



# Your guide to making every care hour matter

*More hours, more choice, less complexity*





# *Welcome to Trilogy Care*

Thank you for choosing Trilogy Care. We understand the importance of this decision, and we're here to guide you through this new journey.

At Trilogy Care, our mission is to empower you to live in the home you love for longer. By choosing from our Self Managed or Fully Coordinated options to manage your Support at Home funding, you can choose exactly how involved you want to be.

This guide outlines the steps to get started, tips on selecting support workers, and other essential information. We also explain how to use the Trilogy Care Portal to monitor your Support at Home funding.

*Empowering independence through more active, personalised, and easy-to-manage care.*

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



# Understanding your Support at Home plan

The Support at Home program is designed to support older Australians with complex care needs while allowing them to live independently in their own homes. The program operates under the philosophy of consumer-directed care, meaning you have the choice and flexibility to decide who provides your care, what services you receive, and how your funding is spent.

Your funding, which varies depending on your assigned level, can be used for a wide range of services, including nursing, personal care, allied health, domestic assistance, and social support. However, some items such as general household bills or Medicare-covered services, are excluded from Support at Home funding.

You'll find more on this topic in the Support at Home service list section of this guide.

Starting your Support at Home journey with Trilogy Care is a two-step process designed to set you up quickly and smoothly.

With self-management, more of your package goes to real support, not overheads. Trilogy Care clients typically receive 30–40% more care hours than those with fully managed providers because they can agree local rates with trusted workers instead of being locked into fixed, higher prices. Your funding, your care, no waste.

Next, see how to plan services each quarter to keep your missed care rate low.

# Getting started: the welcome journey



## STEP 1: INITIAL QUESTIONNAIRE

The first step is completing our initial questionnaire. This online form collects important information about your health, care needs, goals, and preferences. This enables us to create an accurate care plan and budget with you. The questionnaire is easy to navigate, and you can save your progress to finish later if needed.

New Support at Home clients and recently (post 1 November 2025) reassessed clients will have the Notice of Decision and Support Plan, which will include needs, goals, and approved services.

### Important points:

- You'll need an up-to-date medical health summary, which you can request from your GP.
- An electronic signature is required; if this isn't an option, our friendly team can offer alternatives.
- After completing the questionnaire, you'll be prompted to book your welcome meeting to finalise your care plan and budget.



## STEP 2: WELCOME MEETING

Your welcome meeting is the second step in your journey with Trilogy Care. During this meeting, our intake team will work with you to design your care plan and budget and establish personalised goals. The meeting takes place over the phone, and you can invite a family member, friend, or translator for support.

Your care plan is central to how your services are delivered. It reflects your personal goals, care needs, and preferences. Our team will ensure that your care plan evolves as your needs change.

We will conduct a full review of your care plan at least once every twelve months, or more frequently if your needs change. You can request updates to your care plan at any time by contacting your care partner.

### Important points:

- Prepare for your meeting by considering your care needs, goals, and specific services you require.
- Joint meetings are available if a family member or spouse is also signing up with Trilogy Care at the same time.
- Your care plan will be ready shortly after this meeting, and you can start receiving support from your commencement date.

## ENGAGING SUPPORT WORKERS

As a self-managed client, you have the flexibility to choose your support workers. Trilogy Care can assist you in finding care platforms like CareVicinity and Mobility, but do not engage workers on your behalf. Fully Coordinated clients will have their support workers coordinated.

### Important points:

- Use your funding to identify the types of services you can engage, such as cleaning, transportation, or personal care. Note that you can identify services to engage from your approved Support at Home service list.
- Negotiate and agree base price and terms with your support workers.
- Self Managed clients can engage support workers either via care platforms or directly through Trilogy Care. Workers sourced through care platforms are verified by the platform. Workers engaged directly with Trilogy Care must complete Trilogy Care's verification process before starting services.
- Provide Trilogy Care with the service agreements and rates for your support workers.

## WORKER VERIFICATION PROCESS

Before starting, all support workers must be verified by Trilogy Care. They need to provide, at a minimum, their:

- Australian Business Number (ABN)
- Police check
- Public liability insurance
- Support at Home service agreement
- WorkCover Insurance (for organisations only)
- Relevant qualifications for the service being provided, for example, AHPRA registration for nursing care

If documentation is incomplete, Trilogy Care cannot pay for their services from your Support at Home funds. Therefore, it is important this verification process is completed before the workers commence with you.

If managing support workers becomes overwhelming, you may wish to use our Fully Coordinated option, which provides a care coordinator to facilitate this process on your behalf.



# Understanding your costs: Client contributions

Under the Support at Home program, most clients are required to contribute to the cost of their services. These contributions are determined by the Australian Government and depend on your financial circumstances and the type of service you receive.

## CONTRIBUTION CATEGORIES

**Clinical Support:** Fully government-funded. No contribution is required. This includes services such as nursing, allied health, and prescribed nutrition.

**Independence Support:** Moderate contributions may apply. This category includes services such as personal care, mobility supports, and assistive technology.

**Everyday Living Support:** Higher contributions are expected. This includes domestic assistance, meal preparation, and household tasks.

## CONTRIBUTION ASSESSMENTS

Services Australia will determine contribution amounts using income and asset testing rules consistent with Age Pension assessments. Clients on low incomes may not pay any contributions. Part-pensioners and self-funded retirees will contribute based on their assessed capacity to pay.

## LIFETIME CONTRIBUTION CAP

An individual's combined contributions across Support at Home and residential aged care (non-clinical) services will be capped at \$130,000 over their lifetime.

## CONTRIBUTION PAYMENT PROCESS

Clients will pay their contributions directly to their provider. There are no upfront fees. You are only charged for services you receive.

## GRANDFATHERED CLIENT PROTECTIONS

If you are a Grandfathered client—meaning you were approved for or receiving a Home Care Package as of 12 September 2024—your contribution arrangements are protected under the 'no worse off' principle:

You will continue to pay the same, or less, than under the Home Care Package Program.

If you were not required to pay an income-tested care fee before, you will not be required to under Support at Home.

## UNSPENT FUNDS

If you are transferring to Trilogy Care from another Support at Home provider, you may have an amount of unspent funding that will be transferred with you. This may include two types of unspent funds:

- Grandfathered Home Care Package unspent funds (if you were receiving or approved for a Home Care Package before 12 September 2024)
- Unspent Support at Home carryover funds

Your previous provider must finalise your account and generate a closing statement within 56 days of your termination date. Once this has been completed, they will transfer any eligible unspent funds to Trilogy Care. Please note that in practice, the full transfer process can take up to 70 days to finalise.

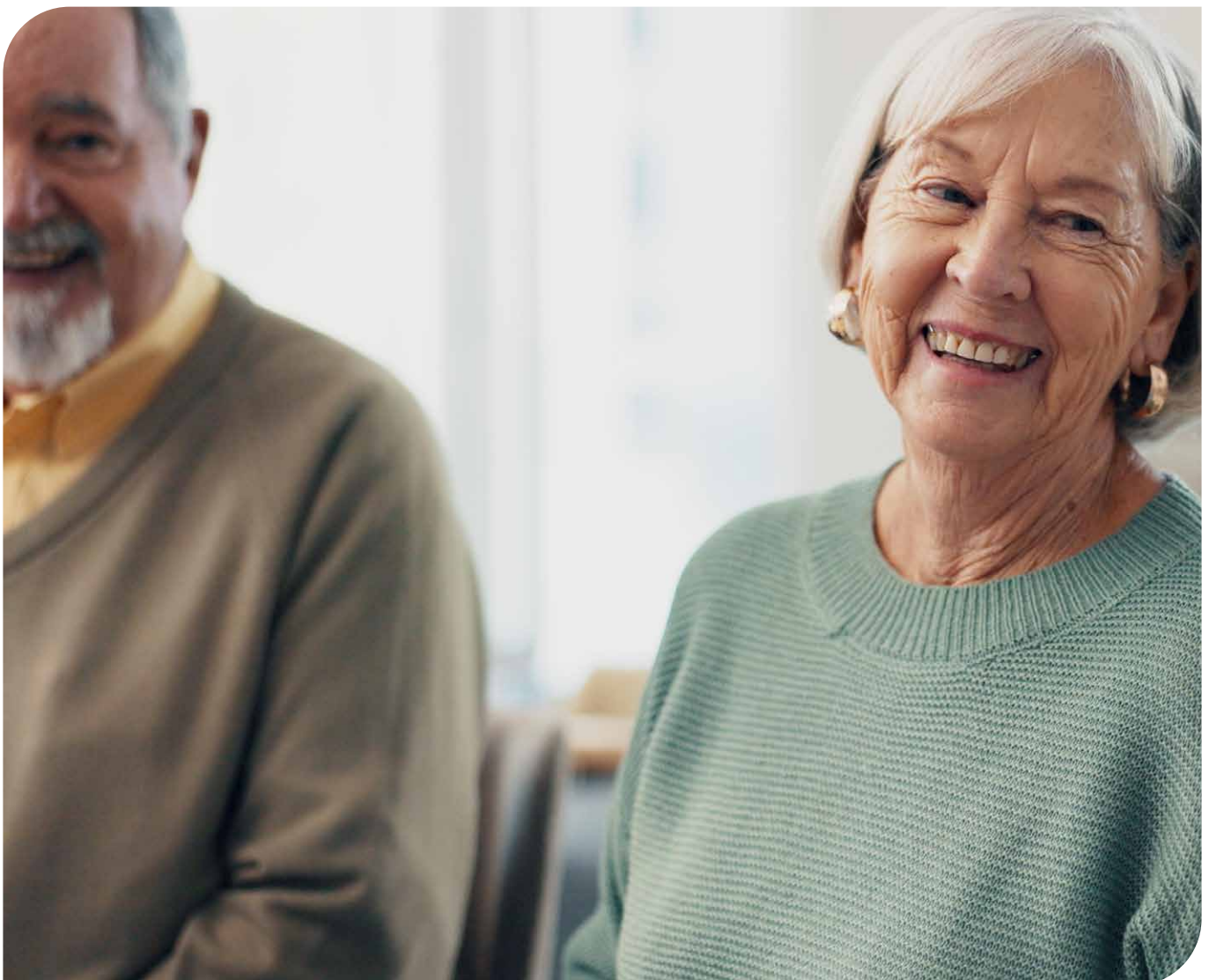


Under Support at Home, your funding is now allocated on a quarterly basis. You are allowed to roll over up to \$1,000 or 10% of your quarterly budget (whichever is greater) each quarter. Any unspent amounts above this may not automatically carry over and could be recovered by the government. Under Support at Home, unspent funds are known as carryover funds.

The Support at Home guidelines also note that any privately paid expenses from your previous provider cannot be reimbursed by your new

provider. To avoid being left out of pocket, ensure you have submitted all necessary claims before your commencement with Trilogy Care.

If you have any questions or need assistance with planning your funding or purchases during your transition, please contact your Trilogy Care team.



# Support at Home: Service list

Your Support at Home funding is designed to support your care needs and help you live independently at home. Understanding what can and cannot be funded is essential for making the most of your funding. To this end, Support at Home has a Service List as a guide what can be funded.

Plan your services across the quarter and check the Trilogy Care Portal so your missed care rate stays low and your funding is used to support your care needs.

Support at Home offers a wide range of subsidised services across three categories:

- Clinical Support
- Independence Support
- Everyday Living Support.

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

Services are only subsidised if:

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

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

## WHAT CAN BE FUNDED?

Under the Support at Home program, your funding can be used for services and items that directly support your assessed care needs and help you maintain independence at home. These include:

- **Personal care:** Assistance with daily activities such as showering, dressing, and grooming
- **Nursing services:** In-home healthcare services, including wound management and medication support
- **Allied health services:** Therapy services like physiotherapy and occupational therapy
- **Domestic assistance:** Help with cleaning, laundry, meal preparation, and shopping
- **Home modifications:** Safety improvements like grab rails
- **Assistive technology:** Mobility aids and medical equipment, as prescribed and approved
- **Social support and transport:** Assistance with attending appointments and staying socially connected

Note: Funding for assistive technology and home modifications is provided separately through the Assistive Technology and Home Modifications (AT-HM) Scheme, based on assessed need.

## WHAT CANNOT BE FUNDED?

Certain expenses are excluded from your Support at Home funding, including:

- **General living costs:** Expenses such as rent, utilities, groceries, and entertainment

- **Medical services covered by Medicare:** Doctor visits, hospital stays, and medications
- **Private health costs:** Insurance premiums and private dental care
- **Non-essential home modifications:** Renovations not related to your assessed care needs
- **Leisure or recreational items:** Holiday costs and non-essential luxury items
- **Services covered by other programs:** Supports funded by other government programs, such as the Commonwealth Home Support Programme (CHSP), National Disability Insurance Scheme (NDIS), or Department of Veterans' Affairs (DVA)

### Assistive Technology and Home Modifications (AT-HM)

Support at Home gives you extra funding for certain equipment and changes to your home. This can include things like mobility aids, safety items, ramps or rails. You get two separate lifetime amounts: up to \$15,000 for Assistive Technology and up to \$15,000 for Home Modifications.

- The Home Modifications cap is strict and cannot go over \$15,000.
- The Assistive Technology cap can go over \$15,000 only if your needs are reassessed by a clinician and approved as exceptional.

### REQUESTING FUNDING

To request funding for a new service or item:

1. **Check your care plan:** Ensure it aligns with your current goals and needs. If assessed under Support at Home, you will need to check your Notice of Decision to ensure you have approval for the relevant service or funding stream.
2. **Submit your request:** Contact your care partner and request a funding assessment for the support—they may ask you for the following evidence:
  - A recommendation from a medical or allied health professional confirming the support is necessary to ensure you remain safe and independent at home and that it relates directly to your age-related decline and care needs.
  - Two quotes to demonstrate cost-effectiveness.
  - Additional documentation or information required where the request is unique, involves a large purchase, or a typically excluded item.

Please note: Depending on the type of support requested, your care partner may also need to complete a formal Decision Support Tool assessment to ensure compliance with Support at Home guidelines.



# Using the Trilogy Care Portal

Once your care plan has been finalised, you and your nominated representatives will be given access to the Trilogy Care Portal. You will each receive a unique, secure login so you can view all the important details.

The Portal is a sector-leading platform that holds your care plan and provides live updates of your funding and spending, giving you a clear picture at all times.

## Accessing the Portal

You can open the Trilogy Care Portal in any internet browser on your laptop, desktop, tablet or phone. During onboarding, we will send you an email invitation to set your password, so please make sure we have the right email address. Once your password is set, you can log in anytime to view and manage your portal.

## Support to get started

The Portal has been designed to be easy to use, but we understand it can take a little time to feel comfortable. To help, our team has created a support page with simple guides and answers to common questions [portal.support.trilogycare.com.au/](https://portal.support.trilogycare.com.au/).

## TRANSPARENT TRACKING OF FUNDING

One of the key features of the Trilogy Care Portal is funding transparency. You can easily track your Support at Home funding (updated daily), view your expenditures, and plan for future needs. The Portal gives you complete

control over your financial decisions, providing peace of mind and confidence in managing your care and support efficiently.

Your dashboard will highlight your missed care rate. This is the share of your approved quarterly budget that is not activated as services within the quarter. For example, if you activate 70% of your budget, your missed care rate is 30%. We will prompt you before the quarter ends so you can plan services and keep this rate low.

## WHAT ELSE CAN I USE THE PORTAL FOR?

- Detailed breakdown of fees
- Recent transaction history
- Historical account statements
- Improved communication with nominated contacts

We encourage all care recipients to familiarise themselves with the Portal. It is an excellent tool for conveniently managing your Support at Home plan without needing to speak to your care partner.

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# Who else can assist me at Trilogy Care?

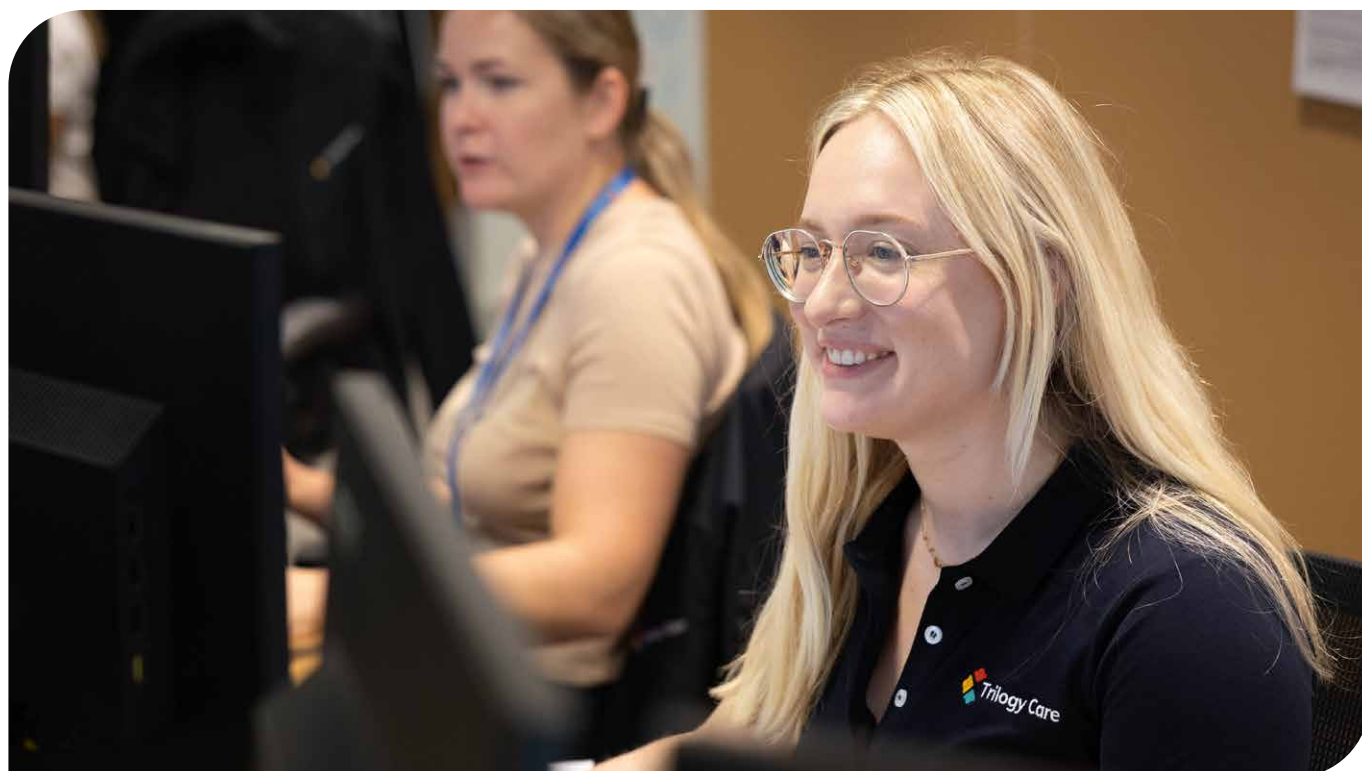
Your care partner will always be your first point of contact when you have any queries or concerns related to your care plan. However, when those queries or concerns relate to a specific department outside of your care partner's scope, they may need to transfer your call or forward your issue to another team. Depending on the specific query, it may be sent to one of the following departments for further expert opinion and information:

- Clinical team
- Compliance team
- Accounts team
- Partnerships team
- Sales team
- Service and support team
- Care team management

## TRILOGY CARE CONNECT

In December 2023, Trilogy Care Connect was launched—a Facebook community group created exclusively for Trilogy Care clients, their families, and unpaid carers. The group is designed to facilitate open discussions about your Support at Home plan, allowing you to provide and receive helpful tips for self-managing your funding.

Our aim is to foster a supportive, engaging environment where you can connect, share experiences, and find guidance. Whether you're seeking advice or simply looking to engage with others in similar circumstances, Trilogy Care Connect is available to you. To join the page, search "Trilogy Care Connect" on Facebook and request to join.



# Your rights and responsibilities

The Statement of Rights protects your rights as a client. It ensures that you receive safe, respectful care centered around your individual needs and preferences.

Understanding your rights and responsibilities is key to ensuring a positive care experience.

## THE STATEMENT OF RIGHTS

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

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

## CODE OF CONDUCT FOR AGED CARE

The Code of Conduct for Aged Care defines what good care looks like, within 8 elements of expected behaviour:

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

8. Take all reasonable steps to prevent and respond to:  
all forms of violence, discrimination, exploitation, neglect and abuse, sexual misconduct

## YOUR RESPONSIBILITIES

You also have certain responsibilities that help ensure a safe, respectful, and effective care environment. These include:

- **Providing accurate information:** Give accurate and up-to-date information about your care needs to help us deliver the best possible service
- **Respecting care workers:** Treat Trilogy Care staff and your support workers with courtesy and respect, and avoid behaviours that could harm others
- **Complying with service agreements:** Adhere to the terms of your Client Agreement, including payment of fees and working within the agreed care plan
- **Safety and consideration:** Take reasonable steps to maintain a safe environment for yourself and those providing your care, and cooperate with any measures put in place for your safety

## MUTUAL RESPECT AND COLLABORATION

Achieving positive care outcomes relies on mutual respect and collaboration between you, your care workers, and Trilogy Care.

By understanding both your rights and responsibilities, you can contribute to a caring, respectful environment where your needs are met while maintaining the dignity and autonomy you deserve.

# Complaints and feedback

At Trilogy Care, we are committed to ensuring your satisfaction. All aged care recipients can submit complaints or provide feedback at any time. You can easily lodge a complaint through our website or contact your care partner, who can submit it on your behalf. We will acknowledge your complaint as soon as possible, followed by a formal response within 28 business days.

We will work with you until the matter is fully resolved. This may involve conference calls with other organisations, escalation to a manager, or additional steps as needed. If necessary, you can also contact the Aged Care Quality and Safety Commission to assist with the investigation.

## ADDITIONAL SUPPORT

If you encounter difficulties lodging a complaint or are dissatisfied with the resolution, free advocacy services, such as the Older Persons Advocacy Network (OPAN), are available to support you. These services are designed to help when your care needs are not being met.



# Your journey with Trilogy Care

Thank you for taking the time to review this guide. We understand that self-managing or choosing to have your plan fully coordinated is an important decision. We are committed to providing the support and resources you need to make the right decision for you for home care success. This guide is just the beginning – your care journey with Trilogy Care is built on a partnership where we prioritise your choices and independence.

You should now have a strong understanding of the following:

- How to get started with onboarding, setting up your care plan, and accessing services
- The types of services and supports covered by your funding, as well as exclusions
- The flexibility you have in choosing and managing your support workers
- The importance of managing your funding effectively and understanding client contributions
- The process and guidelines around approval of funding requests
- Your rights and responsibilities as a care recipient

- How to use the Trilogy Care Portal to monitor your care and stay in control of your funding
- Where to find additional help and support when needed

Trilogy Care is here to empower you to live independently in the home you love for longer.

This is your care journey. You have the autonomy and support to make the best decisions for your wellbeing and lifestyle.

Should you have any further questions or need assistance at any time, don't hesitate to reach out to your care partner or access our online resources.

We look forward to supporting you and helping you achieve your care goals with Trilogy Care.



# Common Terms

## **Assistive Technology and Home Modifications (AT-HM) Scheme**

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

## **AT-HM List**

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

## **Care Partner**

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

## **Care Plan**

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

## **Client**

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

## **Client Contribution**

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

## **Classification**

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

## **End-of-Life Pathway**

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

## **Everyday Living Support**

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

## **Fully Coordinated**

A service model where Trilogy Care provides dedicated care coordination, clinical oversight, and full administrative support to help you manage your Support at Home funding while retaining choice over your care workers and services.

## **Independence Support**

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

## **Means Testing**

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

## **Missed care rate**

The proportion of a client's approved quarterly budget that isn't activated as services within that quarter; calculated as 100 minus the percentage of the budget activated (e.g. 70% activated = 30% missed care rate).

## **My Aged Care**

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

## **Quarterly Budget**

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

### **Restorative Care Pathway**

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

### **SAS – Single Assessment System**

The aged care assessment method for the Support at Home program

### **Self-Management**

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

### **Short-Term Classification**

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

### **Support at Home**

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

### **Support Plan Review**

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



# Helpful contacts

## AGED CARE QUALITY AND SAFETY COMMISSION

Website: [agedcarequality.gov.au](http://agedcarequality.gov.au)

Phone: 1800 951 822

## DEPARTMENT OF HEALTH AND AGED CARE

Website: [health.gov.au](http://health.gov.au)

Phone: 1800 020 103

## MY AGED CARE

Website: [myagedcare.com.au](http://myagedcare.com.au)

Phone: 1800 200 422

## OPAN – OLDER PERSONS ADVOCACY NETWORK

Website: [opan.org.au](http://opan.org.au)

Phone: 1800 700 600

## SERVICES AUSTRALIA

Website: [servicesaustralia.gov.au](http://servicesaustralia.gov.au)

Phone: 132 300

## TRILOGY CARE

Website: [trilogycare.com.au](http://trilogycare.com.au)

Phone: 1300 459 190





## Our services

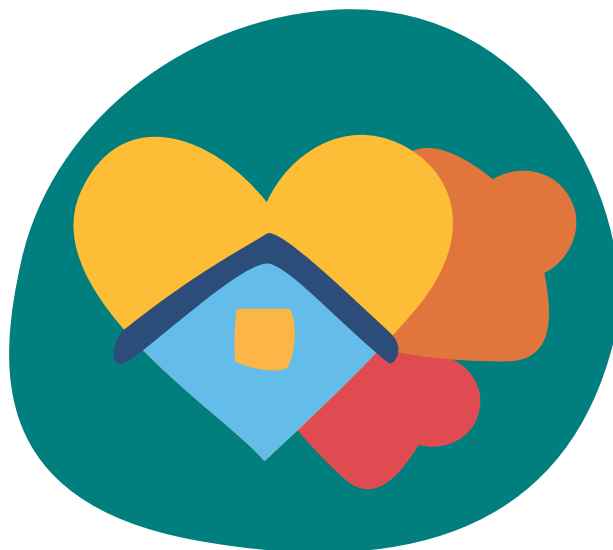
### SUPPORT AT HOME MANAGEMENT

Trilogy Care is a registered Support at Home provider. With the option of two tiers of Support at Home management – Self Managed and Fully Coordinated – you can choose how involved you want or need to be.

*Your life, your way, at home*

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

**[trilogycare.com.au](http://trilogycare.com.au) | 1300 459 190**





## Contact us

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

**1300 459 190**

**[trilogycare.com.au](https://trilogycare.com.au)**

[info@trilogycare.com.au](mailto:info@trilogycare.com.au)

**f** @TrilogyCare   **in** @TrilogyCare   **ig** @Trilogy.Care   **yt** @TrilogyCare

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