MONTHLY INFO SESSION

In Practice: Case Studies

Wednesday 29 July 2026 | 12:00pm AEST

Trilogy Care

IN PRACTICE

Acknowledgement of Country

I'd like to acknowledge the Traditional Custodians of the lands on which we work and live across Australia.

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

*We can **learn a lot** from how First Nations people value their older people.*

Before we start

Camera & Mics

Turned off – except for the presenters

Chat

Feel free to say hi, share where you're from, and interact with each other

Questions

Drop them in the chat as they come up and if we can, we'll respond in chat, live

Recording

This session will be recorded and a copy can be made available on request

Survey

We'll share a short survey at the end. Two minutes - it helps shape these sessions

Resources

We'll share this slide pack and any relevant resources via email in the week following the session

Today's Session

01	**The Assessment Journey: End-to-end** Dan + Alanna	~10 mins
02	**Top 5 Growth Drivers for Top Partners** **+ an update from our Chief Growth Officer** Nick + Jake	~15-20 mins
03	**Who Decides? Supporters, Attorneys and Conflicts of Interest** Zoe	~15 mins
04	**Portal Update: New Risk Features** Nadia	~5 mins
05	**Close & Survey** Nadia	~5 mins

SECTION 01

The Assessment Journey

01

Dan + Alana

10 minutes

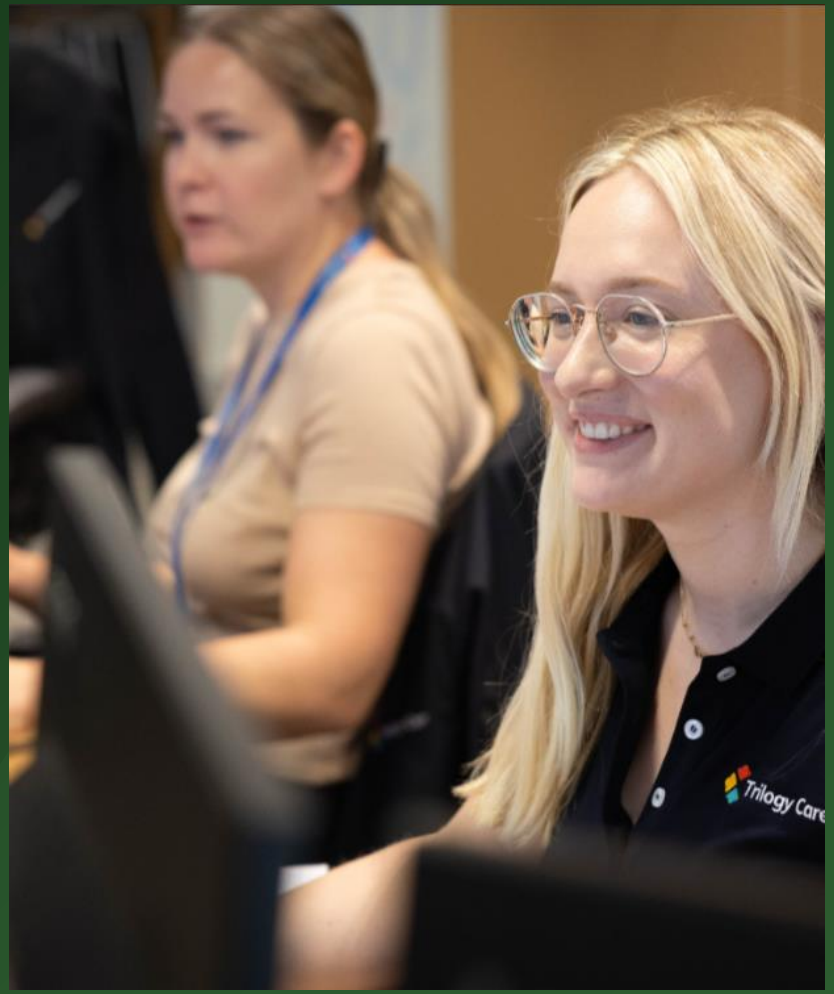
The Assessment Journey. How to prepare your client for their meeting – from booking link to a successful outcome.

INTRODUCTION TO ASSESSMENT

Our purpose and function

The Assessment Team's primary function is to **introduce clients to Trilogy Care** . We support clients through their first care planning meeting — reviewing their needs, goals, risks, services and budget, while capturing all required information clearly and accurately.

Our role is to help clients feel **informed and supported** , ensure their care plan is completed correctly, and set up a smooth handover so the coordinator can begin coordinating services as soon as possible.



THE JOURNEY AT A GLANCE

Six stages to a successful meeting

The first three stages are the Coordinator's **preparation** — get them right and the meeting runs itself.

1

Onboarding

Complete the questionnaire accurately: client details, auth rep, interpreter required

2

Booking

Once questionnaire is received our Assessment coordinator team will send you a booking link within 24-48 hours.

3

Preparation

Budget, fees, service agreement and the client all ready to go.

4

Service agreement

Review the agreement with the client and have it signed.

5

The meeting

Client attends, everyone stays professional and on task.

6

Commence services

The client can now begin receiving their services.

STAGES 1–3 · BEFORE THE MEETING

A Comprehensive Prep Means A Successful Meeting

Booking

- ✓ Use the booking link provided
- ✓ When the link is used, the meeting is booked automatically.
- ✓ If the booking link is not used within 48 hours, the AC Team will make contact to the Coordinators to try and book a meeting in.

Onboarding

- ✓ Enter the client's TCID, name and details — never your own.
- ✓ Include all authorised representative contact information.
- ✓ Make sure client details are up to date.

Preparation

- ✓ Have the budget, fees and contributions ready and discussed.
- ✓ Sight the service agreement and send documents in advance.
- ✓ Know if the client is FSO (Full Service Offer) or MSO (Minimal Service Offer) and explain it to them.

STAGES 4–6 · THE MEETING & OUTCOME

Working Together Means Achieving The Best Outcomes For Our Clients

In the meeting

- The client must attend unless valid documentation confirms otherwise.
- Let the client speak — assist the client where needed. Support, don't lead.
- Use simple language and yes/no questions; keep the discussion on track.
- If a TIS interpreter is required for budget and service agreement — you can't be the formal interpreter.

A successful meeting

- ✓ Every necessary part of the conversation was covered and every document was supplied beforehand.
- ✓ The client is prepared, present and understands the meeting's purpose.
- ✓ Budget, fees and contributions are ready.
- ✓ The service agreement is signed — the client can commence services.

SECTION 02

Update +Top 5 Growth Drivers

02

Nick & Jake

~15-20 minutes

CGO Update +

Top 5 growth drivers for top partners. Actionable steps and case studies for coordinators looking to build and grow their business under Support at Home.

Chief Growth Officer Update

Uber is coming to Trilogy

$30 credit per recipient — coordination training dates locked in within the next 4 weeks.

Face-to-Face Workshops — Brisbane & Sydney

Workshop + lunch hosted by Trilogy — meet our CEO, Luke, in person. Dates coming soon.

Referrals Drive

New referral programme launching to support our Winback + Retention teams.

Utilisation-Focused Webinar

Hosted by Plena Health — utilisation focus across our new and hybrid clients.

Case Studies: Growth in Practice

Three partners, three strategies. What one growth lever made the difference?

Australian-Filipino Community Services

Connecting with Community

We promoted to our clients and family's autonomy over their services including management. This was an important driving factor for families and clients to better maximise their funding.

Stone Community Care

Personal Touch

Hiring and placing people strategically – Assesses their team's strengths and makes sure each person is in the role where they'll have the most impact. When speaking with clients, they ensure they go with a personal touch approach

Art in Caring

Early Client Communication

Art in Caring helps clients from day 1 with gaining funding from MyAgedCare. Their team ensures consistent check ins with clients who are on CHSP funding to ensure that they are the first call when funding is allocated

The 5 Drivers: What Top Partners Do Differently

Co-branding

Leverage Trilogy Care brand assets. Joint materials build trust and extend your reach. We can even create cobranded brochures for partners!

Tap your network

Speak with your current client base outside Support at Home: NDIS, DVA, private, CHSP clients.

Local connections

Liaise with hospital discharge units, medical centres, GPs, and allied health providers.

Community outreach

Bowls clubs, RSLs, retirement villages, faith-based organisations, local expos and roadshows.

Digital presence

Website and social media. Word of mouth from existing clients. Think creatively: radio, car magnets, local partnerships.

Key takeaway

> Be proactive. Constant growth means **constant communication** with your community.
>
> *— Jake Kelly-Grubb, Senior Partnership Manager, Growth & Business Development*

SECTION 03

Who Decides? Supporters, Attorneys and Conflicts of Interest

03

Zoe

~15 minutes

Who Decides? Supporters, attorneys, guardians and conflicts of interest under the Aged Care Act 2024. Real in-home scenarios on decision-making authority and what coordinators need to know.

The Question You Face Every Week

The client? The daughter who calls with instructions? The son with "power of attorney"? Since **1 November 2025**, the new Aged Care Act changed the rules — and because you're in the home first, these situations land on you.

- General guidance only — not legal advice. When in doubt, always contact Trilogy Care.



The Golden Rule: Presumed Capacity

Every older person is presumed to have capacity.

Not "unless they're old." Not "unless the family disagrees." Not "unless they have a dementia diagnosis." **Presumed capable — full stop** — unless a legal authority says otherwise for a specific decision.

What this means in practice

- Capacity is **decision-specific** — a client may need help with finances but decide their own daily care
- Capacity can **change day to day**
- Where a client has capacity, **their decisions come before their family's preferences. Every time.**

Made with GAMMA

Who's Who Around the Client

From least authority to most — know who can direct your work and who cannot.

1

Family & Friends

Important — but **zero legal authority unless otherwise proven in documentation.** Cannot solely direct your work or access client information without the client's involvement.

2

Registered Supporters

Help the client understand and communicate. **They do not decide for the client.**

3

Appointed Decision-Makers

Legal authority via power of attorney or guardianship — **only within their document's scope.**

4

Aged Care Advocates

Independent, on the client's side. **Not decision-makers, but they may hold an 'Authority to Act' in some circumstances which permits them to speak on behalf of a client.** Refer via Trilogy Care.

Made with GAMMA

The Practical Summary

Who can do what — at a glance.

Role	Can instruct you?	Can receive information?
Client (with capacity)	✅ Yes — always	✅ Yes
Appointed decision-maker	✅ Within document scope only	✅ Yes
Registered supporter	❌ No — speaks for client's wishes only. Client must have informed consent at all times.	✅ Yes - where the client consents
Family / friends (no formal role)	❌ No — speaks for client's wishes only. Client must have informed consent at all times.	✅ Yes - where the client consents

- **Key line:** A supporter helps the client decide — they do *not* decide for the client.

Made with GAMMA

Your Four Rules of Thumb in the Home

1. Client first, always

Take direction from the client unless Trilogy Care has confirmed a documented authority applies.

2. Respect a capable "no"

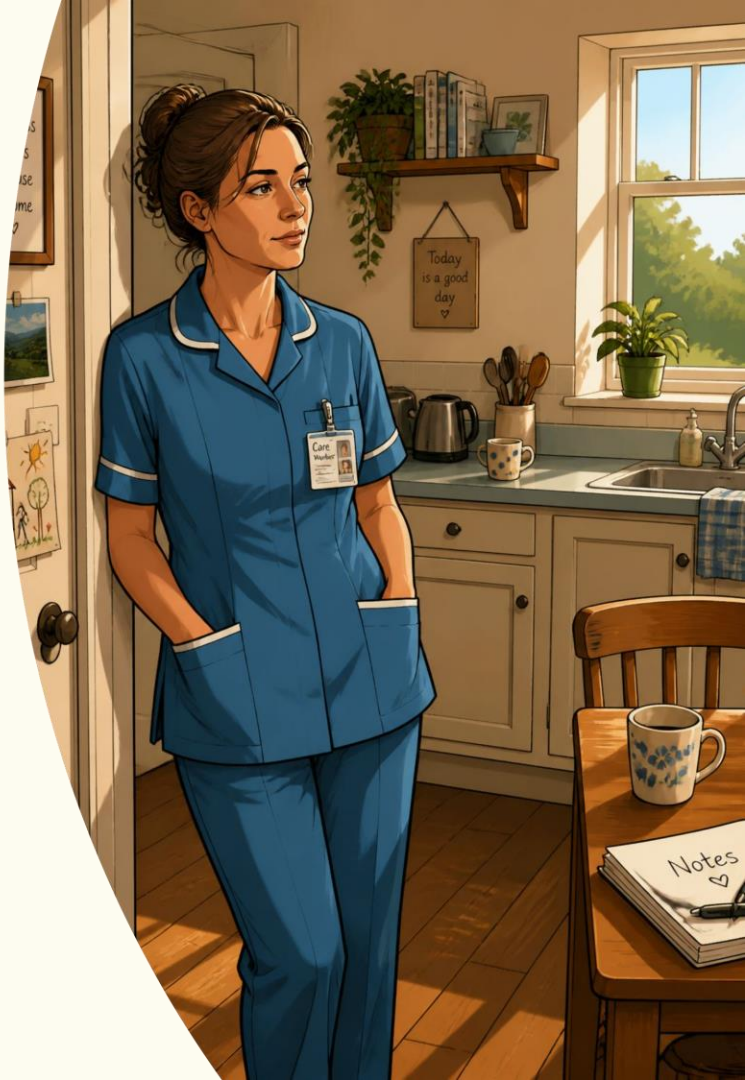
Nobody overrides it — not a supporter, not family, not an attorney acting outside their document. Report to Trilogy Care.

3. Information is not a family entitlement

Care schedules and health details go only to the client and those with a registered or appointed role. **"I'll need to check with Trilogy Care."**

4. Never referee

When family members disagree — report it to Trilogy Care the same day. Don't adjudicate or take sides.



Conflicts of Interest — Both Directions

Their conflicts

Registered supporters must declare conflicts to Trilogy Care. Trilogy Care will then assess the circumstances to determine if it can be approved and managed, or if the risk is too substantial to manage on an ongoing basis.

Your conflicts

Clients trust you. Sooner or later, one may ask you to be their package contact, enduring power of attorney, or other position of power within their life. This must be disclosed to Trilogy Care immediately.

Made with GAMMA

The Line You Must Not Cross



No attorney or guardian roles

Do not become a client's power of attorney, enduring guardian, or registered supporter if you



No wills

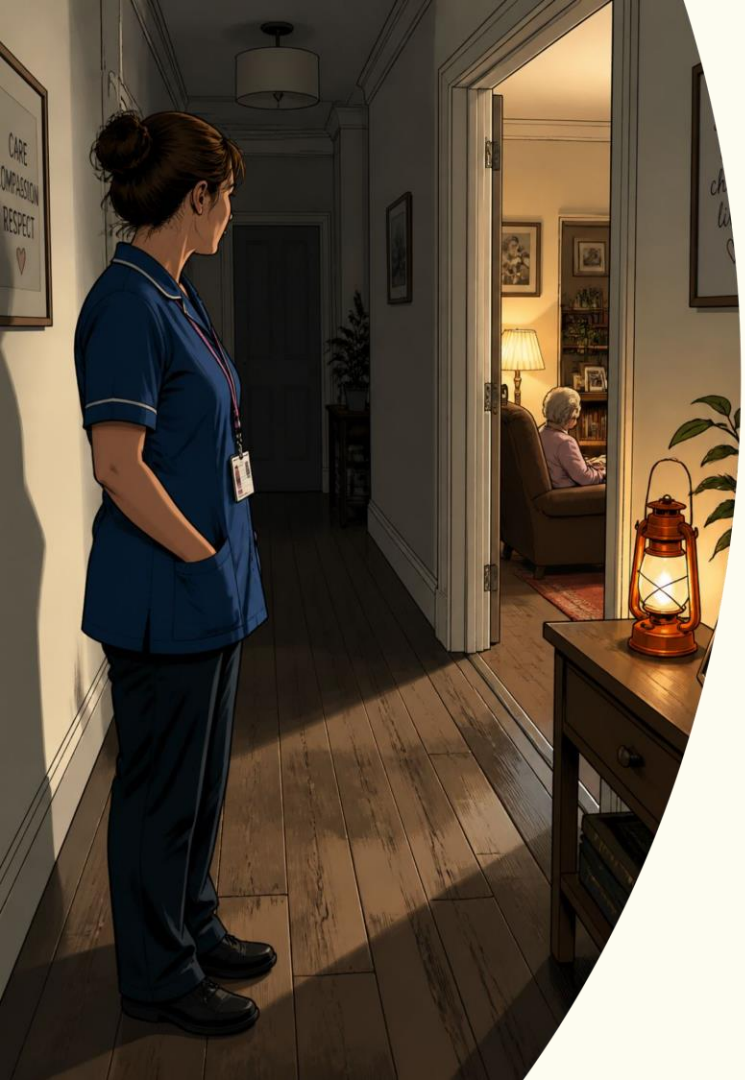
Do not accept a place in a client's will.



Declare softer conflicts too

Steering clients to your contacts, upselling outside the care plan, accepting gifts — **declare it to Trilogy Care.**

Made with GAMMA



Red Flags — You're the Eyes in the the Home

Supporters and attorneys are meant to protect clients — but sometimes they're the problem. Watch for:

Pressure or speaking over the client

A supporter or family member dominating conversations or making the client uncomfortable.

Unexplained service cuts

An attorney reducing services the client clearly needs — especially where money seems the motive.

Documents the client doesn't understand

A client signing paperwork they appear confused or frightened about.

- **You don't investigate. You don't confront.** Report what you saw or heard to Trilogy Care the same day. The law protects you when you report in good faith.

Made with GAMMA

Five Things to Take With You

01

Client first

Every older person is presumed to have capacity. A capable client's decisions come before their family's preferences.

02

Check the authority — never assume it

Supporters support. Only appointed decision-makers decide — and only within their document's scope.

03

Never become the decision-maker yourself

No attorney roles, no wills, no witnessing, no handling money.

04

Declare every conflict

Yours and any you observe — to Trilogy Care. Declaring is never the wrong move.

05

When unsure, ask Trilogy Care — same day

"I'll need to check" is always the right answer.

If something is sitting uneasily right now — don't wait. Call your Trilogy Care contact this afternoon.

Made with GAMMA

SECTION 05

Portal Update: Risks

04

Nadia

~5 minutes

New Risks feature now visible to external coordinators in the portal. Quick walkthrough of what's changed and what it means for your practice.

What's New: Risks Now Visible in the Trilogy Care Portal

You can now see the Risks tab in your portal view. Here's what that means:

You can now see

Every recorded risk for your clients, without needing to ask someone else to look it up.

View only

You can see risks but cannot add, edit, or delete them. Risk data is owned and managed by Care Partners and clinicians.

No setup needed

The Risks tab appears automatically in your portal under the Care Plan, next to ‘Needs’.

Two Different Things: Risk Noting and Incident Reporting

Risk Noting

- Ongoing documentation of known or anticipated concerns in the care plan

- Risks are identified at the initial assessment and updated over time

- What updates them: health changes, check-in observations, coordinator and supplier feedback, clinical review

Incident Reporting

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

- Triggered by: a fall, sudden decline, safety concern, missed or incorrect care

- Requires prompt reporting so Trilogy Care can triage and respond

- Depending on the event, may trigger a regulatory notification requirement (SIRS)

What We Ask of You

Stay informed

Use the Risks tab as part of how you understand your client. You now have direct visibility into their identified safety concerns.

Notice something has changed?

If what you observe does not match what is recorded, or if your client tells you something has changed, let your Care Partner know.

Incidents

If an event occurs, such as a fall, sudden decline, or safety concern, report it to Trilogy Care within 24 hours via the Incident Form

Trilogy Care's role

We triage all reports, involve clinical review where required, and escalate when needed. You are not managing risk or incidents alone.

Thank you

FAQ’s Below

Please complete our short survey by scanning the QR code

Next session: 26 August 2026

Trilogy Care



Survey

Frequently Asked Questions

Compiled from your questions · In Practice: Case Studies, July 2026

July 29, 2026

Frequently Asked Questions

Session Q&A

Q **If we put client details in for the assessment meeting booking, will I also receive an invite or copy with the booking link?**

A Coordinators won't receive an invite automatically. However, if the coordinator has completed the onboarding questionnaire, they can opt to be added via conference call by the assessment partner to the Care Plan meeting. The coordinator must be accompanied by the client or their authorised rep. The booking link will be sent to the coordinator to help organise the time for the client.

Q **How do we know the TCID when onboarding? The link doesn't generate one — it remains blank.**

A The TCID tool is on the final page of the onboarding questionnaire. Enter the client's initials (first letter of first name + first letter of surname) and press Generate — it will create the unique TCID. Note: labels on the steps may appear mixed around. The TCID is what you use in the booking link after the questionnaire is complete.

Frequently Asked Questions

Session Q&A

Q **How do we sight the actual service agreement? The 69-page document is sent as a generic agreement as part of the onboarding questionnaire.**

A A watermarked copy of the service agreement is available within the onboarding questionnaire (labelled 'watermarked agreement' on the final page). Client details are not added until the client has agreed and read the terms. Recommended approach: print 3–4 copies for the client to read before the care plan meeting; the client agrees verbally at the meeting; a signed agreement is then sent by Trilogy Care.

Q **Is there a list of providers already registered for clients to choose from? In regional areas, services can be delayed waiting for providers to register with Trilogy.**

A This is something we are actively working on. In the interim, we recommend using Care Vicinity or reaching out to your Partnership Manager for assistance.

Frequently Asked Questions

Session Q&A

Q **What is FSO and MSO?**

A FSO = Full Service Offer (full funding).
MSO = Minimum Service Offer (interim funding).

Q **How does a client agree to the service agreement terms?**

A Either virtually via DocuSign email, or verbally at the care plan meeting.

Q **Are you going to do any rural face-to-face workshops?**

A No regional roadshows are mapped out at this stage. Coordinators are encouraged to reach out to the CMP (Community Managed) team to discuss options — the CMP team do travel regularly. Please contact your Partnership Manager to be connected with the right person.

Q **Is there a simple, client-friendly budget tool that can be populated in front of clients and exported, including coordinator fee levels?**

A The Trilogy Care SAH Fees Calculator is available on our website and can be customised and downloaded as a PDF:
https://v0-hcp-sah-calculator-gk.vercel.app/

Frequently Asked Questions

Session Q&A

Q **On the ACA form, what does 'Supporter Lite' mean?**

A A Supporter Lite is a supporter registered under the Aged Care Act 2024 (Cth) where: the older person consented to the registration of the supporter, but not to that registered supporter also being given information or documents that may or must be given to the older person under the Act.

Q **We just launched and are onboarding our first client — can Trilogy provide any resources, guidance, or training materials to help us build a strong foundation?**

A Absolutely — we have a range of support options for new coordinators including co-branded brochures, Trilogy Care collateral, and joint events for additional marketing support. Your Partnership Manager will reach out to discuss what works best for you. Welcome to the Trilogy Care network!

Portal: Risk Section

Q **Where do the risks come from that are displayed in the risk section in the Portal?**

A Initially, risks are identified through the client's IAT and assessment process. From there, Care Partners and clinicians can update risks as they arise — generally through ad hoc conversations with coordinators, direct client updates, supplier feedback, or as part of the check-in process.

Q **What triggers risks to be updated — and what should trigger these updates?**

A Risks should be updated when new information is received from the client, their representative, external coordinators, suppliers, or internal team members — including any change in the client's circumstances, health, support needs, environment, or identified deterioration.

We are also required to complete an annual review for every client, during which the care plan is updated in its entirety.

Portal: Risk Section

Q **What are Coordinators' obligations to recognise, respond to, and report risks?**

A External Coordinators are required to report any changes, concerns, or deterioration relating to a client's circumstances, presentation, or care needs. They can lodge incidents and provide relevant information to Care Partners. Any reports or concerns raised are then triaged accordingly, including clinical review where required.

Q **What are Trilogy Care's obligations to recognise, respond to, and report risks?**

A The same obligation applies internally to Care Partners and relevant Trilogy Care team members. We are required to respond to and action any risks reported by coordinators, suppliers, clients, representatives, or identified through internal processes. These are triaged and managed through our clinical supervision model, with escalation occurring where required.