Trilogy Care

Overview Training: Support at Home

Session 1: An Orientation for recently partnered Care Coordinators

June 2026 | V1.1

Acknowledgement of Country

Trilogy Care acknowledges the Traditional Custodians of the lands on which we work and live across Australia.

We pay our respects to Elders past, present, and emerging, and recognise the continuing connection of Aboriginal and Torres Strait Islander peoples to land, waters, and community.

What We'll Cover Today

10 modules, ~1 hour. This deck also functions as a resource pack with hyperlinks to external resources.

1

Your Team

Building strong working relationships starts with understanding who to contact for different needs.

Your Two Key Contacts

Trilogy Care has dedicated channels designed to support you efficiently in your coordination role. Understanding who to contact for specific needs ensures faster resolution and better client outcomes.

Partnership Manager

Supports you with non-care needs. Main contact for business and onboarding matters.

- Supporting you before a client becomes active
- Keeping you updated on process changes
- Broader account/finance questions
- Ongoing development & capacity building
- Business development & marketing guidance

Care Partner

Partners with you to manage clients' care plans and budgets. Assigned when your first client is active.

- Reviewing & approving requests for active clients
- Actioning care-related requests
- Invoicing matters
- Supporting you with client-specific account issues

No matter how many clients you have, you will have ONE Partnership Manager and ONE Care Partner.

Who to Contact Quick Reference

Situation	Contact
Before a client is active	Partnership Manager
Active client care needs	Care Partner
Onboarding difficulties	Partnership Manager
Client-specific account issues	Care Partner
Broader account/finance questions	Partnership Manager
Business growth & marketing	Partnership Manager
Incident report submitted	Clinical Team (via form)
Unsure?	Partnership Manager first

2

About Trilogy Care

Our story, mission, and how we work together to support older Australians.

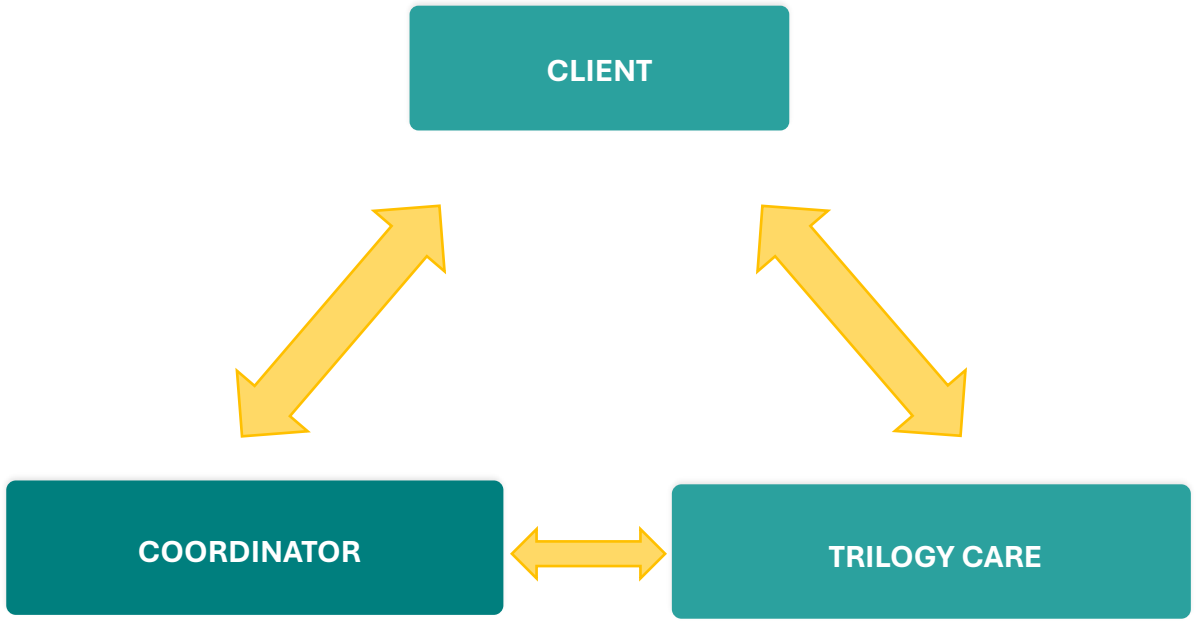
Our Mission & Model

“After being inspired by my parents-in-law's Home Care journey, I founded Trilogy Care to assist people everywhere in Australia to self-manage their Home Care Package and experience the benefits that my family have received."

James Whitelaw, Founder

Founder's Story (2.5 min video)

The Relationship Triangle



Key Principles:

- Client at the top centre of everything
- Coordinator + TC work together
- Transparency & choice: clients must know TC is their approved provider
- TC holds financial & clinical governance as the Aged Care Provider
- You coordinate care day-to-day

Organisational Support Behind You

Your PM and Care Partner liaise with these internal teams on your behalf.

Care Team

Assessment, Care Partners, Clinical Nurses

Quality Compliance

Partner performance reviews

Business Development

Partnership Managers, onboarding & growth

Package Management

Accounts, finance

Workforce Compliance

Worker verification, audits, insurance

Operations

Regulatory compliance, ACQSC

3

The Aged Care Sector

Navigate the landscape of Australia's aged care system, including program structures, quality standards, and regulation.

Legislative Framework

Aged Care Act

In effect from 1 November 2025

- Rights-based legislation putting older people at the centre
- Replaced the previous Act (found unfit by the Royal Commission)
- Structured around people, not providers

Key instruments:

Statement of Rights

Entitlements and protections for older people

Statement of Principles

How the system should operate

Aged Care Rules 2025

Operational rules for providers

Code of Conduct

Behavioural expectations for all workers

Strengthened Quality Standards

Requirements for quality and safe aged care

Aged Care Act Overview

Strengthened Aged Care Quality Standards

In effect 1 July 2025. These underpin everything you do as a coordinator.

1. **The Individual**
   Rights, dignity, choice, self-determination
2. **The Organisation**
   Governance, workforce, risk management
3. **The Care and Services**
   Assessment, planning, safe delivery
4. **The Environment**
   Safety, accessibility, home modifications
5. **Clinical Care**
   Open disclosure, continuous improvement

Note: 6: Food and Nutrition and 7: The Resident Community do not apply to Trilogy Care as a Support at Home provider.

Quality Standards Resource Centre

Aged Care Code of Conduct

- Act with respect for people's rights to freedom of expression, self-determination and decision-making
- Act in a way that treats people with dignity and respect and values their diversity
- Act with respect for the privacy of people
- Provide care, support and services safely and competently
- Act with integrity, honesty and transparency
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, support and services
- Provide care, support and services free from violence, discrimination, exploitation, neglect, abuse and sexual misconduct
- Provide care, support and services free from violence, discrimination, exploitation, neglect, abuse and sexual misconduct

Aged Care Code of Conduct

Statement of Rights & Statement of Principles

Both sit at the heart of the Aged Care Act 2024. As a coordinator, they define what your clients are entitled to — and how the system expects you to deliver.

Statement of Rights

What your clients are entitled to under the Aged Care Act 2024. Your obligations as a coordinator flow directly from these.

- Independence, autonomy and freedom of choice: clients direct their own care
- Equitable access: services are available regardless of background or circumstance
- Quality and safe services: care is delivered to a safe, consistent standard
- Respect for privacy and information: client data is handled appropriately
- Access to advocates and social connections — clients can involve supporters and stay connected

Video: The Statement of Rights - introduction for providers and workers

Statement of Principles

How the system is designed to work. Your practice should reflect these principles in every interaction.

- **Person-centred care** The safety, health, wellbeing and quality of life of every older person is always the first priority. Recognise each client as an individual - their preferences, needs and rights matter.
- **Empowering workers and carers** The system values workers and recognises the role of carers and advocates. You are empowered to give feedback and support improvement in how care is delivered.
- **Transparent and sustainable** The system is accountable to the people who use it and work within it. Information is accessible and clear. Communicate openly with your clients.
- **Continuous improvement** The system should always aim to improve. Feedback, complaints and new ideas are welcomed - not just tolerated. Raise issues when you see them.

Your obligation: Coordinators must ensure services are consistent with the Statement of Rights. This applies directly to how you engage with every client, every day.

Two Key Programs: CHSP vs Support at Home

CHSP

Commonwealth Home Support Programme

- Entry-level, lower-care needs
- Multiple referral codes (one per service)
- Client works with MULTIPLE providers
- Co-contributions per service
- TC is NOT a CHSP provider
- Merging into SaH no earlier than 1 Jul 2027

Code format: Multiple codes

1-XXXXXXXXX (Personal Care)

1-XXXXXXXXX (Domestic)

Support at Home (SaH)

Formerly Home Care Packages

Support at Home Manual

- More complex needs
- ONE referral code for all services
- Client signs with ONE approved provider
- Client-directed, coordinated care
- 8 funding levels (Levels 1–8)
- This is the program TC operates under

Code format: Single code

1-XXXXXXXXXXXXX

Eligibility Requirements

To be eligible for aged care supports, you must be aged:

- 65 years or older (50 years or older for Aboriginal or Torres Strait Islander people), or
- 50 years or older (45 years or older for Aboriginal and Torres Strait Islander people), on a low income and homeless, or at risk of being homeless.

Learn more:myagedcare.gov.au/support-home-program

IMPORTANT: Clients may have been granted access to other schemes or programs while waiting for, or in addition to SaH - it is important to be aware of these to prevent duplication (double dipping)

My Aged Care (MAC)

Australian Government | myagedcare

My Aged Care is the consumer's starting point to access government-funded aged care services.

Key Information for Coordinators

- Clients must also contact **Services Australia** as part of Support at Home to determine their contributions
- MAC provides excellent resources to broaden your knowledge of the Support at Home program
- Clients can apply for assessment online, making the process more accessible

Contact Hours

Phone: 1800 200 422

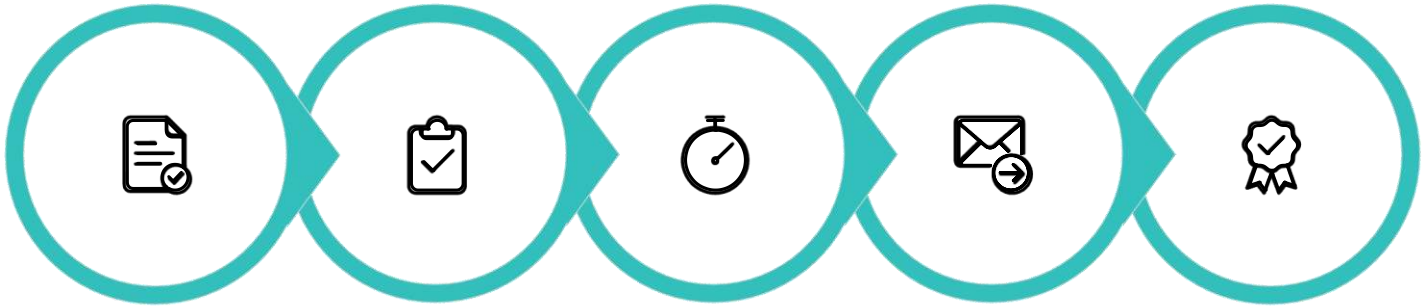
- Monday to Friday: 8am to 8pm
- Saturdays: 10am to 2pm

Apply for assessment online

Registering a supporter- Coordinators can NOT register as supports under SaH due to conflict of interest

Getting Support at Home Funding: The Journey

Understanding the complete journey from initial registration to package assignment helps you guide clients through the process and manage their expectations. Each stage has specific requirements and timeframes.



Register | **Assessment** | **Waitlist** | **Readiness Letter** | **SaH Assigned**

1 Register with My Aged Care

The consumer contacts My Aged Care (1800 200 422) or applies online to register for aged care services. This creates their record in the national system.

2 Complete Single Assessment

Aged Care Assessment Team conducts a comprehensive assessment of the person's care needs, living situation, and goals.

3 Join National Priority System

Based on the assessment, the consumer is placed on the National Priority System (wait list) according to their care needs and priority level (urgent, high, medium, standard).

Check Wait times on MAC

4 Receive Readiness Letter

The consumer receives their 'approval letter.' It is recommended that the consumer completes their income assessment at this time. Under SaH, they MUST speak to Services Australia to determine co-contributions.

5 Package Assignment

When a package becomes available, the consumer receives a letter with their unique referral code. This confirms their SaH category (1-8) has been assigned.

6 Sign with Provider

The consumer can now proceed to signing with an approved aged care provider like Trilogy Care to begin receiving services.

4

Rights & Obligations

Dignity, choice & control, and the complaints process.

How to work well with older people’s needs.

Dignity & Choice: Informed Consent

What is Informed Consent?

The person (or their representative) has:

- Been given clear, understandable information about the service/decision
- Been presented with options and choice
- Had the opportunity to ask questions
- Voluntarily agreed without pressure
- Capacity to make the decision
- The right to change their mind

When You Need Consent

- Before commencing any care services
- Before changing care arrangements
- Before sharing information with third parties
- Before taking photos or recordings
- Before a request to increase fees
- When introducing new service providers
- When making referrals

Document consent in care notes.

Supported Decision-making

- The Aged Care Act 2024 recognises the important role of families and carers in the lives of older people, creating a new model for supported decision-making.
- If a client lacks capacity to consent, consent must be obtained from their legally appointed representative (e.g. Power of Attorney, Guardian, or person responsible under relevant state legislation). Always verify the legal authority of the person claiming to act on behalf of a client.

Complaints Process

Complaints are opportunities for improvement. Make it easy for clients to raise concerns.

1

Client raises concern

Any channel

2

Report to Trilogy Care

Via your CP or PM

3

TC investigates & responds

Within timeframes

4

Resolution & follow-up

Continuous improvement

External Escalation

Clients always have the right to escalate externally. They should be informed of these options:

- Aged Care Quality and Safety Commission: 1800 951 822
- Older Persons Advocacy Network (OPAN): 1800 700 600
- Commonwealth Ombudsman

You must NEVER discourage a client from making a complaint or escalating externally.

Making a complaint at Trilogy Care

At Trilogy Care, we highly value any complaints and feedback, as they help us improve the quality of services we can provide to aged care consumers. Anyone can make a complaint or provide feedback by

- calling us on 1300 459 190
- emailing us at info@trilogycare.com.au
- filling out and submitting a feedback and complaints form.

Communicating with Older People

Mindset first: Accessing aged care is often an emotional and uncertain time for clients. Clear, compassionate communication helps them feel supported and understand the system they are navigating. Speak at a pace that suits them, check for understanding, and always document the outcome of your conversations.

Best Practices

- **Ask about preferences** Phone, written or face-to-face - ask first, never assume.
- **Optimise the environment** Reduce background noise; choose quiet spaces for important conversations.
- **Speak clearly and at a steady pace** Natural volume and clear enunciation - avoid shouting.
- **Use visual communication** Body language, gestures and facial expressions add context and meaning.
- **Confirm understanding** Ask them to repeat key information back to you to prevent misunderstandings.
- **Provide written support** Offer large print materials and information in their preferred language.
- **Encourage communication aids** Hearing aids, glasses and assistive devices should be in use during important conversations.

Dignity of Risk

The right of individuals to make their own choices - including taking reasonable risks to live independently and enjoy life, even if others disagree or are concerned about those risks.

What this means for you:

- You can encourage clients to access supports. You cannot compel them.
- If a client declines a recommended service, respect that decision and document it clearly in their notes.
- Do not override a client's choice because you or others disagree with it - this is a rights issue.
- Your role is to inform, support and advocate - not to decide on their behalf.

Remember: Effective communication is the foundation of care coordination. How you communicate is just as important as what you communicate.

Cultural Safety & Diversity

Providing inclusive care that respects and responds to each person's cultural identity.

What is Cultural Safety?

An environment where a person feels safe in their identity cultural, spiritual, linguistic, gender, sexuality, disability.

It goes beyond cultural awareness (knowing about differences) to ensuring the person feels their identity is respected and reflected in their care.

In Practice

- Ask about preferences, don’t assume
- Respect dietary and spiritual practices
- Consider language needs (interpreter services)
- Match workers to client preferences where possible
- Understand intersectionality (multiple identities)
- Document cultural needs in care plans
- Recognise your own cultural lens

Priority Groups

Aboriginal & Torres Strait Islander peoples | CALD communities | LGBTQI+ older people | People living with disability | People in rural & remote areas | Veterans | People experiencing homelessness or at risk

5

Care Coordination

Documentation, budgets, and your day-to-day responsibilities.

Client Types You'll Encounter

The transition from HCP to SaH created three client categories. Each has different rules, and impacts your client's experience of their package.

GRANDFATHERED

Existing HCP clients who transitioned on 1 Nov 2025

- "No Worse Off" Principle
- On HCP (1-4) funding level until reassessed
- Daily subsidy -> Quarterly Budget
- Income Tested Fee -> Co-Contribution
- Services mapped to new SaH classification – will not receive less support
- HCP unspent funds will roll across – will no longer accrue *

HYBRID

Assessed before 1 Nov but commenced after 1 Nov

- On HCP (1-4) funding level until reassessed
- New SaH Co-Contribution rules
- Quarterly budget
- Funds do not accrue*

NEW SaH

Assessed and commenced under the new Act

- SaH (1-8) funding classifications
- Full SaH contribution model
- Quarterly budget
- Funds do not accrue*
- All new rules apply from day 1

*rollover = 10% of unspent funds up to max $1000 only claimable in the following quarter - any unspent funds returned to the Government

Case Noting: Documentation Requirements

Good documentation protects the client, you, and Trilogy Care. It's also a regulatory requirement.

What to Document

- Important discussions with participants and their registered supporters or carers
- Meetings or case conferences about the participant
- Changes to care needs or circumstances
- Service delivery notes (what was provided)
- Incidents and near-misses, and observations
- Referrals made and outcomes
- Progress toward goals
- Anything the client wants noted

Documentation Standards

- Timely: record as close to the event as possible
- Accurate: factual, objective, no opinions
- Complete: include date, time, who was involved
- Legible: clear, professional language
- Relevant: related to the client's care

Use the TC Portal for all care notes.

Ensure notes are in the client's file, not just in email/text messages.

What NOT to do

1. **Do not record opinions, assumptions or judgements:** Write what you observed or what was said - not what you think it means.
2. **Do not leave it for later:** If it isn't documented at the time, it didn't happen. Delayed notes are harder to defend, and memory fades fast.
3. **Do not use vague or non-specific language:** A case note should tell the next person exactly what happened, what was discussed, and what the outcome was.
4. **Do not keep important information in emails or text messages:** If it matters for the client's care, it belongs in the TC Portal, in the client's file. Conversations stored only in inboxes are inaccessible to the care team, invisible in audits, and can get lost in the mix.

Budget Management

Understanding how SaH budgets work helps you plan services effectively.

Quarterly Budget Structure

- Annual budget divided into 4 quarters
- Each quarter = ¼ of total annual budget
- Budget resets each quarter
- Unspent funds rule-change since HCP
- Cannot exceed quarterly allocation

Rollover Rules

Unspent quarterly funds can roll over to the next quarter, limited to the HIGHER of:

- $1,000 OR 10% of the quarterly budget

These funds are only available in the following quarter. Any additional unspent funds are returned to the government.

Building a budget

- The Budget is drafted during the Care Plan Meeting.
- The Assessment Partner works with the client to allocate their funding across the services they need.
- The budget must balance. The total planned spend cannot exceed the quarterly allocation plus any carried-forward funds.
- If the client's needs exceed their funding, you must work with them to prioritise essential services, and talk to your CP about reassessment

Modifying a Budget

Budgets are not static. When a client's needs change, the budget must be updated:

- Discuss the change with the client and get their agreement.
- Submit the modification request through the Portal.
- Care Partner reviews and approves the change.
- The updated budget is reflected in the client's profile.

Common reasons for budget modifications include adding a new service type, changing service frequency, accommodating a price change, or removing a service the client no longer needs. Always end-date services that are no longer being delivered rather than leaving them active in the budget.

Budget Management

Understanding how SaH budgets work helps you plan services effectively.

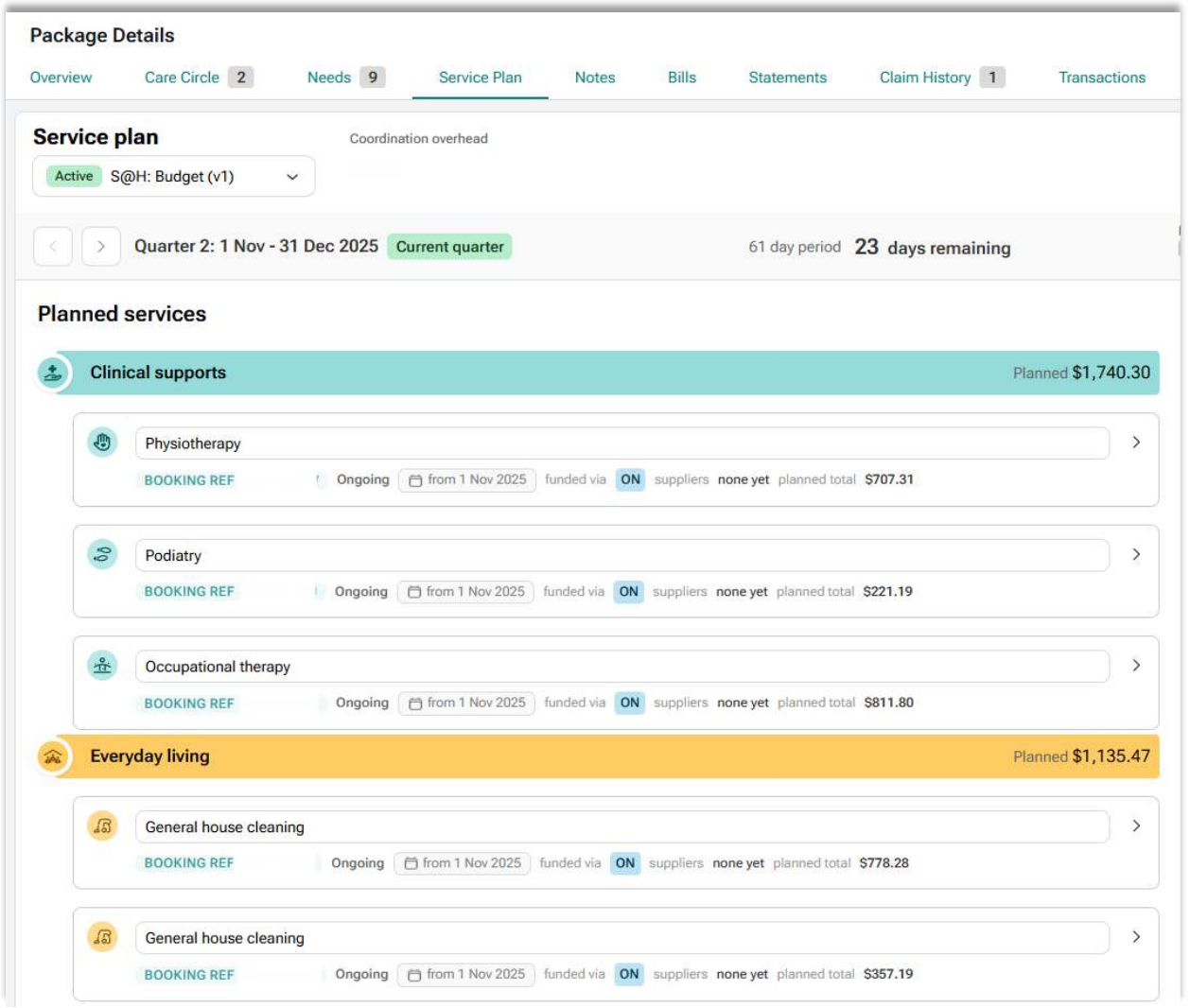
Weekly Monitoring

As a coordinator, you should review your clients' budgets at least weekly. Look for:

- Spend tracking higher than planned (early warning of overspend).
- Services being delivered but not appearing in approved bills (billing gap).
- Large one-off expenses that were not budgeted for.
- Significant underspend that suggests services are not being delivered as planned.

Critical Requirements

1. **Stick to the Care Plan and Budget** – Coordinators must adhere to approved budgets to prevent overspending. Under SaH, overspending is not permitted.
2. **Request Additional Services** – If additional services or supports are required:
   - Submit a request via the Portal
   - Wait for approval before proceeding



Service Types: Support at Home

The Support at Home program encompasses a comprehensive range of services designed to keep people well, independent, safe in their home, and connected to their community. Understanding these service categories and funding streams is essential for effective care planning.

Category	Service Type
Clinical Care	Allied Health and Other Therapeutic Services
	Nursing Care
	Nutrition
	Care Management
	Restorative Care Management
Independence Services	Personal Care
	Social Support and Community Engagement
	Therapeutic Services for Independent Living
	Respite
	Transport
	Assistive Tech and Home Modifications (AT-HM)
Everyday Living Services	Meals
	Domestic Assistance
	Home Maintenance and Repairs

ADDITIONAL FUNDING STREAMS

AT-HM

Assistive Technology and Home Modifications funding available in Low ($500), Medium ($2,000), and High ($15,000) tiers

Restorative Care Pathway

Up to $6,000 for 16 weeks of intensive support support focused on regaining independence

End-of-Life Pathway

$25,000 for 12 weeks of palliative and comfort care

Support at Home classifications explained

Important: Keep an eye out for re-classification of SaH services as the government can make changes to these

Funding Structure

The Support at Home program introduces significant changes to funding, moving from four levels to eight classifications with additional specialised pathways.

Source: health.gov.au – Funding Classifications for Support at Home (updated 21 May 2026)

Support at Home – Ongoing Service Funding Classifications

Transitioned HCP levels shown in blue — funding remains at transitioned level until reassessment

Support Classification	Quarterly Budget	Annual Amount
1	$2,682.75	$10,731.00
Transitioned HCP Level 1	**$2,746.63**	**$10,986.50**
2	$4,008.61	$16,034.45
Transitioned HCP Level 2	**$4,829.86**	**$19,319.45**
3	$5,491.43	$21,965.70
4	$7,424.10	$29,696.40
5	$9,924.35	$39,697.40
Transitioned HCP Level 3	**$10,513.83**	**$42,055.30**
6	$12,028.58	$48,114.30
7	$14,537.04	$58,148.15
Transitioned HCP Level 4	**$15,939.55**	**$63,758.20**
8	$19,526.59	$78,106.35

- Amounts effective 1 November 2025 — indexed annually each July
- 10% for care management is already included within all quarterly budgets shown above
- Care coordination fee: 0–30% of ongoing quarterly budget
- Clients transitioned from HCP prior to 1 November 2025: funding remains at transitioned level until reassessment is required

Sources: health.gov.au – AT-HM Scheme (updated 23 Mar 2026) & Prices for Support at Home Participants (updated 27 May 2026)

AT-HM Scheme & Short-Term Pathways

Classification / Tier	Funding Allocation	Funding Period
AT-HM SCHEME		
Assistive Technology (AT)		
Low	Under $500	Up to 12 months †
Medium	Up to $2,000	Up to 12 months †
High	Up to $15,000 (or more if assessed) ‡	Up to 12 months †
Home Modifications (HM)		
Low	Under $500	Up to 12 months ††
Medium	Up to $2,000	Up to 12 months ††
High	Up to $15,000	Up to 12 months ††
SHORT-TERM PATHWAYS		
Restorative Care	~$6,000	Up to 16 weeks
End-of-Life	~$25,000	12 weeks (up to 16 weeks)

† AT funding period: participants with progressive conditions receive 24 months automatically (extendable to 48 months)

†† HM High tier: may be extended to 24 months with evidence of progress provided to Services Australia

‡ AT High: funding above $15,000 requires a request form, quotes and a valid prescription; processed within 14 calendar days

- Unspent HCP funds must be used before AT-HM scheme funding can be accessed
- Prescription & wrap-around services: classified as clinical supports — fully government funded, no participant contribution
- AT-HM items (equipment/modifications): classified as independence services — participant contribution applies
- AT administration fee cap: 10% of cost or $500 (whichever is lower)
- HM coordination fee cap: 15% of cost or $1,500 (whichever is lower)
- Pathway access: Restorative Care — AT (all tiers) + HM (low & medium only) | End-of-Life — AT (low & medium only)
- End-of-Life: second round of funding for those living beyond 12 weeks commences early 2027
- Care management for short-term pathways: claimed against the relevant funding account (not the 10% set-aside)

6

Incident Reporting & SIRS

Recognising incidents, your reporting obligations,
and the Serious Incident Response Scheme.

What is an incident?

An incident is any act, event, occurrence, or circumstance that has resulted in (or could reasonably result in) harm to a client. Includes:

- *Accidents*
- *Injuries*
- *Illness*

Which can be a

- *Witnessed Account*
- *Allegation*
- *Suspicion*

All incidents must be recorded, regardless of severity.

Every incident is an opportunity to learn. Trilogy Care's Clinical Team analyses incident data to identify trends, systemic issues, and areas for improvement. As a coordinator, you contribute by:

- Providing thorough, accurate incident reports.
- Participating in reviews when requested.
- Implementing changes to your practice based on investigation findings.
- Reporting near-misses, not just incidents that caused actual harm.

Key Risks in Aged Care

Aged Care Quality Standards (Standard 5.5): Providers must identify, monitor and manage risk. As a coordinator, your role is to observe changes, document concerns, and escalate to the right people promptly.

Falls & Mobility

Environmental hazards, mobility issues, medication effects, or health conditions that increase fall likelihood. Requires home safety assessment and appropriate interventions

Nutrition & Hydration

Poor nutrition, weight loss, dehydration. May need dietetic assessment, meal services, or modified texture foods.

Mental Health

Lack of social connections, loneliness, depression risk. Address through social support services, community access, and connection programs.

Choking & Swallowing

Support safe eating and drinking. Identify swallowing difficulties and escalate promptly.

Medication

Incorrect dosing, drug interactions, non-compliance, or storage issues.

May require pharmacy review, medication management plan, or Webster pack arrangement.

Cognitive Decline

Memory issues, confusion, dementia progression. Requires appropriate support services, environmental modifications, and caregiver education.

Pain

Identify and respond to pain, including for clients who cannot communicate it verbally.

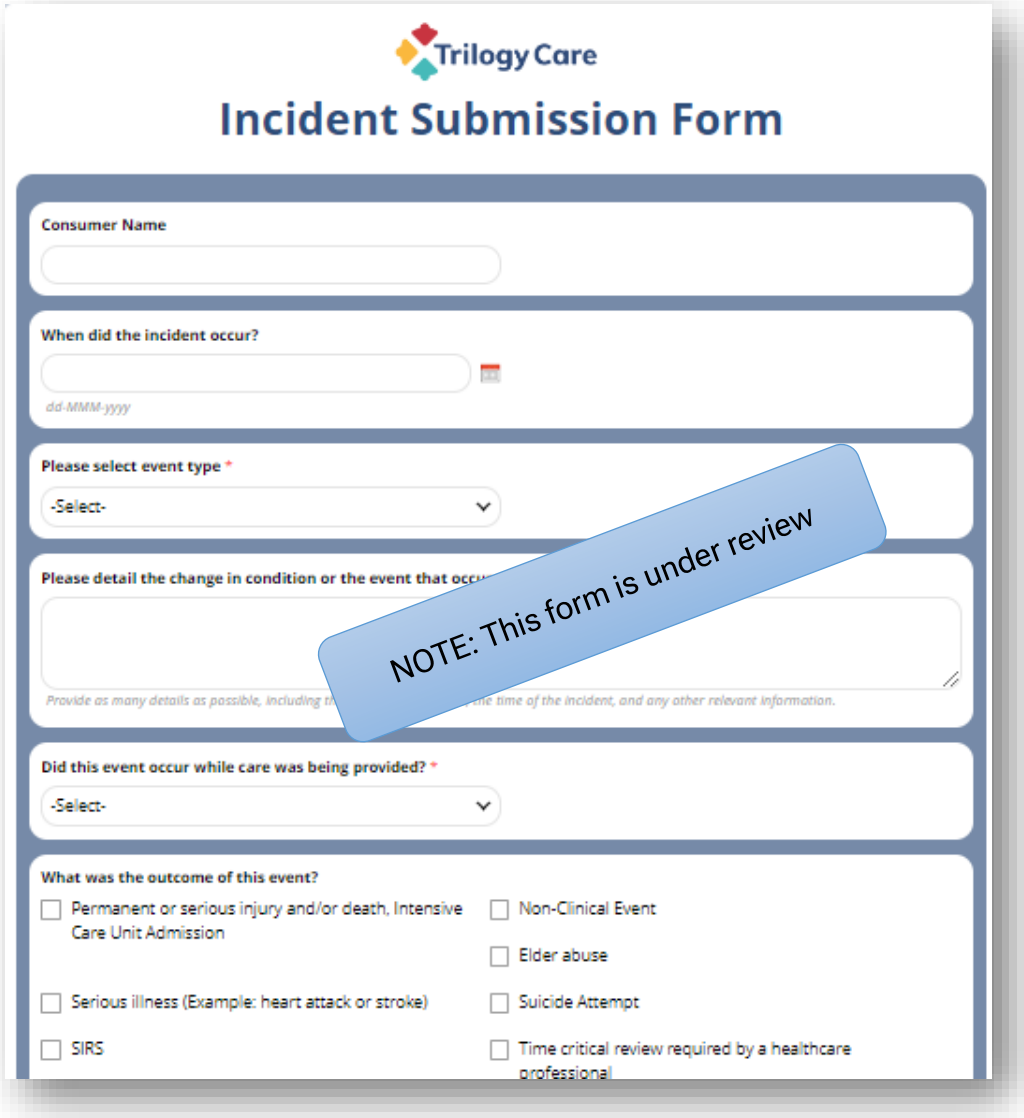
Pressure Injury & Wounds

Prevent and manage pressure injuries and wounds.

Sensory Impairment

Support use of hearing aids, glasses and assistive devices. Identify hearing/vision decline.

Incident Submission Form



Why it matters

Reporting a change in condition, an incident or accident is critical in ensuring Trilogy Care can continue to safely support a client's care needs and manage their home care package effectively.

An incident or accident may relate to an event that occurred whilst receiving care services or not.

What will happen

The Care Management team will contact the client and their representative (if applicable) to discuss the matter and determine the most appropriate course of action.

IMPORTANT: you must ensure full name and correct spelling of the consumer as it is recorded on The Portal.

Incident Form.

SIRS - Serious Incident Response Scheme

SIRS is a government scheme requiring providers to identify, record, manage and resolve serious incidents.

Report ALL suspected or witnessed incidents immediately via the TC Incident Form even if you're unsure.

The 8 Reportable Incident Types

- Unreasonable use of force
- unlawful sexual contact or inappropriate sexual conduct
- Psychological/emotional abuse
- Stealing or financial coercion
- Neglect
- Inappropriate use of restrictive practices
- unexplained absence in the course of delivery of care)
- unexpected death

How to Report an Incident

Your obligation: report immediately. TC Clinical Team will manage the response.

1

Ensure Safety

Make sure the client (and others) are safe. Call 000 if there is an immediate risk to life.

2

Support the Client

Check in on the client. Offer reassurance. Acknowledge the impact. Connect them with support services if needed.

3

Complete the TC Incident Form

Available on the TC Website. Document what happened factually. Include date, time, people involved.

4

Notify Your Care Partner

Call your Care Partner.

5

Trilogy Care takes over

TC Clinical nurses triage, investigate, take action.

Open Disclosure

When something goes wrong, clients and their families have a right to know what happened.

What is Open Disclosure?

An open, honest discussion with a client (and/or their representative) when things don't go as expected during their care. It includes:

- A factual explanation of what happened
- An expression of regret/apology for the impact
- What steps are being taken to prevent recurrence
- Reassurance that the focus is on learning and improvement, not blame

Your Role

- Identify and report any incidents to TC immediately
- Do not minimise what happened
- TC Clinical Team will guide the disclosure process
- Support the client through the process
- Document all communications

Do NOT

- Attribute blame to individuals
- Speculate about causes
- Make promises you can't keep
- Discourage the client from complaining
- Delay disclosure unreasonably

7

Compliance & Quality

Ongoing requirements, workforce compliance, and quality oversight.

Workforce Compliance

No worker can provide services until they are fully verified by Trilogy Care.

Worker Verification Requirements

- National Police Check Current (within 3 years), no disqualifying offences
- Worker Screening Check State-based check (where required)
- NDIS Worker Screening If also providing NDIS services
- Qualifications Verified copies of relevant certificates
- Insurance Current public liability & professional indemnity
- First Aid & CPR Current certificates (renewed as required)
- Working with Vulnerable People Where state legislation requires

Individual Service Agreement

Required: A written agreement between the worker and each client they support. This agreement should outline services, rates, and terms.

Your Responsibility

- Ensure all workers verified by TC Workforce Compliance BEFORE providing services
- Maintain current documentation
- Notify TC of any changes (new workers, expired documents, incidents involving workers)
- Do NOT allow unverified workers to deliver services under any circumstances

Non-Compliance Risk

- Services by unverified workers will NOT be paid
- Potential banning orders from ACQSC
- Insurance may be voided
- Risk to client safety
- May result in termination of partnership with TC

Annual Reviews

Regular reviews ensure ongoing quality, compliance, and continuous improvement in your coordination practice. These structured reviews provide an opportunity to reflect on your performance, identify areas for development, and celebrate successes.

1 Review Notification

Prior to your annual review, you'll receive an email notifying you of the upcoming review date

2 Review Structure Provided

Information about the audit structure will be provided, giving you time to prepare documentation and materials

3 Review Conducted

The review will be conducted every 12 months, examining compliance, quality, and performance indicators

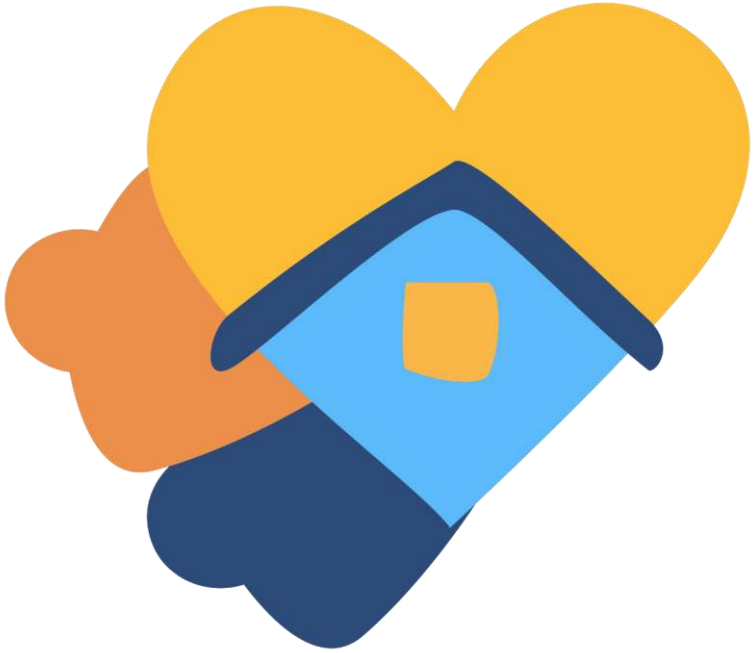
4 Feedback and Action Plan

You'll receive feedback on your performance and, if needed, an action plan for improvement areas

What Reviews Cover

- Workforce compliance documentation
- Case noting quality and frequency
- Client satisfaction outcomes
- Budget management effectiveness
- Communication practices
- Incident reporting and management
- Service quality delivery
- Professional development participation
- Adherence to policies and procedures
- Areas of excellence and growth opportunities

Quarterly Compliance Reporting



While Trilogy Care handles the majority of new responsibilities as the approved aged care provider, quarterly compliance reporting requires your cooperation to ensure comprehensive compliance across the board.

This retrospective reporting covers the previous quarter and provides essential information regarding services engaged by you on behalf of our clients.

Five Key Reporting Sections

1. **Care Coordinator Scheduling & Service Provision** – Information about how services are scheduled and delivered
2. **Workforce Suitability & Credentialling** – Verification of worker qualifications and clearances
3. **Workforce Learning, Induction & Monitoring** – Training, onboarding, and supervision practices
4. **Workforce Competency** – Skills assessment and competency maintenance
5. **Workforce Sufficiency** – Capacity to meet client needs and demand

The online reporting form streamlines this process, but it's important to maintain good records throughout the quarter to make reporting easier and more accurate.

8

Package Management

Client contributions, and invoicing processes.

Client Contributions: Grandfathered

How Contributions Work

- Grandfathered clients (those who held a Home Care Package prior to September 12, 2024) have different contribution structures than new clients.
- Understanding these differences ensures accurate budgeting and client communication.

Sources: health.gov.au – Support at Home Participant Contributions Fact Sheet (31 Oct 2025) | myagedcare.gov.au – Support at Home Costs & Contributions

Grandfathered Clients – 'No Worse Off' Contribution Rates

Clients receiving or approved for a Home Care Package on or before 12 September 2024 · Protection applies even after reassessment to a higher SaH classification

Category	Service Type	Full Pensioner	Part Pensioner & CSHC Holder	Self-Funded Retiree
Clinical Supports	Allied Health & Other Therapeutic Services	0%	0%	0%
	Nursing Care			
	Nutrition			
	Care Management			
	Restorative Care Management			
Independence Services	Personal Care ⚠	0%	0% – 25%*	25%
	Social Support & Community Engagement			
	Transport			
	Respite			
	AT-HM Items ‡			
Everyday Living Services	Domestic Assistance	0%	0% – 25%*	25%
	Meals †			
	Home Maintenance & Repairs			
	Gardening			

* Part Pensioner/CSHC Holder: tapered based on income — previously assessed as not having to pay HCP fees will **never** pay contributions under SaH | previously assessed as having to pay fees will pay the **same or less** under SaH

⚠ **Proposed classification change:** Personal Care moves from Independence Services → Clinical Supports from **1 October 2026** — will change to 0% for all client types (Full Pensioner grandfathered rate is already 0%)

‡ AT-HM prescription & wrap-around services: Clinical Supports rate — 0% for all | AT-HM items (equipment/modifications): independence contribution rate applies | † Meals: 70/30 split — contribution applies to the 70% SaH-funded portion only

• Lifetime cap: $86,185.23 (indexed 20 March & 20 September annually) · "Means not disclosed" status: treated at maximum rate (same column as Self-Funded Retiree)

Client Contributions: New & Hybrid

How Contributions Work

- Services Australia assesses the client's income and assets
- They determine a contribution percentage
- The contribution is applied to the cost of services received
- Annual and lifetime contribution caps apply once hit, no further contributions required

Sources: health.gov.au – Support at Home Participant Contributions Fact Sheet (31 Oct 2025) | myagedcare.gov.au – Support at Home Costs & Contributions (updated 28 Nov 2025)

New & Hybrid Clients – Standard Contribution Rates

All clients approved after 12 September 2024 · Includes clients assigned HCP Level 1–4 during transition (Trilogy Care 'Hybrid' cohort: 13 Sep 2024 – 31 Oct 2025)

Category	Service Type	Full Pensioner	Part Pensioner & CSHC Holder	Self-Funded Retiree
Clinical Supports	Allied Health & Other Therapeutic Services	0%	0%	0%
	Nursing Care			
	Nutrition			
	Care Management			
	Restorative Care Management			
Independence Services	Personal Care ⚠	5%	5% – 50%*	50%
	Social Support & Community Engagement			
	Transport			
	Respite			
	AT-HM Items ‡			
Everyday Living Services	Domestic Assistance	17.5%	17.5% – 80%*	80%
	Meals †			
	Home Maintenance & Repairs			
	Gardening			

* Part Pensioner/CSHC Holder: contributions tapered — exact rate determined by income and assets assessment via Services Australia

⚠ **Proposed classification change:** Personal Care moves from Independence Services → Clinical Supports from **1 October 2026** — contribution rate will change to 0% for all client types

‡ AT-HM prescription & wrap-around services: Clinical Supports rate — 0% for all | AT-HM items (equipment/modifications): independence contribution rate applies | † Meals: 70/30 split — contribution applies to the 70% SaH-funded portion only

- Lifetime cap: $135,318.69 (indexed 20 March & 20 September annually) · "Means not disclosed" status: treated at maximum rate (same column as Self-Funded Retiree)
- Hybrid cohort note: standard contribution rates apply regardless of HCP Level 1–4 funding classification — funding *amount* remains at transitioned HCP level until reassessment

Hardship Application Process

Financial Hardship Applications

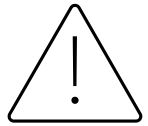
- To apply for financial hardship assistance (Fee Reduction Supplement) under the Support at Home program, clients need to follow a specific process. Services Australia Hardship Assistance

Complete Form SA462

Complete the Aged Care Claim for financial hardship assistance form

Submit to Services Australia

Coordinators can refer Client's to advocacy groups for support during this process



Notify Trilogy Care

Coordinator must notify TC with date the application was lodged and a reference number. Contributions are placed on hold over the assessment period.

If Approved

The government will pay some or all aged care fees, backdated to the date of application.

If NOT Approved

Clients remain responsible for the contributions.
Including fees not paid during the application process

Claiming & Invoicing

Timely, accurate invoicing is essential for payment and compliance.

Invoicing Requirements

- Submit invoices via the TC Portal
- Include: client name, date of service, service type, duration, rate
- Itemise appropriately per requirements
- Invoice as soon as possible, within 30 days of service delivery
- Ensure rates match agreed schedule of fees
- Clearly itemise milage charges if applicable
- Include any pre-approved additional items

Payment Process

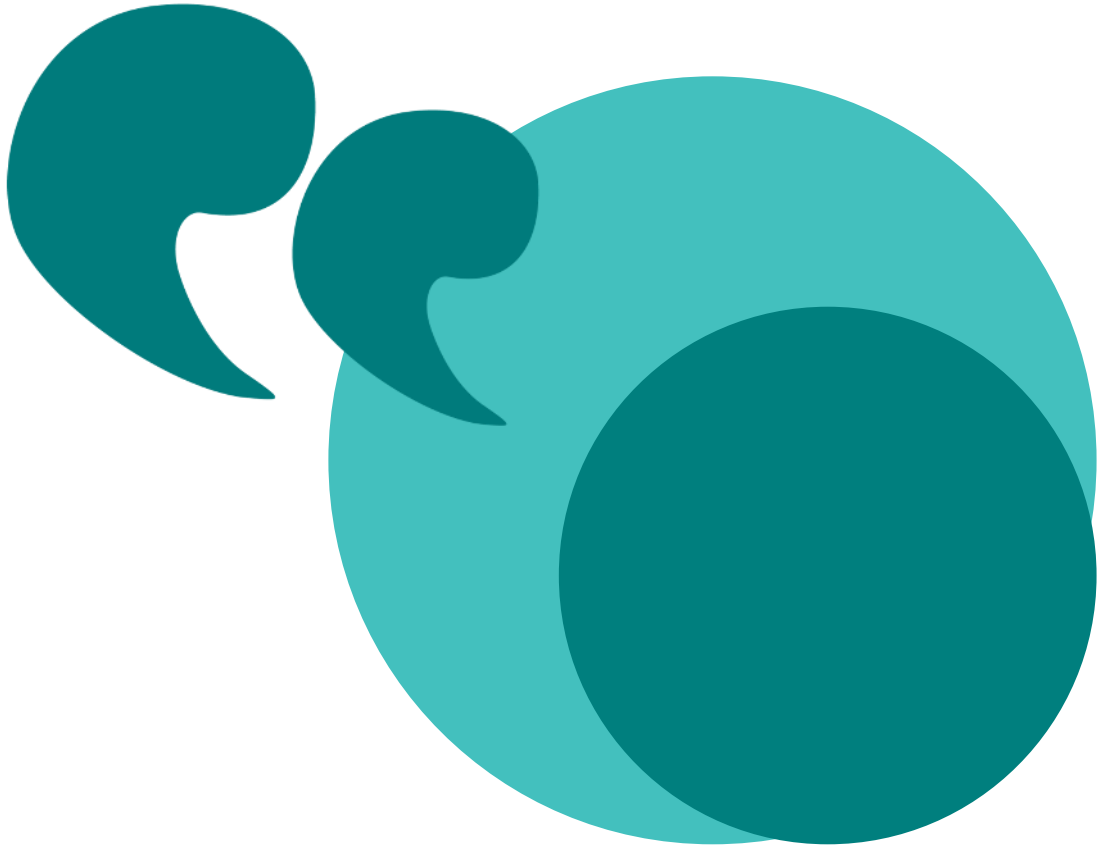
- TC processes invoices on a regular cycle
- Payment within agreed terms (usually 14 days)
- Invoices reviewed against approved budget
- Items not on the care plan may be rejected
- Your Care Partner approves budget changes
- Query discrepancies with your Care Partner
- Bulk claims to Government handled by TC

⚠️ **60-DAY RULE: All claims must be finalised within 60 days after the end of the quarter. Prompt invoicing is important for budget reconciliation. Aim to have all invoices submitted ASAP or within 30 days of day of service.**

9

What’s Next?

Understanding the referral process, and how onboarding works.



Onboarding: Segregation of Duties

Clear role definition ensures efficient workflow and accountability. Understanding who is responsible for which tasks prevents duplication, ensures nothing falls through the cracks, and provides clarity for clients. Here's a comprehensive breakdown of responsibilities.

CARE COORDINATION (WHAT YOU DO)	TRILOGY CARE (WHAT WE DO)	CLIENT (WHAT THEY DO)
• Stay in touch during the MAC process • Attend Assessment meeting with MAC if requested by client • Refer to OPAN or other advocacy groups • Complete Onboarding Questionnaire • Collect and attach relevant documents • Attend Care Plan meeting with Client and Trilogy Care Assessment Team member.	• Action Onboarding Questionnaire • Process and check codes and status (Grandfathered, Hybrid, or SaH) • Provide onboarding support • Establish Client on CRM and attach to Portal • Conduct Care Plan and Care Budget meeting	• Register with MAC and attend assessment • Complete Income Assessment if not already Means Tested with Services • Meet with Coordinator for Onboarding Questionnaire • Provide all requested documentation • Sign Transfer Authority Letter (if applicable)

The Onboarding Journey

From referral to active client - key milestones and your role at each stage.

1

Referral Received

Client chooses TC
(via coordinator or MAC)

PM support

2

Welcome & Documents

Signed agreements,
Government letters

PM support

3

Assessment Meeting

Assessment of needs

You attend

4

Care Plan Created

Needs & Risks established

Assessment Team

5

Commencement

Services can begin,
client is now ACTIVE

Coordinator & CP

Key Points:

- We strongly recommend you attend the assessment/care plan meeting this is where you learn the client's needs firsthand
- Before a client is active, contact your PM for any questions. After they're active, contact your Care Partner.
- Typical timeline from referral to commencement: 2–4 weeks (can vary)

10

Resources & Next Steps

Key contacts, external resources,
and your continuing education pathway.

Your Learning Pathway

This session is just the beginning. Here's what comes next.

This Session

Overview Training (today)

Foundational knowledge

Complete

Next Step

Partnership Manager meeting

Operational processes, onboarding your first client

1 week

First Client Onboard

Care Coordination Training

Building on what we learned today

After your first client is on boarded

Ongoing

Regular check-ins

With your PM and CP

As scheduled

ALIS Aged Care Learning: Free Access

As part of your onboarding with Trilogy Care, you'll be enrolled in short online training modules through ALIS the Aged Care Quality and Safety Commission's free online learning platform. You'll receive your ALIS invitation aftercare Coordination training.

Important Links

Bookmark these you'll refer to them regularly.

My Aged Care myagedcare.gov.au	Client info, assessments, MAC portal
ACQSC agedcarequality.gov.au	Standards, complaints, provider register
Department of Health health.gov.au/aged-care	Policy, legislation, SaH info
OPAN opan.org.au	Advocacy services for older people
TC Coordinator Portal portal.trilogycare.com.au	Your portal for all TC operations – *available after you onboard your first client*
Coordinator Resources trilogycare.com.au/coordinator-resources	Coordinator resource hub, referral guides & templates

Trilogy Care

Thank You

Questions?

Your Partnership Manager is available for follow-up questions specific to your business or prospective clients.

trilogycare.com.au

APPENDIX

Helpful stuff

Appendix: Key Phone Numbers

Trilogy Care (main)	**1300 459 190**	General enquiries, after-hours
My Aged Care	**1800 200 422**	Client referrals, code queries
ACQSC Complaints	**1800 951 822**	External complaints escalation
OPAN (Advocacy)	**1800 700 600**	Independent advocacy for clients
TIS National (Interpreting)	**131 450**	24/7 interpreting services
Emergency Services	**000**	Life-threatening situations
Lifeline	**13 11 14**	Mental health crisis support
Elder Abuse Helpline	**1800 353 374**	Suspected elder abuse

Appendix: Acronyms & Glossary

SaH	Support at Home (formerly Home Care Packages)
CHSP	Commonwealth Home Support Programme
ACQSC	Aged Care Quality and Safety Commission
SIRS	Serious Incident Response Scheme
MAC	My Aged Care
OPAN	Older Persons Advocacy Network
AT-HM	Assistive Technology & Home Motifications
ALIS	Aged Care Learning Information Solution
CP	Care Partner (your TC contact for active clients)
PM	Partnership Manager (your TC business contact)
HCP	Home Care Packages (previous program, now SaH)
ACAT/RAS	Assessment teams (now single assessment workforce)