



Australian Government



myagedcare



***Your guide to home care
package services***

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Your guide to home care package services.

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Aged Care Information Section
Department of Health
PO Box 7576
Canberra BC 2610

Email: AACEI@health.gov.au

You can find this product at www.myagedcare.gov.au

This booklet is designed to help you, your family or your friends make important decisions about your care. Although we have tried to make it as comprehensive as possible, you may want more specific information on the aged care system to make an informed decision.

Information is current as at 27 February 2017.

***Your guide to home care
package services***



Is this booklet right for you?

This booklet explains how older people can receive support in their home and daily life through the **Home Care Packages Program**.

You should read this booklet if you have been assessed by an Aged Care Assessment Team (ACAT), or an Aged Care Assessment Service if you are in Victoria, for a home care package.

Otherwise **call My Aged Care on 1800 200 422 or go to myagedcare.gov.au** for information on the assessment process and eligibility for different types of government-funded aged care:

Short-term and flexible care

Short-term care services in the home or residential care settings for situations such as restorative care (return to independence), transition from hospital or recovery from an accident or illness.

Entry-level support at home

Ongoing or short term care and support services through the *Commonwealth Home Support Program* including help with housework, personal care, meals and food preparation, transport, shopping, allied health, social support and planned respite (giving your carer a break).

More complex support at home

Four levels of consumer directed coordinated packages of services through the *Home Care Packages Program* including personal care, support services and nursing, allied health and clinical services.

Residential aged care

Personal and nursing care in aged care homes for older people unable to live independently in their own homes.

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What is a home care package?

The Australian Government's Home Care Packages Program helps you to live independently in your own home for as long as you can. The Program provides a **subsidy** towards a package of care, services and case management to meet your personal needs.

There are four levels of home care packages. A professional assessor will work with you to find out if a home care package is the right service for you, which level of service you need and when you might need it.

The four package levels are structured as follows:

- Level 1 supports people with basic care needs
- Level 2 supports people with low-level care needs
- Level 3 supports people with intermediate care needs
- Level 4 supports people with high-level care needs.

Each level of home care package provides a different subsidy amount. This amount is paid to an approved home care provider that you have selected. The subsidy contributes to the total cost of your service and care delivery. It is also expected that you will contribute to the cost of your care where your personal circumstances allow.

You can find out more on the subsidy rates at the Department of Health's website www.agedcare.health.gov.au



What can home care package funds be used for?

The types of services that you can purchase under a home care package include but are not limited to:

- **Personal services:** assistance with personal activities such as bathing, showering, toileting, dressing and undressing, mobility and communication
- **Nutrition, hydration, meal preparation and diet:** assistance with preparing meals, including special diets for health, religious, cultural or other reasons, assistance with using eating utensils and assistance with feeding
- **Continence management:** assistance in using continence aids and appliances such as disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances, and enemas
- **Mobility and dexterity:** providing crutches, quadruped walkers, walking frames, walking sticks, mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, pressure-relieving mattresses and assistance using these aids
- **Nursing, allied health and therapy services:** for example, this may include speech therapy, podiatry, occupational or physiotherapy services and other clinical services such as hearing and vision services
- **Transport and personal assistance:** assistance with shopping, visiting health practitioners and attending social activities
- **Management of skin integrity:** assistance with bandages, dressings and skin emollients.

A home care package may also support the use of:

- **Telehealth:** video conferencing and digital technology (including remote monitoring) to increase access to timely and appropriate care
- **Assistive technology:** such as devices that assist mobility, communication and personal safety
- **Aids and equipment:** particularly those that assist a person to perform daily living tasks can be purchased using funds from your package budget. Your Home Care Agreement needs to specify whether it is leased or who owns the item and who is responsible for ongoing maintenance and repair costs.

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

What can't home care package funds be used for?

Home care package funds cannot be used as a general source of income for items such as day-to-day bills, food, mortgage payments or rent as an example. You can find a full list of exclusions on www.myagedcare.gov.au

Can I get a home care package?

If you have not already been assessed by an Aged Care Assessment Team (ACAT) for a Home Care Package you (or your nominated representative) need to contact My Aged Care on 1800 200 422. The contact centre staff will ask you questions to help them understand your needs and care arrangements to inform the next steps.

The contact centre staff may then:

- arrange a face-to-face assessment of your needs that takes place in your own home by a trained assessor
- refer you for aged care services, reflecting any preferences you have for particular service providers
- provide you with aged care information and details on services that may assist you.

They will also ask your permission to create a personalised client record. This will hold up-to-date information on your needs, the results of any assessments and any services that you receive. The client record will reduce the need for you to retell your story.

You can also nominate family and friends as your representatives. They will then be able to view your client record on the My Aged Care system and can act as a representative on your behalf to discuss your care needs and receive any mail relating to your home care package.



Assessing your needs

Following your discussion with the My Aged Care contact centre, if your care needs indicate you might need a home care package, you will be referred to an Aged Care Assessment Team (ACAT) to complete an assessment. This assessment will identify the appropriate home care package level to meet your needs.

An ACAT member will talk to you about your current situation and assess and approve your eligibility to receive Australian Government-subsidised aged care services. These assessments are free.

Your preferences will always be considered, and you do not need to make any decisions about your future during your assessment.

You are welcome to have someone else - a friend, family member or your carer - come to your assessment with you for extra support.

The assessment

With your consent, an ACAT member will:

- assess and approve your eligibility for home care to help you continue living at home or refer you to other services
- give you information about home care services in your area
- help you access the care you need
- help you arrange residential respite care, if you need it.

Your local ACAT member (usually a nurse, social worker or other health care professional) will make a time to come to your home (or hospital if you are in hospital) and talk to you about how well you are managing in your day-to-day life. They will also explain the assessment process.

The ACAT member may ask your permission to talk to your doctor about your medical history before they meet with you. If you agree, your consent will be recorded by the ACAT member. All information provided will be treated confidentially.



Pathway to accessing a home care package

This booklet outlines the usual pathway for people who have been assessed as eligible for a home care package and includes information on the actions at each stage, so you can start and manage your home care services.



Receive the outcome of your assessment

After your assessment, an ACAT member will make a formal decision about your care needs, your eligibility to receive a home care package and the level of home care package that meets your needs.

If you are assessed as eligible for a home care package you will:

- receive an approval letter from My Aged Care that sets out the level of home care package you are approved to receive and your priority for care
- be placed in a national queue for a suitable home care package. Your place will be determined by your priority for care and the time you have waited for a package. The time waited will also be based on the date of approval on your letter.

You may not be found eligible to receive a home care package. If this happens you will receive a letter setting out why and who to contact for more help. You may be eligible for other care services and if so, this information will be included with your letter.

If your care needs change at any time, you can request a new ACAT assessment by contacting My Aged Care.

If you don't receive an approval letter explaining your assessment outcome, call My Aged Care and request a copy.

What if I have concerns about the ACAT assessment?

If you have concerns about the service you received during your assessment or the decisions in your approval letter, you have the right to raise your concerns.

Your approval letter will include further information about how you can make a complaint or appeal the decision.

ACATs are employed by state and territory governments, so each team is covered by their government's complaints procedures.

Every ACAT must follow the procedures in place to work through any concerns. First, call your ACAT assessor to talk through your concerns and request their help. They are there to help you and will listen to your concerns.



If you and the ACAT cannot resolve the issue, you can raise your concerns with the relevant state or territory government.

There is no charge to ask for a review of an ACAT approval. However, if you don't agree with the review outcome and would like to go to the Administrative Appeals Tribunal, there is a charge.

If, after you have spoken to your ACAT assessor, you still do not agree with your assessment outcome, you can write to the Secretary of the Department of Health outlining why you think it should be changed.

You should write to the following address:

The Secretary
Department of Health
Attn: Aged Care Assessment Program
GPO Box 9820
Sydney NSW 2001

You must write to the Secretary within **28 days** of receiving your letter from the ACAT.



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Call My Aged Care on 1800 200 422
or go to www.myagedcare.gov.au

Research home care providers & work out the costs

Following your approval to receive a home care package, you should research approved home care providers in your local area to find out:

- how they can best service your needs
- the fees and their charges and what they mean
- any other additional services they offer and their associated costs.

Each provider is different, so meeting them will help you understand what you can expect. You'll also be able to see what types of care, services and activities they offer.

There is a checklist at the end of this booklet to help you prepare for questions you might want to ask potential providers.

Use the Service Finder on the My Aged Care website www.myagedcare.gov.au or you can phone My Aged Care on 1800 200 422 to help find a provider in your area.



Work out the costs

The Australian Government provides a subsidy towards your care through the Home Care Packages Program. If your personal circumstances allow, it is expected you will make a financial contribution towards the cost of your care and services.

My Aged Care can give you an estimate of your likely fees. To get an estimate you can:

- use the Fee Estimator on the website at www.myagedcare.gov.au/fee-estimator/home-care or
- call My Aged Care on 1800 200 422

Before you can commence receiving a home care package, it is recommended that you arrange for a formal income assessment to be completed by the Department of Human Services (DHS). If you choose not to complete this form, you can be asked to pay the maximum income-tested care fee.

What types of fees are there?

There are two types of fees your provider can ask you to pay:

- a basic daily fee
- an income-tested care fee (some people may be asked to pay this fee based on their personal circumstances).

The amount of the contribution you may be asked to make towards your home care package is advised by DHS.

Any fees to be paid by you will be discussed between you and your provider before commencing services.

Once care and services start you will be able to review all subsidies and fees relating to your home care package in your personalised budget and monthly statement. The subsidies and fees will form part of your personalised budget.





The basic daily fee

Your provider may ask you to pay a basic daily fee, whatever your income level.

The basic daily fee is 17.5 per cent of the single person rate of the basic age pension.

This basic daily fee rate increases on 20 March and 20 September each year in line with changes to the age pension. This applies to each person receiving a home care package, even if you are part of a couple.

The income-tested care fee

Depending on your income, you may be asked to contribute to the cost of your care. This is known as the 'income-tested care fee' and is in addition to the basic daily fee.

If you are asked to pay an income-tested care fee, the subsidy and primary supplements payable by the government are reduced by the amount of income-tested care fee you have been assessed as eligible to pay. Your provider must deliver services reflecting the full value of your home care package. The only thing that changes is the source of funds.

For example, if your home care package is valued at \$30,000 and you have been assessed by DHS as being able to pay \$10,000 as your income-tested care fee, then the government subsidy to the provider will be \$20,000 ($\$30,000 - \$10,000 = \$20,000$).

There are daily, annual and lifetime limits on the amount of income-tested care fee you can be asked to pay.

Your family home is not included in the assessment of your income for home care package purposes.

You will not be asked to pay an income-tested care fee if you have a yearly income below the maximum income amount a person can have to be classified as a full pensioner.

If you are part of a couple, the income-tested care fee payable is determined by halving your combined income, regardless of who earned the income.

What if I already receive payment support from the government?

If you are already receiving a means tested income support payment, DHS or the Department of Veterans' Affairs (DVA) will have enough information to calculate the maximum fees payable so you will not have to complete an income assessment form.

Once you start your home care package, DHS will notify you and your provider of the maximum fees payable based on the information already held.

Income support payments which are not means tested include:

- Age Pension—Blind
- Disability Support Pension—Blind
- Carer Allowance
- Mobility Allowance
- DVA Disability Pension without the Income Support Supplement
- DVA War Widow's Pension without the Income Support Supplement.





How do I arrange an income assessment?

If you are a self-funded retiree or do not receive a means tested income support payment, you can arrange for an income assessment either by:

- calling the DHS on 1800 227 475 and asking for a copy of the *Aged Care Fees Income Assessment – SA456* form to be sent to you; or
- downloading a copy of the form from the DHS website at www.humanservices.gov.au/customer/forms/sa456

How will I be advised of the fees?

DHS works out your maximum income-tested care fee and will send you and your provider a letter outlining this information. The letter will advise you of the basic daily fee you may be asked to pay.

If you seek an assessment before commencing your package, only **you** will receive a letter notifying you about the maximum fees you can be asked to pay. The advice will be valid for 120 days – unless there is a significant change in your circumstances. If there is a change in your circumstances, you will need to notify DHS who will reissue your fee advice letter.

You should take this letter with you to any discussions that you have with potential providers to help you understand the cost of receiving services from them. Your provider will receive a letter once they advise DHS that you have started a package with them.

What if I haven't received a response from the Department of Human Services?

It will take at least two weeks from the date you submit the income assessment form to receive information about your fees.

If you have not received the results of your income assessment after two weeks you should contact DHS on 1800 227 475 to seek an update on the status of your income assessment.

Can I avoid an income-tested care fee by choosing a lower level of services?

You will be provided a level of services that matches the level of home care package you are approved for. You and your provider cannot select a lower level of care and services by agreeing not to pay the income-tested care fee. Your agreement with your provider will explain the fees they will charge.

What if I cannot afford the fees?

If you are having difficulty paying the required fees, you can ask to be considered for financial hardship assistance. Each case is considered on a personal basis.

For a financial hardship application to be considered, you must:

- have assets less than 1.5 times the annual age pension (plus pension supplements)
- not have gifted more than \$10,000 in the last year or \$30,000 in the last five years
- have had your income assessed in accordance with the *Aged Care Act 1997*.

To apply for financial hardship assistance, you or your representative need to complete an application form and submit the completed form to DHS. You can get a copy of the form from the DHS website at <https://www.humanservices.gov.au/customer/forms/sa462> or by calling 1800 227 475.

More information on current total amounts can also be found on My Aged Care at:

www.myagedcare.gov.au/financial-and-legal/help-home-costs-explained



How often are the fees paid?

Fees are payable for every day you hold a home care package, and generally paid fortnightly or monthly. The government also pays subsidy and supplements to the provider in respect of every day you hold a package.

Your fees and the contribution made by the government go towards the overall funding of your package and pay for services on the days you receive them.

When do I start paying fees?

You do not have to pay any fees (basic daily fee and income-tested care fee) before your home care package starts, however once you have entered into a Home Care Agreement with a provider, you can be asked to pay fees up to one month in advance.

Where can I get financial information?

You can get basic information about managing your finances from the DHS free Financial Information Service. This confidential service can help you make informed decisions about investment and financial issues for your current and future needs. For more information about the Financial Information Service, call DHS on 132 300 and say “Financial Information Service” when prompted.

What other charges can be applied by a provider?

Your chosen provider is able to charge administration costs and case management costs to your home care package funds. Each provider will have different administration costs associated with providing care and services so you should ask what those costs are and how much you will be charged. The charges may be called different things by each provider. For example, they may be listed as 'case management' or 'core advisory' costs.

All amounts to be charged to the home care package funds must be included in your monthly statement that will form part of your Home Care Agreement and agreed to by you.

You should also ask the provider if they will deduct an **exit amount** (from any unspent package funds) if you decide to change providers at a later time, or leave home care.

Refer to page 24 for more information on exit amounts.



Be assigned a home care package

When a home care package becomes available based on your position in the national queue, you will get a letter from My Aged Care to let you know you have been assigned a package. Once you have received this confirmation letter you can then start negotiating details of your Home Care Agreement with your preferred provider to start receiving subsidised services under your home care package.

The letter will set out what level of home care package has been assigned to you.

Your letter may offer you a home care package below the level you have been approved for so you can access care and services while you wait for a package at your level to become available.

For example, if you have been approved to receive a level 4 home care package you may receive a letter assigning you a level 2 home care package so that you can get some care and services while you wait for a level 4 package to become available.

The letter from My Aged Care will include a unique referral code that you give to your chosen provider.

What do I do with my referral code?

You should take a copy of your package assignment letter with your referral code, and the results from your income assessment, to meetings with your preferred provider.

When you receive your letter assigning you a package you have 56 days from the date your package has been assigned to find a provider and enter into a Home Care Agreement.

If you are having difficulty finding an approved home care provider in the **56 days**, or need some extra time to make a decision, you can call My Aged Care and they can extend the time by a further **28 days**.

If you do not enter into a Home Care Agreement in the time agreed with My Aged Care, you will get a letter to let you know that your home care package has been withdrawn.

You will need to call My Aged Care if you want to be placed back in the national queue for a home care package to be assigned to you. Your place in the queue will be determined by the date of your original home care approval.



Enter into a Home Care Agreement

Once you have chosen a home care provider that best meets your needs, they will work with you to develop your care plan and personal budget.

This will then form the basis of your Home Care Agreement, which sets out how your services will be provided, who will provide them, and how much they will cost.

There should be enough time for you to look at the Agreement, and to seek independent legal advice, if you wish, before you sign the Home Care Agreement.

If you are unable to sign a Home Care Agreement because of any physical incapacity or mental impairment, another person representing you can sign the Agreement on your behalf.

You can choose not to sign the Agreement. If this happens, the home care provider still needs to talk to you about the type of care and services you need.

It is important that the home care provider records the reasons for you not having a signed Agreement in place and the basis of the care that you are getting.

Developing a care plan

Your home care provider will already have some information about your care needs recorded at your ACAT assessment.

Your care plan and personal budget are important parts of your Home Care Agreement.

Your provider must consider your personal preferences and work with you to develop your care plan. This includes considering the needs of your carer if you have one. When talking about your needs with your provider, think about what your goals are and what is most important to you.

Identifying goals will help you choose care and services that best support your needs. A goal might be maintaining a healthy lifestyle, or achieving independence in mobility.

You might consider:

- What sorts of things might improve my day to day life?
- What do I enjoy doing most?
- What support do I need to stay safe?
- Where and when do I want support?
- How does this fit in with the help my carer provides me?

Your provider should consider any support you already have in place, such as carers, family members, friends, local community and other services, to work out the best way to use your home care package funds.

A copy of your care plan must be given to you before, or within **14 days** of your care and services starting.

It is important to remember your care needs can change over time and your care plan can be amended to meet those changing needs. Your health and independence may improve and you would like to focus on a new goal or you may experience a set back and need different services.

Your provider cannot change your care plan without your agreement.



Your home care package budget

The care and services you receive must be paid for using your home care package funds. Your provider will discuss the budget available to you and how it can be used.

A personal budget lets you see what funds are available in your package, and how those funds are being spent.

Your home care package budget is made up of:

- the government subsidy (and eligible supplements - see page 25)
- the basic daily fee
- your maximum income-tested care fee
- any additional amount you've agreed to pay for extra care or services not covered in your package.

It is important to remember the care and services you receive as part of your home care package must fit within your package budget, unless you make additional contributions.

Exit amount in your Home Care Agreement

Home care providers can deduct an exit amount from any unspent package funds if you decide to move to another home care provider or you leave home care.

The maximum exit amount a provider can include in a Home Care Agreement is displayed on the My Aged Care website. If your provider wishes to charge an exit amount, it must be included in your Home Care Agreement and agreed by you.

Your Home Care Agreement will also include information on conditions that may apply, such as minimum contract periods or notice periods.

Make sure you understand any fees, exit amount and conditions before you enter into your Home Care Agreement.

Monthly statement

You will receive monthly statements from your provider that show the home care package budget funds available to you and what has been spent from the budget, including any additional charges you have agreed to. The statement must outline any unspent funds.

Any unspent funds must carry over from month to month, and from year to year, for as long as you continue to receive a home care package from that provider.

Can the government subsidy be paid to me?

No, the government subsidy funds must be paid to a home care provider and not directly to you. Your provider will manage them on your behalf.

What supplements are available if I have extra needs?

You may be able to receive a supplement to help meet your additional care needs if you meet the eligibility criteria for a particular supplement, which in some cases involves an assessment. In most cases, your provider is responsible for lodging the application and following up to check if your supplement payment has commenced. All supplements you receive will be included in your personal budget.

If you have any questions about your eligibility for a supplement or whether your application has been approved, ask your provider.

Some additional supplements are:

- Dementia and Cognition Supplement – to assist with the extra costs associated with caring for people with cognitive impairment related to dementia and other conditions. This is subject to meeting the eligibility requirements including assessment by a GP or other suitably qualified person using the prescribed assessment tools
- Veterans' Supplement – funding for veterans with a mental health condition accepted by the Department of Veterans' Affairs (DVA) as related to their service
- Oxygen Supplement – for people with an ongoing medical need for the continual administration of oxygen. This does not apply for short-term illnesses such as bronchitis, or for intermittent use of oxygen



- Enteral Feeding Supplement – for people who need to be fed by a tube on an ongoing basis
- Viability Supplement – intended to help meet the higher costs of delivering care and services for people who live in rural or remote areas
- Hardship Supplement – available to home care recipients in genuine financial hardship who do not have the ability to pay their costs of aged care due to circumstances beyond their control (see page 17 for more information).

Note: If a veteran is eligible for both the Veterans' Supplement and the Dementia and Cognition Supplement in home care, the approved provider will only receive the Veterans' Supplement.



Can someone help me negotiate with my home care provider?

Yes. You can have another person, such as a family member, friend or carer with you while your care plan is being designed.

The government funds advocacy services under the National Aged Care Advocacy Program. Advocacy services provide information to consumers, their families and carers about their rights and responsibilities when accessing aged care services.

Advocacy services are free, confidential and independent. The National Aged Care Advocacy Line can be contacted on freecall 1800 700 600.

An advocate can help you by:

- participating in the discussion about your Home Care Agreement, care plan and personal budget
- talking about any complaints you may have.

Your rights and responsibilities

It is important to remember that you and the provider are entering into a Home Care Agreement as equal partners.

To make sure you get the best care, you and your service provider have responsibilities under the *Charter of Care Recipients' Rights and Responsibilities for Home Care*.

You can get a copy of the Charter from your provider or from the Department of Health's website at www.agedcare.health.gov.au. Your provider must also deliver your care following the *Home Care Standards*. These can also be found on the department's website.

Any changes to your Home Care Agreement must be agreed to by both you and your provider.



Manage your services

When you have a Home Care Agreement, a care plan and a personal budget, your agreed care and services can begin.

Your home care package starts on the day your Home Care Agreement is signed, not from the day you start receiving care and services.

What happens if my care needs change?

If your care needs change and you need different care and services, you can arrange with your provider to review your care plan and budget.

Your care plan and your personal budget cannot be changed without your agreement.

You may find over time your care needs decrease or may increase. You can be reassessed by an ACAT at any time. You or your provider can arrange this.

Can my provider end our Home Care Agreement?

Once you sign your Home Care Agreement your provider is required to continue to deliver the agreed care and services for as long as you need those services. This is called 'security of tenure' and it will be detailed in your Home Care Agreement.

The home care provider is only able to end services if:

- you tell the home care provider that you no longer wish to receive care
- your condition changes so you cannot be cared for in your home with the resources available to the home care provider
- you move to a location where home care is not available through the home care provider
- you have not met your responsibilities, as described in Schedule 2 of the *Charter of Care Recipients' Rights and Responsibilities Home Care*, for a reason within your control (including payment of fees).

When a provider wants to end a Home Care Agreement, you must be given reasonable written notice and assistance to make other suitable arrangements. If a transfer to another type of care is necessary, the current provider should work with you and the new provider to ensure a smooth transition.



What happens to my home care package if I go into hospital, residential respite care, transition care or go on holiday?

Your Home Care Agreement will set out what happens if you need to take leave from the care and services you receive under your home care package.

In the first instance, you (or your representative) should call your home care provider to discuss any leave you need.

If you are admitted to hospital, call (or get someone else to call) your provider as soon as possible to let them know so that your home care package is not charged for services you do not receive.

You should also discuss with your provider what happens to your fees and government subsidy while on leave.

You may need to pay your basic daily fee while in hospital or on a holiday, but not if you are in transition care or residential respite care.

If you pay an income-tested care fee, you will need to continue to pay this, although you may be asked to pay a lower amount. Please discuss this further with your provider.



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Call My Aged Care on 1800 200 422
or go to www.myagedcare.gov.au



Can I change providers?

You can change providers at any time, whether you are moving to a different location or are looking for a better fit. Your current provider must support you to move to another provider. Check your Home Care Agreement so you know about any conditions such as notice periods and the exit amount that may apply.

For your own peace of mind and to limit any interruption to your services, you should find a new provider before agreeing on an end date with your current provider.

You can find a new home care provider by using the Service Finder on the My Aged Care website or you can phone My Aged Care on 1800 200 422 and they will help you find a new provider.

It is important to discuss and agree with your current provider the date you want your care and services to end.

How do I change providers?

Once you have found a new provider, you will need to contact My Aged Care on 1800 200 422 to re-activate your referral code. You need to give this referral code to your new provider before you can start receiving their services.

When that referral code is accepted by your new provider, your current provider will be notified through My Aged Care that you are looking to change providers.

This is not your official notice to them and you should have a discussion with your current provider to formally agree an end date for your services with them.

Once you have agreed an end date with your current provider, you have **56 days** from the end date to enter into a Home Care Agreement with a new provider.

If you do not enter into an Agreement by this time, your home care package will be withdrawn. If you need more time to make a decision, you can call My Aged Care to request an extension of a further 28 days.

The start date with your new provider **must be on or after** the end date you have agreed with your old provider.

Unspent funds

If there are any unspent funds in your package (after all expenses and fees have been paid) this will follow you to your new provider.

The unspent home care amount will be calculated from the date you started receiving home care services from your provider, until the agreed end date of your home care services.

Note: If you started receiving home care before 1 July 2015, this will be the start date used to calculate your unspent home care amount.

Your current provider has 56 days from the end date you have agreed with them to issue you with a notice that will include:

- confirmation of the end date of home care services you have both agreed to
- the exit amount that will be deducted (if one is applicable)
- the balance of any unspent funds in your home care package.

Note: if you have paid any home care fees in advance, these are not included in the calculation of your unspent home care amount and must be separately refunded by your provider.



You need to notify your old provider within 56 days after your agreed end date with them of the details of your new provider so that they can transfer any unspent funds to them.

If you have given this information to your old provider then they must complete this transfer within 70 days of your agreed end date.

If you move into permanent residential care, pass away or cease your home care package, then your provider will work out the unspent amount and return the fee contributions you made to you or your estate.

Any contributions made by the government to your home care package budget that remain unspent, such as home care subsidies and supplements, will be returned to the government.

Raising your concerns

If you are unhappy with any aspect of the care or service you receive, there are two ways you can make a complaint:

- speak to your service provider about your concerns
- make a complaint to the Aged Care Complaints Commissioner.

It is often best you talk to your service provider about your complaint first to see if they can help. They are there to support you and should listen to your concerns.

Sometimes, complaints can't be resolved by the service provider, or you might not feel comfortable raising your concern with them. Anyone who wishes to make a complaint has the right to contact the Aged Care Complaints Commissioner. This is a free service and you can contact them by:

Phone – 1800 550 552

Online – www.agedcarecomplaints.gov.au

In writing – address your written complaint to:

Aged Care Complaints Commissioner

GPO Box 9848

(Your capital city and state/territory)

You also have the right to an advocate to help you make a complaint.

They offer confidential and independent advice and support for people receiving aged care services.

Call the National Aged Care Advocacy Line on 1800 700 600 (freecall) to find out more about advocacy services.



myagedcare

Call My Aged Care on 1800 200 422
or go to www.myagedcare.gov.au

Further assistance

What if I need assistance with interpreting?

The Translating and Interpreting Service (TIS National) is available on 131 450 and offers telephone or on-site interpreting services in over 100 languages.

TIS National can be used free of charge when you are working with your provider to develop your Home Care Agreement, budget and care plan.

When you start to receive care and services under your home care package, the cost of interpreting will be charged to your home care package budget.

What help is available for people with diverse needs?

The aged care system is designed to meet the aged care needs of all Australians. It is important that any specific needs and requirements are taken into account when planning a home care package.

The *Aged Care Act 1997* gives particular consideration of the needs of older Australians who identify with or belong to one or more of the following groups:

- people from Aboriginal and Torres Strait Islander communities
- people from culturally or linguistically diverse backgrounds
- people who live in a rural and remote area
- people who are financially or socially disadvantaged
- veterans
- people who are homeless or at risk of becoming homeless
- people who are lesbian, gay, bisexual, transgender or intersex (LGBTI)
- people who are care leavers
- parents separated from their children by forced adoption or removal.

Providers need to be respectful of your needs when delivering care and support. They need to ensure they treat people with dignity and support choices they make when choosing their care and services, such as wanting to meet with LGBTI social groups or requiring translation services.

What if I am already receiving aged care services?

It may be possible for you to receive care and services through a range of other programs that you cannot receive as part of your home care package or that can complement your home care package. These programs include:

- Transition Care Program
- Community Visitors Scheme
- Disability Program
- Continence Aids Payment Scheme
- Palliative Care
- Department of Veteran's Affairs Program.

In certain circumstances, you are able to receive care and services through the Commonwealth Home Support Program (CHSP) when you are in a home care package, on a time-limited basis. Please see the CHSP manual for more information.

What assistance is available for my carer(s)?

Your home care package is intended to meet your specific care needs. To better support your carer you may wish to access other support like Respite Care through your home care package.

If your carer is in need of additional support, contact the Carer Gateway on 1800 422 737 or go to the website at www.carergateway.gov.au to find out more.

Check list – Research home care providers and work out costs

Once you have been assessed as eligible to receive a home care package, you should start researching potential providers and understand how much you might need to contribute to the cost of your care.

Use this checklist to help guide you through the process of researching home care providers.

1. Following your assessment

- a. approval letter received with package level and approval date
-

2. Create a short list of providers in your local area

- b. use the Service Finder on the My Aged Care website www.myagedcare.gov.au; or contact My Aged Care on 1800 200 422
-

3. Work out the fees

- c. use the fee estimator tools on the My Aged Care website to estimate costs
- d. arrange for an income assessment with DHS*, call 1800 227 475
- e. understand the basic daily fee and income-tested care fee
-

4. Contact potential providers and discuss what they can offer and how much they charge under the package

- f. where is the provider located?
- g. do they cater for any special requirements I may have – language, cultural, diversity?
- h. where and when will they provide my support?
- i. who will provide my services?
- j. how much will the care and services cost?
- k. are there other charges applied and what do these cover?
- l. what checks do they complete to ensure quality of service?
-

5. Receive your home care package assignment letter

Remember: You cannot enter into a Home Care Agreement until we have written to you to let you know a home care package has been assigned to you.

* If you are already receiving means tested income support payments, this information will already be held by DHS/DVA so you do not need to arrange for an income assessment. If this information is not held and you choose not to have your income assessed, you can be asked to pay the maximum fee.

Check list – Enter into a Home Care Agreement

When a suitable package becomes available, you will receive a letter advising you of the assignment of your home care package, including your unique referral code and date by which you need to use this code to enter into a Home Care Agreement.

Use this checklist to help guide you through the process of negotiating your Home Care Agreement with your preferred home care provider.

1. Be assigned a home care package

- a. package assignment letter received with referral code and expiry date
-

2. Contact preferred provider

- b. take a copy of your package assignment letter

- c. take a copy of your income assessment results

Note: If you have not yet arranged for an income assessment, call DHS on 1800 227 475*

- d. do you need more than 56 days to make a decision?

- i. contact My Aged Care on 1800 200 422 for an extension
-

3. Enter into a Home Care Agreement

- e. provider develops personal (package) budget

- f. agree to structure and layout of monthly statements

- g. understand conditions and charges that will be made to your home care package funds including any exit amount

- h. sign your Home Care Agreement
-

4. Begin and manage your services

- i. review care plan on a regular basis to ensure it is still meeting your needs

- j. if your needs have changed, book an appointment with your home care provider to discuss

* If you are already receiving means tested income support payments, this information will already be held by DHS/DVA so you do not need to arrange for an income assessment. If this information is not held and you choose not to have your income assessed, you can be asked to pay the maximum fee.

Check list – Changing providers

If you are interested in changing your home care provider, either because you are moving location or looking for a better fit, you can do so.

Use this check list to help guide you through the process of changing providers.

1. Read current Home Care Agreement

- a.** understand any conditions and exit amount for changing providers

2. Start researching new providers in your local area

- b.** use the Service Finder on the My Aged Care website
www.myagedcare.gov.au or contact My Aged Care on 1800 200 422

3. Decide on a suitable provider and check they can deliver the services you need

4. Agree end date for home care services with old provider

Note: you have 56 days from this end date to enter into a Home Care Agreement with a new provider. You also have the option of requesting a 28 day extension.

5. Contact My Aged Care and request referral code re-activation

6. Give new provider your referral code

7. Enter into a Home Care Agreement

- c.** provider develops personal (package) budget

- d.** agree to structure and layout of monthly statements

- e.** understand conditions and charges that will be made to your home care package fund, including any exit amount

- f.** agree on the start date to commence with your new provider

Note: this must be on or after the end date of services with your current provider

- g.** sign your new Home Care Agreement

8. Give old provider details of your new provider within 56 days of your agreed end date so they can transfer any unspent funds

9. Receive notice from old provider with details of unspent funds

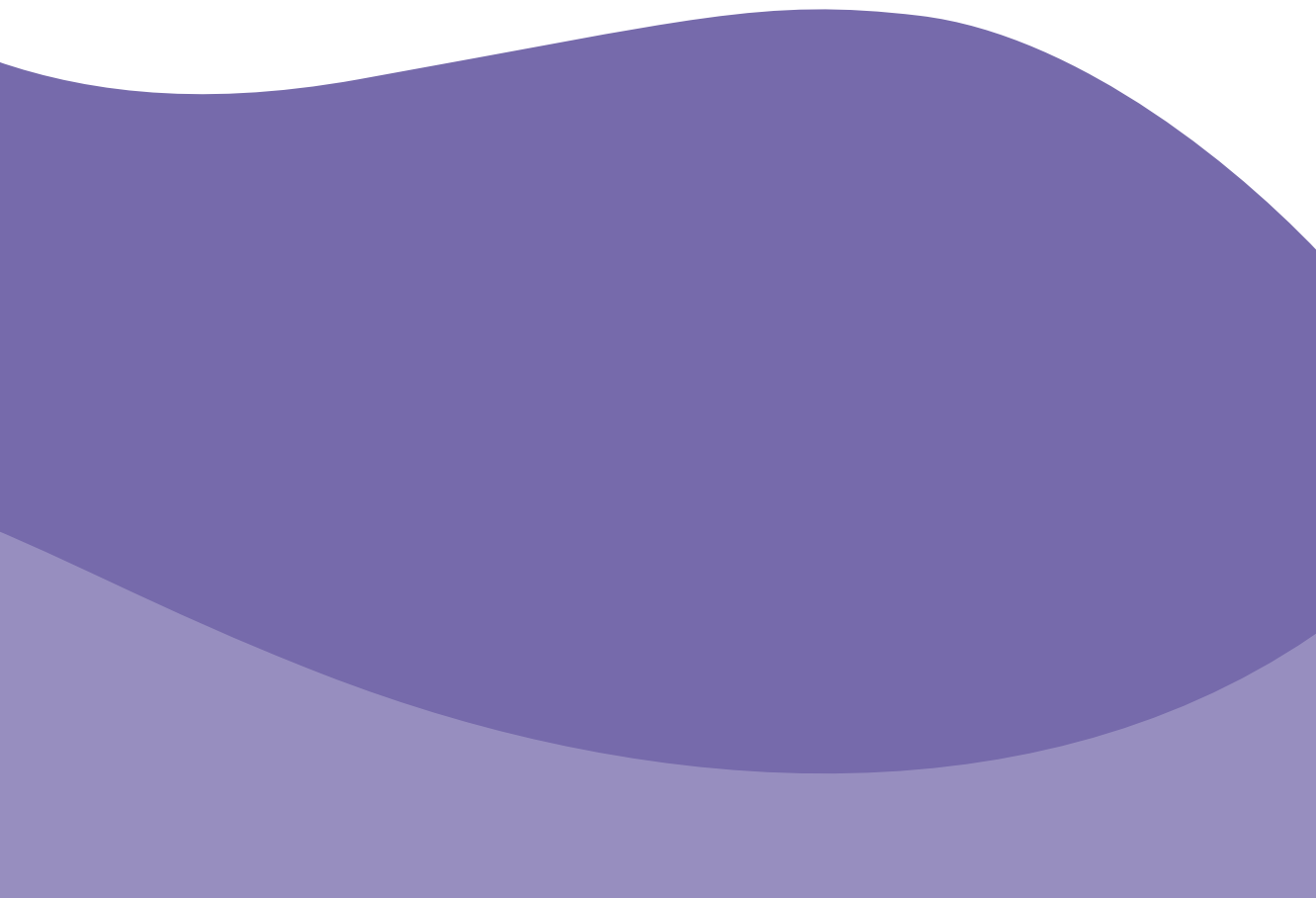
- h.** if notice not received within 56 days of agreed end date, contact old provider

10. Provider transfers unspent funds (if any exist) to new provider, within 70 days of agreed end date of services

11. New provider includes details of the unspent funds transferred to them in your next monthly statement



Notes.



For help visit www.myagedcare.gov.au or phone 1800 200 422
All information in this publication is correct as at 27 February 2017