Note: The information in this PowerPoint is true and accurate at time of presentation (29/1/25) and is subject to change.

JANUARY INFORMATION SESSION: QUESTIONS/ ANSWERS

Leading with Care: Role Clarity and Excellence in 2025!

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Trilogy Care

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QUESTIONS

Asked by you...

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***What does home maintenance cover, please?***

Home maintenance covers tasks that help promote independence and ensure functional safety, and accessibility of the home. These services must relate to an age-related care need and be essential for the care recipient's health and wellbeing—not for general home improvement or aesthetic upgrades.

Safety-related maintenance

- Fixing or replacing broken steps, handrails, or ramps
- Installing or repairing grab rails, non-slip flooring, or door handles
- Securing loose carpets, cords, or trip hazards

Essential minor repairs

- Plumbing fixes (e.g., leaking taps that present a hazard)
- Electrical repairs (e.g., fixing a broken light switch for safety)
- Garden and yard maintenance (for safety, not aesthetics)
- Clearing overgrown paths to prevent falls
- Removing fallen branches or debris
- Mowing overgrown grass if it poses a hazard

It must be reasonably assumed that any works funded by the HCP would have been carried out by a person not specially trained, prior to age related decline. The service must be considered reasonable, necessary, and support the recipient's ability to live safely at home. If unsure, please consult your care partner.

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***Hours of business on weekends still appropriate for emergency phone calls for care recipients?***

In an emergency, care recipients should always contact emergency services (000) first. Your availability on weekends should be clearly communicated to care recipients, including who to contact when you are not available. Ensure they have information about alternative support options, such as:

- Your official business hours and response times.
- An after-hours or backup contact (if applicable).
- Emergency services (000) for medical or urgent situations.
- Relevant support hotlines (e.g., My Aged Care, state-based health services).

Question: ***Can you define 24 business hours please? Mentioned 24-hour reporting - sirs - Incidents etc***

For SIRS and incident reporting:

- Trilogy Care must report Priority 1 SIRS incidents to the Aged Care Quality and Safety Commission within 24 hours of receiving information related to the incident.
- As soon as you become aware of an incident, it must be reported to Trilogy Care immediately to ensure timely action.

Question: ***Bi-monthly can mean either twice a month or every two months—can you clarify?***

In this context, "bi-monthly" means every two months.

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***Simply support - needs some assistance with support worker hours and her role - I do not approve worker hours. I thought this was done by Trilogy Care?***

The care coordinator must have oversight of the workers they have engaged for their care recipients. Some suggestions would be to:

- Set clear expectations for the worker, ideally through a service agreement signed by both the care recipient and the worker.
- Monitor invoices and bills in the Trilogy Portal to verify hours worked.
- Request shift notes from workers after each shift to ensure services were provided as expected.

By maintaining oversight, you can help ensure services are delivered appropriately and within budget.

Question: ***How many hours as an average would OTs need for home mods assessment /scope?***

The number of hours an OT requires for a home modifications assessment and scope can vary depending on the complexity of the modifications needed. However, as an **average guideline**:

- Standard Home Modifications Assessment: 2 – 4 hours (including travel, assessment, report writing)
- Minor Home Modifications (e.g., grab rails, ramps, handrails) 2–3 hours
- Moderate Home Modifications (e.g., bathroom alterations, widening doorways) 3–4 hours
- Complex Home Modifications Assessment (involving detailed planning, liaising with builders) 5 – 8+ hours
  - Major structural changes (e.g., wheelchair-accessible bathrooms, lift installations)
  - Requires multiple site visits, drawings, and reports

OTs also need time for client consultation, functional assessments, liaising with builders, suppliers etc.

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***Is there a cheat sheet available for each state outlining building modifications and their requirements?***

We are currently developing an easy-reference guide for state-specific building modification requirements. In the meantime, if you have any specific queries regarding building regulations in a particular state, please reach out to the Compliance team for assistance.

Question: ***Are we able to access a list of companies already registered with Trilogy Care? This would be very convenient for care coordinators.***

Unfortunately, this is not available currently due to privacy considerations. However, the development team is currently working on updates to the Portal that will allow for easier access to this information in the future.
If you need to confirm whether a provider is registered, please reach out to the Partnerships or Compliance team for assistance.

Trilogy Care does have an ever-growing list of Premium Suppliers. We will be unpacking these in our February Information Session.

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***How can I search for community nurse services for wound care at home that are free of charge? I tried a Google search, but sometimes I couldn't find the right information.***

Free wound care services are generally not available. Community nursing services, including wound care, are funded through:

- Home Care Packages (HCP) – If there is available funding in the package.
- Commonwealth Home Support Program (CHSP) – For those eligible who are not yet on an HCP.
- Palliative Care Programs – If the client qualifies for end-of-life care services.
- Transitional Care Services – If recently discharged from the hospital and needing short-term support.

If your client does not have sufficient funding in their HCP for community nursing services, please contact their Care Partner for assistance in exploring options.

Question: ***Does respite care need to be overnight, or can it be for just a day?***

In the Home Care Package (HCP) setting, respite care does not need to be overnight—it can be provided for a day or part of a day, depending on the needs of the consumer and their carer.

Further information on Respite can be found in the HCP Operations Manual under Section 10.12 Respite Home Care Packages Program- Operational Manual

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***Do respite options not include overnight or weekend stays away from home (e.g., regional or farm stays)? Please provide details on what or who constitutes a respite care provider.***
Additionally, what are the typical types of respite care for aged care? I understand they generally include cottage respite and residential respite.

No, HCP funding does not cover overnight, or weekend stays away from home, such as regional or farm stays. HCP funds can only be used for respite services that align with approved aged care supports, such as in-home respite or certain day-based respite services.

- Cottage Respite – Small, home-like environments for short stays (often available under CHSP).
- Residential Respite – Short stays in an aged care facility.
- In-home Respite – A care worker provides support at home for a few hours or a full day.
- Day Respite – Group-based respite programs run in community or day centres.

Question: ***ACAT is only seeing clients for upgrades that were submitted in May 2024. Therefore, waiting until they are nearly out of funds (under $2,000) is not really feasible for our area.***

Unfortunately, ACAT prioritises upgrades based on urgency. If a client has unspent funds above a certain threshold, ACAT may close the request, and the upgrade will not progress unless we can demonstrate a very high risk to the client's wellbeing.

To help bridge the gap until an upgrade is approved, we will secure CHSP codes where possible to assist with unmet care needs. This ensures clients continue receiving essential support while waiting for their Home Care Package level to be increased.

QUESTIONS FROM THE INFORMATION SESSION

Question: ***How can I search for the medical conditions that are eligible for CAPS?***

To search for medical conditions eligible for the Continence Aids Payment Scheme (CAPS), follow these steps:

1. Check the Government Website
   Visit the official CAPS eligibility page on the Department of Health and Aged Care website: https://www.servicesaustralia.gov.au/continence-aids-payment-scheme-caps
2. Review the Eligibility Criteria
   A person may be eligible for CAPS if they have permanent and severe incontinence caused by a neurological or non-neurological condition, such as:
   •Neurological conditions (e.g., multiple sclerosis, spinal cord injury, stroke, Parkinson's disease).
   •Non-neurological conditions (e.g., severe chronic bowel/bladder dysfunction, congenital abnormalities).
3. Search for Medical Conditions in CAPS Guidelines
   Download the CAPS Guidelines from My Aged Care or Services Australia, which typically list qualifying conditions.
4. Speak to a Healthcare Provider
   A GP, continence nurse, or specialist can confirm if a condition qualifies for CAPS and assist with the application.

Question: ***Does the HCP level affect CAPS eligibility, similar to MASS?***

No, the HCP level does NOT affect eligibility for CAPS. CAPS eligibility is based solely on medical need, not on a person's HCP level. However, if a care recipient is receiving CAPS funding, they may not use HCP funds to purchase continence aids
In contrast, MASS in Queensland does consider HCP levels when determining eligibility. If a person has a Level 3 or 4 HCP, they are generally not eligible for MASS assistance, as they are expected to use their HCP funds for medical aids.

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***There were clients whose GPs signed their CAPS application forms, but the GP used general terms like 'pelvic floor weakness' instead of the specific terminology accepted by CAPS. CAPS defines the condition as 'permanent and severe incontinence.***

If a GP only writes general terms such as *"pelvic floor weakness"*, this may not be sufficient for approval, as it does not explicitly state a qualifying medical diagnosis.

In this case the below steps may help to ensure correct terminology:

- Refer the GP to the CAPS Guidelines – The application should use accepted medical terminology (e.g., *"severe stress urinary incontinence due to post-prostatectomy"*, *"neurogenic bladder due to spinal cord injury"*).
- Provide Supporting Clinical Documentation – A continence assessment from a specialist or continence nurse can help clarify the diagnosis.
- Request the GP to Update the Form – If a submission is rejected due to vague terminology, the GP may need to amend and resubmit the application.

QUESTIONS FROM THE INFORMATION SESSION

Responses to questions raised during the three sessions ...

Question: ***Care plans often go missing because the consumer has dementia. Can the care plan be emailed to the worker?***

The full care plan cannot be emailed, as it contains sensitive information such as budgets and other private details. However, you can discuss with the client whether they would be comfortable sharing only the care needs portion with their workers. This section can be downloaded as a PDF, and only the relevant parts can be sent electronically to ensure privacy while still providing necessary care information.
It is important that the coordinator obtains consent from the client or, if an Enduring Power of Attorney (EPOA) has been enacted, from the appointed EPOA before sharing any information.

Question: ***Issues with the portal?***

Please access the FAQ's- online chat with the IT team via https://portal.support.trilogycare.com.au/

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