- **Provider discretion in applying fees:** CHP and HACC PYP providers are not required to charge fees for services delivered through these programs, however, where a provider does charge fees, they must only do so in accordance with this policy. Providers that charge fees are encouraged to reduce or waive fees

for consumers facing financial hardship or other access barriers. Providers are also encouraged to reduce or waive fees for short (e.g., follow-up) appointments.

- The fees schedule set by the department is to be followed by all providers that choose to charge fees for CHP and HACC PYP services; providers are not permitted to charge fees for CHP and HACC PYP services that are greater than those specified by the department.
- **Provider fee transparency:** Providers must clearly document and publish their fee schedules. All service fees should be publicly available, listed on the provider’s website, and displayed at service sites so that consumers are aware of the fee they may be charged. Publicly available fee schedules promote transparency and consistency and ensure consumers can make informed decisions about their care.
- **Reporting fee data:** Providers must report to the department on fees charged to consumers for CHP and HACC PYP activities. For the CHP, fee data is reported through the Community Health Minimum Data Set (CHMDS). For HACC-PYP, fee data is to be provided to the department upon request; at a minimum, providers should record how many hours of services are delivered to fee-paying consumers in the financial year.

Transition to new fees policy and schedule

To support a smooth transition to the new policy, providers must ensure that any changes to fees are clearly communicated to consumers. Where current fees are below those set out in the fee schedules (**Tables 2 and 3**), providers are encouraged to maintain fee levels for existing consumers or support consumers to manage fee increases through a gradual transition. Providers must consider the impact of changes to fees on vulnerable consumers and reduce or waive fees as appropriate.

Summary of current vs revised approach

Topic	Current approach	Revised approach (from 1 July 2026)
How fees are decided	Based on how much income a person earns	Based on whether a person has a concession card
Eligibility	Provide income information to the service	Show a valid concession card (eg. Health Care Card)
Who pays low fees	People whose income falls below set thresholds	People with a concession card and their children
Consistency between services	Fees and rules vary between programs and providers	Same maximum fees apply across Community Health Program activities and HACC PYP for the same service
Understanding fees upfront	Can be confusing and hard to compare	Clearer and simpler for consumers to understand
Flexibility for providers	Depends on local interpretation of income bands	Providers can still charge less than the maximum fee cap, including for shorter visits
Protection for vulnerable clients	Income doesn’t always reflect real barriers to care	Focuses on people most likely to face access barriers

Updated schedule of fees

Community Health Program

Table 2: Community Health Program schedule of fees

Fees are charged per visit/session unless otherwise specified.

Service	Low fee (maximum)	Medium fee (maximum)
Group Sessions	\$10	\$20
Nursing	\$14	\$28
Allied Health	\$14	\$28
Care Coordination	Nil	Nil
Interpreting	Nil	Nil
Initial Needs Identification	Nil	Nil
Other services and items (such as report writing, court attendance, orthotics, information materials, secondary consultations)	Where appropriate such service fees may be charged even when associated with a service which does not attract a fee (e.g. care coordination). Agencies may set these fees for each fee group at their discretion. Fees should be levied in a manner consistent with the exemptions and capping provisions included in this policy.	

HACC PYP

Table 3: HACC PYP schedule of fees

Fees are charged per visit/session unless otherwise specified.

Service	Low fee (maximum)	Medium fee (maximum)
Nursing	\$14	\$28
Allied Health Services	\$14	\$28
Community Care	\$14	\$28
Property Maintenance	\$14 plus cost of materials	\$28 plus cost of materials
Planned Activity Group	\$10 plus cost of meal if provided	\$20 plus cost of meal if provided
Delivered Meals	Full cost of meal	Full cost of meal
Access and Support	Nil	Nil
Assessment	Nil	Nil
Flexible Service Response – Social Support; Outreach	Nil	Nil
Volunteer-led activities	Nil	Nil

Service	Low fee (maximum)	Medium fee (maximum)
Linkages – Case Management	Nil	Nil
Linkages – Brokerage	<p>Fee should be charged based on the relevant HACC PYP activity provided. For example, if additional Community Care hours are purchased and delivered using brokerage funding, the fee charged should be aligned with the provider’s Community Care fee.</p> <p>Refer to the HACC PYP Guidelines and Linkages Guidance May 2026 (to be published online in May) for further detail.</p>	