Trilogy Care

Understanding home care options

Everything you need to know to make confident choices for care at home





Who is Trilogy Care?

Trilogy Care empowers you to live independently in the home you love for longer, by helping you build and manage a support plan that best suits your needs.

Our experienced team provides personalised care planning and budget administration, as well as the option for coordinating support, to help you maximise your care hours and your wellbeing.

Choice, value, and ease – backed by Trilogy Care's compassionate team of industry experts.

With Trilogy Care, you keep full visibility of your fees and your budget. We help you reduce your missed care rate by planning the right mix of services, checking in regularly, and making adjustments before the quarter ends, so more of your funding turns into care hours that support your goals at home.

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The information contained in this booklet was correct at the time of publication and is subject to change.



As we get older, the basics of living can become trickier. While the prospect of engaging with aged care services can feel daunting, accessing the right support at the right time is the best way to stay safe and independent.

'Aged care' encompasses a broad spectrum of services, ranging from cleaning and help with accessing appointments, to home modifications and accommodation in residential aged care facilities.

Finding the right services, tailored to your individual circumstances, can help you maintain your quality of life and stay connected with your community.

This introductory guide has been designed to help you understand aged care options available in Australia.

Government-subsidised aged care services

If it's time to seek additional support, the Australian Government may subsidise care in your own home or care in a residential setting.

My Aged Care is the body responsible for assessing eligibility for government-funded services and helping to identify the most appropriate type of care.

As part of your assessment, your income and assets will be reviewed to establish what proportion of your aged care costs you may be required to contribute.

Basic eligibility criteria for government-subsidised aged care:

Be 65 years or older
(50 years or older for Aboriginal or Torres Strait Islander people)

Need assistance with some everyday tasks.

HOME CARE AND SUPPORT

A range of services are available under the Australian Government's home care programs. From cooking and personal care, to social outings and nursing support—home care services are designed to help you live safely, comfortably and with dignity as you age.

Government-funded support is provided under two distinct programs:

- The 'entry-level' Commonwealth Home Support Programme (CHSP) for people with typically lower-level needs
- And the Support at Home program for people with more complex support requirements

The Support at Home program

Support at Home provides coordinated care and services to meet the assessed ageing-related care needs to eligible older people. The program includes 8 levels of ongoing funding to provide varying levels of care to a broad spectrum of older people with assessed needs, as well as 3 short-term support classifications.

SHORT-TERM CARE

Support at Home includes targeted short-term support options that respond to changes in a client's health, function, or life circumstances. These pathways help clients regain function, maintain independence, or remain at home during transition or end-of-life stages.

Restorative Care Pathway

This pathway provides short-term allied health and nursing services to help clients maintain or regain function. Support is available for up to 16 consecutive weeks. Access is subject to assessment and eligibility criteria.

End-of-Life Pathway

The End-of-Life Pathway offers intensive support to clients with a life expectancy of three months or less who wish to remain at home. A high-priority assessment is required for access. Clients may be eligible even if they are not already receiving Support at Home services. Funding of up to $25,000 is available and must be used within 12–16 weeks.

AT-HM SCHEME

If you need special equipment or changes to your home to stay safe and independent, the Support at Home program includes extra help through the AT-HM Scheme.

This scheme offers separate funding for things like:

- Mobility aids (e.g. walkers, wheelchairs)
- Home safety improvements (e.g. grab rails, ramps)

Support at Home replaced the Home Care Packages (HCP) and Short-Term Restorative Care (STRC) Programmes from 1 November 2025.

The CHSP will continue unchanged until at least 2027. It is not part of the initial transition to Support at Home.

In both programs, support is designed to help you remain living independently in your own home for as long as possible. What that looks like depends on your individual needs and preferences.

RESIDENTIAL CARE

When living at home is no longer safe or sustainable, you may wish to move into residential care. Aged care homes provide not only accommodation, but also 24/7 personal support — such as help with showering, mobility, and access to nursing or health services.

If you're feeling isolated due to mobility or health changes, residential care may offer a sense of community and consistent care that can be difficult to maintain at home.

Out-of-pocket costs include a means-tested care fee and a means-tested accommodation fee. Everyone entering residential care negotiates a room price, which may be paid via a refundable lump sum (RAD or RAC), a non-refundable daily payment (DAP or DAC), or a combination of both.

Please note, retirement villages and independent living units are not part of the Australian Government's aged care system.

OTHER SERVICES

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program offers culturally safe care designed to support older Aboriginal and Torres Strait Islander people. This model ensures services respect cultural interests, beliefs and community connections, and help people stay linked to family and Country.

PRIVATELY FUNDED HOME CARE

If you're not eligible for Australian Government-subsidised aged care, or feel you need an interim option for any reason, you can still access private home care services. However, you will have to pay full costs and it's worth noting that such services may be unregulated.

Support at Home funding levels

Your Support at Home funding is determined through an assessment that considers your ability to manage daily activities, personal care, health needs, and how much support you have from family or others around you. This ensures the level of funding aligns with your individual circumstances.

You will be assigned a classification level from 1 to 8 based on the outcome of your Single Assessment System assessment.

Each level reflects the complexity and frequency of support required to help you live independently at home.

Support at Home levels	Who is it for?
Levels 1-2	for people with basic to low care needs
Levels 3-4	for people with moderate to intermediate care needs
Levels 5–6	for people with high care needs
Levels 7–8	for people with very high or complex care needs

Once approved, your funding is paid as a subsidy directly to your chosen care provider to coordinate the services you need.

Transparent fees, no surprises

We publish prices clearly and explain expected client contributions before services start. Your Care Partner walks you through your monthly statement so you can see what was delivered, what's planned next, and how to keep your missed care rate low.



Each Support at Home level has a different amount of funding – currents rates are listed on the Department of Health and Aged Care's website.

Levels 1–2: Basic to low care needs

Clients at these levels are generally independent but benefit from support a few times a week, such as:

- personal care (e.g. showering or grooming)
- basic domestic assistance like cleaning or light gardening
- transport to appointments
- social and community engagement
- support with medications or simple care routines

Levels 3–4: Moderate to intermediate care needs

These levels are for clients who require support most days of the week across a broader range of activities, including:

- regular personal care
- assistance with mobility or memory
- help preparing meals
- use of assistive technology
- nursing care or health monitoring
- access to allied health services (e.g. physiotherapy)

Levels 5–6: High care needs

Clients in this group often need coordinated daily support, such as:

- comprehensive nursing care
- ongoing support for cognitive or behavioural changes
- assistance managing chronic health conditions
- frequent allied health therapies
- continence management and support with specialised equipment

Levels 7–8: Very high or complex care needs

These are the highest levels of classification under Support at Home, supporting clients with intensive, daily assistance, including:

- high-level clinical care and case coordination
- daily support for multiple physical, cognitive or psychological conditions
- access to specialised equipment or home modifications
- complex allied health and behavioural supports



SUPPLEMENTS

The Australian Government pays several supplements under the Support at Home program to help providers meet the cost of delivering care for specific needs. Under Support at Home, supplements are split into person-centred and provider-based supplements.

Thin market supplementary grants

Two-year grants via the Community Grants Hub to support providers in under-serviced areas, such as rural or remote locations. This is a provider-based supplement that does not increase client funding.

Enteral feeding supplement

For people who receive nutrients through a tube in their nose, stomach or small intestine.

Oxygen supplement

For people who have a medical need for continual oxygen therapy.

Veterans' supplement

For veterans with a mental health condition related to their service. Now included under the Diverse Needs – Care Management Additional Supplement.

There are currently two Veterans' supplements. The person-centred one provides clients with additional funding for services. The provider-based one gives the provider additional care management hours in the pool.

Diverse Needs – Care Management Additional Supplement

For people with complex or specific needs, including:

- Veterans eligible for the Veterans' supplement
- Aboriginal or Torres Strait Islander people
- People who are homeless or at risk of homelessness
- People referred by the Care Finder program
- Care leavers (e.g. survivors of forced adoption)

Note, this is a provider supplement.

Hardship supplement

For people who are in genuine financial hardship and unable to pay aged care contributions due to circumstances beyond their control.

Dementia and cognition supplement

No longer available under the Support at Home program. Existing recipients of discontinued supplements will have grandfathering arrangements to ensure they are not worse off under SAH.If re-assessed into a Support at Home classification through a Support Plan Review, clients will lose this supplement. Under Support at Home, all services are grouped into the following three categories, each with distinct rules for subsidies and client contributions.

Service classifications and client contributions

Clients contribute to the cost of their care based on the type of service received:

Clinical Support

Includes nursing and nursing care consumables, allied health, prescribed nutrition, and some therapeutic services.

- Fully subsidised by the government
- No client contribution required.

Independence Support

Includes personal care, social support, some therapeutic services, transport, assistive technology and home modifications, non-clinical continence management, and other daily living supports.

- Subsidised.
- Moderate client contribution based on income.

Everyday Living Support

Includes domestic help, gardening, home maintenance & repairs, and meals.

- Higher client contribution required.
- The cost of ingredients for meals is fully out-of-pocket.

Contribution rates are set as a percentage amount of the cost of a service, based on your income and age pension status:

- Lowest for full pensioners
- Moderate for part pensioners
- Highest for self-funded retirees

There is a lifetime contributions cap of $130,000, covering both in-home and residential care services.

All prices and contribution expectations are set by Services Australia. As the registered provider, Trilogy Care is required to collect these contribution rates.

AM I ELIGIBLE FOR THE SUPPORT AT HOME PROGRAM?

Eligibility for Support at Home is assessed by an aged care assessor using the Integrated Assessment Tool (IAT). The aged care assessor will make person-centred, culturally appropriate, trauma informed care recommendations based on the person's identified care needs, at that time. After conducting the assessment, you will receive a Notice of Decision setting out your eligibility for Support at Home and ongoing and/or short-term services.

This free assessment is usually carried out in your home, or wherever you're located (such as a hospital), and helps determine the level of support that's right for you under the Support at Home program.

In line with Aged Care Taskforce recommendations, under Support at Home clients make a greater contribution towards items they have paid or provided for themselves their entire lives.

QUESTIONS TO ASK WHEN RESEARCHING YOUR SUPPORT AT HOME FEES

- Are there any additional service fees?
- What are the hourly rates charged for care workers and service providers?

Remember: All Support at Home providers must publish a full price list of their services and costs online. Pricing can vary between providers, so to get the most out of your funding, you should compare service offerings and costs. Care management pricing is standardised, meaning pricing flexibility mainly applies to other services.

Support at Home service list

BASIC DAILY FEE

Support at Home offers a wide range of subsidised services across three categories: Clinical Support, Independence Support, and Everyday Living Support.

All services must meet the government-defined criteria for what is "in scope", and avoid anything listed as out of scope. This ensures services are safe, effective, and aligned with the Support at Home Service List and Assistive Technology and Home Modifications (AT-HM) guidelines.

Services are only subsidised if:

- They are listed as an in-scope item under SAH
- They relate to age-related or functional decline
- They are not already covered by the health system, other government programs, or private payments

Some services or items (such as general gym memberships, groceries, or non-prescribed supplements) are explicitly excluded and must be paid for in full by the client.

SUMMARY OF SERVICE TYPES

Category	Service examples	Who pays	Purpose
Clinical support	• Nursing care • Allied health • Prescribed nutrition	**Fully funded** (no client contribution)	Health care needs requiring clinical qualifications
Independence	• Community engagement • Personal care • Medication administration	**Partial contribution** based on means test	Helps with daily physical safety
Everyday living	• Domestic assistance • Home maintenance • Gardening • Meal delivery	**Higher contribution** based on means test	General household help and social access



Make the most of your funding

We help you keep your missed care rate low, so more of your funding goes to the care you need, empowering your independence

WHAT'S NOT COVERED

Support at Home only funds services directly related to your assessed care needs. Some things are not eligible, including:

- Daily expenses (e.g. rent, bills, groceries)
- Travel, holidays or leisure activities
- General home renovations or non-care-related upgrades
- Household appliances (e.g. fridges, washing machines)
- Medical costs already covered by Medicare or the PBS
- Personal expenses you'd normally pay from savings or income

To be funded, services must be:

- Included in the Support at Home Service List or AT-HM List; and approved in your support plan

Always check with your Care Partner before buying or booking a service.

ASSISTIVE TECHNOLOGY AND HOME MODIFICATIONS (AT-HM)

If you need special equipment or changes to your home to stay safe and independent, the Support at Home program includes extra help through the AT-HM Scheme.

This scheme offers separate funding (up to $15,000 over your lifetime for home modifications and $15,000 in a 12-month period for assistive technology) for things like:

- Mobility aids (e.g. walkers, wheelchairs)
- Home safety improvements (e.g. grab rails, ramps)

ASSISTIVE TECHNOLOGY

Funding tier	Funding allocation cap	Time allocated to expend funding
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000*	12 months
*Higher amounts for AT may be approved with prescription.		

HOME MODIFICATIONS

Funding tier	Funding allocation cap	Time allocated to expend funding
Low	$500	12 months
Medium	$2,000	12 months
High	$15,000	12 months

Source: Australian Government Department of Health and Aged Care



Assessment and Eligibility

MY AGED CARE

My Aged Care (MAC) is the entry point to the Australian Government's aged care services.

What does My Aged Care do?

MAC is a national service providing older Australians and their families and carers with information about the supports available to meet their needs, as well as assessing eligibility to access the relevant Government funding.

The service refers eligible applicants for formal needs assessment, provides referrals to relevant providers.

To begin the process, you'll need your Medicare card. If you're applying on someone's behalf, they will need to give their consent for you to do so.

WHAT IS AN AGED CARE ASSESSMENT?

Aged care assessments under the Support at Home Program are conducted by an aged care assessment organisation. Aged Care Assessors comprise professionals across health and community careincluding nurses, occupational therapists, and social workers. This multidisciplinary team works with you to understand your individual circumstances, care needs, and goals, so you can access the right level of support to continue living safely at home.

Assessments are free and usually take place in your home, or wherever you're currently located—such as in hospital or a residential setting.

MY AGED CARE:

Website: myagedcare.com.au

Phone: 1800 200 422

What to expect during your aged care assessment

An aged care assessment is required to access support through the Support at Home program. It involves gathering information about how you're managing across different areas of life – including your physical health, cognition, mental wellbeing, social supports, and daily living activities.

The assessment also includes a review of your home environment, personal safety, and any risks or vulnerabilities that may affect your ability to live independently.

You may choose to have a support person with you during the assessment, especially if you need help with communication or decision-making.

Checklist:

- Medicare card
- One other form of ID
- Contact details for your GP or other health professionals
- A copy of any referrals from your doctor
- Information on any supports you are currently receiving

Aged care assessors are trained health professionals, such as nurses or allied health staff, who are required to observe as well as listen. They may ask you to complete a simple everyday task — such as walking to the kitchen or preparing a drink — to better understand your functional needs.

Your informed consent is required before the assessment begins, and all information collected will help determine your eligibility and funding level under Support at Home.

What happens after an aged care assessment?

After your aged care assessment, you'll receive a letter confirming the outcome. This letter will include:

- The decision on whether you're eligible for the Support at Home program
- The services and supports you're eligible to receive
- The reasons for the decision, including evidence gathered during your assessment
- A copy of your personalised support plan, outlining your situation, strengths, care goals, and recommended services

This letter confirms the result of your assessment — but it does not mean your funding has been assigned yet. If you're approved for Support at Home, your classification level and funding will be allocated separately, based on a national priority system.

What does it mean to be allocated Support at Home funding?

You will be allocated Support at Home funding once you reach the front of the national 'queue'. The number of allocations is being increased over time, otherwise availability depends on people leaving the program or not accepting funding offered.



You'll be notified of your funding allocation via a letter from My Aged Care. This will include your referral code and the timeframe within which you'll need to enter into a Client Agreement to prevent your funding being withdrawn. This is usually 56 calendar days from the date your Support at Home funding was allocated.

You can request an additional 28-day extension by calling My Aged Care before your acceptance period has elapsed.

What is a referral code?

Your Referral Code is a unique number that allows your service provider to access your Support at Home referral summary. In doing so, they can review your identified needs and ensure that they're the right fit for you. Once suitability has been established, your referral code will be used to finalise sign-up and to access your Support at Home funding so that they can start delivering supports.

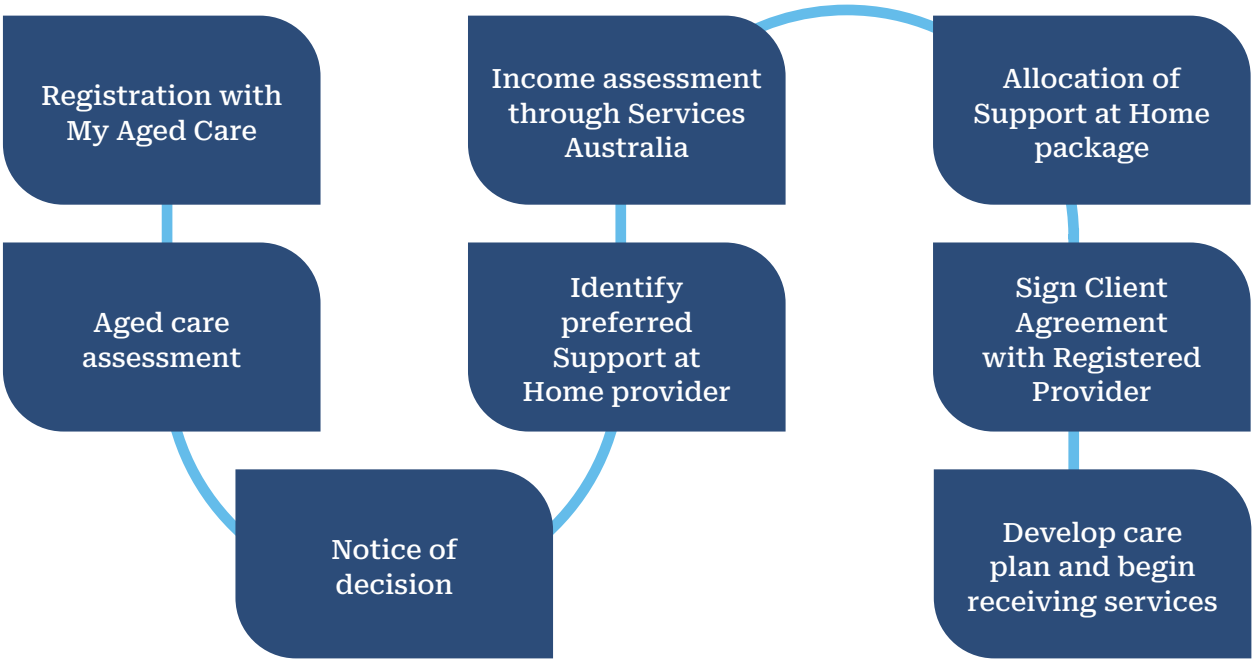
APPLYING FOR SUPPORT AT HOME

It's relatively quick and easy to begin the application process with My Aged Care.

The online application, takes just minutes to complete, or you can contact the contact centre directly on 1800 200 422. You can do this yourself or nominate someone else to help. You can also request a referral from your GP, health professional or hospital.

The process is the same regardless of which type of care you hope to receive. You will need your Medicare card and just 10-20 minutes to complete.

THE APPLICATION, APPROVAL AND ALLOCATION PROCESS



Trilogy Care is a registered Support at Home provider that empowers you to confidently self-manage your care so you can continue to live independently in the home you love for longer.

We provide two tiers of support for self-managing your Support at Home funding. Both tiers give you the absolute freedom to choose the support services and care workers you want, and when you want to use them.

We are completely transparent in our pricing and do not hide behind hidden costs, fees or surcharges.



Support at Home providers

Support at Home providers receive and manage subsidies for aged care services on your behalf. Their level of responsibility for delivering your services and managing your fees and payments will depend on your choice of provider.

Do I need a Support at Home provider?

Under the Support at Home program, you need to choose a registered provider to manage your funding and coordinate your care and services.

Your provider assigns a care partner, who works with you to develop your care plan, manage your quarterly budget, and ensure your services meet your needs and goals.

Each provider may offer different types of services, pricing models, and levels of involvement. You have the flexibility to choose a provider that aligns with your preferences, including how much control you'd like over who delivers your care and how your budget is used.

UNDERSTANDING YOUR MISSED CARE RATE

Your missed care rate is the percentage of your Support at Home budget that goes unused in a quarter. For example, using 70% of your budget means a 30% missed care rate. We plan your services proactively, monitor your monthly statements, and adjust your care plan so more of your budget turns into real support at home, and not unspent funds.

MAXIMISING YOUR SUPPORT AT HOME FUNDING

Trilogy Care partners with you to maximise your Support at Home funding each quarter. Our secure online client portal allows you to view your real-time budget balance, monitor services delivered, and access monthly statements. You can also use our quarterly funding calculator to plan ahead and ensure services match your budget. Your Care Partner provides individualised service mix reviews each quarter and alerts you if any underspend trends appear. We also offer tailored suggestions, such as using unspent funds for eligible equipment, home modifications, or short-term supports, which are based on your care goals and funding level. With Trilogy Care, every dollar works harder to support your safety, wellbeing and independence at home.

Your team, your schedule, your standards

Choose trusted locals you know

Set the rate, timing and frequency

We handle all checks and onboarding

This reinforces that you decide who, how and when — with a Care Partner alongside you.

PROVIDER OPTIONS

Self-managed providers

Support at Home is all about maintaining independence, so it makes sense that the system enables you to retain as much control with which you are comfortable. When it comes to administering your Support at Home funding, self-managed providers allow you to tailor your relationship to suit your preferred levels of choice and control.

That might mean they administer your quarterly budget, while you:

- Choose your own support workers (using approved worker platforms or local suppliers)
- Negotiate your services at rates you're comfortable paying
- Go directly to workers
- Or any variation in between

Trilogy Care is a self-managed Support at Home provider.

Fully managed providers

Fully managed home care is the more traditional route when it comes to home care.

Your chosen provider controls all aspects of your care, from planning to finances and everything in between. They will have their own staff and provide specific services.

With Trilogy Care's Fully Coordinated model, you'll receive coordinated care services while partnering with a dedicated care partner to guide and support your care journey.

Make the most of your care before it's lost

- We track your usage and missed care rate
- We nudge you before funding resets each quarter
- Booking services is fast and simple

Result: more activated care hours and nothing left behind.



Your rights

The purpose of the aged care system is to help you stay safe and well through services that are delivered respectfully and with dignity. The Australian Government has established charters and standards to ensure that the care you receive is of the quality you deserve.

CONSUMER DIRECTED CARE

Consumer Directed Care is a way of delivering care that 'gives individuals choice and flexibility'. These principles are enshrined in Aged Care law to ensure your rights are protected.

When it comes to Support at Home, that includes ensuring full financial transparency. You will be involved in developing your own individualised budget with your provider. A monthly statement of available funds and expenditure must also be provided, in a format that is easy to read and understand by you.

THE STATEMENT OF RIGHTS

Your aged care provider is required to help you understand your rights under the Statement of Rights before you begin receiving services.

If you're unhappy with your care, or the care being received by someone else, an aged care advocate can help you explore options and raise your concerns.

AGED CARE SAFETY STANDARDS

The Code of Conduct for Aged Care defines what good care looks like, within a clear framework:

The Code outlines 8 elements of expected behaviour:

1. Act with respect for people's rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
2. Act in a way that treats people with dignity and respect and values their diversity.
3. Act with respect for the privacy of people.
4. Provide care, supports and services safely and competently, with care and skill.
5. Act with integrity, honesty and transparency.
6. Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, support and services.
7. Provide care, supports and services free from:
    - all forms of violence, discrimination, exploitation, neglect and abuse, sexual misconduct.
8. Take all reasonable steps to prevent and respond to:
    - all forms of violence, discrimination, exploitation, neglect and abuse, sexual misconduct.

Glossary of terms

Assistive Technology and Home Modifications (AT-HM) Scheme

Support at Home funding stream for prescribed equipment and home modifications that help clients stay safe and independent at home.

AT-HM List

A definitive list of eligible items and modifications under the AT-HM Scheme. Includes categories for low-risk, under advice, and prescribed items.

Care Partner

Trilogy Care's term for the professional who supports the client to coordinate their services, manage their budget, and review their care plan. Equivalent to "Care Manager" in national program documents.

Care Plan

A plan developed between the client and their Care Partner that sets out the services to be delivered, how they will be provided, and the client's goals.

Client

An older person receiving aged care services through the Support at Home program. (Replaces the term "participant" used in government documents.)

Client Contribution

The amount a client is required to pay for services under Support at Home. Contributions are based on means testing and vary by service category.

Classification (Support at Home)

A level from 1 to 8 assigned to each client following a needs assessment. Determines the client's quarterly budget for ongoing services.

End-of-Life Pathway

A short-term support option under Support at Home for clients with a prognosis of three months or less who wish to remain at home. Provides up to $25,000 in funding over 12–16 weeks.

Everyday Living Support

Category of Support at Home services that includes domestic assistance, meals, transport, and other non-clinical daily tasks. Requires the highest client contribution.

Independence Support

Category of services that support personal care, assistive equipment, and home modifications. Client contributions are lower than for everyday living services.

Means Testing

The government process of assessing income and assets to determine a client's eligibility for reduced contributions under Support at Home.

Missed care rate

The proportion of your quarterly budget not used on services (100% minus the percentage spent).

My Aged Care

The national entry point for aged care services. Manages assessments, referrals, and registration for government-subsidised aged care.

National Priority System (NPS)

The government's waitlist used prior to 1 November 2025 to assign clients to home care packages. Now used to manage wait times for Support at Home funding.

Quarterly Budget

Funding allocation received every three months under Support at Home. Includes a capped amount based on classification and supplements. Up to $1,000 or 10% can carry over to the next quarter.

Restorative Care Pathway

A short-term pathway under Support at Home providing up to 16 weeks of allied health or reablement services for clients experiencing functional decline.

Self-Management

An option under Support at Home where clients engage and coordinate their own support workers and services, within the rules of the program and with support from their Care Partner.

Short-Term Classification

Funding categories that apply for time-limited support: Restorative Care, End-of-Life, or AT-HM.

Support at Home

The Australian Government's in-home aged care program that commenced 1 November 2025. Replaces the Home Care Package (HCP) and Short-Term Restorative Care (STRC) programs.

Support Plan Review

A scheduled or as-needed review of the client's needs, classification, and care plan. May lead to a reclassification or funding adjustment.

Helpful contacts

AGED CARE QUALITY AND SAFETY COMMISSION

Website: agedcarequality.gov.au
Phone: 1800 951 822

DEPARTMENT OF HEALTH AND AGED CARE

Website: health.gov.au
Phone: 1800 020 103

DEPARTMENT OF HEALTH AND AGED CARE – ELDER ABUSE PHONE LINE

Phone: 1800 353 374

MY AGED CARE

Website: myagedcare.com.au
Phone: 1800 200 422

OPAN – OLDER PERSONS ADVOCACY NETWORK

Website: opan.org.au
Phone: 1800 700 600

SERVICES AUSTRALIA

Website: servicesaustralia.gov.au
Phone: 132 300

TRILOGY CARE

Website: trilogycare.com.au
Phone: 1300 459 190



Trilogy Care

Our services

SUPPORT AT HOME MANAGEMENT

Trilogy Care is a registered Support at Home provider. We empower you to confidently manage your Support at Home funding so that you can continue to live independently in the home you love for longer.

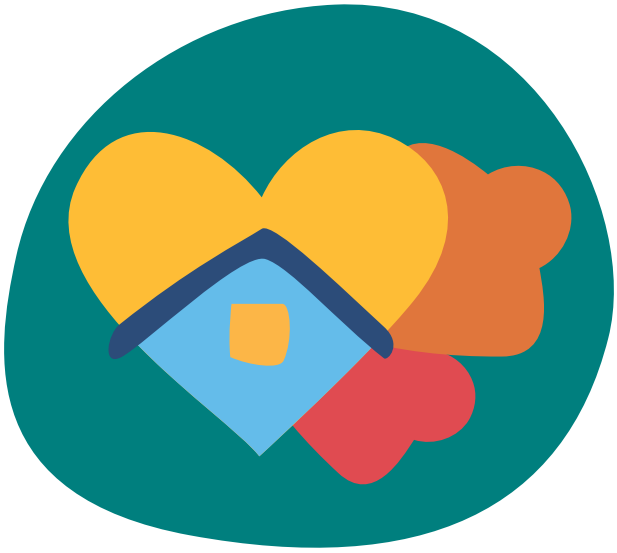
With the option of two tiers of Support at Home management – Self Managed and Fully Coordinated – you can have as much or as little direct control over the management of your home care as you want and need.

With Trilogy Care, you have absolute freedom to choose the services and providers you want, when you want them, and at a rate you are comfortable paying.

Support that's all about you and the life you want to lead.

For more help understanding your care options, contact us today:

trilogycare.com.au | 1300 459 190



Trilogy Care

Contact Us

Start your Self Managed or Fully Coordinated home care journey to receive better value from your Support at Home funding today!

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