

Five steps to accessing a Home Care Package

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

This booklet is designed to help you 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.

This booklet aims to help older people, families and carers understand the process for accessing a Home Care Package. It outlines the steps you need to follow and what to do at each step.

Information is current from 1 July 2015 until January 2017.

Is this booklet right for you?

This booklet explains how older people with a range of higher care needs can access support in their home, through a coordinated Home Care Package.

There are different types of Commonwealth funded aged care.

These generally include:

1. The Commonwealth Home Support Programme (CHSP), which provides entry level support for older people
2. The Home Care Package Programme, which provides support for people with higher level care needs that require care coordination and case management to help them live independently in their home
3. Residential Aged Care, which provides full time care in a residential facility

The following table outlines the main differences between these types of aged care:

Commonwealth Home Support

Entry Level support at home

Planned respite, help with housework, personal care, meals and food preparation, transport, shopping, allied health and social support are just some of the services provided under the programme.

This booklet covers:

Home Care Packages

More complex support at home

Four levels of consumer directed coordinated packages of services including personal care, support services and nursing, allied health clinical services

Residential Aged Care

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

For more information about the different types of aged care, call My Aged Care on 1800 200 422 or go to www.myagedcare.gov.au.

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What is a Home Care Package?

The Home Care Package Programme provides packages of care and services to meet higher level care needs and helps you live independently in your home. The Home Care Package Programme allows you to tailor a co-ordinated range of care and services to help you meet your care needs and achieve your goals.

Where the Commonwealth Home Support Programme (CHSP) provides entry level services, the Home Care Package Programme provides a more comprehensive and tailored range of care and services for older people with higher level care needs.

The range of care and services available under a Home Care

Package includes, but is not limited to:

- **Support services:** such as help with washing and ironing, house cleaning, gardening, basic home maintenance, home modifications related to your care needs, and transport to help you with shopping, visit your doctor or attend social activities
- **Personal care:** such as help with showering or bathing, dressing and mobility
- **Nursing, allied health and other clinical services:** hearing services and vision services
- **Care coordination and case management**

There are four levels of Home Care Packages which can give you the care and services you need:

- 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 ne

Each package level has a different amount of funding (subsidy) that is paid to your provider by the Australian Government to deliver your care and services. You can find out more on the subsidy rates at the Department of Social Services' website www.dss.gov.au.

You can tailor a Home Care Package to best support your needs and goals by working in partnership with your home care provider to co-produce your care plan. This is an important part of the process, and will help you to get the most out of the care and services available to you.

This booklet aims to help you, your family and your carers, understand the process for taking up a Home Care Package. It outlines five steps to follow and what to do at each step.

The five steps are:

1. Check your eligibility
2. Find a Home Care Package provider
3. Work out the costs
4. Accept a Home Care Package
5. Begin your services

My Aged Care

You may find, over time, that some things are becoming more difficult for you to manage on your own. Realising you may need help can be a stressful time that involves understanding what services are available, their costs and how you access them.

My Aged Care can help you. It is the first call for all your aged care needs.

When you call My Aged Care the contact centre staff will ask you questions to help them understand your needs.

The contact centre staff may:

- ask you a range of questions over the phone to form a picture of your needs and care arrangements to inform the contact centre's next steps
- arrange a face-to-face assessment of your needs that is conducted 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

The contact centre staff will seek your consent 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.

As a My Aged Care client, you can choose to view your client record securely online via the client portal at www.myagedcare.gov.au.

You can also nominate family and friends as your representatives. These representatives will also be able to view your client record.

How do I contact My Aged Care?

My Aged Care has a website (www.myagedcare.gov.au) that provides the information you need about aged care.

It also offers a contact centre which is available between 8am and 8pm Monday to Friday and 10am to 2pm on Saturdays (local time) by calling 1800 200 422.

The Translating and Interpreting Service (TIS) on 131 450 covers more than 100 languages and is available 24 hours a day, seven days a week. Call and ask for My Aged Care on 1800 200 422.

If you have a hearing or speech impairment, you can contact My Aged Care through the National Relay Service (NRS) in two easy steps:

- visit the [National Relay Service](#) website to choose your preferred access point
- ask for My Aged Care on 1800 200 422

Both of these services can be used for the cost of a local call.

Step 1: Check your eligibility

If you have higher care needs and are considering accessing home care, you will first need to contact My Aged Care by calling 1800 200 422 or going to www.myagedcare.gov.au.

If your care needs indicate you might need a Home Care Package, My Aged Care will refer you to an Aged Care Assessment Team (ACAT, ACAS in Victoria) to complete an assessment. This assessment will identify whether you have high or low-level care needs.

ACATs cover all of Australia and are based in hospitals and in the local community.

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.

It is important to know that 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—perhaps a friend, family member or your carer—attend your assessment for extra support.

The assessment

An ACAT will, with your consent:

- 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 require
- help you arrange residential respite care, should you require this.

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're currently 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.

After the assessment

An ACAT can approve you as eligible for either a low-level care (Level 1 or 2 package) or a high-level care (Level 3 or 4 package).

The ACAT will write to you to let you know the outcome of your assessment, the level of care you are eligible for and approved to receive, as well as an overview of that care. Keep a copy of these documents to show you are eligible to receive Australian Government-subsidised aged care services.

If you don't receive a letter explaining your assessment outcome, contact the ACAT and request a copy.

Your ACAT approval does not expire unless there is a specific time limitation placed on the approval. Unless your care needs have changed significantly, you will not need another assessment to be eligible for a Home Care Package.

If your care needs change significantly while you are waiting for a Home Care Package, you can request a new ACAT assessment by contacting My Aged Care.

What if you have a concern about the ACAT assessment?

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

Every ACAT has procedures in place to work through any concerns. Firstly talk to the ACAT to see if they can help. It often works best if you, or the person representing you, talk directly to the ACAT team leader to sort out any problems. They are there to help you and will listen to your concerns. You may want to have someone with you when you discuss your concerns.

ACATs are employed by State and Territory governments, so each team is covered by their Government's complaints procedures.

If you and the ACAT cannot resolve the issue, you can raise your concern with the relevant State or Territory government.

What if you're not satisfied with the result of the assessment?

If, after you have spoken to your ACAT, you still think the outcome of the assessment should be changed, you can write to the Secretary of the Department of Social Services and tell them why you think it should be changed. You should write to the following address:

The Secretary

Department of Social Services

C/- Director

Aged Care Branch (NSW and ACT)

GPO Box 9820

Sydney NSW 2001

You must write to the Secretary within 28 days of receiving your letter from the ACAT. Your letter from the ACAT will include further information on how you can complain or appeal.

It will not cost you any money to request a review of an ACAT approval in the first instance. If you don't agree with the review outcome and wish to progress to the Administrative Appeals Tribunal, there will be a charge.

Step 2: Find a Home Care Package provider

Once you have received your ACAT approval, you will need to find a home care provider in your local area who can provide a Home Care Package to you.

If you want to find your own home care provider, you can contact My Aged Care on 1800 200 422 or use the Service Finder on the [My Aged Care](#) website.

Your ACAT member can help you find a home care provider.

The Service Finder will provide you with an overview of providers in your local area and their website details so you can get a better understanding of what they offer. You can also get their contact details so that you can arrange a time to visit.

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.

Waiting periods

In some areas, there may be a waiting period between the ACAT approval and the time that you are offered a Home Care Package by a home care provider.

How long you wait to receive a package will depend on a number of factors including:

- how many other people are waiting for a Home Care Package
- the number of home care providers with Home Care Packages in your area
- whether a home care provider has a package available that meets your needs

People do not always get care on a 'first come, first served' basis. Home care providers are encouraged to prioritise each individual's care needs relative to others.

You can ask to be added to the waiting list of as many home care providers as you want. Home care providers cannot charge you a fee to join their waiting list. Once on the waiting list, you should keep in contact with home care providers to let them know that you are still interested in a package.

What if a suitable level package is not available?

If you have been approved as eligible for high-level care (Level 3 or 4 package), you may be offered low-level care (Level 1 or 2 package) until a package at a more suitable level becomes available. You will only receive the lower level of care and services available in your package during this time.

In some parts of the country there may only be one home care provider for that particular area. This is more common in rural and remote areas of Australia.

Step 3: Work out the costs

The Australian Government subsidises a range of aged care in Australia. If your personal circumstances allow, it is expected that you will contribute to the cost of your care.

Any fees and eligibility for subsidies will be discussed and agreed upon with your service provider before you receive the relevant services.

What types of fees are there?

There are two types of fees that you can expect to pay:

- a basic daily fee
- an income-tested care fee (if your income is over the maximum income for a full pensioner, you may be asked to pay this fee)

What is the basic daily fee?

If you take up a Home Care Package you can be asked to pay the basic daily fee irrespective of your income. If you are unable to pay all or part of the basic daily fee, you can discuss reducing this fee with your provider. However, this will reduce the available funds in your package budget.

The maximum basic daily fee is 17.5 per cent of the single person rate of the basic Age Pension.

This 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 a part of a couple.

What is the income-tested care fee?

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

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

Your home is not included in the assessment of your income for Home Care Package purposes.

Full pensioners cannot be asked to pay an income-tested care fee

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.

Spousal income

If you are a part of a couple, fees payable will be determined by halving your combined income, regardless of who earned the income.

Help calculating your fees

My Aged Care can give you more information about home care fees, as well as an estimate of your likely fees. Call the My Aged Care contact centre (1800 200 422) or go to www.myagedcare.gov.au.

My Aged Care can also give you an estimate of your fees by using the Home Care Fee Estimator. You can use the Fee Estimator on the website at www.myagedcare.gov.au/fee-estimator/home-care.

What if you already receive payment support from the Government?

If you are in receipt of a means tested income support payment, for example the Age Pension (full or part), Disability Support Pension or Service Pension, the Department of Human Services (or Department of Veterans' Affairs) will have enough information to calculate the maximum fees payable so that you will not have to complete an assessment form. Once you start your Home Care Package, the Department of Human Services will notify you and your provider of the maximum fees payable based on the information it already holds.

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 without the Income Support Supplement

The income assessment does not include the value of your home or any other assets.

How can you find out what fees you can be asked to pay before accepting a Home Care Package?

You do not have to pay any fees before your Home Care Package begins; however, once you have entered into a Home Care Agreement with your provider, you can be asked to pay fees up to one month in advance. Any fees paid in advance will be refunded when you leave your Home Care Package, or move to another provider.

You can ask for fee advice from the Department of Human Services before you take-up or start your Home Care Package. This advice will be valid for 120 days unless there is a significant change in your circumstances. If there is a change, you will need to notify the Department of Human Services, which will reissue your fee advice letter.

If you are in receipt of a means tested income support (pension) payment you can call the Department of Human Services on 1800 227 475 or the Department of Veterans' Affairs on 1800 555 254 and request fee advice for home care.

Alternatively, you can submit the 'Aged Care Fees Income Assessment—SA456' form. You can obtain a copy of the form from the Department of Human Services website at www.humanservices.gov.au/customer/forms/sa456 or by calling, 1800 227 475 and asking for a copy of the form to be sent to you. You will not need to complete the whole form, only your contact details.

If you are a self-funded retiree or do not receive a means tested income support payment, you will need to complete the 'Aged Care Fees Income Assessment – SA456' form.

Your provider or ACAT/ACAS assessor may also have a copy of the form.

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 every day.

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

How will you be advised of your fees?

The Department of Human Services works out the maximum fees payable based on an assessment of your financial information and notifies you and your Home Care Package provider. The letter will also 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 the letter. Your provider will receive a letter once they advise the Department of Human Services that you have commenced a package with them.

You will be provided a level of services that matches the level of Home Care Package you are receiving. This is determined irrespective of the income tested care fee. Your arrangement with your provider will explain the fees and charges.

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

You should allow at least two weeks from the date you submitted the form to receive the results.

If you have not received the results of your income assessment and would like an update, you can contact the Department of Human Services on 1800 227 475 to seek an update on the status of your income assessment.

Can you 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 receiving. You and your provider cannot select a lower level of care and services to match the value of the government subsidy paid. Your agreement with your provider will explain the fees they will charge.

What if you cannot afford the fees?

If you believe you would face financial hardship in paying the required fees, you can ask to be considered for financial hardship assistance. Each case is considered on an individual basis.

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

- have assets less than 1.5 times the annual Age Pension (plus supplements), approximately \$33,639.96 (as at 20 March 2015)
- 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 will need to complete an application form and submit the completed form to the Department of Human Services. You can get a copy of the form from the Department of Human Services' website at www.humanservices.gov.au/customer/forms/financial-hardship-assistance-home-respite-care or by calling 1800 227 475.

Where can you get financial advice?

If you want to find basic information about managing your finances, you can use Centrelink's 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, contact Centrelink on 132 300.

Step 4: Accept a Home Care Package

The home care provider will determine whether they are able to offer you a suitable package. As part of your Home Care Agreement, the provider will work in partnership with you to co-design a care plan based on your goals, preferences and assessed care needs and an individualised budget. You can then decide whether or not to accept the package.

Entering a Home Care Agreement

Once you have a home care provider, you will enter into a Home Care Agreement. The Home Care Agreement is an agreement between you and the home care provider that sets out how your package will be provided to you.

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 may enter the Agreement on your behalf.

You can choose not to sign the Agreement. If this happens, the home care provider still needs to talk and negotiate with you on what level and 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 and the basis of the care that you are getting

Developing a care plan

When a home care provider offers you a Home Care Package, they will work in partnership with you to develop your care plan and individualised (package) budget. Your care plan is part of your Home Care Agreement.

Your care plan may include:

- the care and services you will receive
- who will provide which services
- how much involvement you will have in managing and coordinating your services
- when your services are delivered (for example, which day of the week)
- how much you will pay

Your home care provider will already have some information about you from your ACAT/ACAS assessment at **Step 1**. This information will guide the discussion about your goals, preferences and care needs. When talking about your needs with your home care provider, you really need to think about what your goals are and what is most important to you. You might consider:

- What sorts of things might help to improve my day to day life?
- What do I enjoy doing most?
- What support do I need to stay safe?

- What makes my life enjoyable and meaningful?
- Where and when do I want that support?
- How much could I be asked to contribute to my care costs?
- Identifying goals will help guide your choice of care and services to best support your needs. A goal might be maintaining a healthy lifestyle, or achieving independence in mobility.

Your home care provider will need to take into account any supports you already have in place, such as carers, family members, local community and other services.

The responsibilities of the home care provider/care worker and you/your carer should be included in your Home Care Agreement and care plan. 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 that your care needs can change over time and that your care plan can be amended to meet those changing needs.

Your provider cannot change your care plan without your agreement.

Getting help to create your care plan

You can have another person, such as a carer or family member, with you to help while your care plan is being made.

You have the right to call on an advocate that you choose to represent you when talking with a home care provider. An advocate can help you by:

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

If you need help, an advocate can be made available through the National Aged Care Advocacy Programme (NACAP), by calling 1800 700 600.

Creating your individualised (package) budget

Your individualised budget will be developed when you design your care plan with your home care provider and should be amended whenever your care plan or costs change.

An individualised budget provides you with greater transparency so you are able to see what funds are available in your package, and how those funds are being spent.

All care and services provided to you through a Home Care Package must be able to be paid for within your package budget. If you want additional services you can speak to your home care provider and arrange to pay for these separately. Your package budget is made up of:

- The Government subsidy (and eligible supplements)
- The basic daily fee, which all consumers receiving a Home Care Package are asked to pay
- Your income tested care fee, which you may need to pay depending on your assessable income (if you entered into a Home Care Agreement after 1 July 2014)
- Any other amount you've agreed to pay

Monthly statement

You will receive regular monthly statements that show how your budget is being spent.

The statement will show you the income and expenditure under the package, as well as any unspent funds.

Any unspent package funds must carry over from month to month, and from year to year, for as long as you continue to receive care under the package.

Range of care and services available under a Home Care Package

There is a range of care and services that may be available in your care plan, including:

- **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 with the use of these aids. Home Care packages are not intended to be an aids and equipment scheme. However, some aids and equipment, including custom made aids, can be provided when this is identified in your care plan and the item can be provided within the limits of the budget available for the package.

- **Nursing, allied health and other clinical services:** hearing services and vision services
- **Transport and personal assistance:** assistance to help with shopping, visiting health practitioners and attending social activities
- **Management of skin integrity:** assistance with bandages, dressings and skin emollients

Home Care Packages may also be used to 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 aids and equipment (particularly those that assist a person to perform daily living tasks), as well as devices that assist mobility, communication and personal safety
- aids and equipment, 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

You can discuss the possible list of care and services further with your home care provider, as well as arranging services through other providers through brokerage arrangements. You should also discuss services that you cannot purchase with your package funds.

Remember, the care and services you receive as part of your Home Care Package must fit within your package budget. Otherwise, you will need to pay the difference.

Step 5: Begin your services

Once you have a Home Care Agreement, a care plan and an individualised budget, your care and services can begin.

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

You can continue using your Home Care Package for as long as you need it. This is called 'security of tenure' and is spelt out in your Home Care Agreement. This means your package cannot be allocated to another person unless you notify your provider in writing that you no longer wish to receive services in your Home Care Package.

There are some situations in which you may need to consider leaving your package, such as if you move to another location, or your care needs increase beyond what the package funds can provide. These reasons may mean that your provider is no longer able to deliver care and services to you.

What happens when your 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 individualised budget cannot be changed without your agreement.

If you were assessed as having low-level care needs, but your needs have increased since then, you can request a reassessment by your local ACAT/ACAS to determine if you are eligible for high-level care.

Consumers will need to be reassessed if they need to move between packages.

If you are already in receipt of a Level 4 package, you may need to consider other options, including:

- reviewing your care plan to identify alternatives and priorities (for example, reducing higher cost services, such as support on weekends, and replacing with informal supports)
- purchasing additional private services
- the benefits of residential care, either as short-term respite to complement your package or as a long-term option

What happens to your Home Care Package if you go into hospital, residential respite care, transition care or go on a holiday?

You are able to take as much leave of any type from your Home Care Package as you need or require, as long as you have advised your home care provider in writing of the period of leave you are taking. You will also need to advise your home care provider if there is any change to your leave. There is no time limit.

Make sure you check with your provider about what you (or your carer) need to do in case of unplanned leave, such as an emergency admission to hospital.

There should also be information in your Home Care Agreement about leave.

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

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 to your provider in **all** circumstances.

Can you change providers?

Yes. Until February 2017, Home Care Packages are allocated to your home care provider, not to you. This means that if you wish to change providers, you will need to see if your new provider has a suitable package available for you. Once you find a new home care provider, you will need to enter into a new Home Care Agreement and develop a new care plan with them.

What if you move to another location?

If you move out of your provider's area, you will need to contact providers in your new location for a package. It is a good idea to get in touch with providers early. You can ask your current provider to assist you with the transition to a new provider.

You will not need to be reassessed by an ACAT/ACAS unless your care needs have changed significantly. But you will need to enter into a new Home Care Agreement and develop a new care plan with your new provider.

What happens if your provider wants to stop providing care and services to you?

Once you enter into a Home Care Agreement the home care provider is required to secure that place for you for the life of the Home Care Agreement and may only cease providing care under certain circumstances.

The home care provider may cease to provide home care to you only if:

- you tell the home care provider, in writing, that you no longer wish to receive care
- you cannot be cared for in the community with the resources available to the home care provider
- you tell the home care provider, in writing, you wish to 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)
- your condition changes so that:

- you no longer need home care
- your needs, as assessed by ACAT, can be more appropriately met by other types of services or care

When a home care provider seeks to cease an Agreement, you must be provided with reasonable written notice and assistance to make other suitable arrangements.

If a transfer to another type of care is necessary, the home care provider should work with you and the other provider to ensure a smooth transition.

You can get more information from your home care provider or My Aged Care on 1800 200 422.

What happens to any funds you haven't spent if you leave your home care provider?

The management of unspent funds will depend on the situation.

If you move to a higher level package with your current home care provider, any unspent funds should be available for you to use in your new package.

If you move to another home care provider (or enter into residential care), any unspent funds will be kept by your former home care provider.

Any fees you have paid one month in advance must be returned to you when you leave the package.

Can the package funds be paid directly to you?

No, the legislative basis for the Australian Government funding means that these funds must be paid to a home care provider and not directly to you. Your home care provider will administer them on your behalf. You are able to track how your Home Care Package is being spent through your monthly statement.

You cannot receive your Government subsidy (and supplements, if they apply) in a lump sum.

How do I make a complaint?

If you or your representative are unhappy with a service, it is important that you talk with your home care provider first. It may be something that can be resolved easily and your provider is in the best position to address your concerns.

Should you have a complaint, your provider will tell you about their internal complaints handling process and how to make a complaint. You have the right to make a complaint without it affecting your care and services.

Sometimes, complaints cannot be resolved by the service provider, or you might not feel comfortable raising your concern with them. In these situations, you have the right to an advocate to help resolve the matter.

The Government funds advocacy services under the National Aged Care Advocacy Programme. 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.

You are also able to make a complaint to the Aged Care Complaints Scheme (the Scheme). The Scheme is a free service.

How do I contact the Scheme?

Online – make your [complaint online](#)

Telephone – call 1800 550 552

In writing – address your written complaint to

Aged Care Complaints Scheme
Department of Social Services
GPO Box 9820
(Your capital city and state/territory)

For more information about how to make a complaint, and how the Scheme can help you to resolve your complaint, visit the Scheme's website at www.agedcarecomplaints.govspace.gov.au/.

Frequently Asked Questions

What if I have additional needs?

Home care providers may be able to access further funding (supplements) to ensure you receive the care you need. These include:

- Dementia and Cognition Supplement
- Veterans' Supplement for veterans with service-related mental health conditions accepted by the Department of Veterans' Affairs
- Oxygen Supplement for people with an ongoing medical need for oxygen
- Enteral Feeding Supplement for people who need enteral feeding on an ongoing basis
- Viability Supplement for people living in rural and remote areas

If you are eligible, your home care provider will receive this extra funding to make sure you receive the care you need. You do not need to apply for these supplements. Your home care provider will apply on your behalf, and in most cases, the supplement will be paid automatically to your home care provider. These will be recorded in your monthly statement.

What if I need assistance with paying my fees?

You can apply for the Hardship Supplement if you need assistance with your home care fees. Your provider cannot apply for this supplement for you. These supplements are available with any of the four levels of Home Care Packages.

Find out more on the available supplements at the Department of Social Services' website www.dss.gov.au.

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* provides for 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 and 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 that they treat people with dignity and support choices that they make when choosing their care and services, such as wanting to meet with LGBTI social groups or requiring translation services.

What if I need assistance with interpreting?

To ensure that everyone can participate fully in the development of their care plan, home care providers are able to access the Government funded Translating and Interpreting Service (TIS National) to support them in the delivery of aged care services to people from non-English speaking backgrounds.

TIS National provides on-site and phone interpreting services to Australian Government subsidised aged care providers at no cost to you or your provider.

You and your provider can use TIS National when working in partnership to:

- negotiate your Home Care Agreement
- co-design your care plan
- develop your individualised budget
- discuss your monthly statement

If you need interpreting services, speak to your home care provider to arrange someone from TIS National for you.

Interpreting services as part of your care plan

If you require an interpreter when you are receiving care and services as part of your care plan, the costs will be charged to your Home Care Package budget.

These additional costs need to be made clear to you before you enter into your Home Care Agreement. Whatever is agreed to must be affordable within your total package budget.

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 programmes that you cannot receive as part of your Home Care Package or that can complement your Home Care Package. These programmes include:

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

In certain circumstances, you are able to receive care and services through the

Commonwealth Home Support Programme (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 supports like Respite Care through your Home Care Package.

If your carer is in need of additional support, contact My Aged Care on 1800 200 422 or go to the website www.myagedcare.gov.au to find out more.

What are my rights and responsibilities?

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

Your home care provider must also deliver your care following the *Home Care Standards*.

You can get a copy of the Charter from your home care provider or the Department of Social Services' website at www.dss.gov.au. You can get a copy of the Home Care Standards from your home care provider.

Check list

The following is a guide to assist you with accessing a Home Care Package:

1. Contact My Aged Care to have a My Aged Care client record created, and be referred to an ACAT for a comprehensive assessment.....
 - a. ACAT assessment complete and outcome received.....
2. Contact home care providers in your area for a suitable package.....
 - a. follow-up if on a waiting list
3. Work out the costs – understanding the:
 - a. basic daily care fee
 - b. income-tested fee (for self-funded retirees, part pensioners and non-means tested pensioners)
 - i. complete the income-testing form
 - ii. assessment received
 - iii. assessment notice not received, call 1800 227
4. Accept a Home Care Package
 - a. Home Care Agreement reviewed and agreed to
 - b. care plan developed.....
 - i. what is important to me?
 - ii. what might help to improve my day to day life?
 - iii. what do I enjoy doing most?
 - iv. what support do I need to stay safe?
 - v. what makes my life enjoyable and meaningful?
 - vi. where and when do I want that support?
 - c. individualised (package) budget developed
 - d. format of monthly statement agreed to.....
5. Begin services
 - a. review care plan to ensure it is still meeting your needs
 - b. if your needs have changed, book an appointment with your home care provider