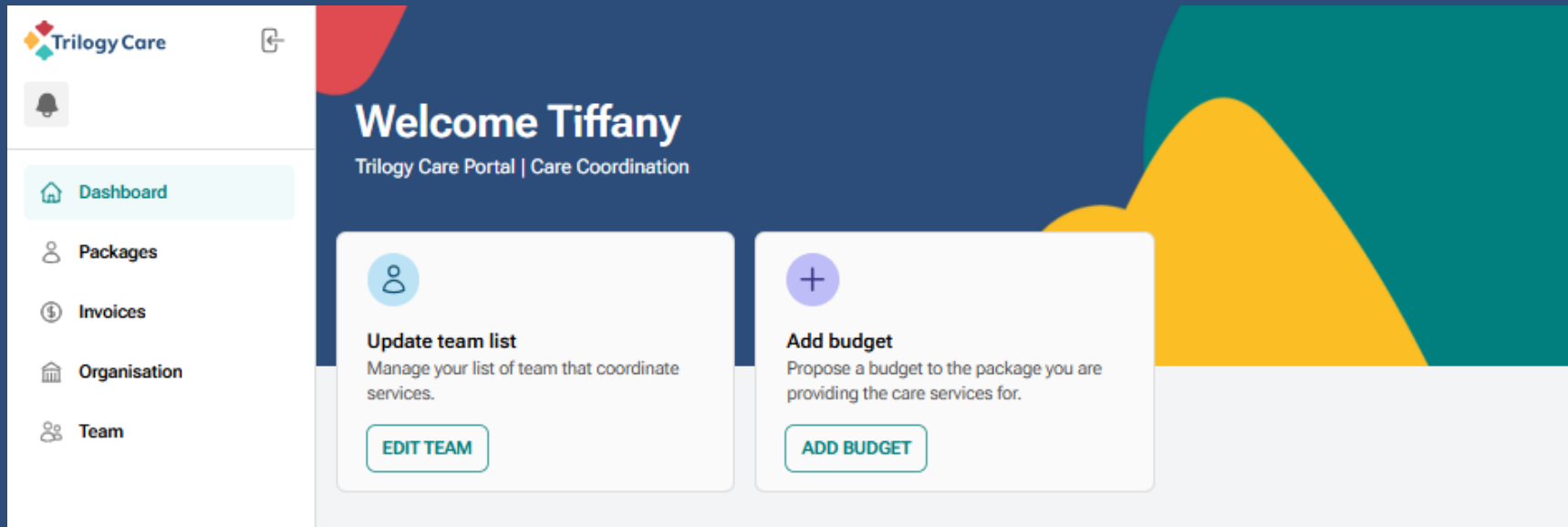


JUNE INFORMATION SESSION

PORTAL POWER PLAY: *Deep dive into care planning, budgeting, and avoiding overspend traps*



Presented by: Tiffany Whitelaw - Partnership Liaison Manager
Aimee Koman - Care Team Leader
Kyra Muller - Senior Care Partner



Note: The information in this PowerPoint is true and accurate at time of presentation (25/6/25) and is subject to change.

SESSION OVERVIEW:



SESSION PROTOCOLS:

- Microphones and Cameras are on mute.
- If you have any questions, please use the chat function - this will be monitored by the team.

TOPICS TO BE COVERED:

- Understanding and managing care budgets effectively
- Proactive budget monitoring and compliance
- Navigating the Portal with confidence
- June updates

KEY TAKEAWAYS FOR CARE COORDINATORS:

- Confidently manage budgets, use the Trilogy Portal effectively, and plan proactively to deliver long-term success for clients.



What is covered...

1. Developing a Care Plan
2. The Portal
 - ☐ Overview
 - ☐ Needs
 - ☐ Budget & Invoices
3. Process Reminders:
 - ☐ Meals
 - ☐ Cab Charge
 - ☐ Inclusions
 - ☐ Home Modifications
4. Takeaways
5. Updates & Feedback
6. Questions and Answers

1

DEVELOPING THE CARE PLAN

UNDERSTANDING a CARE PLAN

A care plan is built from three interconnected components that ensure every support is purposeful and tailored to the client's needs:

THREE COMPONENTS:

Client Overview

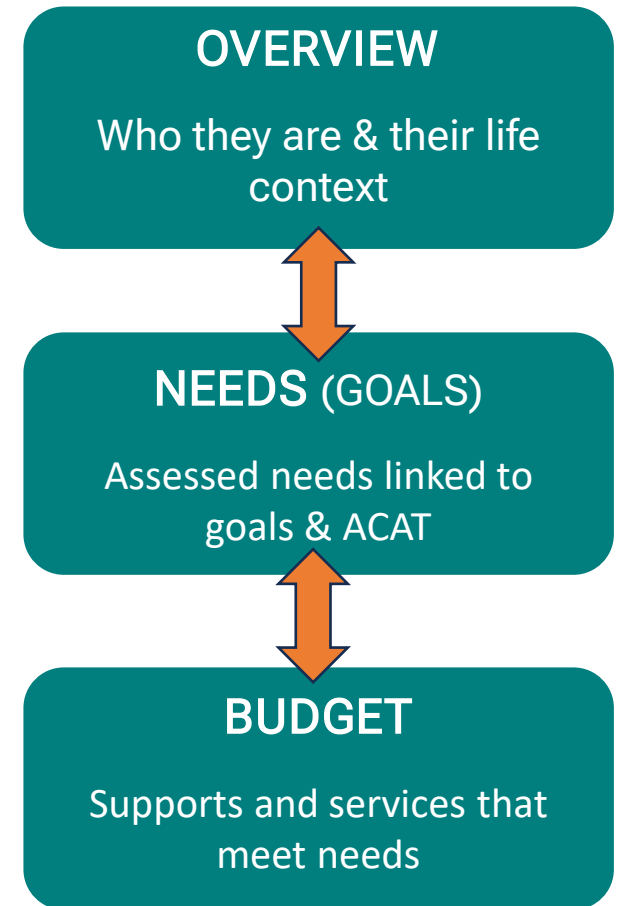
- A snapshot of who the client is, including their living situation, support network, interests, health issues and ageing-related decline.

Needs & Goals

- Needs are identified based on the overview and aligned with the client's goals. Trilogy Care also draws from the ACAT assessment to understand why the client was approved for a Home Care Package.

Care Budget

- Translates assessed needs into services and tasks that support the client's current stage: independent, well, safe at home, and connected to their community.



NOTE: Together, these three components form a complete, person-centered care plan.

2

THE PORTAL

All you need to know...

Package Details

Overview

Needs 6

Budget 4

Notes 4

Bills 3

State

Recipient Information

Full name	Test Lee
Preferred Name	Test
Date of Birth	15/12/1966 - 58 years old
Gender	Male

i Recipient needs an interpreter to communicate.

i Recipient identifies themselves as Aboriginal/Torres Strait Islander.

Commencement Date	29/02/2024
Cessation Date	-
First Approved Date	-
Payment Label	Home Care Package Lev
Payment Label Rate Per Day	\$51.49

OVERVIEW

OVERVIEW: Example

OVERVIEW:

Tester Lee lives in a single-level duplex with their granddaughter. They receive care from their daughters daily. Tester Lee is one of 18 children, and four of whom are still living. Tester Lee's key health issues are (but may not be limited to) vertigo, chronic pain, atrial fibrillation, cardiomegaly, vertigo, left ankle osteoarthritis, left plantar fasciitis, cervical spondylosis, polyarthralgia, hypertension, and age-related decline. Tester Lee has not had a fall or unplanned hospital admission recently (in the last 6 months). Tester Lee wears glasses to support their daily engagements. Tester Lee has reduced hearing in one ear but does not wear hearing aids. Tester Lee ambulates with a 4-wheel walker or a walking stick and wears a personal alarm. Tester Lee's walking distance is limited and needs to be supervised. APPROVALS: - Home care package level 4 - Residential Permanent - Residential Respite Care

NOTIFY YOUR CARE PARTNER:

Email your care partner if there are any changes to the client's:

- Living environment
- Informal support
- Health issues
- Hearing or vision
- Mobility
- HCP level and/ or residential aged care code approvals.

Once notified, your care partner will update the Trilogy Portal, and you can reprint the Care Plan for the client.

Package Details

Overview

Needs 6

Budget 4

Notes 4

Bills 3

Statements

Claim History

Recipient Goals

blah

Care needs

Category	Supported by HCP	Requirements	D
Allied health and therapy	No	N/A	N
Domestic assistance	No	N/A	N
Home maintenance and repairs	No	N/A	N
Nursing care	No	N/A	N
Personal care	No	N/A	N
Social support and community engagement	No	N/A	N

NEEDS

NEEDS: Example

Category	Details
Allied health and therapy	Tester Lee accesses ad-hoc podiatry sessions via the GP's care plan for 5 annual sessions to maintain healthy feet and toenails and monitor complications. Tester Lee has requested physiotherapy to improve stamina, strength, balance, pain management, mobility, and fall prevention. The care coordinator is requested to follow up on the GP's referral letter to facilitate ongoing allied health sessions via the home care package. ACAT recommendations: none
Domestic assistance	Tester Lee experiences chronic pain, and limited muscle strength and endurance to complete physically straining household tasks secondary to age and medical conditions. Tester Lee has requested cleaning and domestic support to be facilitated through the home care package to maintain a safe and hazard-free home environment.
Equipment and Products	Tester Lee ambulates with a walking stick or a walker depending on the distance. They always has family around to supervise their safety. Tester Lee wears a personal alarm. They need some help with transfers.
Home maintenance and repairs	The family oversees home maintenance tasks.
Meals	Tester Lee can manage simple meals, and their granddaughter prepares main meals. Tester Lee is happy with the current arrangement and will consider additional meal preparation support via their home care package to provide nutritious meals.

NOTIFY YOUR CARE PARTNER:

Email your care partner if:

- There is a change to any existing needs outlined in the Care Plan
- A new need arises that was not previously identified.

Once notified, your care partner will update the Trilogy Portal, and you can reprint the Care Plan for the client.

NEED CATEGORIES INCLUDE:

Allied health and therapy, Domestic Assistance, Equipment and Products, Home maintenance and repairs, Nursing Care, Nutrition, Personal Care, Social Support and Community Engagement.

Page Details

Overview

Needs 6

Budget 4

Notes 4

Bills 3

Statements

Claim History

Funding and budget summary

Please check the list of [requirements](#) before creating a Budget

Budgets awaiting approval (2)

\$

New budget submission was made by Tiffany CC

May, 08 2025 01:36 PM

\$

Edit budget submission was made by Tiffany CC

[Domestic assistance / General house cleaning](#)

May, 20 2025 08:53 AM

2 records

i

All items are represented as 4-weekly amounts

Care income

Subsidy/Funding ⓘ

\$1,441.72 (\$51.49/day)

HCP 2

Supplements ⓘ

\$0.00 (\$0.00/day)

Funding in

\$1,441.72

Fees

Care manager fee

\$216.26 (\$7.72/hr)

15%

Total fees

\$364.80

BUDGET & INVOICES

BUDGET: Example

Package Details

Overview

Needs6

Budget4

Notes4

Bills3

Statements

Claim History

Transactions

Funding and budget summary

Please check the list of requirements before creating a Budget

+ ADD BUDGET

Budgets awaiting approval (1)

\$

Edit budget submission was made by Tiffany CC
Domestic assistance / General house cleaning
May, 20 2025 08:53 AM

1 record

Page 1 of 1

All items are represented as 4-weekly amounts

Care income

Subsidy/Funding ⓘ
\$1,441.72 (\$51.49/day)
HCP 2

Supplements ⓘ
\$0.00 (\$0.00/day)

Funding in
\$1,441.72

Fees

Care management ⓘ
\$216.26 (\$7.72/day)
15%

Package management ⓘ
\$158.59 (\$5.66/day)
11%

Total fees
- \$374.85

\$ Available to spend

\$1,066.87

KEY UNDERSTANDINGS:

Care Income

- Includes the client's Home Care Package funding
- Plus, any approved supplements (e.g. dementia & cognition, oxygen, viability)

Fees

- Care management (Trilogy Care fee)
- Package management (Coordinator fee)
- Remaining monthly budget is available for care services and equipment

Budget Request feature









- Use to request additions, edits, or removal of services and budget lines

BUDGET: Example

Care income			
Subsidy/Funding ⓘ	Supplements ⓘ		
\$1,441.72 (\$51.49/day)	\$0.00 (\$0.00/day)		
HCP 2			
Funding in		\$1,441.72	

Fees			
Care management ⓘ	Package management ⓘ		
\$216.26 (\$7.72/day)	\$158.59 (\$5.66/day)		
15%	11%		
Total fees		- \$374.85	

Available to spend		\$1,066.87
--------------------	--	-------------------

Service Category/Service Type	Frequency	Start and End Date	Units	Rate	4-Weekly Total		
Domestic assistance / General house cleaning Budget information	Fortnightly	18 Apr 2024 -	2	\$45	\$180.00		
Equipment and Products / Mobility products Mobility Products- Walking stick , tipper kettle	Once Off	30 Jun 2025 -	1	\$200	NA		
Home maintenance and repairs / Gardening Budget information	Fortnightly	18 Apr 2024 -	2	\$80	\$320.00		
Meals / Meal preparation ⓘ Budget information	Weekly	18 Apr 2024 -	1	\$66	\$264.00		
Planned to spend ⓘ						\$764.00	

Budget surplus	\$302.87
----------------	-----------------

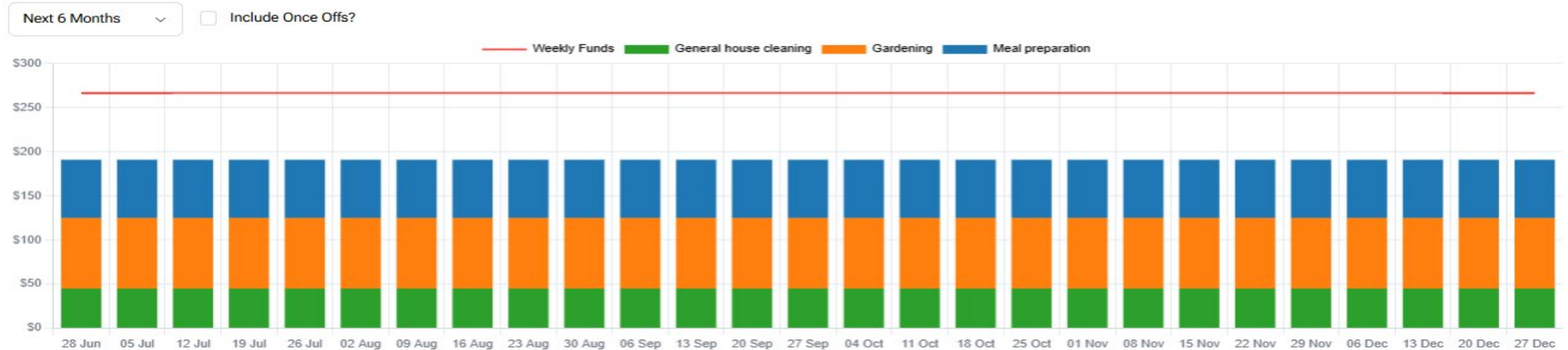
KEY UNDERSTANDINGS:

- One-offs are not included in planned spend, they're paid from the accrual balance
- Budgets are strict, if spend exceeds allocation, the bill goes on hold, the client may end up out of pocket
- Surplus funds roll into the accrual balance each month
- Budgets operate on a 28-day cycle

BUDGET: Example

Historical Budget

Weekly Budget



KEY UNDERSTANDINGS:

Historical Budget:

- One-off services and any care that is no longer required by the client will move to the historical budget section.

Weekly Budget:

- Weekly graph, visualises the monthly budget, including both regular spending and approved one-off items.

BUDGET: How to...

READ THE BUDGET AND UNDERSTAND ITS INTENT

- Focus on both "Available to spend" and "Planned to spend" figures
- Check the available unspent funds by subtracting "Planned to spend" from the accrual balance
- Understand what is already allocated versus what can still be utilised

ENSURE THE BUDGET ALIGNS WITH ACTUAL EXPENDITURE

- Set a realistic ceiling in the budget, e.g. 2 hours per week of domestic assistance, even if only 1 hour is regularly used
- Surplus planning helps prevent bills from being placed on hold
- Always ensure the description in the budget tool matches what will appear on the invoice
- Include mileage accurately — many bills are currently being held due to missing kilometres in budgets

BUDGET: How to...

RESPOND PROACTIVELY

Know the process:

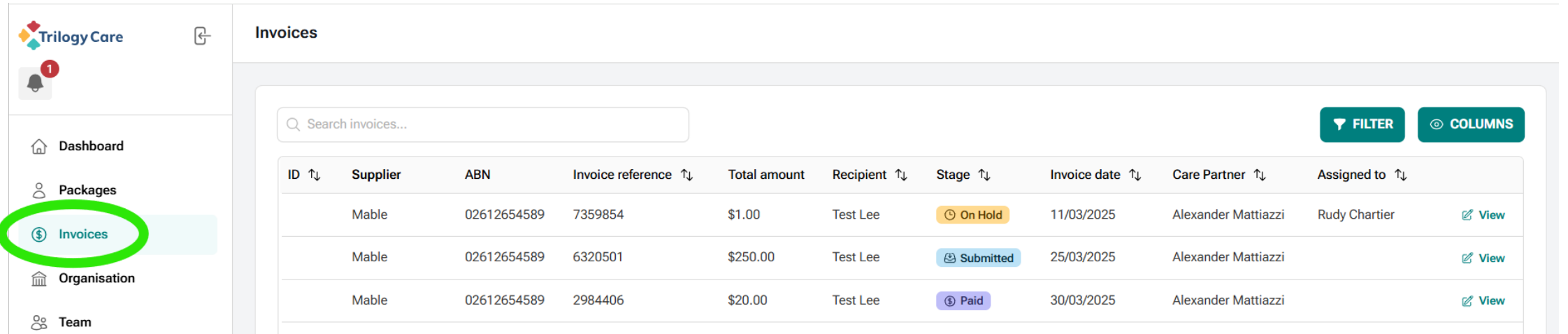
- Bills may be placed on hold if not budgeted
- You'll receive a notification, and / or your Care Partner (CP) will reach out for clarification
- Use the budget request to ensure all once-off services are included
- Proactive planning reduces disruption and avoids service delays

PLAN CONFIDENTLY FOR LONG-TERM SUCCESS

- Schedule and attend check-ins with your CP to monitor budget and bills
- Use these meetings to review spending patterns and adjust where needed
- Ask your CP for budget tips tailored to the client's goals and support needs

INVOICES: Two ways to find them

1



TrilogiCare

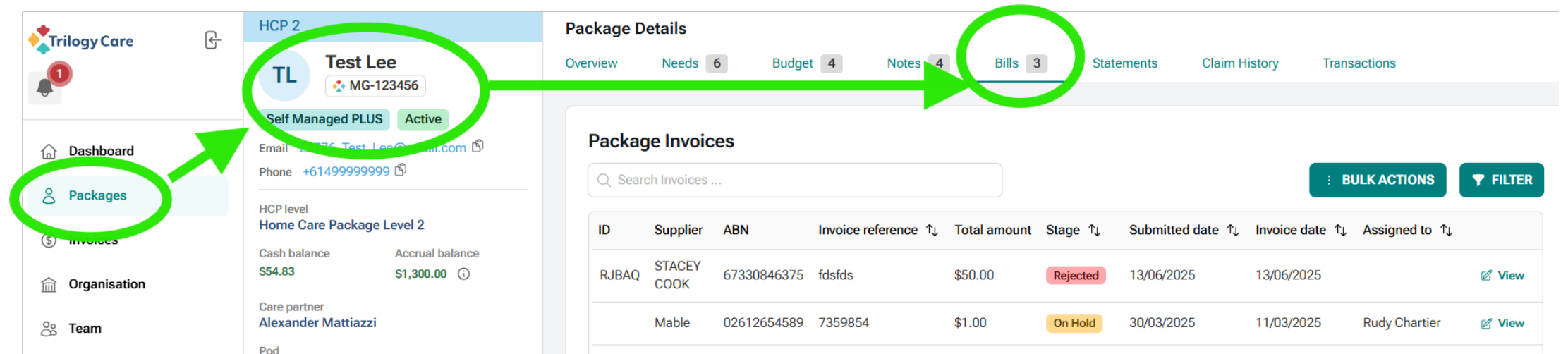
Invoices

Search invoices...

FILTER **COLUMNS**

ID ↑↓	Supplier	ABN	Invoice reference ↑↓	Total amount	Recipient ↑↓	Stage ↑↓	Invoice date ↑↓	Care Partner ↑↓	Assigned to ↑↓	
	Mable	02612654589	7359854	\$1.00	Test Lee	On Hold	11/03/2025	Alexander Mattiazzi	Rudy Chartier	View
	Mable	02612654589	6320501	\$250.00	Test Lee	Submitted	25/03/2025	Alexander Mattiazzi		View
	Mable	02612654589	2984406	\$20.00	Test Lee	Paid	30/03/2025	Alexander Mattiazzi		View

2



TrilogiCare

HCP 2

Test Lee (MG-123456)

Self Managed PLUS Active

Email: test.lee@trilogicare.com.au Phone: +61499999999

HCP level: Home Care Package Level 2

Cash balance: \$54.83 Accrual balance: \$1,300.00

Care partner: Alexander Mattiazzi

Pod:

Package Details

Overview Needs 6 Budget 4 Notes 4 **Bills 3** Statements Claim History Transactions

Package Invoices

Search Invoices ...

BULK ACTIONS **FILTER**

ID	Supplier	ABN	Invoice reference ↑↓	Total amount	Stage ↑↓	Submitted date ↑↓	Invoice date ↑↓	Assigned to ↑↓	
RJBAQ	STACEY COOK	67330846375	fdsfds	\$50.00	Rejected	13/06/2025	13/06/2025		View
	Mable	02612654589	7359854	\$1.00	On Hold	30/03/2025	11/03/2025	Rudy Chartier	View

BILLS: Understanding

Stage	Description	Process and Actions
Submitted	Invoice has been submitted via TRILOGY CARE Web page, your Resource Page or by email to accounts.	Allow time for it to appear on the Portal. Check with your Care Partner before resubmitting. Trilogy Care will notify you once it's received.
In Review	Invoice is under review by Trilogy Care.	Be patient and monitor the Portal. If there are no issues, this stage typically takes 1–2 business days. If issues arise, the invoice will move to 'On Hold'.
Paid	Invoice has been processed and paid with no issues.	No action required. This stage confirms the process is complete.
On Hold	An issue has occurred during processing.	Common reasons: Insufficient funds, Not in care budget, Worker not verified with Trilogy Care, Awaiting bank verification ACTION: Contact your CARE PARTNER
REJECTED	The invoice has been declined and will not be processed	Common Reasons include: The client is no longer active (terminated), Service dates fall before onboarding or after the client's exit date, The invoice is a duplicate of one already submitted ACTION: Contact your CARE PARTNER

REMEMBER

Check the Portal before resubmitting an invoice, allow a couple of days for it to appear

Never commence a service without prior approval from Trilogy Care

Monitor the accrual balance, keep it in the **green** to avoid funding issues

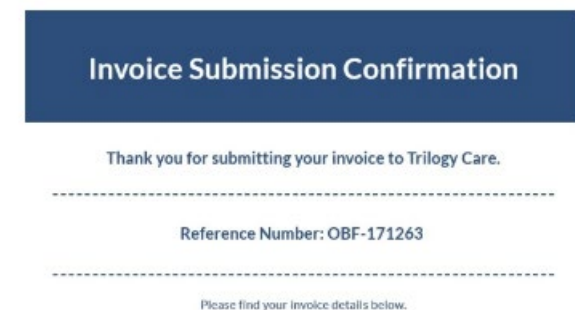
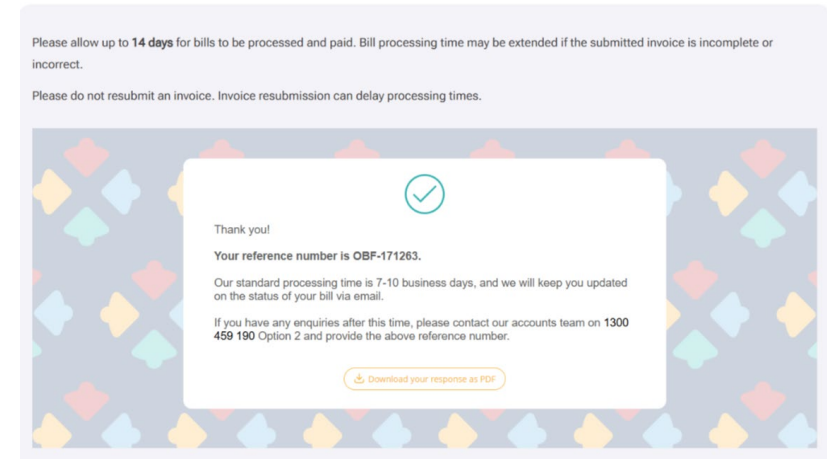
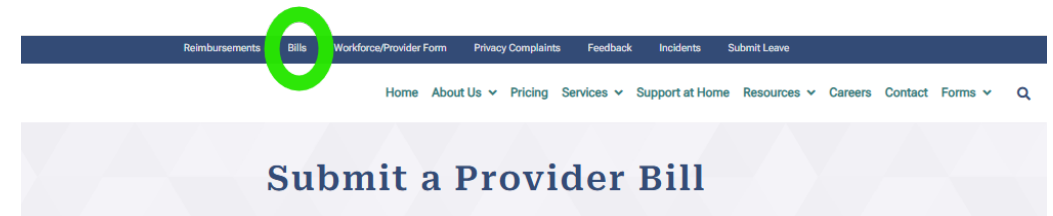
Communication is KEY: reach out to your Care Partner they are there to support.

BILL SUBMISSION: Process via resource/ web page

SUBMISSION: Via the Web or Resource page

STEPS:

1. Go to the **web or resource page** and select '**Bills**' from the top blue ribbon.
2. Complete the form titled '**Submit a Provider Bill**'.
3. After submitting, a **reference number** will appear, you'll also have the option to **download a copy**.
4. **Download the confirmation** before navigating away from the page. The download option disappears once you leave.




FAST PROCESSING: Tips

SUBMISSION OF INVOICES:

Prioritise timely invoice submission

Most efficient method is via the web or Resource page:



The screenshot shows the top navigation bar of a provider portal. The bar is dark blue with white text. The 'Bills' link is highlighted with a green circle. Other links include Reimbursements, Workforce/Provider Form, Privacy Complaints, Feedback, Incidents, and Submit Leave. Below the navigation bar, there is a light gray section with a search bar and a list of links: Home, About Us, Pricing, Services, Support at Home, Resources, Careers, Contact, and Forms.

Reimbursements **Bills** Workforce/Provider Form Privacy Complaints Feedback Incidents Submit Leave

Home About Us Pricing Services Support at Home Resources Careers Contact Forms

Submit a Provider Bill

or you can email to accounts@trilogycare.com.au

INFORMATION REQUIRED ON YOUR INVOICE:

ABN

Care Recipients Name AND Address

Invoice Number

GST

Payment Instructions

Service details

Invoice EXAMPLE

<Company Name>	
<123 Street Address, City, State, Zip/Post>	
<Website, Email Address>	
<ABN: ABN number >	<Phone Number>

BILL TO	SHIP TO	Invoice No:	#INV00001
<Contact Name>	Care Recipient's Name	Invoice Date:	11/11/11
<Client Company Name>	Care Recipient's Address	Due Date:	12/12/12
<Address>			
<Phone, Email>			

DESCRIPTION	QTY	UNIT PRICE	GST	TOTAL
			10%	0.00
			GST Free	0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
SUBTOTAL				0.00
DISCOUNT				0.00
SUBTOTAL LESS DISCOUNT				0.00
TOTAL GST				0.00

Thank you for your business!

Balance Due	\$ -
--------------------	------

Terms & Instructions

Add payment instructions here, e.g: bank details, Bpay details<
Add terms here, e.g: warranty, returns policy...>

3

PROCESS REMINDERS

REQUEST PROCESSES : MEALS

A Care Recipient may request that a meal delivery service be included in their HCP at any time:

PROCESS:

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](#) to support you and the Care Recipient

REMINDER:

Meal providers must be able to provide a split invoice where the cost of the raw food component is to be paid by the Care Recipient, and the cost of the labour, delivery, packing etc, is paid for by Trilogy.

REQUEST PROCESSES : CAB CHARGE

A Care Recipient may choose to receive support with accessing the community through a HCP 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 Care Recipient request a cab charge after their initial care plan, the coordinator will need to request this through their Care Partner, who will amend the care budget and make the application on behalf of the care recipient.

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

REMINDER:

- Care Recipients must **adhere to their budget**. Overspending may require **private funding**.



INCLUSIONS PROCESS

UNDERSTANDING INCLUSIONS

Below is a table as a guide to help guide when an inclusion request and supporting documentation may be necessary:

Risk	Cost	What to do	Some Examples
High	High	Inclusion is required with supporting evidence/documentation. Send to your Care Partner when you have ALL documentation.	Hospital bed, mobility scooter, home modifications, recliner, electric wheelchair, electronic devices
Medium	Low	Contact your Care Partner to discuss before proceeding with either an inclusion or budget request	Shower chair, over bed table, toilet seat raiser, wheelchair, walkers
Low	Low	Submit a budget request via the Portal or email to your Care Partner.	Non-slip mats, assistive cutlery, walking stick, tipping kettle

NOTE:

- **INCLUSION:** Remind Care Recipients that the process may take up to 28 days to be approved
- **BUDGET REQUEST:** Requires approval by Care Partner prior to actioning

INCLUSIONS & EXCLUSIONS: 5 STEP PROCESS

When do I need to apply for an Inclusion:

Where a Care Recipient requests that an item or service be funded by the HCP, and it is not listed as a specified inclusion or exclusion, the care coordinator will make a request for funding to the Inclusions Committee, who will look at the legislation and the evidence provided and decide based on information provided. ([Home Care Package Operational Manual](#))

5 STEP PROCESS

To complete an inclusions request, the Care Coordinator needs to:

1

Obtain any relevant evidence from allied health or medical professionals – such as an occupational therapy assessment with the relevant item or service listed as a recommendation

2

Ensure that there are two valid quotes provided for the item or service – this assists in demonstrating value for money

3

Check that the Care Recipient has sufficient funding for the item to be purchased or work to go ahead

4

Submit all documentation to your Care Partner via email.
Inform the Care Recipient that the request has been lodged and the committee will provide a response within 28 days

5

Care Partner will follow internal process to lodge request.
NOTE: Your Care Partner may request additional information to support the application.

EXCLUDED ITEMS

[Home Care Packages Program Operation Manual for providers](#) – it is helpful to keep this handy and reference back to it when inclusion requests arise. A simple CTRL+F on the document means you can find information easily.

Some specified exclusions are:

- Services, goods or supports that people are expected to cover out of their general income throughout their life regardless of age
- Accommodation costs
- Payment of home care fees
- Payment of fees or charges for care or services funded or jointly funded by the Australian Government
- Payment for services and items covered by the Medicare Benefits Schedule (MBS) or the Pharmaceutical Benefits Scheme (PBS) (or items that should be considered for funding through these schemes)
- Provision of cash debit cards or like payments to care recipients for any purpose

Detailed Examples of the above Exclusions are available on section 9.3 of the Operations Manual (linked above)

Medication and Non-PBS Supplements:

Medication and non-PBS supplements being paid from the Home Care Package funding are strictly excluded, and there are no exceptions to this rule.



HOME MODIFICATIONS

HOME MODIFICATIONS

When can a home modification be approved through the HCP:

1.Improve Safety

2.Accessibility

3.Promote Independence

4.Linked to an *AGE-RELATED* decline and *ASSESSED* care need

Requesting Home Modifications:

Request

- Request an in-home functional assessment:
- Engage an Occupational Therapist (or another qualified allied health professional) to perform an in-home functional assessment. Obtain a comprehensive report with observations and recommendations.

Source Quotes:

- You must obtain a minimum of two formal quotes before entering into any agreement or contract relating to the proposed modification. The quotes must **DIRECTLY** correspond with the recommendations and specifications provided in the report from your in-home functional assessment.
- Both simple and complex home modifications must be completed in line with the "building code of Australia" and the relevant State or Territory building regulations. Builders must be licensed to complete the proposed works and must hold the appropriate level of insurance as well as.

Obtain Funding APPROVAL:

- Once you have the professional recommendations and corresponding quotes, please contact your Trilogy Care Partner to initiate the funding assessment. We will send you an online form to complete which will enable us to review your request in line with the intention and scope of the Home Care Package and your individual care plan and goals. The Care Partner may request relevant documentation including but not limited to proof of home ownership and relevant insurance.
- If the cost of the proposed modifications exceeds the state building requirements (search relevant state requirements) and you have received funding approval from Trilogy Care, the homeowner and the builder must enter an appropriate contract before any work commences. The contract must set out all details of the works (specifications, fittings, fixtures, etc.), price, timings, materials, variations, and dispute mechanisms. We strongly encourage you to obtain professional advice before entering any building contract. If the amount in the contract differs from the amount quoted to you, a funding re-assessment is required.

CLARIFYING PROCESSES : Home Modifications

IN SUMMARY, REMEMBER: *The details matter!*

Key Requirements when applying for Home Modifications:

- 2x Quotes
- OT Report (detailed including photos and measurements)
- Scope of Works (aligned with OT report)
- Proof of Home Ownership (rates notice)
- Provider Verification (compliance checks)



Please remind Care Recipients that the process may take up to 28 days to be approved .

4

TAKEAWAYS

KEY TAKEAWAYS

KEY MESSAGES:

- **Communication** is key – your Care Partner is here to support you
- **Care Plans:** Overview, Needs and Budget are interrelated and to create a client centered care plan
- **Invoices:** keep an eye on your Portal, check prior to resubmission
- **Budget requests:** ensure these have been approved prior to actioning
- **Details matter** sending one email with ALL documents attached and the subject line with the client's name and action require (e.g. of subject line: Test Lee: Inclusion-hospital bed) helps with efficient processing
- Read all correspondence from Trilogy Care and respond by the due dates



5

UPDATES and FEEDBACK

UPDATES



SUPPORT AT HOME:

- The program will now commence on **1 November 2025**
- **Trilogy Care** will be hosting more webinars, so keep an eye on your inbox for invites
- We want to hear from you! Use the link below to **submit your questions** and stay engaged

[Submit your Support At Home questions here!](#)

TRAINING:

- Monthly Sessions- changing in July – watch this space
- Remember you can access Home Care Academy for additional support at any time:

[REMEMBER TO REGISTER](#)

FOLLOW UP

We kindly ask that you take a moment to complete the evaluation via the link below.

[JUNE Information Session Feedback](#)



JULY INFORMATION SESSION:

Wednesday 30th July 2025

6

Question and Answer

QUESTIONS and ANSWERS- June Session

MAC SERVICE PROVIDER PORTAL ACCESS

Q: Can a copy of the client's ACAT assessment be uploaded to their portfolio to avoid repeated requests to the care partner?

A: As the approved aged care provider, Trilogy Care has access to each client's ACAT assessment. Due to privacy and confidentiality obligations, we are unable to provide general access to these documents for coordinators.

If you require information from an ACAT assessment, please contact your Care Partner directly. Clients also receive a copy of their ACAT assessment and may choose to share it with you if they wish.

CLIENT BUDGET MANAGEMENT

Q: Can you explain the Cash Balance and Accrual Balance, how they're calculated, and why both are important?

A: The Cash Balance is an internal measure used by Trilogy Care's accounts team.

As a coordinator, your focus is on keeping the **Accrual Balance** in the **green**, as defined in the Portal.

The Accrual Balance is calculated using the following: $\text{Cash Balance} + (\text{number of days} \times \text{total daily subsidy})$

REMEMBER: If the Accrual Balance begins to drop, contact your Care Partner promptly to review the client's budget and prevent overspend.

QUESTIONS and ANSWERS- continued

BUDGET TOOLS AND ACCURACY

Q: Is there an accurate budget tool we can use with clients? Some online estimates show a surplus that becomes a deficit after activation.

A: As a coordinator, you have access to a budget tool via the Resource Page to help manage client budgets.

(Navigation: *Resource Page* → *Coordinator Forms* → *Care Plan Budget Tool*).

Please note: this tool does not account for accumulated funds. You will need to monitor those directly through the Portal.

COMMUNICATION AND RESPONSIVENESS

Q: With growing caseloads, emails or budget submissions aren't always addressed within 72 hours. How can we flag urgent matters?

A: For urgent matters related to care needs: Email your Care Partner and follow up with a phone call. If they don't answer, please leave a voicemail message.

If you are unable to reach your Care Partner, contact your Partnership or Relationship Manager for support.

Remember: These are your dedicated Trilogy Care team members — here to help you deliver the best care for your clients.

SUPPLIER VISIBILITY

Q: Is there an easier way to check which suppliers are approved by Trilogy for referrals?

A: Unfortunately, this is not available currently due to privacy considerations. However, the development team is currently working on updates to the Portal that will allow for easier access to this information in the future. If you need to confirm whether a provider is registered, please reach out to your Relationship Manager.

QUESTIONS and ANSWERS- continued

OCCUPATIONAL THERAPY (OT) ASSESSMENTS

Q1: How long is an OT assessment valid?

A: OT assessments are generally valid for up to 6 months for major recommendations, and up to 12 months for minor recommendations.

Contact your Care Partner if it has been more than 6 months since the last OT report and/or if there has been a significant change in the client's condition, to determine whether a new assessment is required.

Q2: Who updates the client's care plan with key OT recommendations?

A: The OT report should be either sent to your Care Partner or uploaded to the Portal, ensuring it is attached to the client's profile.

When actioning a recommendation, the client and coordinator should discuss which items they would like to include in the budget.

For low-cost, low-risk items, the coordinator can submit a request using the budget request function on the Portal or email the request to the Care Partner.

For high-cost and/or high-risk items, the coordinator must submit an inclusion request for further assessment.

If you're ever unsure about the appropriate process, please contact your Care Partner for clarification.

VIABILITY SUPPLEMENT APPLICATIONS

Q: How can coordinators determine if a client is eligible for the Viability Supplement?

A: Coordinators can check eligibility by using the Modified Monash Model (MMM) Suburb and Locality Classification – Home Care Subsidy tool. [MMM Suburb and Locality Classification](#)

QUESTIONS and ANSWERS- continued

INCLUSION/EXCLUSION CLARITY:

Q: How can we better address client frustration when OT-recommended items are excluded from HCP funding?

A: Refer to the Home Care Package Operational Manual to check whether an item is eligible for inclusion. It's important to remind clients that Home Care Packages are funded by the Australian Government and must follow strict guidelines on allowable expenses.

Any item considered for inclusion must be clearly linked to an ageing-related, assessed care need and outlined in the client's care plan and support plan.

Before proceeding, speak with your Care Partner, who can provide further clarity and help determine if an item may be ineligible or withheld under Home Care Package rules. If an item is excluded, your Care Partner can also provide guidance and information to help you explain this to the client clearly and respectfully.

MEAL PREPARATION SUPPORT:

Q: Can a support worker be funded to help cook meals?

A: A Support Worker can assist a client with meal preparation in the client's home, working *with* them as part of their assessed care needs.

However, Support Workers are not permitted to privately cook and prepare meals off-site and deliver them to the client. Doing so would classify as a meal provision service, which requires formal registration as a meal provider under compliance requirements.

QUESTIONS and ANSWERS- continued

TRANSPORT REIMBURSEMENT

Q: Can clients be reimbursed for transport (e.g., Uber, DiDi) while waiting for a Cab charge card, if pre-approved?

A: Rideshare services cannot be paid by the HCP. Please contact your Care Partner to discuss this before taking any action. All client's circumstances are different, and any reimbursement must be approved in advance.

ONE-OFF PURCHASES

Q: Can one-off purchases be removed from the budget once received?

A: Once a one-off purchase has been fulfilled and paid, it will be automatically moved to historical in the Portal to ensure accurate budget tracking.

Coordinators cannot make manual changes in the Portal, so if you notice any discrepancies or issues with a client's budget, please notify your Care Partner.





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