Trilogy Care

Session 2: CARE COORDINATION TRAINING

Support at Home

July 2026 | V1

The information in this presentation is true and accurate at time of delivery and is subject to change.

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 is Covered

1. Refresher: Support at Home
2. Advocates & Supports
3. Care Coordination
4. Care Plan & Budgets
5. Changes & Requests
6. Incidents & Risk
7. AT-HM
8. Supplements & Schemes
9. Trilogy Care Portal
10. Final Messages

1

Refresher: Support at Home under a reformed Aged Care System

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

Support at Home: A New Funding Model

	Previous System (HCP)	Support at Home (SaH)
Funding structure	One bucket of money	Three service categories
Budget cycle	Daily subsidy	Quarterly budget
Unspent funds	Rolled over indefinitely	Returned to government (limited rollover)
Maximum rollover	Unlimited accumulation	$1,000 OR 10% of quarterly budget — available next quarter only

Why the change? Under HCP, some clients held large unspent balances while others waited years on a waitlist. SaH is designed to be more equitable. Funding is needs-based. This structure encourages people to use their funding appropriately and stay well and independent in their own homes for longer.

Support at Home Funding Streams

Ongoing Services

This is the quarterly funding stream for regular ongoing and scheduled support services.

Care Coordinators' budgeting activities means this funding should stretch across the quarter to ensure continuity of care.

Restorative Care Pathway

Short-term funding of $6,000 for up to 16 weeks after an illness, injury or decline.

Supports clients with intensive, short-term funding to regain independence.

End-of-Life Pathway

Dedicated funding of up to $25,000 for up to 12 weeks for participants requiring palliative or end-of-life care.

AT-HM Funding

Additional funding for approved assistive technology and home modifications - products, equipment, and home modifications that optimise functioning or manage disability or age-related functional decline. Valid 12 months.

HCP Unspent Funds

Unspent Home Care Package funds transferred to Support at Home budget. Can be used for AT-HM, or topping up ongoing services once the quarterly budget is fully utilised.

Funding Classifications: July 2026

Support at Home & Transitioned HCP — Funding Rates

Ongoing classifications · Indexed 1 July 2026 · Ordered by annual funding amount

Type	Level / Classification	Quarterly Budget	Annual Amount	Typical Support Needs
SaH	Class 1	$2,752.50	$11,010	Entry-level — light housework, social connection, some personal care
HCP	*Level 1 — Grandfathered / Transitioned*	$2,818 *	$11,273 *	Basic support — client held HCP Level 1 prior to transition
SaH	Class 2	$4,112.84	$16,451	Low-moderate — regular domestic help, some personal care
HCP	*Level 2 — Grandfathered / Transitioned*	$4,955 *	$19,822 *	Low-level support — client held HCP Level 2 prior to transition
SaH	Class 3	$5,634.20	$22,537	Moderate — personal care, allied health, home maintenance
SaH	Class 4	$7,617.13	$30,469	Moderate-high — daily personal care, regular nursing visits
SaH	Class 5	$10,182.38	$40,730	High — complex personal care, equipment needs
HCP	*Level 3 — Grandfathered / Transitioned*	$10,787 *	$43,149 *	Intermediate support — client held HCP Level 3 prior to transition
SaH	Class 6	$12,341.32	$49,365	High-complex — substantial daily support, clinical services
SaH	Class 7	$14,915.00	$59,660	Very high — extensive daily care, multiple service types
HCP	*Level 4 — Grandfathered / Transitioned*	$16,354 *	$65,416 *	High-level support — client held HCP Level 4 prior to transition
SaH	Class 8	$20,034.28	$80,137	Highest needs — near full-time support, complex health & clinical needs

AT-HM Short-Term Tiers (12-month period) Low: $500 Medium: $2,000 High: $15,000

*SaH figures indexed 1 July 2026. Source: Aged Care Decisions (7 July 2026). Verify at health.gov.au. * Transitioned HCP figures estimated: 1 Nov 2025 DoH rates × 2.6% July 2026 indexation — pending official confirmation.*

All quarterly budgets include 10% care management allocation. Transitioned HCP clients retain unspent HCP funds separately with no carryover cap.

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

1

Identify Financial Hardship

If a client says they can't pay contributions or shows signs of financial distress, raise the hardship option proactively.

Educate them about the option to contact Services Australia, and connect them with an advocacy service if needed.

2

Complete Form SA462

Client completes the Aged Care Claim for financial hardship assistance form.

3

Notify Trilogy Care

You notify your Care Partner and provide the lodgement date and reference number.

Contributions will be placed on hold during assessment.

4

Outcome

If approved: fees waived or reduced, backdated to the application date.

If not approved: client remains responsible for contributions during the assessment period, and going forward.

Trilogy Care acts based on this information and collects the relevant Contributions from client.

Important: Coordinators cannot advocate for, or speak on the client's behalf during this process — there is a financial conflict of interest. Your role is to inform, refer, and notify TC.

2

Advocates & Supports

Key Support Bodies for Clients

While coordinators cannot advocate for clients on financial or care matters, they can connect clients and their care circle with advocacy services that are specifically funded to provide this support.

Knowing who to refer to is an important part of your role.

Best Practice: Community Scan - As a coordinator, you are encouraged to do a local community scan to identify state and territory funded services embedded in your client's area that provide advocacy, navigation or social support.

Advocacy Services

OP

Older Persons Advocacy Network

Free, independent, confidential advocacy and support.
Phone: 1800 700 600
opan.org.au

AD

ADA Australia — Aged and Disability Advocates

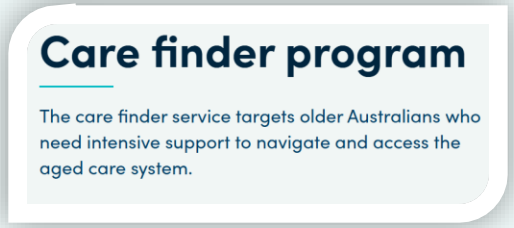
Community legal service helping older people speak up for their rights.
Phone: 1800 818 338
https://adaaustralia.com.au/

Ca

Care Finders

Government-funded workers for vulnerable older people without a support person to help navigate and access Aged Care services.

Managed via Primary Health Networks (PHNs)
https://www.myagedcare.gov.au/help-care-finder



Co

Compass / EAAA — Elder Abuse Action Australia

National resource and support for elder abuse.
https://www.compass.info/

Specialised Support Services

Carer Gateway

Free Australian Government program for unpaid carers. Services include counselling, peer support, planned and emergency respite.
Phone: 1800 422 737
https://www.carergateway.gov.au/

1800 RESPECT

National domestic, family and sexual violence support.
Relevant where elder abuse intersects with family violence.
Phone: 1800 737 732
https://1800respect.org.au/

Elder Abuse Hotline — 1800ELDERHelp

Free, confidential support for people experiencing or suspecting elder abuse. Redirects to relevant state/territory service.
Phone: 1800 353 374

Lifeline

24-hour crisis support and suicide prevention.
Phone: 13 11 14
https://www.lifeline.org.au/

All services provide confidential support and some can make appropriate referrals to legal, community support, and advocacy services.

3

Care Coordination: Your Role

Key Responsibilities of a Care Coordinator

Your role centres on care management.

1 Service alignment & budget oversight

Ensuring services match the client's assessed needs and goals; overseeing and managing the quarterly SaH budget, monitoring invoicing.

2 Monitoring, review & evaluation

Tracking changes in health, safety and wellbeing via check-ins, identifying and reporting emerging risks; evaluating progress against goals, keeping detailed case notes.

3 Reassessment

Proactively identifying needs changes or progression, and supporting the client with reassessment if needs increase, requiring an increased budget to meet them.

4 Support & education

Informed decision-making support, system navigation and referrals, explaining Support at Home program requirements.

5 Booking or scheduling services

Locating, organising and rostering best-fit workers; providing options and choice to clients; ensuring workers have met compliance requirements (via TC) before providing services.

6 Incident reporting

Recognising and responding to incidents; reporting to Trilogy Care via incident form for triage and action.

Common Tasks

2 Monitoring, review & evaluation

- Conduct scheduled check-in calls/visits
- Document each check-in as a case note — health status, mood, environment observations, any concerns raised
- Track goal progress against the care plan and note movement (improvement/decline) at each review point
- Identify emerging risk indicators (falls, cognitive decline, social isolation, carer burnout) and log/escalate

3 Reassessment

- Regularly review care notes to notice patterns or changes over time
- Recognise triggers for reassessment (hospitalisation, functional decline, diagnosis change, unmet need)
- Prepare a reassessment request in partnership with your Care Partner
- Coordinate any required assessments (e.g. OT, nursing) to support the reassessment case
- Communicate reassessment outcomes to the client and update the budget accordingly
- Support the client through the reassessment process (explaining what to expect, attending if needed)

Common Tasks

4 Support & education

- Print/provide the client with a copy of their current care plan and budget statement
- Explain Support at Home program rules — unspent funds, carry-over caps, what's in/out of scope
- Support informed decision-making — presenting service options and letting the client choose (not directing)
- Provide referrals to allied health, community services, or other supports as needs arise
- Explain any changes to policy, funding rates, or program requirements as they're issued
- Support the client to lodge a complaint or feedback (explain the process; don't investigate/resolve)

5 Booking or scheduling services

- Source and shortlist best-fit workers/providers based on client preferences (language, gender, cultural fit, skills)
- Confirm worker/provider compliance requirements are met via TC before services commence
- Present the client with provider/worker options to preserve choice and control
- Book, reschedule, or cancel services in response to client requests or availability changes
- Arrange replacement/backup workers on short notice (sick leave, no-shows) to avoid a gap in care
- Confirm bookings are reflected correctly in your own rosters/scheduling systems and communicated to the client, and that those are in line with the budget in the Trilogy Care Portal

Communication Standards with Trilogy Care

24h

Phone Response — Business hours

48h

Email Response — Business hours

30 days

Try to encourage all service providers to invoice as soon as possible, and within 30 days

Why invoicing promptly matters: unspent quarterly funds are returned to government at end of quarter. If you invoice late, funds may already be gone — and providers cannot be paid.

Resources & Best Practices

Essential Resources

- Coordinator Resource Page
- Premium Suppliers
- Service Provider Registration
- Supplier Resources

Build Your Own Organisational Infrastructure

As care coordination businesses, you have a responsibility to document and develop your own internal practices — not just rely on Trilogy Care's resources.

- Document your own policies, procedures, and ways of working
- Establish knowledge management: know where information lives
- Agree on standard ways of working across your team
- Start now, even at a basic level

Why this matters: Building organisational infrastructure early saves significant time and creates consistency.

Quality care coordination should not depend on any one person's memory. It makes your business scalable and positions you to offer your expertise at a high level.

4

Care Plan & Budgets

The Client Care Plan — What You're Handing Over

When you print and hand this over, it's the complete record — not just what you see in the Portal tab.

Personal & Package Details

Confirms who the client is and their funding arrangement. Verify this is current at every reprint

Contacts

GP, representative, coordinator (you), Care Partner. First section to update after any change in GP, representative, or care team assignment.

Overview

Narrative snapshot of the client's situation. Draw on this when briefing a new worker or handing over. Check monthly — an outdated overview (e.g. listing a deceased partner) is both upsetting and a regulatory risk.

Matters of Cultural Significance

Culture, language, religion, and care sensitivities. Reference this directly when matching workers and when planning services around cultural or religious observances.

Risks

Known vulnerabilities — falls, medication, isolation, cognitive decline. Your check-ins are where risks are observed and updated; this section must reflect current status.

Care Needs & Goals

Assessed needs paired with the client's personal goals. Every service booking and budget decision should trace back to a need or goal listed here — if it doesn't, it's hard to justify funding it.

When to Notify Your Care Partner

The trigger is any time something moves outside your day-to-day management and needs Trilogy's oversight, clinical judgement, or system action.

Notify Care Partner -> Clinical Escalation

- Unmet essential care needs — missed care affecting the client's safety or health
- Safety concerns — falls with injury, indicators of abuse or neglect, client reported as unsafe
- Sudden cognitive or functional decline — a marked change since the last check-in
- Medication errors, particularly where there are adverse symptoms
- Complex clinical decisions beyond your scope (wound deterioration, new diagnosis requiring a management plan)
- Complaints with a clinical dimension — care quality or safety, not just billing or scheduling

Coordination & Administrative

- Changes to budget or services needed (ongoing, or one off)
- Significant budget under- or over-spend against the quarterly budget, or a Support Plan Review / reassessment is needed
- Persistent provider or worker issues you can't resolve that are affecting service delivery
- Incident reports — direct notification is required in addition to submitting the form; don't rely on the form alone
- Reassessment triggers — hospitalisation, a needs change, or the client requesting a reassessment

Budget: Understanding Service Plans

Reading The Service Plan

Focus on the Funding section (right side of service plan) to determine Planned to Spend for the quarter. This section updates as invoices are paid.

Funding Code Legend:

ON	Home support ongoing = SaH quarterly funding
HC	Home care account = Unspent HCP funds (grandfathered/hybrid clients)
AT-HM	Assistive technology and home modifications funding
Restorative	Restorative care pathway funding (if applicable)

Always read the service plan thoroughly to understand its intent before proceeding with any care arrangements. The portal isthe source of truth — use it proactively, not reactively.

Budget Management

Quarterly Budget Structure

- Annual budget divided into 4 quarters
- Each quarter = one quarter of the total annual budget (based on days in a quarter)
- Unspent funds rule: maximum rollover is the HIGHER of $1,000 or 10% of quarterly budget — available next quarter only
- Any additional unspent funds are returned to government. Cannot exceed quarterly allocation.

Building & Modifying a Budget

- Budget is drafted during the care plan meeting with the Assessment Partner
- Submit modification requests through the Portal — Care Partner reviews and approves
- Always end-date services no longer being delivered rather than leaving them active

> Continuity of funding = continuity of care. If the budget runs out mid-quarter, the client may go without services. Overspend is increasingly common under SaH — it can fall to the client, you or us to cover it. Manage budgets proactively. Do not update them "after the fact."

Budget Management: Weekly Monitoring

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 not budgeted for
- Significant underspend suggesting services are not being delivered as planned

Critical Requirements

- Stick to the care plan and budget — overspending is not permitted under SaH
- If additional services are required, submit a request via the portal and wait for approval

Invoicing & Bill Stages

Encourage Invoicing within 30 days of service delivery. Items not on the care plan may be rejected or placed on hold.

Submitted

Invoice submitted. Allow time to appear on portal.

In Review

Under review by Trilogy Care. Typically 1-2 business days.

Paid

Processed and paid. No action required.

On Hold

Issue occurred. Common: insufficient funds, not in care budget, worker not verified. ACTION: Contact Care Partner.

Rejected

Will not be processed. Common: client no longer active, outside dates, duplicate. ACTION: Contact Care Partner.

60-DAY RULE: All claims must be finalised within 60 days after the end of the quarter.

Payment Process

- TC processes invoices on a regular cycle
- Items not on the care plan may be placed on hold or rejected
- Query discrepancies with your Care Partner
- Ensure rates match agreed schedule of fees

5

Changes & Requests

CAPS: No longer available under SaH

CAPS: Continence Aids Payment Scheme Changes

The Continence Aids Payment Scheme (CAPS) is an Australian Government scheme providing payment to eligible people with permanent and severe incontinence. **Eligibility for CAPS has changed significantly.**

1

1 November 2025

No new CAPS approvals for Support at Home participants

2

Until February 2026

Transitioned HCP recipients with existing CAPS approval can continue receiving funding if not accessing continence aids through SAH

3

From February 2026

CAPS eligibility ends for all Support at Home participants. Providers should assist participants to obtain products through state-based schemes or purchase through SAH funding

Critical Change: Mileage No Longer Funded

What's Changed: Under the Support at Home programme, providers **cannot charge participants separate travel fees**, including charges for kilometres or mileage.

Types of Transport:

Direct Transport: A support worker driving a client from one location to another is considered direct transport. This service is purely point-to-point and does **not** include any social support or accompanied activities.

If the support worker also helps the client before or after the drive — such as assisting them in and out of the car or walking them into an appointment — the entire service must be billed under the **hourly rate for social support with accompaniment**, which includes transport time.

Indirect Transport: This refers to third-party, transport-only services such as cab charge, taxis, or community transport that **do not include any social or group support**. These are treated as standalone transport services.

Alternative: Service Trips

Providers can charge for 'Service Trips' involved in a service and set prices for the cost of the trips.

IMPORTANT: review the **Supplier Resources Hub** to understand all things invoicing.

Invoices cannot note 'KM's or Mileage' – must reflect 'Service Trips'

REQUEST PROCESSES: CAB CHARGE

Category: INDEPENDENCE SERVICE

A Client may choose to receive support with accessing the community through a Support at Home funded cab charge card, which allows them to subsidise their taxi costs. Trilogy Care will create the request for the card if a need is identified in the initial care plan meeting. If a Client request a cab charge after their initial care plan, the coordinator will need to request this through their Care Partner, who will ament the care budget and make the application on behalf of the Client.

PROCESS:

- Email the request to your Care Partner (ensuring you include CR full name)
- Include the requested amount (ensure you have checked the CR available funds)

OPTIONS:

- **Physical Cards:** Delivery may take up to **30 days**.
- **Digital Cards:** Available and accessible **faster**.
- Alternative can be discussed with your Care Partner

IMPORTANT REMINDERs:

- Clients who are required to pay a co contribution will need to do so under SaH
- Clients must **adhere to their budget**. Overspending may require **private funding**.

REQUEST PROCESSES: MEALS

Category: EVERYDAY LIVING SERVICE

A Client may request that a meal delivery service be included in their Support at Home Package at any time:

PROCESS:

IMPORTANT REMINDERS:

Email the following to your Care Partner (ensuring you include CR full name):

- **Delivery Frequency**
- **Company Details** (split invoice if needed)
- **Cost Estimate**
- **Process:** Varies by provider; the Care Partner may assist.

- Meal providers must be able to provide a split invoice and be onboarded with Trilogy Care to ensure they meet the Strengthened Aged Care Standards
- Clients pay 100% of the raw food component (30/70 split).
- Clients that are required to Contribute will need to pay their portion (as identified by Service Australia) for the cost of the labour, delivery, packing etc, the remainer is paid by the package. Contributions (where applicable) still apply.

6

Incidents & Risk

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.

What is an Incident?

Definition

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

Every Incident is an Opportunity to Learn

Trilogy Care's Clinical Team analyses incident data to identify trends and systemic issues. As a coordinator, you contribute by:

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

All incidents must be recorded, regardless of severity.

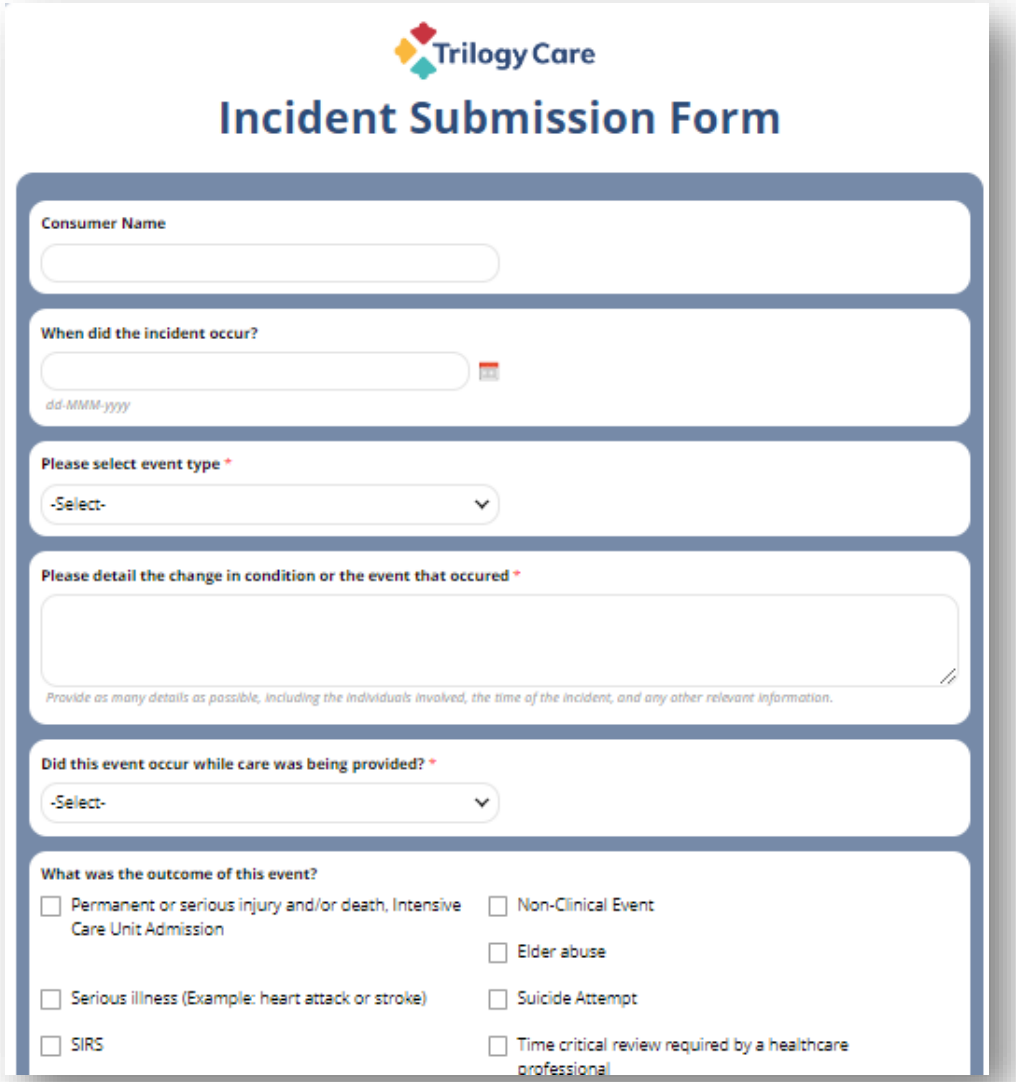
Incident Submission Form

Why it matters:

Reporting is critical in ensuring Trilogy Care can safely support a client's care needs and manage their package effectively.

Completing the Incident Report — Best Practice:

- Use short, factual statements — dot points are preferable to narratives
- Describe events in chronological order
- Include what happened, when, who was involved, and who witnessed it
- Do NOT include personal perspectives, emotions, or judgements
- Copy the client's name exactly as it appears in the portal
- Note if the client doesn't answer unknown numbers (so clinical team contacts coordinator first)



IMPORTANT: Use the client's full name and correct spelling as it is recorded in the portal. Include the TC ID number. Report suspected and alleged incidents.

SIRS: Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) aims to identify and prevent abuse and neglect among people receiving aged care. It applies to providers of residential aged care and home services. SIRS requires providers to identify, record, manage, and resolve serious incidents.

The 8 Reportable Incident Types

1. Unreasonable use of force
2. Unlawful sexual contact or inappropriate sexual conduct
3. Psychological or emotional abuse
4. Neglect
5. Stealing or financial coercion
6. Inappropriate use of restrictive practices
7. Unexpected death
8. Unexplained absence from care

Priority 1 — Within 24 hours

Incidents causing injury, unexpected death, unexplained absence, sexual conduct, police-reportable

Priority 2 — Within 30 days

All other reportable incidents

Your role: report to Trilogy Care via the TC Incident Form as soon as you are aware. TC's Clinical Team manages SIRS notification to the ACQSC. If in doubt — report it.

How to Report an Incident

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. Connect with support services if needed.

3

Complete 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 as soon as practicable.

5

TC Takes Over

TC Clinical nurses triage, investigate, and take action.

Open Disclosure

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.

- A factual explanation of what happened
- An expression of regret for the impact
- What steps are being taken to prevent recurrence
- Reassurance that the focus is on learning and improvement

Your Role

DO:

✓ Identify and report incidents to TC immediately

✓ Support the client

✓ Document all communications

✓ Allow TC Clinical Team to guide the process

DO NOT:

✗ Minimise what happened

✗ Attribute blame or speculate

✗ Make promises you cannot keep

✗ Discourage the client from complaining

7

AT-HM: Assistive Technology & Home Modifications

AT-HM: Resources

Today we will discuss an overview of the AT-HM process. Key resources:

Support at Home Manual

The primary reference document for all SaH operational guidance

AT-HM Inclusion/Exclusion List

The definitive list of what is and is not covered. Check before every application.

AT-HM Scheme Guidelines

How AT-HM operates under the Support at Home program

High Tier

$15,000

Medium Tier

$2,000

Low Tier

$500

Always refer to the AT-HM list before every application. It contains a definitive inclusions and exclusions list — less grey area than before.

AT-HM: What You Need to Know

What is AT-HM?

AT-HM is a separate, purpose-specific funding stream for assistive technology and home modifications that optimise functioning or manage disability and age-related functional decline. It is separate from the ongoing quarterly budget — clients do not need to save from their quarterly budget to access it.

Key Principle

Clients must use existing unspent HCP funds first (if any) before accessing the AT-HM scheme funding. However, documentation and justification of need is required in all cases. Only items on the AT-HM inclusions list are eligible.

Scenario 1 — Has Unspent HCP Funds

Use those first. Transitional approval applies. Documentation still required. Faster process.

Scenario 2 — No Unspent HCP Funds

Requires approval and a funding tier to be allocated through MAC assessment. Can take time — plan ahead and raise early.

AT-HM: Request Process

1

Identify Need

Assess the client's need. Check whether item is on the AT-HM inclusions list. Confirm eligibility before raising with Care Partner.

2

Determine Scenario

Does the client have unspent HCP funds? Scenario 1 = faster path. Scenario 2 = requires MAC assessment (more time needed).

3

Submit to Care Partner

Email two quotes and any required documentation (e.g., OT report for prescribed items) & the ACA form*. Care Partner reviews and assesses need.

*Ask your Care Partner for this form

4

Wait for Approval

Action ONLY after service plan is updated. Nothing can be purchased until confirmed by Care Partner.

Additional funding supplement available: If living remotely (MM 6/MM 7) = 50% of the relevant AT-HM funding tier.

8

Additional Supplements & Schemes

Primary Supplements for Support at Home

Primary supplements provide additional funding to cover costs associated with specialised care for eligible participants.

1

Application

Providers complete and upload application forms with supporting evidence to Services Australia's Aged Care Provider Portal.

2

Approval

Services Australia reviews applications. Clients can contact 1800 195 206 for assistance.

3

Funding

Approved supplements are paid into the participant's budget and continue automatically.

Available Supplement Types

Oxygen Supplement

$15.04/day — For participants requiring continual oxygen administration.

Enteral Feeding

Bolus: $23.85/day | Non-bolus: $26.79/day — For specified medical need for enteral feeding.

Veterans' Supplement

11.5% of equivalent daily funding. For eligible veterans with service-related conditions. DVA determines eligibility automatically.

Care Management Supplement

Hourly care-management rate of $120.00 ÷ 365 days, multiplied by the participant's entitled hours; the quarterly supplement = base daily rate × days in the quarter

Transitional Supplements

Dementia/Cognition and EACH-D Top-Up ($3.54/day) — only for HCP recipients with supplement as at 31 October 2025. Cease on reassessment.

Fee Reduction Supplement

Hardship-based. Amount determined by Services Australia for participants experiencing genuine financial hardship.

Above is indexed from 1 July 2026

State-Based Schemes

As a care coordinator, you can support clients in knowing what schemes they can access outside of their Support at Home package. It is not expected that you apply for these on behalf of the client — your role is to inform and refer.

Key Scheme Areas

- Spectacle supply schemes
- Hearing services
- Dental schemes
- Equipment and aids programs

Links

- VIC Aids & Equipment
- VIC eye care and glasses
  QLD Spectacle Supply Scheme
- NSW Spectacles Program
- ACT Spectacles Subsidy Scheme
- NT Spectacle Concession
- WA SSS
- Glasses SA
- Tasmanian Spectacles Assistance Scheme
- Hearing Services Program (National)

9

Trilogy Care Portal

The Trilogy Care Portal: Your Budgeting Workflow

The Portal is Trilogy Care's bespoke client management platform, and is there to support you in your work. The Portal is not an afterthought — it is the primary tool of care coordination. It is your single source of truth for client packages, budgets, care plans, invoices, and communication with Trilogy Care.

1. **Individual Access**

   Every team member must have their own login. Logins must never be shared. This is a privacy and security requirement.

2. **Remove Departed Staff**

   If anyone leaves the business, remove their portal access promptly.

3. **Daily Use**

   Use the portal regularly as a primary part of your workflow- work FROM the Portal, don't update it after-the-fact

4. **Monitor Actively**

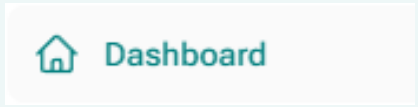
   Check package balances, invoices, check-in due dates, and budget utilisation regularly.

Never commence services without prior Care Partner approval in portal. If services commence without approval, there is a riskof non-payment.

Trilogy Care Portal: Overview

Dashboard

Key client and task information at a glance.

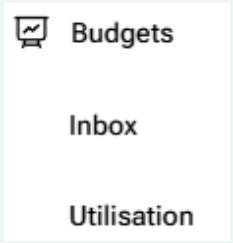


Packages

Manage client package details.

Budgets

Inbox (service planning) and Utilisation (track funding — 70-90% recommended).



Invoices

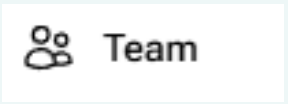
Manage invoices across your client base.

Organisation

Provider and partnership information.

Team

Manage internal team access and roles.



Portal appearance may differ from screenshots in this pack — refer to live portal.

Case Noting: Documentation Requirements

Good documentation protects the client, you, and Trilogy Care. It's also a regulatory requirement. Keep Case Notes in the Trilogy Care Portal.

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.

Case Notes vs Check-ins: Know the Difference

Case Note (Other)

- Any clinical or care-related observation, communication, service delivery note, agreement/decision or coordination activity
- Record as close to the event as possible
- Minimum: one case note per client per month in portal
- Used to document the client's day-to-day care journey

Check-in Note

- Selected as 'Check In' category in portal
- Minimum: one every two months per client
- Structured evaluation: progress, notable changes, goals
- Invite the client to share what they want noted

A GOOD CHECK IN NOTE:

- A check in note encapsulates a client's ongoing development and status at specific intervals.
- Every two months, a check in note summarising the evaluation of the client's progress must be submitted.
- These entries should detail the client's journey toward their objectives, highlight any notable changes or advancements, and include any input the client may wish to offer.
- Utilising check in notes, we can track the client's trajectory, spotlight areas for enhancement or concern, and enhance the collaborative communication within the care team.

Two Ways to Find Invoices

Via the Invoices Tab

1

Navigate to the Invoices tab in the main portal navigation. This gives you a full view of all invoices across your client base. You can filter by status (Submitted, In Review, Paid, On Hold, Rejected) and by date range.

Via the Client Profile

2

Navigate to the client's profile under their package record. This gives you a filtered view of invoices for that specific client. Useful when following up on a specific invoice or checking a single client's billing history.

Portal Access & Privacy - Reminders

1. **Coordinators MUST NOT share login details under any circumstances**
2. Consumer privacy must always be protected (Strengthened Aged Care Standards)
3. Only registered coordinators with a current police or NDIS check are permitted access
4. Support workers are not permitted portal access
5. Managers are responsible for removing former coordination staff promptly

10

Final Messages

Your Support Team

Partnership Manager

Supports onboarding, coordination, and building your brand and consumer base.

Your first point of contact when getting established with Trilogy Care.

Care Partner

Assists with all care needs of your active and onboarded clients.

Your first point of contact for care plan questions, budget amendments, and incident support.

The first six months will bring a lot of questions — and that's completely normal. This system is complex and it does change. For every rule there are exceptions or edge cases. Lean on your team.

We're here to help you navigate it.

Essential Resources

Coordinator Resource Page

Your day-to-day hub for coordination support via Trilogy Care.

ALIS Training Access

Further training available to you for free as an external coordinator – you'll have an invitation email from us.

Monthly Webinars

Last Wednesday of each month, 12pm AEST. Watch your email for the link.

Trilogy Care Website

General information and resources for clients

health.gov.au

Support at Home program guidance, funding classifications, policy updates.

myagedcare.gov.au

Client-facing information, assessments, and referrals.

agedcarequality.gov.au

Strengthened Quality Standards, SIRS, compliance guidance.

opan.org.au

Older Persons Advocacy Network — 1800 700 600

Trilogy Care

Thank you for attending.

trilogy.care.com.au