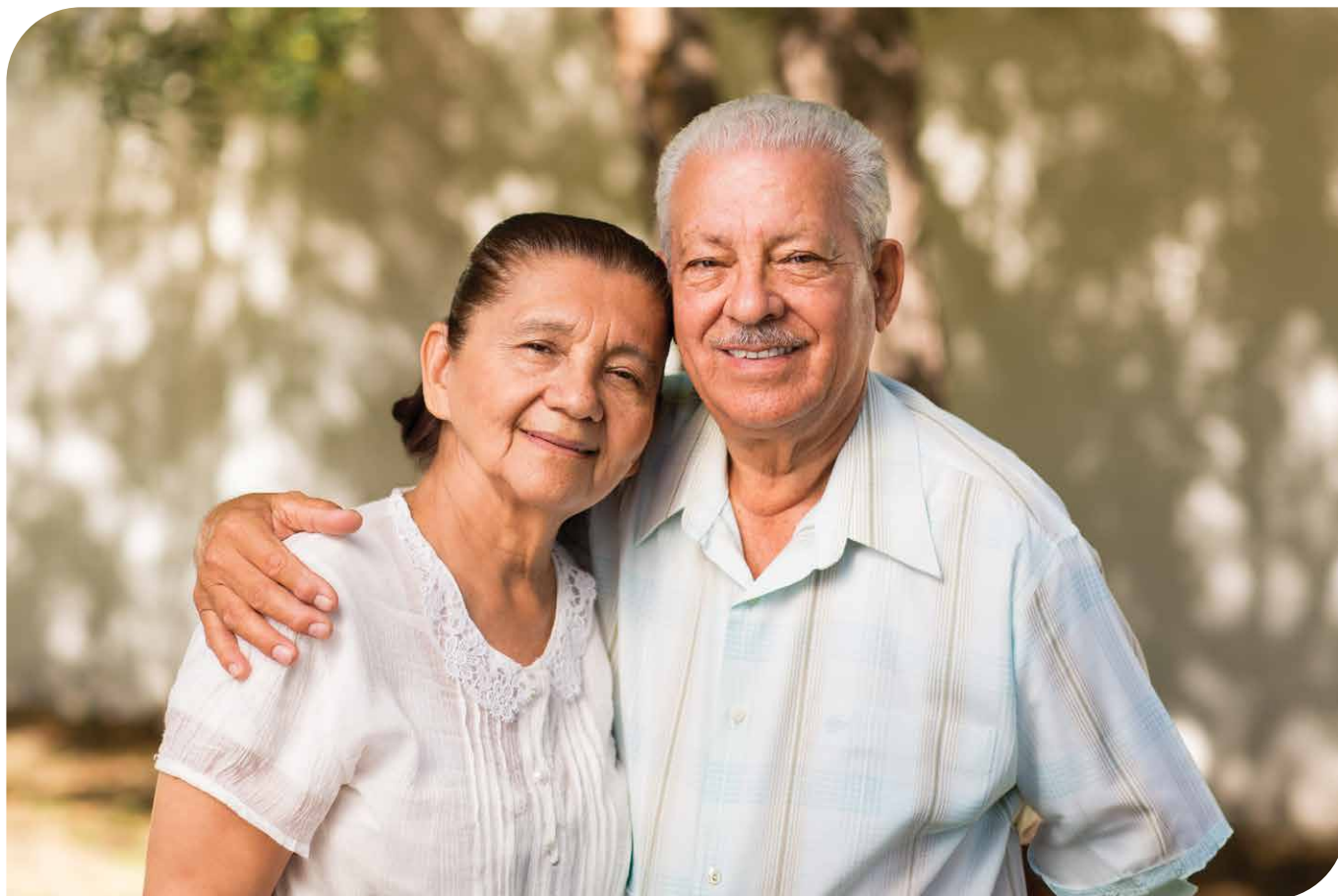




# Home Care Package providers – your questions answered





Once you've been approved for a Home Care Package, and are queued in the national priority system, it's time to start researching providers.

Because Australia's home care system operates under a model of Consumer Directed Care (CDC), you can choose how and where you spend your funds, so long as the services you receive:

- Are directly linked to your identified care needs and goals
- Will improve your health and wellbeing
- And are necessary for you to remain living safely and independently in your own home.

# Table of Contents

|   |    |
|---|----|
| WHAT IS A HOME CARE PACKAGE? .....                                | 4  |
| HOW DO I APPLY FOR A HOME CARE PACKAGE? .....                     | 5  |
| FINDING A HOME CARE PACKAGE PROVIDER .....                        | 6  |
| HOME CARE PACKAGE PROVIDERS – YOUR QUESTIONS ANSWERED .....       | 8  |
| HOME CARE PACKAGE PROVIDERS – FULLY MANAGED VS SELF MANAGED ..... | 9  |
| HOME CARE PACKAGE PROVIDER FEES.....                              | 10 |
| YOUR HOME CARE PACKAGE BUDGET .....                               | 11 |
| CARE PLANNING.....  | 13 |
| HOME CARE PACKAGE INCLUSIONS AND EXCLUSIONS.....                  | 14 |
| SWITCHING PROVIDERS .....   | 15 |
| YOUR RIGHTS .....   | 16 |
| GLOSSARY OF TERMS.....  | 17 |
| HELPFUL CONTACTS .....  | 18 |



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

# What is a Home Care Package?

The Home Care Package program was established by the Australian Government to assist older Australians to live independently in their own home.

The program is designed to provide flexible, tailored support according to a person's health care needs. Funding is allocated after formal assessment and can include services to help a person stay:

## WELL AND INDEPENDENT

With personal care, nursing, and allied health support

## COMFORTABLE AT HOME

With cleaning, gardening, home maintenance and nutritional support

## CONNECTED TO YOUR COMMUNITY

With transport and social support services

Eligibility is assessed by the Aged Care Assessment Team (ACAT). If approved, you are allocated funding according to your care needs, helping you continue living at home. There are four levels of funding available under the Home Care Package program:

## HOME CARE PACKAGE FUNDING AMOUNTS

| LEVEL 1                | LEVEL 2                | LEVEL 3                 | LEVEL 4                |
|------------------------|------------------------|-------------------------|------------------------|
| basic care needs       | low care needs         | intermediate care needs | high care needs        |
| \$10,588.65*<br>a year | \$18,622.30*<br>a year | \$40,529.60*<br>a year  | \$61,440.45*<br>a year |

Pricing correct as of 1 July 2024

### Home Care Package funding and budget

The Home Care Package (HCP) Program provides coordinated care and services to older Australians who have been assessed as having age-related care needs.

# How do I apply for a Home Care Package?

## STEP-BY-STEP GUIDE

### 1. CHECK YOUR ELIGIBILITY

- Apply for an assessment with My Aged Care
- You can do this on their website or over the phone, see below.
  - [myagedcare.com.au](https://myagedcare.com.au)
  - 1800 200 422
- If eligible, you will be booked in to have a visit from the Aged Care Assessment Team for an ACAT assessment.



### 2. HAVE YOUR ACAT ASSESSMENT

- An ACAT assessor will assess you at home or over the phone
- They will determine the level of care you need and your priority level



### 3. FIND OUT YOUR ASSESSMENT OUTCOME

- My Aged Care will mail you an outcome letter
- When you receive your letter, log into your My Aged Care online account to:
  - see which services you've been recommended obtain referral codes so we can waitlist you
  - review the support plan that ACAT developed
- You will be placed in the National Priority System until a package assigned
- The National Priority System is the way the Australian Government prioritises the allocation of Home Care Packages. It is a waitlist based on needs and circumstances of individuals, regardless of where you live.



### 4. BEING ASSIGNED A PACKAGE AND YOUR REFERRAL CODE

- When you're assigned a package, you will receive a letter from My Aged Care with a referral code.
- Call your preferred provider with the referral code to activate your Home Care Package funding. You can reach Trilogy Care on 1300 459 190.



### 5. START SELF-MANAGING WITH TRILOGY CARE

- Start receiving care and services!





# Finding a Home Care Package provider

As soon as you've been approved to receive a Home Care Package, you'll need to look for an approved home care provider that can deliver the services you want, in the way you want.

Every provider is a little different in how they do things and what they charge, so it pays to be thorough.

## What should I look for in a Home Care Package provider?

The most important thing is that you receive high-quality care. Care that is truly 'caring'. At a bare minimum, My Aged Care's 'Find a Provider' tool will allow you to find service providers in your area that are regulated by the Aged Care Quality and Safety Commission, and hence meet a defined set of standards.

The Charter of Aged Care Rights lays out what your expectations should be of the services being supplied by providers. If, at any stage, you have concerns that your provider is not addressing – or not addressing to your satisfaction – the Older Persons Advocacy Network can help.

For most people, the starting point for selecting a Home Care Package provider is to establish a few key facts:

- Do they provide services in my area?
- Do they provide the type of services I want?
- Do they have availability?
- Are they in alignment with anything that is particularly important to me e.g. culture or faith?

From there, we suggest finding out the answers to a range of practical questions, to enable you to make an informed decision.

## How do I choose a Home Care Package provider?

Choosing a Home Care Package provider is a very important and entirely personal decision. While recommendations are always great, it's about finding the right fit for your individual circumstances.

For all provider types, we recommend one key, overarching question – 'how will you meet my care needs?' Your provider's answer should indicate their whole process, from planning to budget to how they guarantee the quality of their services.

Other important questions include:

- Can you break down my package budget and tell me what that would look like in practice?
- How much will each service that I need cost?
- Do you charge daily fees? How much?
- Do you charge package management fees? What does that include and how much will it cost?
- Are there any additional costs or separate services I should be aware of?
- Are there any set-up fees?
- How much will I have to personally contribute? What is the process for payment?
- If I decide to change provider, is there a notice period?

If you've decided to take the fully-managed route, there are some additional questions to ask:

- Who chooses the people who deliver my services? Can I have a say in that choice?

- Can you guarantee the same care worker each shift?
- What is the process if I want to change my care worker? And are there any cost implications or wait times?
- Do you employ your own staff or use sub-contractors?
- Are services delivered within set hours, or can I choose my own hours?
- What are your requirements as regards the qualifications and experience of your staff?
- Do you charge travel costs? How much?
- What do I do if I have a complaint?

My Aged Care (MAC) also recommends asking how the organisation receives and

actions feedback from clients and if they've had any recent sanctions or notices of non-compliance. If so, what were they for, and what did they do/what are they doing to address them?

### **Can I change my Home Care Package provider?**

You can change Home Care Package provider at any time. Whether you need to change because of your circumstances, or because you feel there's a better option out there for you, your current provider is obliged to support you in your move. Your unspent budget will be transferred to your new provider within 70 days of your final day of service with your current provider.



# Home Care Package providers – your questions answered

## WHAT DO HOME CARE PACKAGE PROVIDERS DO?

Home Care Package providers work with you to develop your care plan and manage your package budget as part of your overall Home Care Agreement. They'll draw on the information contained within your Aged Care Assessment Team (ACAT) assessment, and the information you share with them during your meetings, to create a plan for the services you need within the budget you have.

“Approved home care providers will work in partnership with you to tailor care and services to best support your needs and goals.”

Department of Health, Your guide to Home Care Package services

## WHY DO I NEED A HOME CARE PACKAGE PROVIDER?

To access your Home Care Package, you have to first sign on with a registered provider who will then become responsible for all reporting requirements related to your funding. Home Care Package (HCP) providers are, at a minimum, responsible for:

- Producing your monthly statement
- Carrying out an annual review of your Home Care Agreement and care plan.

Although some offer more services.

The role of the provider is to ensure that you receive quality care and that your funds are managed properly, in compliance with national standards and legislation. The cost of these management activities must be 'reasonable', agreed in advance as part of your Home Care Agreement and deducted from your package budget.

## CHOOSING A SERVICE OPTION

One of the first things you'll need to think about before choosing your Home Care Package provider is how 'hands-on' you want to be with your care and services. Providers can offer a fully-managed or self-managed service, and various degrees in between. The amount of provider involvement in the day-to-day management

of your services may have implications for your budget as well as the flexibility and control you have over your care.

Not all providers offer both self-managed and fully-managed Home Care Packages, so it's important to understand the level of involvement you want before you start the process of provider selection.



# Home Care Package providers – Fully-managed vs self-managed

## FULLY-MANAGED HOME CARE PACKAGE PROVIDERS

When we think about home care, the model we're traditionally used to is what's known as 'fully-managed'. Your provider takes care of all the financial and administrative elements of your package, they choose and book your care services and carers are rostered from within their own workforce.

You might choose this option if you feel you do not have the capacity to take on any level of self-management and are happy to hand over the reins to a care manager.

## THE BENEFITS OF SELF-MANAGING YOUR HOME CARE PACKAGE

Self-management is a highly individual approach to managing your Home Care Package. It allows you to manage specific aspects of your care – such as choosing the people who deliver it – while still receiving support from your provider. This can allow you to reduce your management costs, maximise your hours of care and have absolute control over who is in your home and when.

There's also an intermediate level of self-management, whereby a care-coordinator can help you to find the right workforce for your needs without being restricted to the pool of employees within a fully-managed provider. While this level will attract additional fees, it's typically still much more cost-effective than working under a fully-managed arrangement.

Importantly, 'self-management' doesn't mean that you and you alone must manage your Home Care Package – you can nominate a friend or family member to help.

Self-managing your Home Care Package doesn't mean you won't be supported, but it does open up a world of opportunity, including:

- 1. Being able to maximise control over the services you receive and the people who deliver them.** No need to work within the confines of an organisation's service offering or use their staff team – you can employ anyone who is appropriately qualified and who you feel comfortable with, including people who are already providing you with support or who live in your community. Even if you don't have a particular person in mind, websites like Mable, Find a Carer, and Careseekers allow you to be really specific about who you want to work with and what you want them to do.
- 2. The ability to save money, and increase the value you get from your Home Care Package budget.** It also means you can negotiate rates and the specifics of services directly with the people actually providing the service.
- 3. Flexibility to move around your schedule.** As your needs evolve, or when something changes and you need to quickly adapt, you're able to make that happen on the spot – self-managing your Home Care Package means no renegotiating plans or waiting for a gap to open up on a roster.

Self-management is a great way to retain independence in every sense – you know your needs and how you want to live your life; by self-managing, your Home Care Package becomes a 'tool' to fill the gaps and make everyday living safer and more comfortable.

# Home Care Package provider fees

Every provider charges differently for the services they deliver and the rates that they apply to those services. It's important to establish those costs up front. Conveniently, all providers are required to publish their full price list of all services and costs online. Given how much prices can vary, it's worth comparing what's on offer to ensure you're getting the most out of your package funds. Provider fees are charged to your Home Care Package and are limited to:

- Not more than 15% of the package level for package management costs
- Not more than 20% of the package level for care management costs

They are paid for every day that package funds are assigned to you, not just on the days you receive services – an important detail when you're working out your budget.

While you cannot be asked to pay home care fees before your Home Care Package begins, once you have entered into your Home Care Agreement you may be asked to pay fees up to one month in advance. But all that information should be laid out very clearly, as providers are required to deliver invoices that are 'easy to understand'.

## What are establishment or set-up fees?

Some Home Care Package providers elect to charge a one-off 'establishment' or 'set-up' fee when you engage their services. This might include care planning, budget preparation and general administration costs, tiered to reflect your package level and hence the complexity involved.

## What is the basic daily fee?

The basic daily fee is a charge that providers can choose to apply, or not. It's entirely optional and set by the Government at

a percentage of the single basic age pension, ranging from 15.68% to 17.50% (as at Jan 2024) depending on your Home Care Package level. It can be charged to anyone, at the provider's discretion, and is not income tested.

Trilogy Care chooses not to apply this fee.

## What is the income tested fee for Home Care Packages?

The income tested fee is an extra contribution that you may personally be required to pay, depending on the outcome of an income and assets assessment. This assessment considers things like savings, rental income, stocks and shares and any property. If you're a full pensioner or (as at March 2024) have an income of no more than \$33,027.80, you will not have to pay an income tested care fee.

The fee itself is paid directly to your provider and is added to your Home Care Package.

There is a cap on the maximum amount anyone can be asked to pay annually and over your lifetime. If you want to establish your fee obligations before committing to a Home Care Package, you can get a fee advice letter from Services Australia, which is valid for 120 days.

## What are exit fees?

Exit fees are charges which providers may have included in their Home Care Agreements, as part of their terms and conditions for anyone wishing to move to another provider. From 1 January 2023, providers are no longer allowed to charge exit fees.

*Trilogy Care does not charge set-up fees, daily fees or exit fees.*

# Your Home Care Package budget

Your Home Care Package budget is the total amount of funds available to cover the cost of your care and associated services, plus ongoing allocated supplements.

Once you've selected your provider, and formally entered into your Home Care Agreement, that budget will be allocated across a care plan to ensure that you receive the services you need.

## SUPPLEMENTS

In certain cases, where there are specific care needs that attract additional costs or higher than usual rates, the Australian Government will pay a supplementary amount to approved providers. These include:

### **Dementia and cognition supplement**

For people with moderate to severe cognitive impairment from dementia or other conditions – assessed via RUDAS, KICA-Cog or PAS.

### **Enteral feeding supplement**

For people who receive nutrients through a tube in their nose, stomach or small intestine

### **Oxygen supplement**

For people who have a medical need for continual oxygen therapy

### **Top-up supplement**

For people who had an EACH-D package but were transferred to Home Care Package level 4 plus dementia and cognition supplement

### **Veterans' supplement**

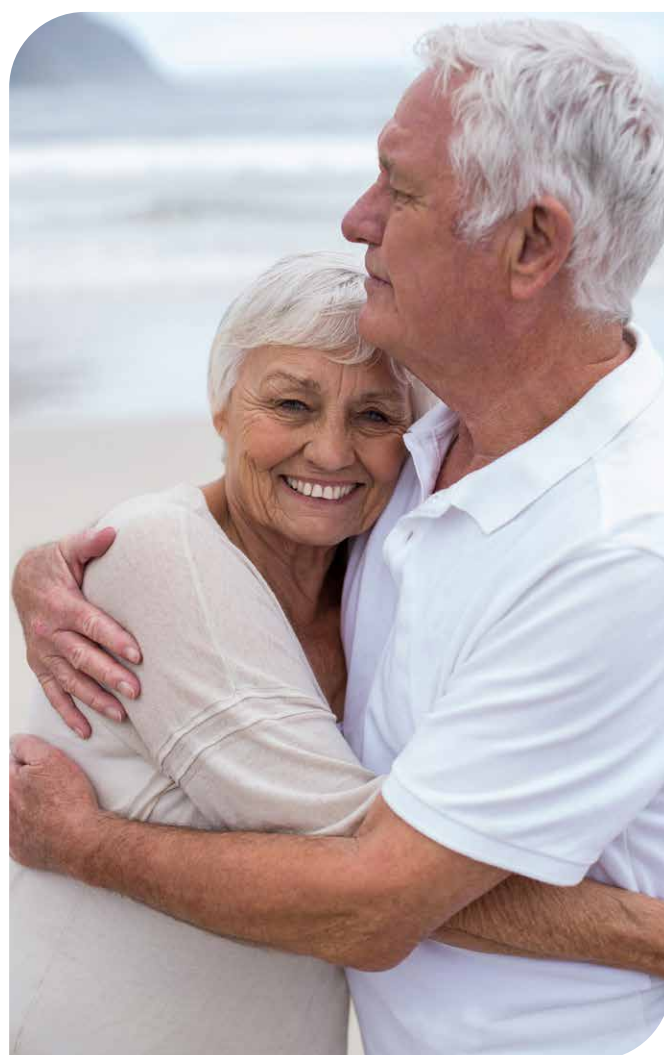
For veterans with a mental health condition related to their service

### **Hardship supplement**

For people who are in financial hardship and can't pay aged care fees and charges because of circumstances beyond their control

### **Viability supplement**

To help with the higher cost of providing aged care services in rural and remote areas.



If you've managed a household budget, you can manage your Home Care Package budget with ease. You just need to be able to:

- Manage and pay invoices
- Keep receipts
- Check a statement

Your Home Care Package provider will work with you to establish what services you'll receive and when, within your budget. If things change, reach out to them immediately so that your care plan can be revisited and your budget adjusted accordingly.

Your provider will supply monthly statements that show what has been spent from your budget. You can choose to access that via hard copy, by email or online. The statement should be itemised as follows:

- The amount of home care subsidy for the month
- The amount of home care fees (if any) paid or payable and any unpaid fees from previous months
- An itemised list of the care and services your provider has charged for
- A tally of your unspent budget



# Care planning

Care planning is the process of bringing together all the relevant information about your circumstances, challenges and medical history, looking at them alongside your goals and then establishing the supports you need, and how and when you need them, to protect your wellbeing and maximise your independence.

## What is a care plan?

Your care plan is a statement of those needs and goals and how home care services and supports will address them. It should be created with you, rather than 'for' you and, depending on the complexity of your needs, may include input from a nurse or other relevant professional.

It might include the following, alongside the products and services that could mitigate their impacts and improve quality of life:

- Medical conditions
- Any cognitive impairment
- Continence issues, wound care needs etc
- Allied health requirements, such as physiotherapy or speech pathology
- Personal care needs
- Medication management
- Home maintenance challenges
- Safety concerns
- The more comprehensive your care plan is, the more flexibility you have around leveraging your funding.

## What is a care coordinator?

Care coordination is a helpful add-on for self-managed clients who would like support with the process of sourcing carers.

Fees are significantly lower than is typically charged in a fully-managed arrangement, but with the benefit of professional support to source the perfect care worker for your needs. Care coordinators identify exactly what and who you need, and take care of the recruitment, so you get a personalised solution, on your own terms.

An independent relationship between the care coordinator and care provider also means that payment can be negotiated to a fair market rate, which helps you to maximise your budget.

## How often should my care plan be reviewed?

Your care plan should, at a minimum, be reviewed every year, and more frequently if your needs or circumstances are changing significantly.



# Home Care Package inclusions and exclusions

Before commissioning services or purchasing any items, you need to consult with your care partner to ensure that they meet Home Care Package criteria, including:

- Does it meet an assessed need as documented in your care plan?
- Do you have sufficient funds?
- Is it value for money?

## Home Care Package inclusions

Home Care Package inclusions vary based on the individual care plan needs and goals. They usually relate to items and expenses that keep you safe and well at home.



### SAFETY AT HOME

Domestic assistance  
Equipment  
Minor home modification  
Respite  
Home maintenance



### WELLNESS AND INDEPENDENCE

Personal care  
Meal preparation  
Allied health and therapy  
Nursing



### CONNECTION WITH THE COMMUNITY

Transport  
Social outings and activities

## Home Care Package exclusions

Goods and services not usually covered by Home Care Package funding include those which would normally be paid out of a standard household income, or covered under MBS or PBS, such as:

- Home insurance or rates
- Vehicle costs
- Home purchases not related to your care needs
- Landscaping
- Entertainment
- Glasses, medication or hearing aids

# Switching Providers

The joy of self-management is that you can change providers without losing the people who make a difference in your day-to-day life. Moving to a new provider doesn't mean having to change carers – those people and services can move seamlessly across to your new care plan, without any change to the everyday practicalities.

## FOLLOW THESE FOUR STEPS FOR SWITCHING TO A NEW PROVIDER:



### STEP 1 CHECK YOUR PROVIDER TERMS AND CONDITIONS

Establish any notice periods, so you know what you need to do and when for a smooth transition. From 1 January 2023, regardless of what was agreed to in your original Home Care Agreement, providers are no longer allowed to charge exit fees.



### STEP 2 FIND A NEW PROVIDER

Consider what you like and don't like about your current provider and ask the right questions (see above) to find the perfect fit moving forward.



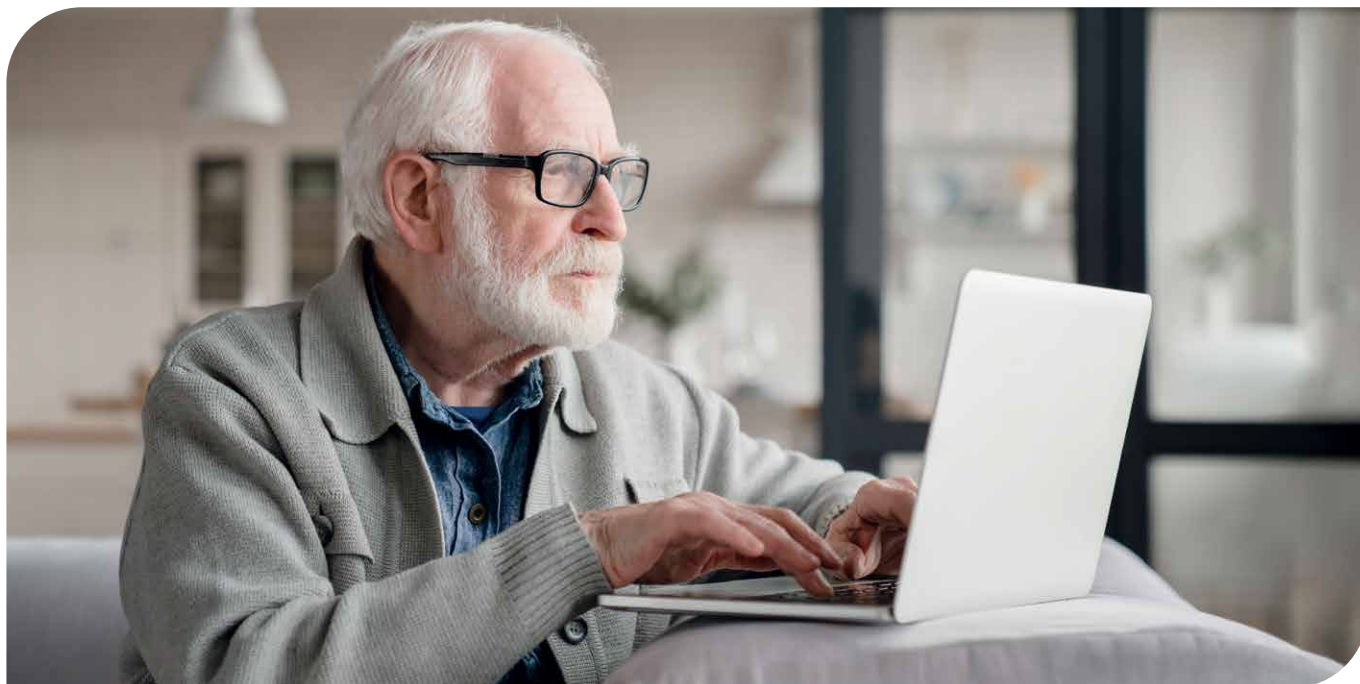
### STEP 3 RE-ACTIVATE YOUR HOME CARE PACKAGE REFERRAL CODE

Your new provider will need your referral code, but this will need to be reactivated through My Aged Care before you can start receiving services.



### STEP 4 GIVE YOUR PROVIDER NOTICE

Set an official end date and give it to your current provider in writing. To retain your Home Care Package, you must enter into a new Home Care Agreement within 56 days (there can be no overlap between providers).



## Your rights

The Australian Government has established charters and standards to protect your rights and ensure that the care you receive is of the quality you deserve.

### CONSUMER DIRECTED CARE

Consumer Directed Care is a term used in the aged care sector that relates to your rights when it comes to receiving services; it places choice and control in your hands about the types of services you want, and who should provide them.

When it comes to Home Care Packages, that includes ensuring full financial transparency. Each consumer must be involved in developing their own individualised budget with their provider. The budget must itemise the amount being contributed by the Government, the maximum amount of home care fees payable by the consumer, as well as the cost of the agreed care and services. A monthly statement of available funds and expenditure must also be provided, in a format that is easy to read and understandable by the consumer.

### THE CHARTER OF AGED CARE RIGHTS

Your aged care provider is required to help you understand your rights under the [Charter of Aged Care Rights](#), before you begin receiving services.

If you're unhappy with your care, or the care being received by someone else, an [aged care advocate](#) can help you explore options and raise your concerns.

### AGED CARE SAFETY STANDARDS

The Aged Care Quality Standards define what good care looks like, within a clear framework:

- safe,
- high quality, and
- meets the needs and preferences of the people under their care.

Each Quality Standard addresses the outcomes you should experience and the expectations that providers must meet.

If you wish to [make a complaint](#), you can do so confidentially and even anonymously.

# Glossary of terms

**ACAS – Aged Care Assessment Service**

Victorian equivalent of ACAT.

**ACAT – Aged Care Assessment Team**

Multi-disciplinary teams who assess the needs of older people and make recommendations for government-funded care and support under the Home Care Package.

**CAPS – Continence Aids Payment Scheme**

An annual, non-taxable payment to cover some of the cost of products that help with the management of incontinence.

**CDC – Consumer Directed Care**

A way of delivering care that gives individuals choice and flexibility.

**CHSP – The Commonwealth Home Support Programme**

Entry-level support for older people who need some help to stay at home.

**DAC – Daily Accommodation Contribution**

The government contribution to the cost of your room in an aged care facility. The amount is determined by Services Australia based on a means assessment.

**DAP – Daily Accommodation Payment**

The full amount of your aged care room costs, when paid by yourself on a rental basis. Not refundable.

**HCP – Home Care Package**

A fixed amount sum allocated by the Australian Government to provide services to an older person which will enable them to continue to live independently. Paid via subsidy, based on a need and means assessment.

**ITF – Income Tested Fee**

The amount you can be asked to pay towards residential aged care or your Home Care Package, based on a means assessment.

**KICA-Cog – Kimberley Indigenous Cognitive Assessment Scale**

Method used to test the cognitive impairment of Aboriginal or Torres Strait Islander care recipients living in a rural or remote area.

**MAC – My Aged Care**

The Australian Government organisation responsible for helping you find and access the right government-funded aged care services.

**MBS – Medicare Benefits Schedule**

Australian Government subsidies for health professional services.

**OPAN – Older Persons Advocacy Network**

A network of independent non-profit organisations giving a voice to older people at every stage of their aged care experience.

**PAS – Psychogeriatric Assessment Scales**

Methods used to test the cognitive impairment of care recipients

**PBS – Pharmaceutical Benefits Scheme**

Australian Government subsidies for qualifying prescription medicines.

**RAC – Refundable Accommodation Contribution**

Government help with the cost of your room in an aged care facility.

**RAD – Refundable Accommodation Deposit**

The cost of your room in an aged care facility, when paid in full and upfront. This will be refunded, minus any draw-down, when you leave the facility.

**RAS – Regional Assessment Service**

Conduct face-to-face home support assessments to facilitate access to aged care services and community-based supports.

**RUDAS – Rowland Universal Dementia Assess**

Method used to test the cognitive impairment of care recipients from a culturally and linguistically diverse background.

**Single Assessment System**

The new system to assess a person before they can access government-funded aged care services.

**Support at Home**

The Support at Home program will replace Home Care Packages and Short-Term Restorative Care Programme from 1 July 2025.

# Helpful contacts

## AGED CARE QUALITY AND SAFETY COMMISSION

**Website:** [agedcarequality.gov.au](https://agedcarequality.gov.au)

**Phone:** 1800 951 822

## DEPARTMENT OF HEALTH AND AGED CARE

**Website:** [health.gov.au](https://health.gov.au)

**Phone:** 1800 020 103

## DEPARTMENT OF HEALTH AND AGED CARE – ELDER ABUSE PHONE LINE

**Phone:** 1800 353 374

## MY AGED CARE

**Website:** [myagedcare.com.au](https://myagedcare.com.au)

**Phone:** 1800 200 422

## OPAN – OLDER PERSONS ADVOCACY NETWORK

**Website:** [opan.org.au](https://opan.org.au)

**Phone:** 1800 700 600

## SERVICES AUSTRALIA

**Website:** [servicesaustralia.gov.au](https://servicesaustralia.gov.au)

**Phone:** 132 300

## TRILOGY CARE

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

**Phone:** 1300 459 190





## Our services

### HOME CARE PACKAGE MANAGEMENT

Trilogy Care is a registered Home Care Package provider that supports you to confidently manage your Home Care Package so that you can continue to live safely and comfortably in the home you love.

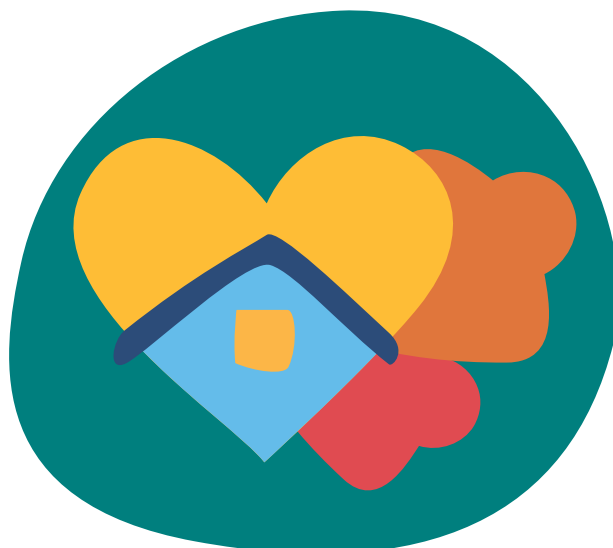
With the option of two tiers of Home Care Package management – Self-Managed and Self-Managed PLUS – you can have as much or as little control over the management of your Home Care Package as you want and need.

With Trilogy Care, you have absolute freedom to choose the services and providers you want, when you want them, and at a rate they're comfortable paying. We partner with you to get the most from your Home Care Package.

*Support that's all about you  
and the life you want to lead.*

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

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





## Contact Us

Start your self-managed home care journey and start receiving better value from your Home Care Package today!

**1300 459 190**

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

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

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