



Australian Government

Department of Health and Aged Care

Home Care Packages Program Manual for Care Recipients

Version 1.4 – January 2023

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Review

Date	Summary of changes
March 2020	Manual first issued
February 2021	Version 1.1. Updated web links, minor wording changes
September 2021	Version 1.2. Updated information about Improved Payment Arrangements
September 2022	Version 1.3. Updated content inclusions and exclusions
January 2023	Version 1.4 Updated content including price capping, pricing guidance, Serious Incident Response Scheme and unspent funds

Disclaimer

This Manual is designed to provide general guidance to care recipients on the Home Care Packages Program.

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1 Introduction

1.1 Helping you stay at home

The Australian Government funds a range of aged care services delivered in the community to support older Australians' equality and diversity to live independently and safely in their own home for as long as possible. These are:

- Entry level home support – ongoing or short-term entry level care and services provided under the **Commonwealth Home Support Programme and**
- More coordinated and complex support at home – support packages that address your ageing related assessed care needs and goals through the **Home Care Packages Program**. There are four levels of packages ranging from low care needs to high care needs.

You can plan for your future by thinking about your aged care needs and personal goals early. Planning ahead improves your ability to live independently and to have your wishes respected when the time comes to access aged care services. Having these conversations with your family, doctor and other support people will ensure you are better prepared for the future.

My Aged Care has further information on how to start planning for your future aged care needs. The My Aged Care website is www.myagedcare.gov.au.

1.2 What does the manual contain?

This manual is for the Home Care Packages Program, which enables coordinated support at home. The manual is a part of a suite of information resources including:

- 'Your pathway to accessing a home care package' brochure
- 'Your guide to Home Care Package services' booklet and
- Fact sheets and other information that may be of interest.

You can find all of these resources by going to www.myagedcare.gov.au, scrolling to the bottom of the homepage and selecting "Resources" under "Further Information".

This manual has the most detailed information on the Home Care Packages Program. It takes you through the Home Care Packages Program from how to

access a Home Care Package, what costs are involved and the care and support you can receive. You can also speak to your provider for more information.

This manual contains 1800 numbers you can contact for further assistance. Calls to 1800 numbers are generally free when made from a landline. All calls made from mobile phones are charged at the rates applicable to each telephone provider.

1.3 Who has a role in providing home care?

This manual refers to people and groups that have a role in the aged care system in Australia. It is important to understand the role everybody plays.

Person/Group	Role
Care Recipient	A care recipient is an older Australian who is receiving a Home Care Package.
Carer	A carer is a family member, friend or other person who provides ongoing care and support to you.
Nominated representative	<p>A nominated representative is someone who you have given permission to:</p> <ul style="list-style-type: none">• give information on your behalf and• receive information on your behalf. <p>They may be a family member, friend, carer, or another person. Your representative could be:</p> <ol style="list-style-type: none">1. regular or2. authorised. <p>If you allow someone consent to speak and act for you, they can be set up as a regular representative. A regular representative can speak and act for you, but they must:</p> <ul style="list-style-type: none">• get your permission before discussing your personal My Aged Care information with anyone and• consult you on all decisions and actions they make on your behalf.

Person/Group	Role
	<p>If you are not physically or medically able to give consent to someone to speak on your behalf, you can set up an authorised representative.</p> <p>An authorised representative can speak and act for you, but they must:</p> <ul style="list-style-type: none"> • ensure that decisions and actions made on your behalf are in your best interest and • keep your personal My Aged Care information confidential. They must not disclose your information to any unauthorised persons. <p>You do not have to have a representative if you do not want to.</p>
My Aged Care	<p>My Aged Care is both a website and a contact centre and the main entry point to the aged care system in Australia. My Aged Care aims to make it easier for older Australians, their families, and carers to:</p> <ul style="list-style-type: none"> • access information on ageing and aged care • have their needs assessed • be supported to find and access services. <p>To answer any questions you have, the My Aged Care contact centre is open Monday to Friday 8am-8pm and Saturday 10am-2pm on 1800 200 422 or check out the website at www.myagedcare.gov.au.</p>
Aged Care Assessment Team	<p>Aged Care Assessment Teams (ACAT) are teams of medical, nursing, and allied health professionals. They assess your ageing related functional decline care needs and help you to access appropriate levels of support. ACATs conduct comprehensive aged care assessments. ACAT are called Aged Care Assessment Services (ACAS) in Victoria.</p> <p>RAS are regional assessment services (RAS).</p>
Approved providers	<p>Approved providers deliver aged care in Australia. This is the organisation that you will interact with the most in managing your Home Care Package. Throughout this</p>

Person/Group	Role
	manual, approved providers are frequently referred to as providers.
Department of Health and Aged Care	The Australian Government Department of Health and Aged Care is responsible for the policy, funding, and administration of the aged care system. The Department sets policy for the aged care system and provides information to you, your carer and providers in relation to each aged care program. The Department is also responsible for managing fraud risk across the programs for which it administers funding.
Older Persons' Advocacy Network (OPAN)	The Older Persons Advocacy Network (OPAN) provide advocacy services for older Australians. They can be contacted on 1800 700 600 from 8am -8pm, Monday to Friday and on Saturdays 10am -4 pm. You can also visit their website at www.opan.org.au
Services Australia (formerly Department of Human Services)	The Australian Government through Services Australia provides income assessment services to older Australians. This is an important step in understanding how much home care services will cost you. It also administers the payment system for Home Care Packages. This includes paying approved providers a subsidy on behalf of the Department of Health and Aged Care.
Department of Veterans' Affairs	The Australian Government through Department of Veterans Affairs (DVA) conducts aged care income assessments for eligible veterans, their partners and war widow(er)s who receive a relevant entitlement. Once the level of assessable income for aged care is assessed by DVA, this information is provided to Services Australia, who will advise you of the outcome of the

Person/Group	Role
	assessment and the home care fees you may be asked to pay. DVA also provides home care services to eligible veterans and their families.
Aged Care Quality and Safety Commission	The role of the Aged Care Quality and Safety Commission (Commission) is to protect and enhance the safety, health, well-being, and quality of life of people receiving aged care. The Commission independently accredits, assesses, and monitors aged care services subsidised by the Australian Government. The Commission also responds to feedback and complaints received about approved providers. For more information on making a complaint, you can read Section 8.2 of this manual.

1.4 How will this manual be updated?

The Department of Health and Aged Care will use their best endeavours to keep this manual up to date and accurate. To find the most up to date version, please use the online version of the manual located on the My Aged Care website. You can find this manual by visiting this link:

www.myagedcare.gov.au/publications/home-care-packages-manual-pdf.

1.5 Do you have further questions?

If you have further questions, you can call the My Aged Care contact centre on **1800 200 422**.

2 The Home Care Packages Program

This section describes a Home Care Package, Consumer Directed Care (CDC) and the national priority system. It also helps you understand how the Home Care Packages Program relates to other aged care programs, and what to do if you have hearing or speech difficulties or need a translator.

2.1 What is a Home Care Package?

A Home Care Package provides coordinated care and services that help older Australians with complex ageing related care needs to live safely and independently in their own home for as long as it is safe and appropriate to do

so. After you are assessed as needing a Home Care Package, you will be placed on the national priority system. Once you are assigned a package, you need to find a home care provider that best suits you and will engage with you to:

- Choose care and services that best meet your ageing related functional decline, care needs and goals, personal situation and preferences and
- Allow you to self-manage your care needs and services (if you choose to).

There are four levels of Home Care Packages to help meet the different levels of ageing related functional decline, care needs:

Packages of aged care services for people with:

Level four: high-level care needs



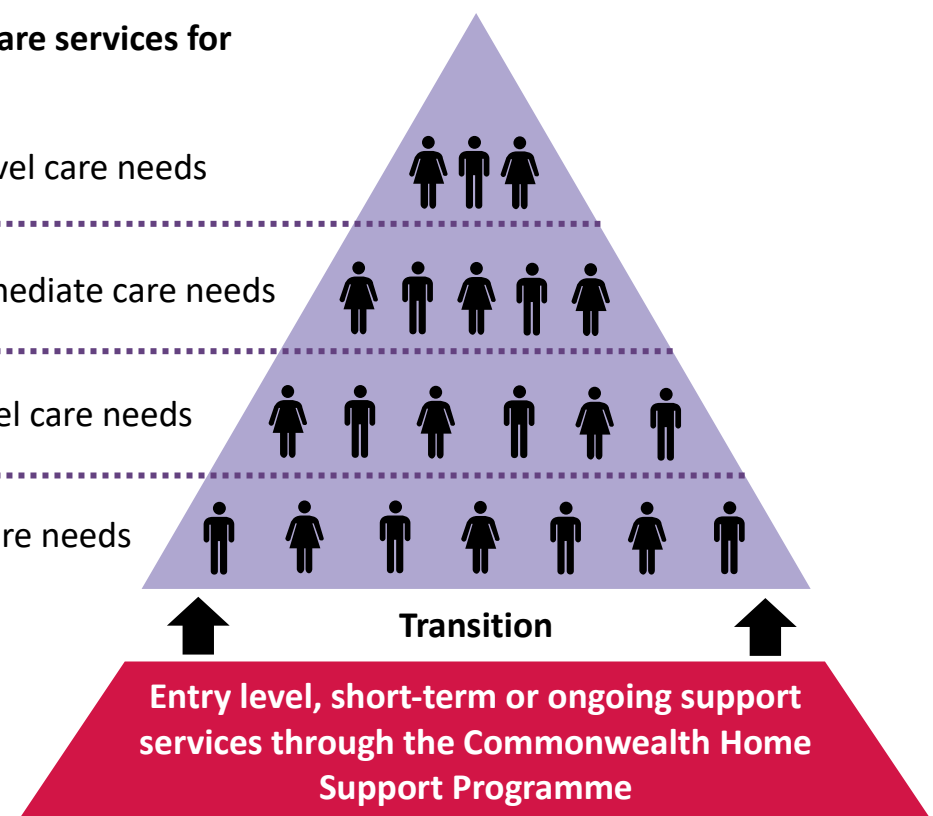
Level three: intermediate care needs



Level two: low-level care needs



Level one: basic care needs



To get a Home Care Package, you need a comprehensive aged care assessment. This is done by an Aged Care Assessment Team (ACAT). During your assessment, your assessor will discuss your current ageing related functional decline care needs and supports. They will decide the best level of Home Care Package for you.

2.2 What is the intent of Home Care?

The intent of the Home Care Packages Program is to provide coordinated care and services for complex ageing related functional decline and care needs that help older Australians to live safely and independently in their own home for

as long as it is safe and appropriate to do so. In the Home Care Packages Program, you will discuss with your provider to design a package of aged care services that is best and most appropriate for you as an individual. 'Dignity of risk' is at the centre of home care and means that you have freedom to make choices for yourself and to guide your care if you would like to.

However a Home Care Package is not extra income that can be used for everyday items and costs.

The Government funding is intended to help meet your assessed ageing related functional decline care needs so you can continue to live independently in your home for as long as it is safe and appropriate.

The Government is committed to improving the Home Care Program. In September 2021, the Government changed the way providers are paid. These changes provide you with a clearer picture of your home care package and unspent funds. Providers will be paid only for the care and services they deliver to you. This means that the maximum amount of your package will go towards supporting you to remain in your own home for as long as possible or will be held for you by Government until you need it. Care recipients will accrue unspent funds if their package funds are not fully spent each month.

You are encouraged to discuss with your provider to determine how the money is spent.

Changes to management and administration charges were introduced on 1 January 2023 to reduce excessive prices and improve transparency for care recipients and their families. These changes include capping how much providers can charge for care and package management, eliminating exit amounts and charging separately for costs associated with third party services. These changes ensure more funds are available to meet the assessed needs of care recipients.

2.3 What is the scope of Home Care?

The main categories of care and services you can get from a Home Care Package are:

Category	Services
Ageing related services to keep you well and independent	<ul style="list-style-type: none">• Personal care• Nursing• Allied health and therapy services

Category	Services
	<ul style="list-style-type: none"> • Meal preparation and diet
Ageing related services to keep you safe in your home	<ul style="list-style-type: none"> • Domestic assistance • Home maintenance • Minor home modifications • Goods, equipment, and assistive technology • Respite
Ageing related services to keep you connected to your community	<ul style="list-style-type: none"> • Transport • Social support

These care and services do not replace other health programs that you might be eligible for. You should continue to access these when you need through your general practitioner (GP) and hospitals.

The Home Care Packages Program cannot be used for types of care that are funded or jointly funded by the Australian Government through other initiatives such as dental, pharmaceutical, or medical systems e.g., Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS), or be used to fund private dental, pharmaceutical, medical costs or spectacles as these care types are out of scope for the policy intent of the program.

A Home Care Package is not an income support program and cannot be used for general income expenses.

There is more information on what can and cannot be included in a Home Care Package at Section 5 of this manual.

2.4 What is Consumer Directed Care?

Through your Home Care Package, you have flexibility and choice in the delivery of your care and services. This means you (and your carer, if appropriate) have more choice and control over what, when and where services are delivered. Your Home Care provider must discuss and engage with you to design and deliver services that meet your assessed needs and personal care goals.

Consumer Directed Care means:

You get more say in the care and services you receive

You get more say in how the care is delivered and who delivers it to you (if your provider can undertake your requests)

You have conversations about your care needs and goals

You work with your provider to develop your individual care plan based on your goals

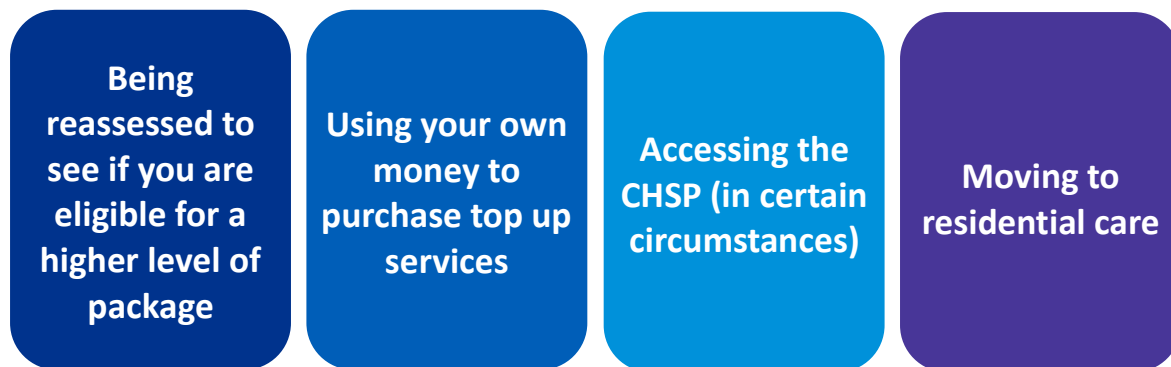
You know how your package is funded and how your home care package budget is spent through your monthly statements

Your provider will work with you to ensure that your package continues to meet your needs by monitoring you and reviewing your care plan

You and your provider will agree on:

- How much you want to be involved in managing your Home Care Package
- The Home Care Package budget available to provide your care and services and
- The costs of care and services under your current care plan.

If your ageing related functional decline care needs cannot be met using your Home Care Package budget, then you may need to look at other options, including:



For more information on where CHSP might be available, see Section 6. You will need to complete the process of looking into other options in partnership with your provider.

2.5 How does the Government contribute to the cost of my Home Care Package?

The Australian Government pays a different subsidy amount for each level of Home Care Package. They will also pay for supplements for specific additional care needs. These amounts are paid to the home care provider you choose for the services they deliver.

The total amount of a Home Care Package is made up of what:

- The Australian Government pays (the subsidies and supplements) and
- Your home care fees (income tested care fee and basic daily fee).

For more information about government contributions and how to work out the costs you may need to pay, see Section 4.

2.6 What is the national priority system?

There will be a wait time between when you are approved for care and when you are assigned a Home Care Package. Wait times change. You can find these [at this link](#) or by searching for “Assessment decision: Home Care Packages” at www.myagedcare.gov.au.

The national priority system assigns packages to care recipients equitably based on their individual needs, regardless of where they live. Once you are approved for a Home Care Package, you are placed in the national priority system to be assigned a Home Care Package. Your place in the national priority system depends only on:

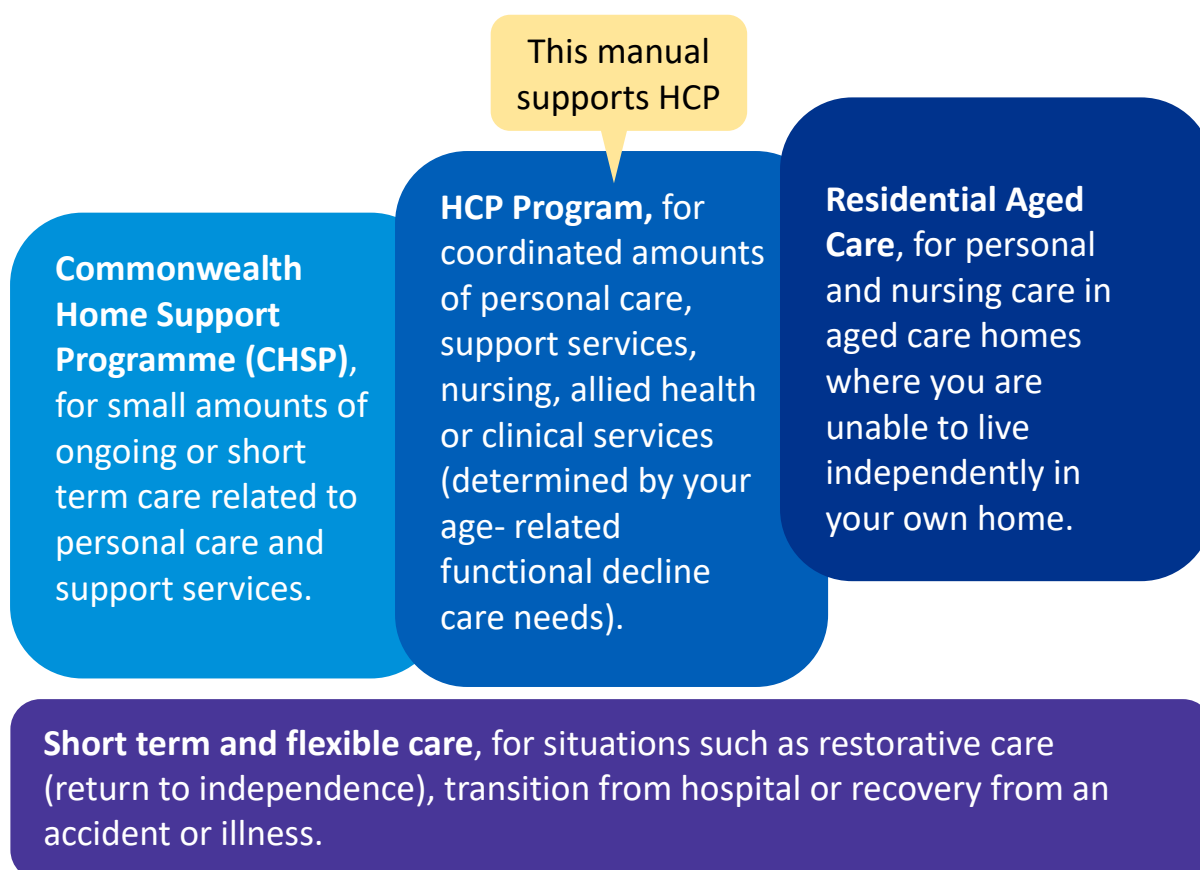
- When you were approved for home care at that level and

- The priority that was assigned to you by the ACAT during your comprehensive aged care assessment.

How the national priority system impacts on your access to a Home Care Package is discussed in Section 3 of this manual.

2.7 How does the Home Care Packages Program interact with other programs?

The Home Care Packages Program is part of the Australian Government's residential care. The diagram below outlines where the Home Care Packages Program is situated within the continuum.



Access to each of the above programs is determined by an independent comprehensive aged care assessment by an Aged Care Assessment Team (ACAT) or Regional Assessment Service (RAS). My Aged Care will connect you to an assessment service for your needs. You may receive services through

another program, and then move to a Home Care Package, or you may start Australian Government supported aged care with a Home Care Package.

You do not need to receive other aged care services, such as CHSP or flexible care, before you are eligible for a Home Care Package.

For more information on how the Home Care Packages Program interacts with other programs, see Section 6 of this manual.

2.8 For more information

2.8.1 My Aged Care

For more information about home care, visit the My Aged Care website at www.myagedcare.gov.au. You can also call the My Aged Care contact centre on **1800 200 422** (Monday to Friday 8 am to 8 pm and Saturday 10 am to 2 pm AEST). If you are calling from overseas, dial **+61 2 6289 1555** (Monday to Friday 9am to 5pm) and ask for the My Aged Care contact centre. There may be a charge associated with this call.

2.8.2 What if I have hearing or speech difficulties?

Contact My Aged Care through the National Relay Service (NRS). For more information, visit the NRS website at communications.gov.au/accesshub/nrs to choose your preferred access point. You can also call the NRS Helpdesk on **1800 555 660**.

2.8.3 What if I need help with interpreting?

If you speak a language other than English, the Translating and Interpreting Service (TIS National) is available for the cost of a local call on **131 450**. TIS National 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, package budget and care plan
- Need help to understand your package budget and monthly statements or
- Would like to make a complaint to the Aged Care Quality and Safety Commission.

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

TIS does not provide Aboriginal language translation services. Your State or Territory may have a translation program that you can use. These include:

- The Northern Territory Aboriginal Interpreter Service and
- Aboriginal Interpreting Western Australia.

You can find more information on the NT Aboriginal Interpreter Service at [this link](#). You can also contact the Service by calling **(08) 8999 5511**.

You can find more information on Aboriginal Interpreting WA at [this link](#). You can also contact the Service by calling **1800 330 331**.

The My Aged Care contact centre uses the NT Aboriginal Interpreter Service for their services and at no cost to the caller.

2.8.4 What if I am a veteran?

If you're a veteran or a war widow/widower, you may be able to get services from the Department of Veterans Affairs (DVA) and Australian Government aged care programs at the same time, as long as you don't get the same service from both.

For more information on services and payments you may be eligible for as a veteran or war widow/widower, call DVA on **1800 555 254** or visit www.dva.gov.au.



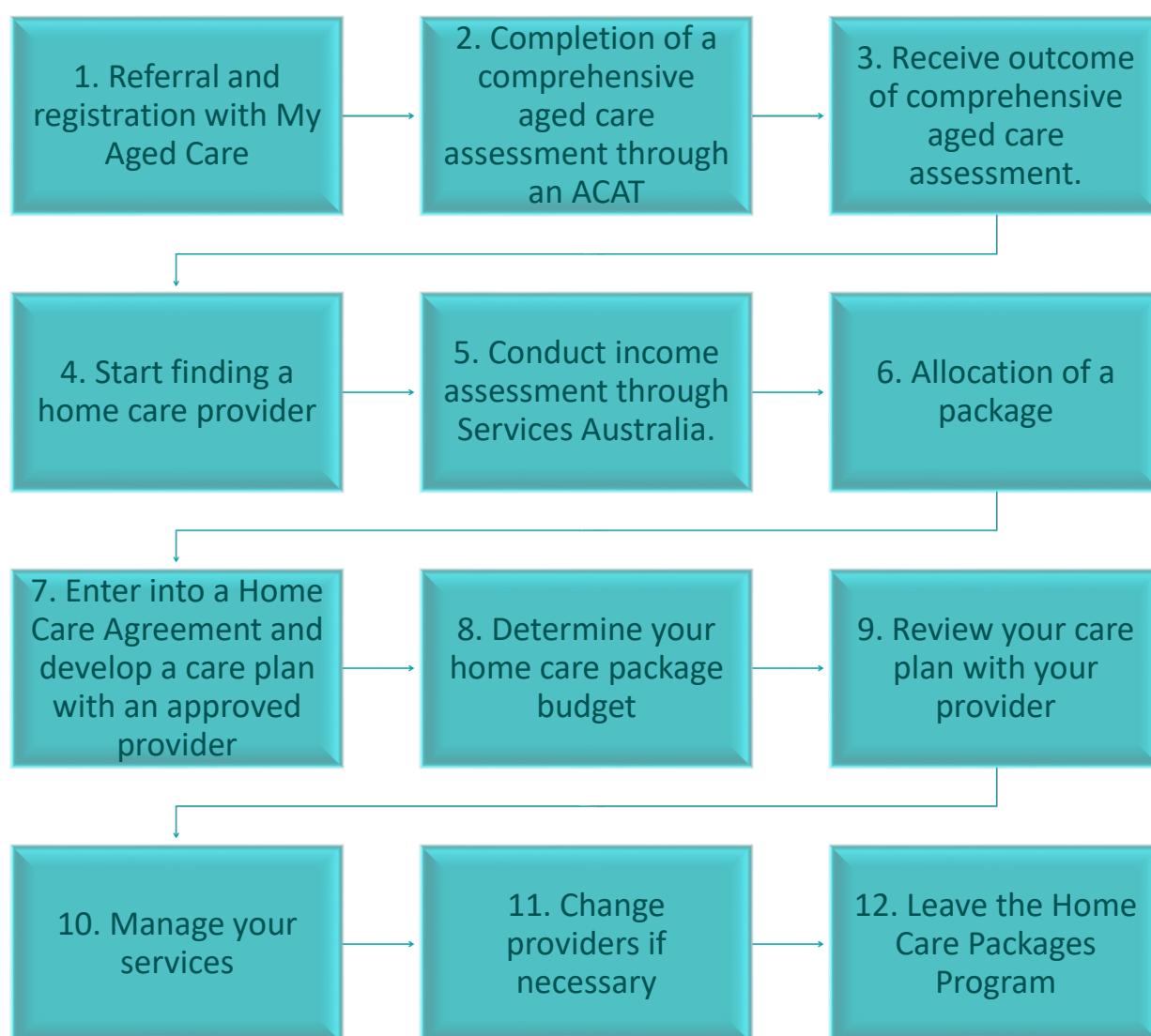
Key points to remember

- The intent of the Home Care Packages Program is to provide coordinated ageing related care and services that help older Australians to live safely and independently in their own home for as long as it is safe and appropriate to do so. It provides more intensive care than CHSP (where you get small amounts of personal care and support services) but is less intensive than Residential Aged Care (where your care is provided in an aged care home).
- Your package is assigned by the national priority system based on when you were approved, and the priority assigned to you. This system ensures packages are assigned fairly across the country.
- If you have a Home Care Package, you will discuss with your chosen provider to design your care plan based on assessed need.
- Services are available to help you navigate your Home Care Package. You can call the My Aged Care contact centre on **1800 200 422**.

3 Your pathway to a Home Care Package

3.1 Flowchart to a Home Care Package

Your pathway and the steps you need to follow are outlined in the flowchart below on how to access a Home Care Package.



Additional Notes:

- Step 5 – Income Assessment – You can have an income assessment done at any time. They are valid for 120 days though so it is best to get one done when you receive your readiness letter. For information on this see Section 4.
- Step 9 – Reviewing the care plan is a recurrent process that must be completed at least annually.
- Step 10 – Managing your services is an ongoing process that occurs as part of receiving home care.
- Step 11 – You may change providers at any time. You will need to repeat Step 7 on.
- Step 12 – You may choose to leave the Home Care Packages Program at any time or your needs may increase and you may move to an aged care home.

3.2 Can I get a Home Care Package?

You may be eligible for a Home Care Package if you are:

- An older Australian who needs coordinated ageing related care and services to help you to stay in your home safely and independently or
- A younger person with a disability, dementia or other special care needs that cannot be accessed by other specialist services

In this context, ‘older Australian’ includes residents of Australia inclusive of First Nations people and cultural diversities.

You may have talked about your care needs with your GP or other health professionals when you were at the hospital. These health professionals may have referred you to My Aged Care for screening and assessment and to consider your eligibility for a Home Care Package. **You do not need to be referred to My Aged Care by a health professional – you or your representative can call My Aged Care on 1800 200 422.**

Home Care Packages are not assigned to people who need short-term care. The Home Care Package Program is about accessing care and services that support complex care needs and ageing related functional decline.

If you are a younger person with a disability, you can find more information at [this link](#). You can also search “Younger people in aged care” at www.health.gov.au.

3.3 Registering with My Aged Care

As the My Aged Care contact centre is the main entry point for all aged care services in Australia.

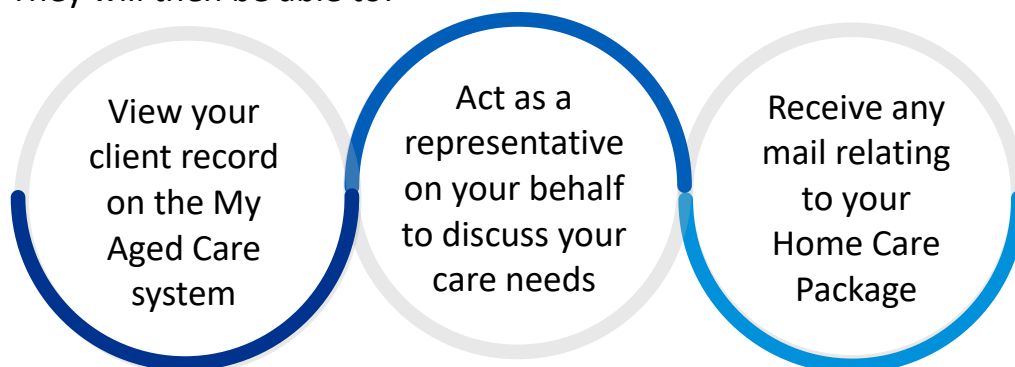
Your first step to a Home Care Package is registering with My Aged Care. You, your carer, or your nominated representative need to call My Aged Care on **1800 200 422**. The contact centre staff are there to help you. They will undertake a screening process and ask you questions that will help them understand your ageing related care needs and goals including your personal situation. It would be helpful if you can share as much information about yourself as you can. This will include any help you get from family, friends and other programs or services.

They will also ask your permission to create your own client record on the My Aged Care system. When they create your record in My Aged Care, you will have an Aged Care Identification Number. It is important to know your aged care identification number when accessing aged care services and talking with different services. Your record will hold up-to-date information on your ageing related care 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.

After you have registered with My Aged Care the contact centre staff may then:

- Provide you with aged care information and details on aged care services that may assist you
- Arrange a face-to-face assessment of your ageing related care 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 providers.

You can also nominate a family member or friend as your representative/s. They will then be able to:



Only one person can get mail relating to your Home Care Package. You can see who is receiving this mail by logging into the My Aged Care system at [this link](#). You can also find the My Aged Care system by searching “View your My Aged Care client record” at www.myagedcare.gov.au. Or you can call My Aged Care on **1800 200 422**.

You can also see electronic versions of your letters on the My Aged Care system. You can find the system in the links above.

3.4 How do I get a comprehensive aged care assessment?

3.4.1 Assessing your needs

The My Aged Care contact centre will discuss your needs with you. If your care needs suggest you might need a Home Care Package, you will be referred to an Aged Care Assessment Team (ACAT). They are trained to conduct a comprehensive aged care assessment and will identify the aged care services that will best meet your assessed care needs. This assessment is free.

An ACAT assessor will visit your home and talk to you about your current situation. They will assess your needs against the ACAT Guidance Framework. You can find the Framework at [this link](#). You can also search for “ACAT Guidance Framework for Home Care Package Level” at www.health.gov.au.

The ACAT assessor will make a recommendation to a representative of the Department of Health and Aged Care on whether you are eligible to get Australian Government-subsidised aged care services. You are welcome to have someone else - a friend, family member or your carer - come to your assessment with you for extra support.

The ACAT assessor may ask your permission to talk to your doctor about your medical history before or after they meet with you. If you agree, they will record your consent in your my aged care record. All your information will be managed and treated confidentially as legislated by the Privacy Act 1988 and the Aged Care Act 1997.

To prepare for your assessment you may wish to have key information ready, like:

- Your Medicare number
- A copy of any referrals from your doctor
- Any information provided to you that you may want to discuss with the assessor
- Your GP or other health professional contact details; or

- Information on any current support you receive.

Read more about preparing for your assessment at [this link](#). You can also search “Prepare for your assessment” at www.myagedcare.gov.au.

The assessor may also ask for your permission to talk to people who support you, such as a family member or carer. They will ask you to complete an **“Application for Care form”**. You can find the form at [this link](#). You can also find the form by searching “Application for care form” at www.health.gov.au.

The assessor will ask questions about:



The ACAT assessor will develop a support plan that records your strengths, challenges, aged care goals and preferences for ageing related care services. They can also:

- Consider other types of services that support your assessed care needs
- Give you information about local providers that may deliver care and services in your area
- Discuss if you might need more support so you can live in your own home, or other options such as an aged care home.

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

3.4.2 The outcome of the assessment

After your assessment, a formal decision about your eligibility for a Home Care Package will be made. This decision is based on the recommendations made by your assessor. They will recommend whether you can get a Home Care Package and, if you can, what level of Home Care Package will meet your assessed ageing related care needs.

If you are assessed as eligible for a Home Care Package, you will:

- Get 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. This letter is not your approval to start receiving care and services
- Be placed on the national priority system for your approved Home Care Package level. The national priority system is explained further in Section 2.6 and Section 3.6.

If you are found not eligible to receive a Home Care Package, you will get a letter setting out why and who to contact for more help. You may be eligible for other aged care services. If so, this information will be included with your letter.

If your care needs change and you need additional support at any time, you can ask for a review of an ACAT assessment by contacting My Aged Care.

If you do not get an approval letter explaining your assessment outcome, telephone your ACAT assessor. Your ACAT assessor will have provided you with their contact details during your assessment.

3.4.3 What if I have concerns about the ACAT assessment?

You have the right to raise any concerns about your ACAT assessment or the decisions in your approval letter. Your 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 these through and request their help. They are there to help you and will listen.

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 and Aged Care outlining why you think it should be changed. You **must** write within **28 days** of receiving your letter.

The address to write to is:

The Secretary

Department of Health and Aged Care

Attn: Aged Care Assessment Program
Reconsiderations

GPO Box 9848

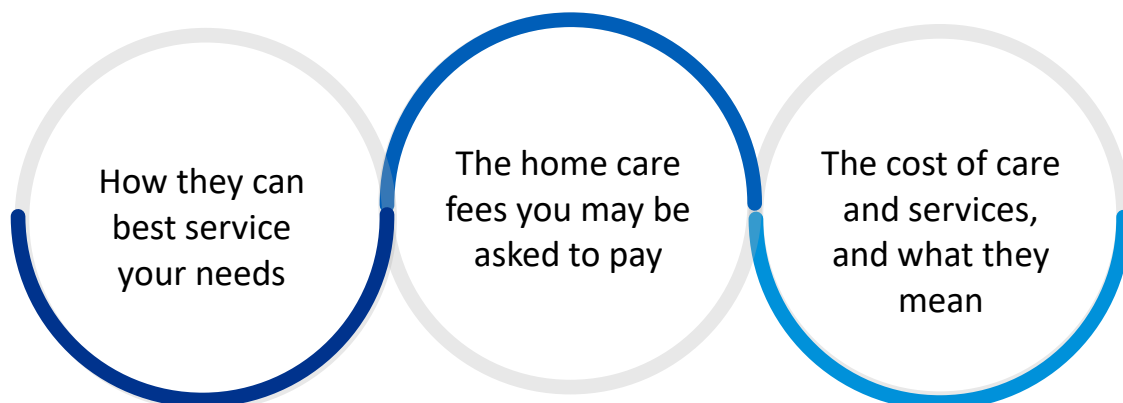
Adelaide SA 5001

A decision is usually made within 90 days and you will be advised of the outcome in a letter. There is no charge to request this review. If you do not agree with the review outcome by the Secretary, you can request a further review by the Administrative Appeals Tribunal. You will be charged for this process.

3.5 How do I find a home care provider?

You are likely to wait between the time you are approved for care and services and the time you are assigned a Home Care Package. You can find out expected wait times by calling My Aged Care on **1800 200 422** or by accessing your My Aged Care record using myGov. You may already have set up a myGov account if you applied for the Age Pension. You can find advice on how to set up a myGov account and link it to My Aged Care, in Section 14.

After receiving your approval, you should look for approved home care providers in your local area that you think will best suit your assessed care needs. Each provider is different, so meeting them will help you understand what you can expect. You will also be able to see what types of care, services and activities they offer. It is important that you find out:



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

To find providers near you, use the 'Find a Provider' tool on the My Aged Care website or you can telephone My Aged Care on **1800 200 422**. You can find the tool at [this link](#). You can also find the tool if you search "Find a Provider" at www.myagedcare.gov.au.

Just because you meet with a provider does not mean you have to choose them as your provider. It is important to take time to think about which provider is best for you. No provider should pressure you to choose them.

3.6 How will I be assigned a Home Care Package?

3.6.1 How does the national priority system work?

Once you are approved for a Home Care Package, you are placed in the national priority system to be assigned a Home Care Package. The national priority system assigns packages equitably based on individual ageing related functional decline needs, regardless of where someone lives.

Your place in the national priority system is based only on:

- When you are approved for home care
- Your priority for service is determined by the ACAT during your assessment.

There will be a wait time between the time you enter the national priority system and the time you are assigned a Home Care Package. The Department of Health and Aged Care releases Home Care Packages weekly. The number of packages released at each level considers the:

- Number of new packages that are available
- Number of packages that other care recipients no longer need
- Packages that have not been accepted by care recipients in previous releases.

The Department of Health and Aged Care carefully manages and monitors the release of packages. This means that packages are released weekly for all four package levels at both medium and high priority levels. Those who are assessed as being a high priority by the ACAT are assigned packages more quickly. This does not mean that a care recipient with a lower priority at the same level must wait until high priority packages have been assigned.

You will get a 'readiness letter' approximately three months before the national priority system expects to assign you a package. This letter tells you

that you should expect to be assigned a Home Care Package within three months. You may want to start looking for a provider now.

When a Home Care Package becomes available, My Aged Care will write to you to let you know that you have been assigned a package.

This letter will include:

- What level of Home Care Package has been assigned to you
- A unique referral code that you give to your chosen provider.

Once you get this letter, you can then start negotiating the details of your Home Care Agreement with your preferred provider. Once you have entered into a Home Care Agreement, you can start receiving aged care services.

3.6.2 What do I do with this letter?

When you get your letter advising that you have been assigned a package, you have **56 calendar days** from the date on the letter to find a provider and enter into a Home Care Agreement. Whenever you meet with your preferred provider(s), you should bring a copy of this letter that has the unique referral code. Your provider can use the referral code to look at your My Aged Care record. This will help them better understand your ACAT assessment and assessed care needs. The provider will also check that you are not currently in home care, residential aged care or Short-Term Restorative Care already.

You can call My Aged Care on **1800 200 422** if you are having difficulty finding an approved provider in the next **56 days**. You can also call them if you need some extra time to decide. My Aged Care can extend the time by a further **28 days**.

If you do not enter into a Home Care Agreement at the time agreed with My Aged Care, My Aged Care will send you a letter advising your Home Care Package has been withdrawn. This means the package is no longer assigned to you.

If the package is withdrawn, you will be removed from the national priority system. If this happens but you later decide that you want to receive a package, you will need to call My Aged Care. You will need to tell them if you want to be placed back in the national priority system to get a Home Care Package. Your place in the national priority system will be determined by the date of your original home care approval and your assessed priority.

3.6.3 What happens if I do not want a package at my approved level?

If you do not want a package at your approved level, you can opt out of the national priority system and will not be assigned a Home Care Package. You can change your status to 'not seeking services' on the My Aged Care client portal. Or call the My Aged Care Contact Centre to do this for you.

You can change at any time to 'seeking services' and you will be put back in the national priority system. You will be assigned a package based on when you were approved for home care and your priority level.

3.6.4 What are the expected wait times for a Home Care Package?

Wait times for all package levels change regularly. Current wait times for a Home Care Package can be accessed at [this link](#). You can also search "Assessment decision: Home Care Packages" at www.myagedcare.gov.au. You can find out how long your wait is likely to be by:

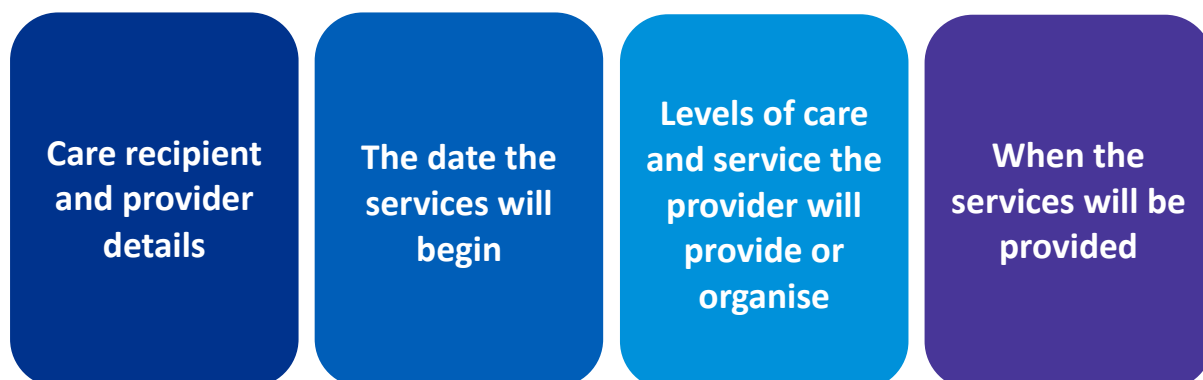
- Logging in to your client record using myGov or
- Calling the My Aged Care contact centre on **1800 200 422**.

Call My Aged Care if you need care while you are waiting to be assigned a Home Care Package, or your care needs change. You may be eligible for other care and services.

3.7 Your Home Care Agreement

Once you have chosen a home care provider, they must provide you with a Home Care Agreement.

Your Home Care Agreement is a legal agreement with your provider that sets out:



Your provider must:

- Offer you a Home Care Agreement that records the terms under which your package is provided
- Give you a copy of the Charter of Aged Care Rights and talk you through what it means. These are discussed in Section 7.
- Discuss with you to develop a written care plan, designed to meet your aged care functional decline needs and goals determined by an ACAT. The care plan will set out the day-to-day services you will receive, who will provide the service and when. A copy of your care plan must be given to you before, or within 14 days of your care and services starting. This care plan is part of your Home Care Agreement
- Include a copy of their full pricing schedule. You must be charged these prices unless you agree another amount with your provider and document this in your Home Care Agreement.
- Develop a package budget that sets out the total funds available (including Government subsidies, supplements and any home care fees you are required to or agree to pay) and how they will be used. This should be done as soon as your provider has all the information they need, and the care plan is in place.
- Give you a monthly statement outlining how your funds have been used during that month and the funds remaining in your Home Care Package.

Your Home Care Package is also covered by consumer law. More information is available in the *Home care – know your consumer rights* brochure. You can find the brochure at [this link](#). You can also search for “Home Care” at www.accc.gov.au.

You can follow the *Entering into a Home Care Agreement*, checklist at the end of this manual. It has also been translated into 18 languages. You can find the translated versions at [this link](#). You can also search “Entering into a Home Care Agreement” at www.myagedcare.gov.au.

If you need translation services to support, you to negotiate your Home Care Agreement please see Section 2.8.3 of this manual.

3.7.1 Entering into a Home Care Agreement

It is important to remember, you and the provider enter into a Home Care Agreement as discussed and agreed. There will be enough time for you to read and understand the Home Care Agreement. Make choices you are comfortable with. If you wish, seek independent legal advice before entering into the Home Care Agreement.

The Older Persons Advocacy Network (OPAN) can help you when negotiating your home care agreed with your provider. They can be contacted on **1800 700 600** from 8am-8pm, Monday to Friday and on Saturdays 10am-4pm. You can also visit their website at www.opan.org.au

If your first language is not English the National Translating Interpreting (TIS National) may be able to help you in understanding your budget, monthly statements and home care agreement. They can be contacted on **131 450**.

If a provider is unable to provide aged care workers that can communicate in the required language, they may negotiate with the care recipient to engage a different organisation as a third-party service. However a provider must not charge a separate amount to deliver the third party services even if:

- the provider made a business decision to engage a third party or
- the care recipient chose a third party to provide the services.

You must enter into a Home Care Agreement before your Home Care Package services start. You may not be able to enter into a Home Care Agreement because of physical or medical problems. On your behalf, your nominated representative may enter the agreement.

Your provider must always offer you a written Home Care Agreement. Wherever possible, both you and the provider should sign the Home Care Agreement. A written Home Care Agreement identifies your obligations to the provider and their obligations to you. It can be very helpful to have a written agreement when working with your provider to discuss and receive your aged care services.

Mutual consent requires active acknowledgement by the care recipient. Mutual consent does not include sending a letter to inform a care recipient of a change, offering an opt out and taking their silence as approval.

If you do not sign the written Home Care Agreement, you can still enter into the Home Care Agreement through your actions. The provider will still need to talk with you about how much involvement you would like to have in managing your Home Care Package. They are also required to help design the type of care and services you need.

The provider will need to record why you did not sign the Home Care Agreement, and what actions they took to enter into the Agreement instead. This may include:

- a copy of the Agreement being offered to you

- a note of the discussion with you or your advocates, family members or legal advisers about the Agreement details (including the date the discussion took place) and/or
- proof that you are receiving the Home Care Package described in the Home Care Agreement.

3.7.2 Reviewing a Home Care Agreement

Your Home Care Agreement must be reviewed if:

- your care needs change
- your provider's prices change
- you request a review.

You and your provider must discuss any changes. Your provider must support you to understand any changes by giving you all necessary information, including:

- what is changing
- why it needs to change
- what the new terms or prices include
- when the new terms or prices will start, and
- who to contact to discuss the proposed changes.

You may negotiate to reach agreement with your provider.

Proposed changes must be agreed and documented in the Home Care Agreement before your provider can deliver or charge for them.

3.8 Developing a care plan

Your care plan is an important part of your Home Care Agreement. Your home care provider will already have some information about your assessed ageing related care needs recorded at your ACAT assessment.

In the time between the assessment and assignment of a package, assessed care needs may have changed. Providers are required to identify and assess, as per their obligations under the Aged Care Quality Standards, how these needs have changed and can be met within the framework of the Home Care Packages Program.

Your provider must consider your personal preferences and consult with you to develop your care plan. This includes considering the needs of your carer if

you have one. When talking about your care needs with your provider, think about what your goals are and what is most important to you.

A care plan is a document that identifies your assessed care and service needs, goals and preferences and details how the care and services are to be delivered as agreed with you or your representatives to meet your care needs, goals and preferences.

This is an opportunity to support you to understand the policy intent of the Home Care Packages Program and work out a care plan that assists you to manage your ageing related care needs and goals. Your provider should also help you to understand what care, services, and/or purchases you can afford within your package budget.

As a guide, your care plan may include:

- Goals, needs and preferences
- Services to be provided
- Who will provide the services including third party services
- When the services will be provided, such as frequency, days and times
- Care management arrangements
- How much involvement you will have in managing and coordinating your services
- How often your provider will do formal reassessments

Assessment and planning are covered by the price deducted from the package for care management, consistent with a provider's advertised prices on My Aged Care. There should not be a separate charge for initial assessment over and above the agreed charge for care management costs. The legislation prohibits providers from charging a care recipient for entry or exit from services.

During the care planning process, providers need to take into account any supports the care recipient already has in place, such as carers, family members, local community and other services. Providers need to be able to demonstrate assessment and planning that:

- Consider the risks to your health and wellbeing to inform the delivery of safe and effective care and services
- Identify and address your assessed ageing related care needs, goals and preferences, including advance care planning and end of life planning if you wish

- Is based on working with you and others that you wish to involve in assessment, planning and review of your care and services and
- Include other organisations and individuals and providers of other care and services that are involved in your care (for example your GP).

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

Identified care needs, personal goals

Identified care needs are the areas of your daily life where you need extra care and support. Care needs are identified during the following:

- Your comprehensive aged care assessment with an ACAT
- Other health professional assessments (for example your GP) and
- The care planning process with your provider.

Personal goals are also an important part of your care plan. Knowing your goals will help you choose care and services that best support your needs. An example goal might be maintaining a healthy lifestyle or achieving independence in mobility.

You might ask yourself the following questions:

- 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 I already have?

Wellness and reablement approaches

Your provider may encourage you to think about using wellness and reablement approaches to support you meet your ageing related care needs and goals. These approaches support providers to deliver ageing related care and services to you that align with the core principles of the Home Care Packages Program.

Wellness approach

- This approach builds on your strengths, capacity and goals. This encourages action that promotes a level of independence in your daily living tasks.
- This approach may also reduce risks to continue living at home.
- This philosophy is based on you having the desire and capacity to make gains for your physical, social and emotional wellbeing. It also builds on the

desire to live safely and independently in your own home for as long as it is safe and appropriate to do so.

Reablement approach

- This approach is time limited. This is targeted towards a specific goal or outcome, such as regaining confidence and capacity to resume activities.
- Reablement aims to assist you to achieve your goals and increase your independence. Some examples include training in a new skill or having access to equipment or assistive technology.
- Reablement can include:
 - practicing daily activities such as cooking
 - finding new ways to safely do things with confidence
 - involving relatives and/or carers to help you to live more independently.

Your provider should consider any formal or informal support you already receive. This can include carers, family members, friends, local community and other services. This helps work out the best way to use your Home Care Package funds.

You can discuss the possible list of ageing related care and services further with your provider. If there is a type of service that you think would meet your assessed care needs and can be funded from your Home Care Package, talk to your provider. Your provider is required to do what they can to help you access that care or service. This may include sub-contracting services from other providers (this may change the cost of each service).

Reviewing your care plan

Your care needs can change over time and your care plan can be amended to meet those changing needs. For example, your health and independence may improve, so you would like to focus on a new goal. Or you may experience a setback and need different services.

Your provider is required to review your care plan:

- At least once every 12 months to make sure the care and services you receive through your Home Care Package still meet your ageing related functional decline care needs and goals.

You can also review your care plan with your provider at any time. Reasons for an additional or earlier review may include:

- A health crisis or episode

- A change in your care needs that cannot be met within your package budget
- A change in your living or carer arrangements
- A change in your personal goals and/or
- An increase in your use of clinical services (such as nursing).

If your care needs have changed a lot, you may need to get a new assessment done by the ACAT. This must happen if you need to be assessed for a higher package (see Section 2.1 of this manual for information on the package levels) or if you need to receive other support services. If you are not sure, your provider can help you by discussing with you about the need for a new assessment.

Your care plan, including the cost of care and services and additional fees they ask you to pay, cannot change unless you agree with the home care provider. without your agreement. Your provider must give you a copy of any agreed changes to the care plan for your records.

3.8.1 Third party services

Providers can deliver home care directly, or can engage third party organisations or individuals to deliver care and services. This includes where a provider:

- Sources and coordinates care and services through a third-party (including subcontractors, labour hire or brokered services)
- Purchases goods, equipment, and assistive technology from a third party.

Providers may engage third parties on an ad hoc or ongoing basis to meet your needs or your requests for specific workers or service providers.

Approved providers should, where possible, facilitate services being delivered by the person chosen by you. With CDC, if someone prefers a particular care worker to deliver their services, they can ask the provider to engage that care worker. Providers must discuss this cost with the care recipient before the care plan is agreed. A provider may refuse to engage this person if they are unqualified or do not pass their police check. A provider can also refuse to engage the person if they are your family or friend. Families and friends can instead access Carer Payment. More information is at <https://www.servicesaustralia.gov.au/carers-payment>

From 1 January 2023, providers must publish all-inclusive prices for third-party services and cannot set or charge a separate amount to cover administrative costs arising from using third-party services. This is regardless of whether:

- They made a business decision to engage a third-party
- The care recipient chose a third-party to provide those services.

This is to make costs more transparent and easier for you to understand and compare.

It is expected most, if not all, additional costs to an approved provider associated with delivering third party services will be covered through care and package management charges.

Prices must be value for money and consider the effort and resources it takes to coordinate the care and service delivered.

Regardless of how the services are delivered, providers remain responsible for ensuring services are delivered in a way that meets the requirements of the Act and the Aged Care Quality Standards, including care planning. Providers must also ensure services are delivered in line with the agreed care plan. The care plan will need to be revised periodically to ensure that the sub-contracted services continue to meet the care recipient's assessed ageing related care needs.

Approved providers also need to remember that they, not the sub-contracted service provider, remain responsible for meeting all of the regulatory responsibilities. These regulatory responsibilities include ensuring that all police checks, and key personnel suitability requirements are met, as well as all obligations under the legislation.

3.8.2 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 prepared.

The Australian Government also funds the Older Persons Advocacy Network (OPAN) to provide advocacy services under the National Aged Care Advocacy Program. Advocacy services provide information to care recipients, their families and carers about their rights and responsibilities when accessing aged care services.

An advocate can help you by:

- Participating in the discussion about your Home Care Agreement, care plan and package budget and/or
- Talking about any concerns you may have.

Advocacy services are free, confidential and independent. You can contact OPAN on **1800 700 600**.



Key points to remember

- If you think you need home care services, the first thing to do is to register with My Aged Care by calling **1800 200 422**. They will ask you some 'screening questions' – this is normal.
- Your care needs will then be assessed. Your assessor will help explain the process to you as they do the assessment.
- You will get a letter about the outcome of your assessment. If you have been approved for a Home Care Package, this does not mean that you can receive one yet. Your approval will be placed in the national priority system which assigns packages equitably based on when you were approved for home care and your priority level.
- You will be assigned a package when one becomes available.
- While you are waiting for a package to be assigned, you should start looking for a provider. The My Aged Care 'Find a provider' tool is a good place to start. You can find it at [this link](#), or you can search "Find a Provider" at www.myagedcare.gov.au.
- You will get a letter notifying you when you have been assigned a Home Care Package. You need to enter into a Home Care Agreement with an approved provider within 56 days of the date on that letter. A Home Care Agreement defines what services you will get from your provider, and the fees for those services.
- You will develop a care plan with your provider based on your assessed ageing related care needs and personal goals. Your provider may encourage you to think about wellness and reablement approaches. The care plan includes the aged care services you will have access to, who will be delivering your services, when and how many times. Your care plan should be reviewed every 12 months or when your care needs change.

4 What is my Home Care Package budget?

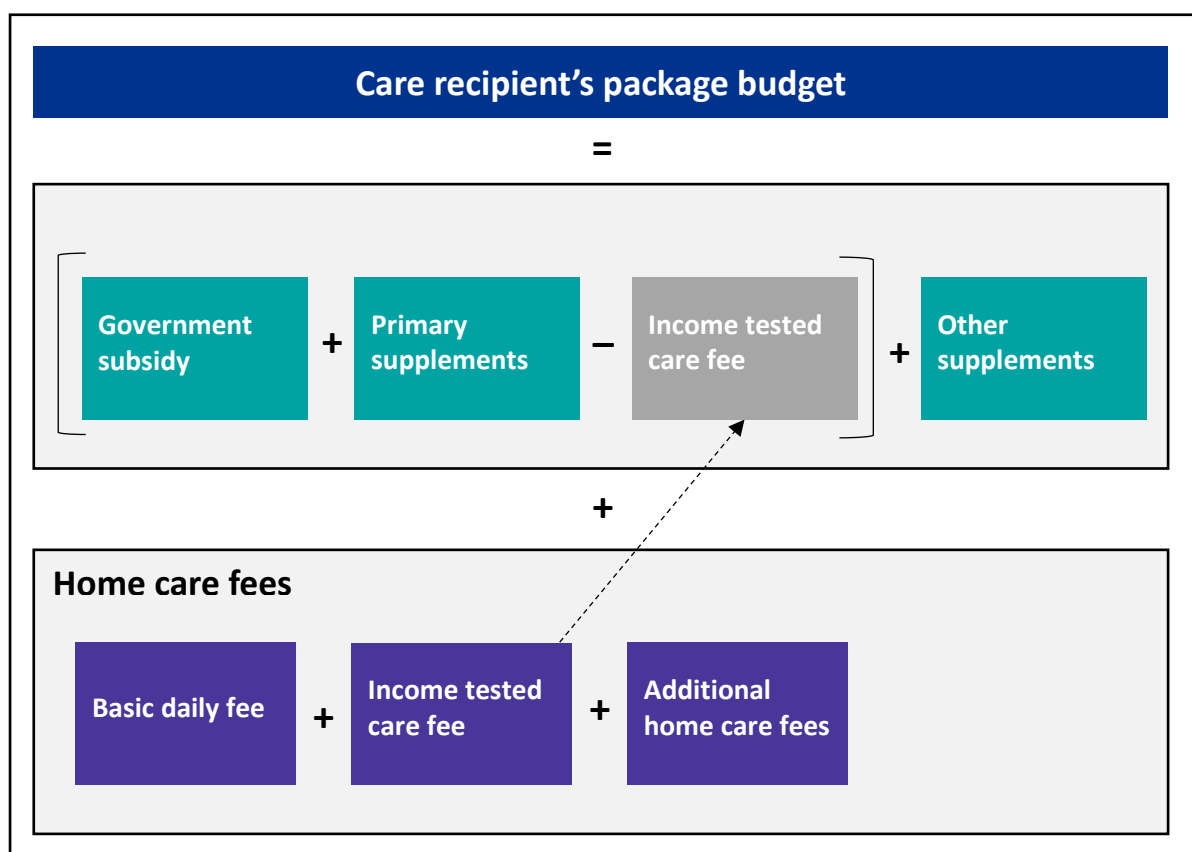
This section tells you what the Australian Government pays towards your Home Care Package budget (package budget), and what home care fees you may be asked to pay. This information explains the different parts of your budget. They may not all apply to you.

4.1 Your Home Care Package budget

The care and services you get must be paid for using your Home Care Package budget. The total amount of your budget is made up of what the Australian Government pays (subsidies and supplements) and what you may be asked to pay (your home care fees).

Your package budget shows what funds are available in your budget. It is important to remember the care and services you get must fit within your package budget. You can make additional contributions to top up your budget if you need to. Your provider cannot require or insist that you make additional contributions.

If you entered into care after 1 July 2014, the picture below shows the different parts that your package budget may include.



Your provider will discuss the package budget available to you and how it can be used. Your provider looks after the Home Care Package funds on your behalf.

If you entered into care before 1 July 2014, please look at Section 10 for an explanation of what home care fees you may be asked to pay.

4.2 What Government subsidies and supplements are available?

4.2.1 Government subsidy

The home care subsidy is based on the level of your Home Care Package. The current amount paid by the Government for each package level can be seen at www.myagedcare.gov.au/home-care-package-costs-and-fees and you can also search "Schedule of Subsidies and Supplements" at www.health.gov.au.

The subsidy cannot be paid directly to you.

The Government home care subsidy is paid to your provider for the cost of the care and services that have been delivered to you. If your monthly subsidy is more than what was actually spent on delivering your services in a month,

these unspent funds will be held in a Government home care account for you until you need them for care and services. Services Australia manage subsidy payments for the Department of Health and Aged Care.

For more information about the improvements to how your home care funds are paid to your provider, you can find more information by searching “Improved Payment Arrangements care recipient fact sheet” at www.health.gov.au.

4.2.2 Supplements

If you have additional care needs, you may be entitled to more government funding through supplements. You may be eligible for a supplement if you meet the criteria for that supplement. This may involve an assessment. In most cases, your provider should lodge the application with Services Australia and follow up to check if your supplement has been paid. All supplements you receive will be added to your package budget. Ask your provider if you have any questions about whether you can apply for a supplement. The different supplements are listed below:

Supplement	Description	Administration
Dementia and Cognition Supplement	To help with the costs of caring for someone with dementia and other conditions.	<p>You must meet certain criteria to get this supplement. The assessment requires a GP or other health professional to do an assessment.</p> <p>Your provider must apply for this supplement. This supplement will automatically go with you if you change providers.</p>

Supplement	Description	Administration
Veterans' Supplement	To help with the costs of caring for veterans with a mental health condition. The condition must be related to their service.	Your provider must apply for this supplement. This supplement will automatically go with you if you change providers. If you are eligible for both the Veterans' and the Dementia and Cognition Supplements, you will only get the Veterans' Supplement.
Oxygen Supplement	To help with the costs of caring for someone with medical need to use oxygen. This does not apply for short-term illnesses such as bronchitis.	Your provider must apply for this supplement. This supplement will not automatically go with you if you change providers. Your new provider will need to re-apply for this supplement.
Enteral Feeding Supplement	To help with the costs of caring for people who need to be fed by a tube on an ongoing basis.	Your provider must apply for this supplement. This supplement will not automatically go with you if you change providers. Your new provider will need to re-apply for this supplement.
Viability Supplement for Home Care	To help with the costs of caring for people who live in rural or remote areas.	Your provider must supply postcode details for this supplement to be paid. They can do this when they apply to Services Australia for the supplement. This supplement will not automatically go with you if you change providers.

Supplement	Description	Administration
Hardship Supplement	Available to you if you are in genuine financial hardship. This means you cannot pay the costs of aged care due to circumstances beyond your control.	You need to apply for this supplement (see Section 5.3.7 for more information). Enquiries about this supplement can be made on the Services Australia customer line on 1800 227 475 .

4.3 What home care fees will I need to pay?

You could be asked to contribute towards the cost of your care if you can afford to do so. Your contribution is made up of three types of fees:

- A basic daily fee
- An income tested care fee (if applicable this is mandatory)
- An amount for additional care and services.

Any fees that you agree to pay will be discussed and agreed between you and your provider. These fees form part of your package budget and must be included in your Home Care Agreement.

4.3.1 The basic daily fee

The basic daily fee adds to your package budget.

Your provider may ask you to pay the basic daily fee for every day you are receiving a Home Care Package unless you are on certain types of leave. This includes days where you are in a Home Care Package, even if you don't get a home care service on that day.

The basic daily fee is generally paid to your provider fortnightly or monthly. Your provider can ask you to pay fees up to one month in advance.

The basic daily fee rate is set by the Government and is based on your Home Care Package level as follows:

Package level	Per cent of the single person rate of the basic age pension
1	15.68%
	16.58%
3	17.05%
	17.50%

The basic daily fee amounts are reviewed in March and September each year in line with changes to the Age Pension.

The current rates are available in the schedule of fees and charges for residential and home care. The schedule can be found at [this link](#). You can also search 'Charging fees for aged care services' at www.health.gov.au.

4.3.2 Income tested care fee

You may be required to make a contribution to the cost of your care based on your financial situation. This is known as the 'income tested care fee' and is in addition to the basic daily fee.

If you are required to pay an income tested care fee, the government subsidy is reduced by the amount of income tested care fee you need to pay as determined by an income assessment.

From 1 September 2021, if your assessed income tested care fee is equal to or less than the services provided to you in a particular month, no Government subsidy will be paid to the provider. Any unspent government subsidy will accrue in your home care account and will be available to pay your provider for your future care and services.

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

- Use the My Aged Care Fee Estimator at [this link](#), or search "Fee Estimator" at www.myagedcare.gov.au or
- Call My Aged Care on **1800 200 422**.

Things to note about the income tested care fee:

- If you get the full pension, you will not pay income tested care fees. You can be asked to pay a basic daily fee. If you agree to pay a basic daily fee, this amount is added to your overall package funding available, to spend on your care and services. If you are asked to pay a basic daily fee but do not agree to it, this may reduce the amount of services provided to you. However, regardless of additional fees, you have the Government subsidy for your assessed package level available, to spend on your care and services.
- You will not be asked to pay an income tested care fee if your yearly income is below the full pensioners' maximum income amount.
- Your family home is not included in the assessment of your income.
- 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.
- If your provider has been waiving all or part of your income tested care fee, because you are not using all of your package, this can continue as long as they hold unspent funds on your behalf. Once the unspent funds that your provider holds for you have been used, or if you do not have unspent funds, you will need to start paying your assessed income tested care fee.
- Your provider cannot seek to collect fees that they have waived in the past.
- Your income tested care fee can change over time if your income changes. You can read more on why fees change over time at [this link](#). You can also search "Changes to aged care fees, annual and lifetime caps" at www.myagedcare.gov.au.

How do I arrange an income assessment?

The easiest way for you to complete an income assessment is to use form SS313, at [this link](#), or by searching "**Authorising a person or organisation to enquire or act on your behalf form (SS313)**" at www.servicesaustralia.gov.au. This form will ask different questions based on the answers provided.

If you prefer to complete a hardcopy form, you can download a copy of the "**Authorising a person or organisation to enquire or act on your behalf form (SS313)**" from the Services Australia website at [this link](#) or by searching "SS313" at www.servicesaustralia.gov.au. Or call Services Australia on **1800 227 475** to ask a copy to be sent to you. If you receive a means tested income support payment, you can call Services Australia on **1800 227 475** or

DVA on **1800 555 254** and request a pre commencement letter for home care. Services Australia (or DVA) will have sufficient information to calculate their maximum home care fees payable.

For an estimate of home care fees, My Aged Care has a home care fee estimator at [this link](#), or can be found by searching “Fee estimator” at www.myagedcare.gov.au.

If you do not agree with the outcome of your means test, you can request Services Australia to review this decision. If you are unable to pay your fees due to financial hardship, you can apply for financial hardship help from the Government.

What if my means testing is adjusted?

If you are paying an income tested care fee, you may receive a delayed or adjusted income assessment.

- If the income assessment finds that you should have been paying a lower contribution than the maximum income tested care fee, or no fee, your provider must refund the difference to you once your fees are set.
- If the income assessment finds that you should have been paying a higher income tested care fee, this is backdated to your date of entry. The provider may then claim the underpaid income tested care fee from you.

How will I be advised of the fees?

Services Australia works out your income tested care fee and will send you and your provider a letter with this information.

If you seek an assessment before commencing your package, only you will get a letter to tell you about the maximum fees you can be asked to pay. This letter will be valid for 120 days unless there is a significant change in your circumstances. If there is a change in your situation, you will need to notify Services Australia who will reissue your fee advice letter.

You should take this letter with you to any discussions that you have with potential providers. This will help you understand the home care fees providers may charge you. Your provider will get a letter once they advise Services Australia that you have started a package with them.

What if I haven't received a response from Services Australia?

If you have not received the results of your income assessment, you should contact Services Australia on **1800 227 475** for an update on the status of your assessment.

Annual and lifetime caps

If you entered care after 1 July 2014, there are limits on the amount of income tested care fees providers can ask you to pay. Services Australia will let you and your provider know when you reach annual or lifetime caps.

Your provider can still ask you to pay the basic daily fee and any other fees outlined in your agreement, even when you reach your annual or lifetime cap, as these sit outside of the cap.

You can find out more about the current rates at [this link](#). You can also search "Fees for people entering Home Care Packages" at www.health.gov.au.

4.3.3 Additional fees

Additional fees are any other amount you have agreed to pay for extra care and services. This is extra care and services wouldn't otherwise be covered by your package budget.

4.3.4 Calculating your Home Care Package budget

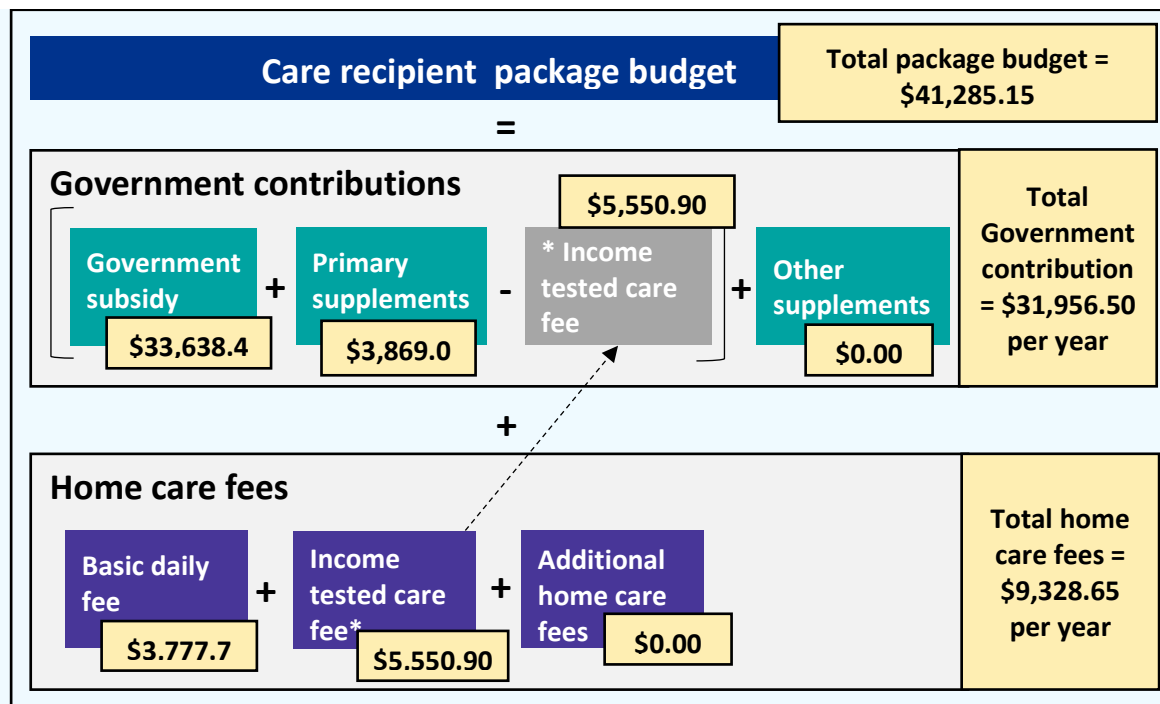
How do we calculate Adam's package budget?

Fact scenario

- Adam lives at home with his partner David.
- Adam has been assigned a level three package. The value of his daily package subsidy is \$92.16 per day (as at 20 September 2019). This equates to \$33,638.40 per year.
- Adam is also eligible for the dementia and cognition supplement. The value of the supplement at his package level is \$10.60 per day. This equates to \$3,869.00 per year.
- Adam is not eligible for any other supplements.
- The basic daily fee for Adam's package level is \$10.35 per day. This equates to \$3,777.75 per year.
- Adam has completed his income assessment, and has been assessed by Services Australia as being able to pay an additional \$15.24 per day or \$5,550.90 per year in income tested care fees.
- Adam did not agree to pay any additional fees in his Home Care Agreement.

Calculation of package budget

The diagram below outlines how Adam's annual home care budget is calculated:



The Government subsidy and supplements of Adam's Home Care Package is valued at \$37,507.40 (\$33,638.40 + \$3,869.00) per year.

The amount of basic daily fee charged adds to Adam's package budget. It has no impact on the amount of Government subsidy and supplements that are paid.

Adam, however, has been assessed by Services Australia as being able to contribute \$5,550.90 per year in income tested care fees to his package budget. The Government subsidy and primary supplement payable for Adam's care to his provider is reduced by Adam's income tested care fee. That is, \$33,638.40 + 3,869.00 - \$5,550.90 = \$31,956.50.

When Adam's provider submits a claim for all care and services delivered to Adam in a particular month, Services Australia will only pay the provider the available subsidy over the above the income tested care fee amount for that particular month. Any unspent government subsidy will accrue in Adam's home care account for future care and services.

If Adam fails to meet his responsibilities, including the payment of fees, as described in section 17 of the *User Rights Principles 2014*, his home care provider may cease to provide home care to him under the security of tenure provisions. Adam's Home Care Agreement must contain a statement setting out which home care fees (if any) are payable by him and the conditions under which either party may terminate the provision of home care.

4.3.5 When do I start paying fees?

You do not have to pay any home care fees before your Home Care Package starts.

Once you have entered into a Home Care Agreement with a provider, however, you can be asked to pay home care fees up to one month in advance. Any fees you have paid in advance will be refunded if you choose to exit your Home Care Package.

4.3.6 When are my fees reviewed?

Services Australia conducts a quarterly review of income tested care fees in January, March, July and September. They can also conduct a review if you ask for one in exceptional circumstances. You should contact Services Australia or DVA to seek a review of your financial situation changes.

Rates for the basic daily fee are reviewed in March and September each year in line with changes to the age pension.

Any additional fees can be discussed with your provider. You should discuss your fees when reviewing your annual Home Care Agreement and care plan.

4.3.7 What if I cannot afford the fees?

If you are having difficulty paying your home care fees, you can ask to be considered for financial hardship assistance with your basic daily fee and income tested care fee. Each case is considered on an individual basis. You may be granted assistance with one or both.

To be eligible for financial hardship assistance, you must meet certain criteria. You will not be eligible if you:

- Have not completed and lodged the Aged Care Calculation of your cost of care form (SA486)
- Have assets valued at more than \$38,516.40 (excluding unrealisable assets)
- Have gifted:
 - more than \$10,000 in the previous 12 months
 - or
 - more than \$30,000 in the previous 5 years.

To apply for financial hardship assistance, you or your representative need to complete an application form and submit it to Services Australia. You can get a

copy of the form at [this link](#). You can also search “SA462” at www.servicesaustralia.gov.au, or by calling **1800 227 475**.

For more information on eligibility criteria and assessments for financial hardship go to [this link](#). You can also search ‘Financial hardship assistance’ at www.myagedcare.gov.au.

4.3.8 Where can I get information on managing my finances?

You can get basic information about managing your finances from the Services Australia free Financial Information Service. This is a confidential service. It 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 Services Australia on **132 300** and say “Financial Information Service” when prompted.

4.4 What costs can be charged by a provider to my package budget?

Each provider will have different costs associated with providing care and services.

From 1 July 2019, providers must publish their pricing information for the services they provide on My Aged Care. The standardised Home Care Pricing Schedule is available on the ‘Find a provider’ tool. It will help you compare providers.

The pricing information that needs to be included in the Home Care Pricing Schedule includes the:

- basic daily fee amount (if agreed to, this is the amount the provider will charge you)
- care management prices and the approximate number of hours provided per package level (this is a mandatory service under legislation)
- prices for common services provided under a Home Care Package
 - package management costs
- staff travel costs to visit you.

If providers do not charge for these items, the price will show as \$0 or N/A on the schedule.

Providers must publish their prices in dollar figures not in percentages.

Prices must be reasonable and justifiable.

Providers cannot charge entry or exit amounts

Providers cannot charge separately for business-related administration costs. These costs, such as office rent, insurance and marketing, must be included in the price for individual care and services. Providers also cannot charge for entry or establishment costs.

All providers must also make a full pricing list of all the home care services they offer available on My Aged Care. They should provide a copy to you before you enter into a Home Care Agreement.

If you enter the Home Care Packages Program from 1 July 2019, your provider must include a copy of their Home Care Pricing Schedule in your Home Care Agreement. They must charge you the prices in the schedule unless you agree otherwise.

Providers charge different prices for their services for a variety of reasons. As part of setting up your Home Care Agreement with your provider, you may be able to negotiate a different price to what is in their Schedule. Your provider must document any different prices, and the reason for the variation.

4.4.1 Care management

Care management ensures you get the right level of support in a way that meets your current and future care needs. Care management is a service providers must provide to all care recipients.

Care management can be provided by your care manager. Some providers may call this staff member by a different title. Examples include care coordinator, care facilitator or case manager.

Care management includes:

- Regularly assessing the person's needs, goals and preferences
- Reviewing the Home Care Agreement and care plan
- Ensuring care and services are aligned with other supports
- Partnering with the care recipient and the care recipient's representatives about their care
- Ensuring that care and services are culturally safe
- Identifying and addressing risks to the care recipient's safety, health and wellbeing
- Referral to an ACAT (e.g. if their needs change)
- Case conferencing with care recipient's treating health professionals and/or GP, if appropriate, and where care recipient has consented to the interaction and

- Supporting timely and appropriate referral to individuals, other organisations and/or providers of other care and services.

Your care plan should outline your provider's approach to care management. Care management may be provided in different ways including face-to-face or via phone or email.

From 1 January 2023, the amount a provider can charge for care management is capped at 20 per cent of the package level. Providers must not set or charge a separate amount for extra care management.

Some providers offer the option for you to be involved in the management of your Home Care Package. Your provider will discuss these options with you and the care plan will outline the level of involvement you choose. This level can range from fully managed by your provider to fully self-managed.

Self-management means you will have more control over choosing how your package budget is spent and the staff delivering your care and services.

It is important that both the provider and the care recipient understand that the approved provider is ultimately responsible for compliance with the legislation, Aged Care Quality Standards, and scope and intent of the Home Care Packages Program. Providers will still need to have oversight over what services self-managing care recipients receive services from and how they spend their package budget. Providers will also continue to undertake some required activities such as reviewing the care plan.

A provider must still provide care management to ensure delivery of safe and quality care and services based on their needs, goals and preferences.

Your provider will always need to take on some other management activities. For example, providing your monthly statement and doing an annual review of your Home Care Agreement and care plan. You will need to pay for these care management activities from your package budget.

For more information, speak with your provider.

4.4.2 Prices for common services

Providers must include their hourly prices for personal care, nursing, cleaning and household tasks, light gardening and in-home respite. Standard work hours are considered to be Monday to Friday 6am to 6pm. Your care and services may be delivered by the provider's staff or other contracted staff.

4.4.3 Package management

Package management is the organisation of your Home Care Package. It may include the costs for: preparing monthly statements; managing your package funds; and compliance and quality assurance activities required for Home Care Packages.

Package management does not include:

- Costs that are unrelated to supporting your care
- Costs of running the provider's business such as marketing, office rent and insurance or
- Costs incurred before you enter into a Home Care Agreement with them (providers cannot charge for these).

From 1 January 2023, the amount a provider can charge for package management is capped at 15 per cent of the package level. Providers must not set or charge a separate amount for extra package management.

Providers cannot charge for package management in a calendar month where no services (other than care management) are delivered, except for the first month of care.

Providers will include costs of running the business in the hourly price for their home care services.

4.4.4 Staff travel costs to visit you

Staff travel costs is the price per kilometre for a care worker to travel (without you) to visit your location. Some providers may not charge this if you are within a certain distance from their location. This is different from costs for providers to travel with you, where you are receiving a transport service as part of your Home Care Package.

4.4.5 Third party services

You can get care and services from another organisation if you choose to. Your provider must agree to this and explain all the costs.

From 1 January 2023, costs for third party services must be included in care management, package management or direct service charges. They should not appear as additional charges on a monthly statement.

Your provider must agree an all-inclusive price with you before the services start or purchasing any goods.

The approved provider remains responsible for services delivered by the third party and must oversee these arrangements to ensure quality and safety.

Ask your provider to explain to you how they charge for this service.

4.5 Your monthly statement

Your provider must supply monthly statements that show what has been spent from your package budget. You can get your monthly statement via post, email or in a web-based format. If you are not receiving a monthly statement, talk to your provider first. You can complain to the Aged Care Quality and Safety Commission on **1800 951 822** if this does not help.

The following amounts must be itemised and included in the monthly statement:

- The amount of home care subsidy for the care recipient for the month
- The amount of home care fees (if any) paid or payable by the care recipient for the month, and any unpaid home care fees relating to previous months.
- An itemised list of:
 - The care and services provided to the care recipient during the month (including travel, subcontracting arrangements and package management) for which the care recipient was charged;
 - The price that the provider charged the care recipient for the month;
 - The total of those prices;
- The care recipient's unspent home care amount (provider-held unspent funds) in respect of: the previous month; and the current month;
- If, during the month, the provider received the care recipient portion of unspent funds from another provider – the amount that was received.

From the September 2022 payment period, providers must split out the care recipient's unspent funds into the:

- Commonwealth portion of provider-held funds
- care recipient portion of provider-held funds
- home care account balance

A non-mandatory [better practice monthly statement template and guide](#) has been developed and providers should strive to align with this.



Key points to remember

- The Government pays money towards your Home Care Package. This will be the 'subsidy' and any supplements that you are eligible for (if you are eligible for any).
- There are three types of fees your provider may ask you to pay:
 - A basic daily fee;
 - An income tested care fee (if applicable);
 - An amount for additional care and services.
- If you are experiencing financial hardship you will need to fill out a form. You can find the form at [this link](#), by searching "SA462" at www.servicesaustralia.gov.au, or by calling **1800 227 475**.
- For information on what home care fees apply to you, you can use the My Aged Care Fee Estimator which can be found at [this link](#), or by searching "Fee Estimator" at www.myagedcare.gov.au, or by calling My Aged Care on **1800 200 422**.
- Providers must include a copy of their full pricing list in your Home Care Agreement.
- Your provider must charge the prices you have agreed to.
- Your provider must give you a monthly statement that tells you what your Home Care Package has been spent on. You should use this to understand what costs your provider charges to you.

5 What can be included in a Home Care Package?

This section talks about what services can and cannot be paid for out of your Home Care Package. This is sometimes called 'inclusions and exclusions'.

Your Home Care Package funds should be used for care and services that meet your assessed care needs. Your care needs are set out in your My Aged Care support plan and your care plan. You should discuss with your provider your care needs and goals when developing your care plan which forms part of your Home Care Agreement. Your care plan should:

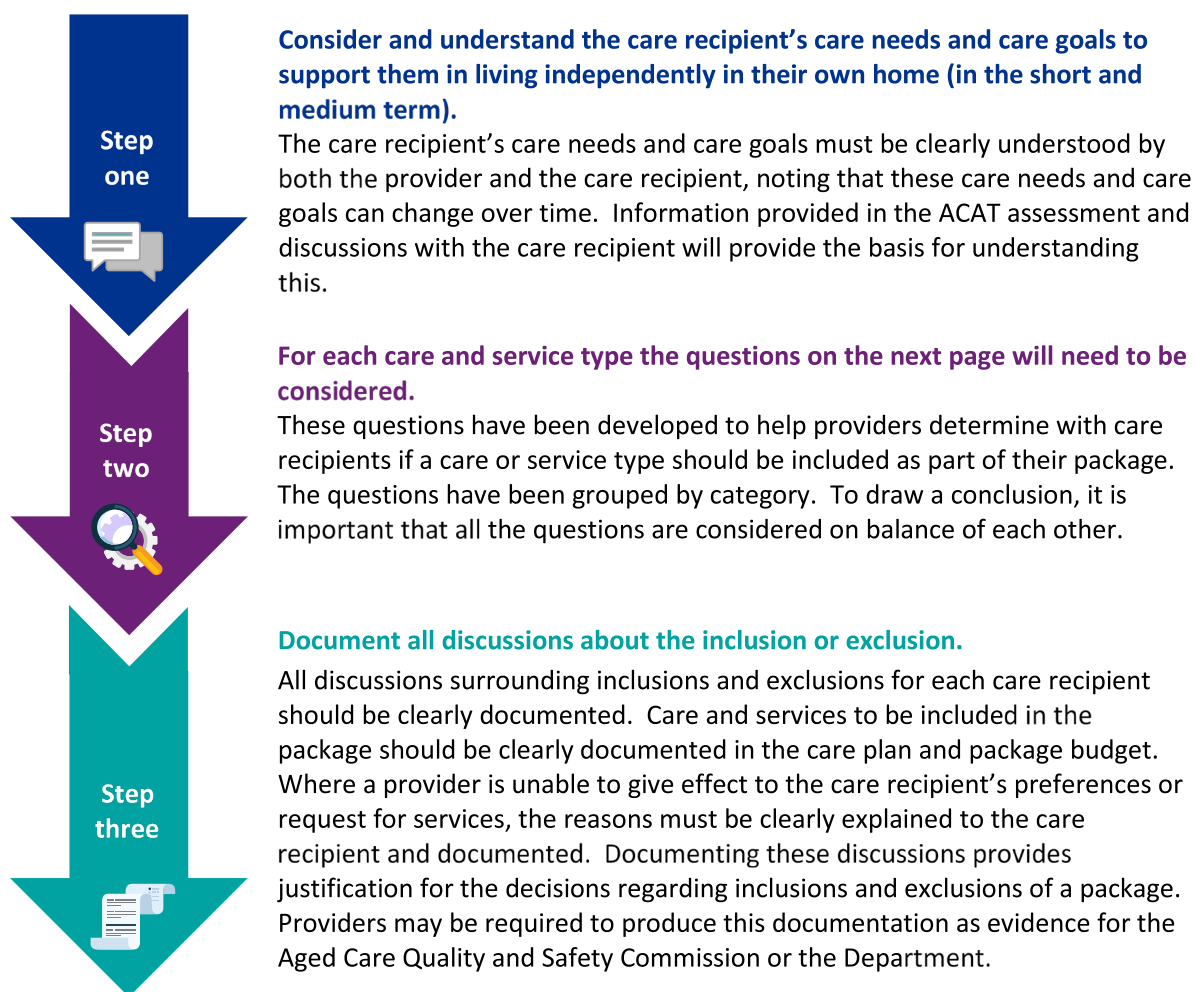
- Match services and supports to your care needs and personal goals
- Optimise your health and wellbeing and
- Help you to live safely and independently in your own home.

5.1 What can my Home Care Package be used for?

Your Home Care Package can be used to purchase care, services and goods equipment and assistive technology. The main categories are:

- Care services
- Support services and
- Clinical services

The following framework has been designed to support decision making when it comes to determining what can and cannot be included as part of a package:



As outlined in the above framework, the legislation provides guidance about specific items that can be included or must be excluded. It is worth remembering, however, that the care or service is only included when it meets assessed care needs and care goals.

This guidance is outlined in the *Quality of Care Principles 2014*.

5.1.1 Care services

Service inclusions	Content
Personal services	<p>Personal assistance, including individual attention, supervision and physical assistance, with:</p> <ul style="list-style-type: none"> • Bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids • Toileting • Mobility • Transfer (including in and out of bed).
Activities of daily living	<p>Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance using the telephone.</p>
Nutrition, hydration, meal preparation and diet	<p>Includes:</p> <ul style="list-style-type: none"> • Assistance with preparing meals • Assistance with special diet for health, religious, cultural or other reasons • Assistance with using eating utensils and eating aids and assistance with actual feeding, if necessary • Providing enteral feeding formula and equipment.
Management of skin integrity	<p>Includes providing bandages, dressings, and skin emollients.</p>
Continence management	<p>Includes:</p> <ul style="list-style-type: none"> • Assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas • Assistance in using continence aids and appliances and managing continence.

Service inclusions	Content
Mobility and dexterity	<p>Includes:</p> <ul style="list-style-type: none"> • Providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs • Providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses • Assistance in using the above aids.

5.1.2 Support services

Service inclusions	Content
Support services	<p>Includes:</p> <ul style="list-style-type: none">• Cleaning• Personal laundry services, including laundering of care recipient's clothing and bedding that can be machine-washed, and ironing• Arranging for dry-cleaning of care recipient's clothing and bedding that cannot be machine-washed• Light gardening• Medication management• Rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need• Emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the care recipient and carer, if appropriate• Support for care recipients with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support• Providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it• Transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities• Respite care• Home maintenance, reasonably required to maintain the home and garden in a condition of functional safety and provide an adequate level of security, such as cleaning gutters• Modifications to the home, such as easy access taps, shower hose or bath rails

Service inclusions	Content
	<ul style="list-style-type: none"> • Assisting the care recipient, and the homeowner if the homeowner is not the care recipient, to access technical advice on major home modifications • Advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate the risks • Arranging social activities and providing or co-ordinating transport to social functions, entertainment activities and other out of home services • Assistance to access support services to maintain personal affairs.
Leisure, interests and activities	Includes encouragement to take part in social and community activities that promote and protect the care recipient's lifestyle, interests and wellbeing.
Care management	<p>Includes ongoing assessment and planning undertaken on at least a monthly basis to ensure that the care recipient receives the care and services they need. This includes:</p> <ul style="list-style-type: none"> • regularly assessing the care recipient's needs, goals and preferences • reviewing the care recipient's home care agreement and care plan • ensuring the care recipient's care and services are aligned with other supports • partnering with the care recipient and the care recipient's representatives about the care recipient's care and services • ensuring that the care recipient's care and services are culturally safe • identifying and addressing risks to the care recipient's safety, health and wellbeing.

5.1.3 Clinical services

Service inclusions	Content
Clinical care	Includes: <ul style="list-style-type: none">• Nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services• Other clinical services such as hearing and vision services.
Access to other health and related services	Includes referral to health practitioners or other related service providers.

The *Quality of Care Principles 2014* have also established a number of services that must not be included in the package as they are not aligned to the intent and scope of the Home Care Packages Program. Specified exclusions are listed in detail below:

5.1.4 Specified Exclusions

The *Quality of Care Principles 2014* lists those care and services that must not be included in the package. For example items that would normally be purchased out of general income.

The following items **must not** be included in a package of care and services under the Home Care Packages Program.

Exclusions	• Examples
Services, goods or supports that people are expected to cover out of their general income throughout their life	<ul style="list-style-type: none">• General home services that were never, or are generally not completed independently prior to age-related functional decline, including home repairs/maintenance/specialist cleaning performed by a tradesperson or other licensed professional• Food (except as part of enteral feeding requirements or items listed under food for special medical purposes as per the Australia New Zealand Food

Exclusions	<ul style="list-style-type: none"> Examples
regardless of age	<p>Standards Code – Standard 2.9.5). Further information on food is below under Meal services</p> <ul style="list-style-type: none"> • Home insurance • Rates • Water, sewage, gas and electricity costs • Private transport related costs including vehicle registration, vehicle repairs, vehicle insurance and petrol • Local transit costs of public bus, ferry or train fares • Funeral plans / insurance costs • Pet care and associated costs such as pet food; registration; taxidermy, cremation • Internet and telephone costs, exceptions include: • Care recipients who are homeless or at risk of homelessness (as identified in a care recipient's ACAT assessment) can use Home Care Package funds for the ongoing monthly charges to ensure connection with service providers • Care recipients who require the internet or landline to support delivery of medication management, remote monitoring service or delivery of an included service on the phone can use Home Care Package funds to set-up telecommunications connections (e.g., to get internet connected) • Beauty therapy (e.g., manicures) and hairdressing • Cost of entertainment activities, such as club memberships and tickets to sporting events • Travel and accommodation for holidays • Supplies to participate in any activity, e.g. gardening or craft • Using Home Care Package funds to pay for solicitors or accountants for maintaining care recipients' personal affairs • Funeral costs and funeral plans • Gym or pool memberships/access costs when not prescribed for aged-related functional decline and

Exclusions	<ul style="list-style-type: none"> Examples
	<p>monitored by health professional operating within their scope of practice</p>
Accommodation costs	<ul style="list-style-type: none"> Assistance with home purchase Mortgage payments Rent Permanent residential care (subsidised or private) and residential respite (subsidised) Heating and cooling costs (installation and repairs) Whitegoods and electrical appliances (except items designed specifically for frailty such as a tipping kettle) Household furniture and furnishings: lounge suites and recliners which do not support a care recipient's mobility, dexterity and functional care needs and goals Other general household furniture such as coffee tables, wardrobes, and bookshelves. Massage chairs when not prescribed by treating medical practitioner and/or allied health professional General mattress and frame for bed (exceptions for pressure relieving mattress or mattress/frame for an electrical adjustable bed or hospital bed) Replacement/maintenance/servicing/cleaning of: Water tanks Solar panels Fencing Roofs Heating and cooling or hot water systems Swimming pools Home modifications or capital items that are not related to the care recipient's ageing-related care needs, for example: Windows, roofs, pergolas, sunrooms, decking Home modifications that don't support ageing safely e.g., non-accessible bathroom and kitchen

Exclusions	<ul style="list-style-type: none"> Examples
	<p>modifications; non-standard fittings in accessible bathroom modifications (e.g., mosaic tiles)</p> <ul style="list-style-type: none"> • Home modifications requiring development applications • Aesthetic modifications of any kind • Repainting the home • Major plumbing • Emptying of septic tank; remedying sewage surcharge (matter for water company/insurer) • Major electrical work, e.g., rewiring house • Replacement of entire floor and floor coverings throughout the home unless safe passage for mobility equipment required or slip hazard reduction required, as recommended by a health professional for care recipients at risk of falls • Replacement of foundation e.g., concrete/cement slab • Significant changes to the floorplan of the home, such as adding a new bathroom or extension • Extensive gardening services such as: <ul style="list-style-type: none"> • Planting and maintaining crops, natives and ornamental plants • The installation and/or maintenance of raised garden beds • Compost heaps • Watering systems • Water features and rock gardens • Landscaping • Tree removal • Removal of garden beds • Removal of shrubbery (unless preventing safe access and egress)
Payment of home care fees	<ul style="list-style-type: none"> • Defined at section 52D of the Aged Care Act 1997 • Includes income tested care fees, basic daily fees and additional fees

Exclusions	<ul style="list-style-type: none"> Examples
	<ul style="list-style-type: none">
Payment of fees or charges for care or services funded or jointly funded by the Australian Government	<ul style="list-style-type: none"> Co-payments for state/territory government funded programs, such as subsidised taxi vouchers and/or aids and equipment schemes Dentures, dentistry and dental surgery Prescription glasses or contact lenses Prostheses (e.g., artificial limb) Spectacles Hearing aids available under the Hearing Services Program. Contact the Hearing Service Program (HSP) for guidance on hearing aid replacement and delegate approval for non-standard hearing aids. Exception if care recipient is not a pension concession card holder as Home Care Package may cover like for like of typical hearing aid covered by HSP in this case only. Continence aids if a participant in the CAPS program Diagnostic imaging Natural therapies, including: <ul style="list-style-type: none"> Alexander technique Aromatherapy Bowen therapy Buteyko Feldenkrais Homeopathy Iridology Kinesiology Naturopathy Pilates (except sessions supervised by an exercise physiologist or physiotherapist) Reflexology Rolfing Shiatsu

Exclusions	<ul style="list-style-type: none"> Examples
	<ul style="list-style-type: none"> Tai chi (except sessions supervised by a Chinese Medicine Practitioner, exercise physiologist or physiotherapist) Western herbalism Yoga (except sessions supervised by an exercise physiologist or physiotherapist) Payment for informal care – a Carer’s Payments is available to fund the support of family and friends Section 16.1 of the Home Care Packages Program Manual specifies more information about what ageing related programs can and cannot be accessed while receiving a Home Care Package.
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)	<ul style="list-style-type: none"> Co-payments or gap fees, including for services covered by private health insurance Medications, vitamins and supplements (as well as items not covered by the PBS such as off-indication prescriptions, medicines not endorsed for listing by the Pharmaceutical Benefits Advisory Committee (PBAC) or medicines where the manufacturer has chosen not to list the product on the PBS) Consultation/tests/surgery with medical practitioner (GPs and specialists) The only exception to this is a private appointment (i.e. not covered by MBS) with a GP to meet evidence requirements for the dementia and cognition supplement and oxygen and enteral feeding supplements Hospital costs Ambulance cover Private health insurance premiums
Provision of cash debit cards or like payments to care	<ul style="list-style-type: none"> Debit cards (unless the provider has rigorous systems in place to vet every payment and keep on file all receipts in accordance with the Records Principles 2014. Debit cards may pose issues for GST credits. Consult with the ATO for more information).

Exclusions	Examples
recipients for any purpose	<ul style="list-style-type: none"> • Cash payments or gift vouchers/cards, including online vouchers and coupons • Transfer of subsidy into care recipient or their family's personal/business bank account without rigorous acquittal by provider of funds against receipts matched to the Home Care Agreement, care plan and individualised budget in accordance with the Records Principles 2014.

5.1.5 Employing family and friends

Payment to families and friends for care services are typically a program exclusion. Family and friends may instead access the Carer's Payment -

<https://www.servicesaustralia.gov.au/carers-payment>

Using subsidy to pay for family carers raises serious probity issues under the *Public Governance, Performance and Accountability Act 2013* under which the aged care special appropriation sits – generally this is an exclusion unless it is a thin market (i.e. rural and remote Australia; Aboriginal and Torres Strait Islander and CALD populations) and the family member is especially qualified, does not live with the care recipient and the provider and family member (in their capacity as a personal care worker or health professional) have agreed a robust probity plan with the provider. It is a strict exclusion if the family member is already receiving a Carer's payment.

5.1.6 Meal services

In relation to meal services and whether food can be included in a Home Care Package:

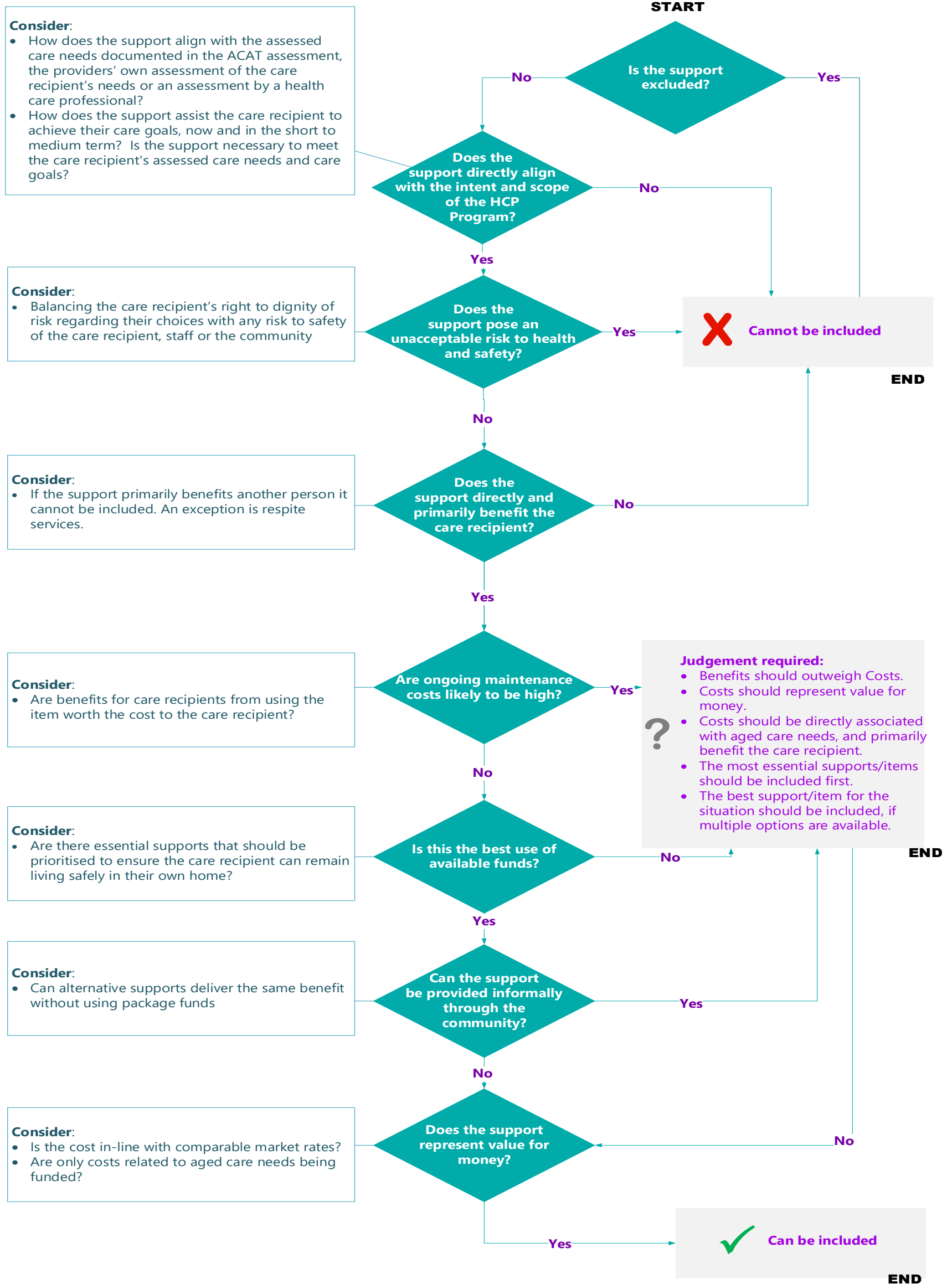
- Preparation and delivery of meals can be included
- The raw food component of those meals cannot be included, except in the case of enteral feeding.

The Department has not mandated a standard split/ratio for the raw food component. This is a business decision for the company providing the meal services to calculate how much the raw food component is. Home care providers should discuss with the care recipient the amount of the raw food contribution, as well as how and who it is paid to, as part of the negotiation with the meals provider and the care recipient.

Food referred to as 'takeaway' is also an excluded item. 'Takeaway' food is generally defined as food you would buy from a restaurant or food outlet.



5.1.7 Inclusions/Exclusions Framework – Decision Tool





5.1.8 Inclusion/Exclusion Framework Template

Care recipient's Name:.....

Provider's Name:.....

Care or Service:.....

Inclusion/exclusion framework (fill in with reference to Inclusions/Exclusions Framework Tool)

Questions	Document discussions and considerations
Is the support specifically excluded under the Aged Care Legislation?	
Does the support directly align with the intent and scope of the Home Care Packages Program?	
Does the support pose a risk to the health and safety of the care recipient?	
Does the support pose a risk to the health and safety of staff and the community?	
Is the support directly targeted at the care recipient, or does it significantly benefit others, instead of the care recipient?	
How does the support align with the assessed ageing related care needs as documented in the ACAT assessment, the providers' own assessment of the care recipient's needs or an assessment by a health care professional?	
How does the support assist the care recipient to achieve their ageing related care goals, now and in the short to medium term? Is the support necessary to meet the care recipient's ageing related assessed care needs and care goals?	
Has the evidence-base for the support which addresses a particular assessed ageing related care need been considered?	
Does the support require maintenance to ensure the safe use of the item that represents a significant	

portion of the budget? Is it difficult to provide the maintenance required?	
Is there an opportunity cost associated with the support? Will the care recipient miss out on a support identified in their assessment if package funding is used for a large purchase?	
Can the support be provided informally through the community?	
Does the support represent value for money to meet the care recipient's assessed ageing related care needs?	

Determination: The care or service type.....
is an Inclusion / Exclusion (circle one) to the care plan

5.1.9 Large purchases

How can package funds be used to make large purchases (i.e., the cost exceeds monthly subsidy/fees payable), such as assistive aids, equipment and accessible home modifications for care recipients?

Large purchases, defined as those items where the cost exceeds the monthly subsidy/fees payable such as assistive aids, equipment and accessible home modifications, must be:

- Agreed within the care recipient's care plan
- Be within the available budget for the package level, with any charges or additional service fees mutually agreed with the care recipient through the Home Care Agreement before purchase:
- Be related to the care recipient's ageing related care needs, which may require an assessment from a health professional operating within their scope of practice e.g., an occupational therapist, physiotherapist or registered nurse to ensure the aid/equipment/home modification is fit for purpose.

Providers can access unspent funds (including the home care account balance) to pay for large purchases.

Where a care recipient has transferred providers, their home care account (including any returned provider held Commonwealth unspent funds) will be under quarantine for a 70-day period – the new provider must wait until day 71 (release of unspent funds) to make the purchase.

Providers must not split the cost over multiple claim months; unless the item is being leased.

Where a care recipient has paid upfront for an allowable item, the provider may only reimburse them within the relevant claim month. If a care recipient moves to a new provider and they obtained an item from their previous provider, a care recipient cannot seek reimbursement from their new provider.

Example 1. Mauve is with a provider that offers self-management, and she has an unspent funds balance of \$10,000 and receives a monthly subsidy of \$4,086.32. She buys a power wheelchair worth \$3,000 in July. The purchase has been agreed in her care plan and she provides the provider her tax invoice and receipt. Her provider lodges the July claim for the service in the first week of August, including the price Mauve paid for the power wheelchair (which is GST free) + the price of her other care and services for the month of July – the total

of the aggregated invoice is \$7,000. The claim is approved and paid by Services Australia. The provider reimburses Mauve for the purchase.

Example 2. Petro has an unspent funds balance of \$10 and receives a monthly subsidy of \$704.20 and pays fees of \$282.24 monthly. He has been assessed as requiring an accessible bathroom modification which will cost around \$20,000. His provider advises him that this purchase cannot be made until he has accrued sufficient unspent funds and must be weighed up against the risk to his wellbeing of him not receiving other care and services such as wound management and transport to social activities. His provider discusses with him more affordable options, such as an over the toilet frame, to meet his aged care needs in the interim.

Where the cost exceeds available funds for the care recipient, like in Example 2, providers and their care recipients can:

- charge the care recipient additional service fees (agreement and consent required) to make up the difference – however, it is important to note that once additional services fees are charged, there is no capacity to use Home Care Package funds to recompense the care recipient;
- postpone the purchase until there are sufficient funds to cover the costs;
- enter leasing arrangements (including to lease to buy) where appropriate; and
- if not on Level 4, arrange a Support Plan Review through an ACAT if the package is over-allocated through the provision of monthly care and services; and the need for the large purchase is crucial.

There are certain circumstances where a Home Care Package care recipient can access CHSP services over and above the services provided through the Home Care Package budget. See the [Commonwealth Home Support Programme Manual](#) for more information. This may be subject to the available capacity of CHSP providers and their available funding, given CHSP clients will be the priority. Care recipient contributions, additional to income tested care fee and basic daily fee, may apply.

5.1.10 Considerations for home modifications

Home modifications must only be provided to improve safety and accessibility and promote independence (e.g., widening doorways for wheelchair access, removing shower hobs).

Works must be recommended by a health professional operating within their scope of practice and tailored to the ageing-related needs of the care recipient. Any works completed must align with the recommendations of the health professional. All work must be conducted by a qualified tradesperson with appropriate licensing and insurances as per state/territory government laws. Building work must be in line with the Building Code of Australia.

Providers are responsible for the resolution of any disputes, including escalating the matter to the relevant consumer protection agency if necessary.

If a care recipient departs Home Care Package unexpectedly, any remaining balance for the works, provided works were agreed to before date of departure, can be reconciled from the home care account within the 70-day period from date of cessation only.

6 Managing your services

When you have a Home Care Agreement, a care plan and package budget, your agreed ageing related care and services can begin. Your Home Care Package starts on the day you enter into a Home Care Agreement, not from the day you start receiving aged care and services.

When you start to get the aged care and services in your agreed care plan, you have the right to:

- Receive aged care and services in line with your agreed care plan as discussed
- Have ongoing conversations with your provider about your age care needs and goals
- Discuss with your provider to update your care plan if your age care needs change
- Have your monthly statements explained to you in a way you understand
- Be involved in managing your Home Care Package if you would like to
- Be formally reassessed, if you wish, to ensure that your aged care and services continue to meet your assessed age care needs.

The remainder of this section tells you what to do to manage your services if:

- Your Home Care Package budget is fully exhausted, but you need more age care and services
- You need to take leave from your Home Care Package (if, for example, you go on holiday or are in hospital) or
- You want to change providers.

6.1 What happens if my package is not meeting my needs?

Your assessed aged care needs may change over time. If this happens, you can change your services to suit how things have changed for you. The first step is to talk to your provider in the first instance and ask for a review of your care plan. Your provider must discuss with you any changes to the costs charged to your Home Care Package. You can discuss and agree the care plan with your provider or pay for the services privately.

If your provider cannot help, call My Aged Care as you may need to be reassessed for a higher-level Home Care Package or other support services.

6.2 What other programs can I access at the same time as my Home Care Package?

It may be possible for you to get care and services through other programs that can complement your Home Care Package.

6.2.1 Residential Aged Care

Under the *Aged Care Act 1997*, an entry into permanent residential care will result in the withdrawal of an active home care package. If you are receiving Home Care Package Program services and need to permanently move to a residential aged care facility, your home care provider is responsible for discussing this move with you and mutually agreeing an end date where entry is planned.

Sometimes entry to permanent residential care is not planned. Home Care Package providers should plan with you when negotiating your Home Care Agreement on how your provider will be alerted to an entry into permanent residential care so that they can cease service provision. Home care providers are also encouraged to create linkages with hospitals and residential care services in their region to support continuity of care for care recipients.

6.2.2 Commonwealth Home Support Programme

In certain circumstances you may be eligible to access short-term limited services through the CHSP when you are receiving a Home Care Package. This means your package budget will not be charged for the CHSP services. These circumstances include:

- If you have a level one or two Home Care Package, you can access additional, short-term or once-off allied health and therapy services or nursing services from CHSP, where your budget has been used up (ask your Provider or check your monthly statement to find out your budget)
- You can access additional planned respite services under CHSP, if your carer requires it and your package budget has been used
- Where your budget has been fully used, you can get extra services under CHSP on an emergency or short-term basis. These instances should be time limited, monitored and reviewed or
- If you have transitioned from the CHSP, you may continue to access your existing CHSP social support group on an ongoing basis to allow the continuity of social relationships

For more information, please refer to the factsheet at [this link](#). You can also search “CHSP interaction with Home Care Packages” at www.health.gov.au.

6.2.3 Short-Term Restorative Care

Short Term Restorative Care (STRC) provides a time-limited, goal-oriented, multi-disciplinary and co-ordinated package of services. STRC aims to reverse and/or slow ‘functional decline’ in older Australians and improve their wellbeing.

You cannot access Short-term Restorative Care if you are also receiving a Home Care Package. The Program is 8 weeks of approved care to help reverse/slow down functional ageing. It is important for you to know, you may be able to access other state and territory funded programs and schemes. Your provider can help you access these services.

Please tell your provider if you are receiving STRC. It is expected that any transition from STRC to Home Care Package will be discussed with the STRC provider before commencement of the home care package, and coordinated between the providers to ensure the care recipients’ continuing care needs are met.

Care recipients may choose to end their STRC even if they have not yet met their physical and cognitive goals in order to enter the Home Care Packages Program. In this circumstance, the home care provider should ensure the care plan incorporates strategies to assist the care recipient to achieve these physical and cognitive goals. Please discuss with your provider.

6.2.4 Veterans’ Home Care

If you are an eligible Department of Veteran’s Affairs (DVA) client, Veterans’ Home Care is designed to assist you with small amounts of practical help. This help is designed to keep you living independently in your own home. Services include:

- Domestic assistance
- Personal care
- Respite care and
- Safety-related home and garden maintenance.

Veterans’ Home Care is not designed to meet complex or high-level care needs, like the Home Care Packages Program.

You can access both a Home Care Package and Veterans’ Home Care if there is no duplication of services. For example, if you already access garden

maintenance in your Home Care Package, you cannot access garden maintenance through Veterans' Home Care.

For more information, please access the Veterans' Home Care factsheet at [this link](#). You can also search "Factsheet HCS01 – Veterans' Home Care" at www.dva.gov.au.

6.2.5 The National and Aboriginal Torres Strait Islander Flexi- Aged Care Program (NATSIFAC)

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) is a separate aged care program specifically for Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander peoples can access either Home Care Package or the (NATSIFAC) but they cannot access both services. Where Aboriginal and Torres Strait Islander people access Home Care Package, culturally appropriate aged care services similar to the NATSIFAC home-care like program is appropriate.

The NATSIFAC Program supports providing culturally appropriate aged care to older Aboriginal and Torres Strait Islander peoples inclusive of their unique cultural identity in meeting their ageing related assessed needs and preferences. The service providers of this program deliver a mix of aged care services, mainly in rural and remote.

The National and Aboriginal Torres Strait Islander Flexi-Aged Care Program can be accessed by [this link](#) for more information.

The Home Care Packages Program and the National and Aboriginal Torres Strait Islander Flexi- Aged Care Program can be accessed by Aboriginal and Torres Strait Islander peoples. You can only access one program at a given time. If you are an Aboriginal and Torres Strait Islander person who lives rural and remote, you may consider accessing the NATSIFAC Program and if you live closer to coastal or cities, you may wish to consider accessing the Home Care Package Program.

6.2.6 Palliative Care

Palliative care may be beneficial to any person with a life-limiting illness, regardless of their age.

The aim of palliative care is to improve the quality of life for a person with a life-limiting illness, and to help them live well for as long as possible. People who have chronic or terminal health conditions may be supported by state and

territory health palliative care specific services and housing systems, as well as the aged care system, to provide basic daily living support and care, such as assistance with daily chores, personal care, providing meals, transport assistance, respite care, home modifications and social support.

Specialist palliative care services

While the Australian Government provides a national leadership, education and policy role in palliative care, it provides funding to state and territory governments for the delivery of specialist care services in their jurisdictions. This arrangement enables each state and territory government to make decisions about the provision and delivery of specialist palliative care services in their health systems, to meet the needs of their community. This forms part of their responsibilities through hospital and community service provision. Information on specialist palliative care service providers can be found here: [Find a palliative care service provider | Australian Government Department of Health and Aged Care](#)

A comprehensive list of the palliative care funded programs and initiatives can be found here:

[Palliative care initiatives and programs | Australian Government Department of Health and Aged Care](#)

6.2.7 National Dementia Support Program

If you are living with dementia, the National Dementia Support Program (NDSP) provides education, resources, and support to you and your family and carers. The NDSP aims to improve awareness and understanding about dementia.

The NDSP offers a website and national helpline, where professional counselling can be scheduled. These can be group or individual sessions. These can help you and your family and carers, with support strategies to cope with dementia. They can also provide advice on what to expect once a diagnosis of dementia is received.

The NDSP also offers education and training to family members and carers of people living with dementia to help you remain in your own home for longer.

You can contact the NDSP provider on **1800 100 500** to discuss any concerns. You can also visit www.dementia.org.au to access information about memory loss or dementia.

6.2.8 Community Visitors Scheme

The Community Visitors Scheme (CVS) supports volunteers to make regular visits to you if you are lonely or socially isolated. CVS provides friendship and companionship by matching you with volunteer visitors. You can access the CVS program without any impact on services received through your Home Care Package.

For more information about the CVS, including frequently asked questions, you can use [this link](#). You can also search “Community Visitors Scheme” at www.health.gov.au.

6.2.9 National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) provides support for people with disability, their families and carers in Australia. The NDIS provides all Australians under the age of 65, who have a permanent and significant disability, with the reasonable and necessary supports they need to live an ordinary life. The NDIS is available in all states and territories.

If you are under the age of 65 and have a disability, you can find out more information and test your eligibility for the NDIS by phoning the toll-free hotline 1800 800 110 or by visiting www.ndis.gov.au.

If you are accepted to the NDIS and received a Home Care Package before turning 65 years old, you should move from your package as soon as possible. Until you can move, you may be able to receive different services under both programs. Care recipients cannot receive the same care and services through NDIS support and the Home Care Packages Program at the same time

You should talk to your provider about accessing the NDIS and whether you meet the eligibility criteria.

6.2.10 Disability Support for Older Australians

Disability Support for Older Australians (DSOA) provides support to older people with disability who are receiving state-administered specialist disability services at the time of implementation of the Continuity of Support (CoS) Programme but are ineligible for the NDIS.

People receiving DSOA funding are eligible for aged care services, however, if they chose to accept a Home Care Package or enter residential aged care they are required to exit the DSOA Program.

Section 6.3 of the [DSOA program manual](#) covers Aged care assessments:

- A DSOA client can initiate an ACAT to access supports not available under the DSOA Program (CHSP services such as social support, transport, home maintenance etc) or
- A DSOA client feels their needs can be met through either a Home Care Package or residential aged care and accept that accessing these services will mean exiting the DSOA Program.

The DSOA service provider needs to make clear to aged care assessors if:

- The client is being referred to access supports not available under the DSOA Program; or
- The referral is because the client is expressing an interest in accessing aged care supports instead of the DSOA Program.

6.2.11 Continence Aids Payment Scheme

The Continence Aids Payment Scheme (CAPS) is an Australian Government scheme that provides a payment to eligible people to assist with some of the costs of their continence products. [Continence Aids Payment Scheme \(CAPS\) | Continence Foundation of Australia](#)

If you have permanent and severe incontinence confirmed by a health professional, you are eligible to access the Continence Aids Payment Scheme, through Services Australia. You cannot also be receiving continence support through your Home Care Package.

You should discuss your eligibility for these programs with your provider. They will be able to assist you in accessing the best supports for your care needs.

A major resource of help for carers is the National Continence Helpline. The National Continence Helpline is staffed by professional continence nurse advisors who provide prompt and confidential advice and referral for people with incontinence, their families and carers, as well as health professionals and organisations with an interest in continence management. The Helpline can arrange for resources and publications and provide advice regarding continence products and suppliers.

The National Continence Helpline operates from 8am to 8pm, Monday to Friday on 1800 33 00 66.

If people feel that their circumstances have changed or they need more support, call My Aged Care to discuss if a review of their needs is appropriate to determine if more care and services are required. Please note that it is up to the independent ACAT to firstly accept the referral for a review, and if

accepted, determine whether a change of priority or level or both (as applicable) is required.

6.3 What happens if I take leave from my Home Care Package?

You should talk to your provider if you take leave from your Home Care Package for:

- A hospital stay
- Transition care (following a hospital stay)
- Residential respite care or
- Social reasons (package suspended for any other reason).

You need to let your provider know the date that your leave starts. This does not have to be in writing, but your provider must record the dates.

Your provider must:

- Not deliver services during the period you have taken leave but must start them again when you return and
- Tell you about any changes to your home care fees and the costs charged to your Home Care Package.

6.3.1 Impact on fees you pay

You may need to pay ongoing home care fees to your provider while you are on leave from your package. The table below explains what home care fees you may need to pay for the different types of leave and when you would need to pay them.

Leave type	Basic daily fee	Income tested care fee
Hospital	Yes	Yes - payable at the full rate for 28 consecutive days, after which you can be asked to pay the lesser of your income tested care fee or 25% of the basic subsidy rate for your package level.

Leave type	Basic daily fee	Income tested care fee
Transition Care	No	Yes - payable at the full rate for 28 consecutive days, after which you can be asked to pay the lesser of your income tested care fee or 25% of the basic subsidy rate for your package level.
Residential respite	No	Yes - payable at the full rate for 28 cumulative days, after which you can be asked to pay the lesser of your income tested care fee or 25% of the basic subsidy rate for your package level.
Social leave (package suspended for any other reason)	Yes	Yes - payable at the full rate for 28 cumulative days, after which you can be asked to pay the lesser of your income tested care fee or 25% of the basic subsidy rate for your package level.

Your leave balance resets each year on 1 July and if your package level changes at any time. If you change providers, your leave balance transfers with you.

6.4 What other programs can I access if I take leave from my Home Care Package?

It may be possible for you to get care and services through other programs if you take leave from your Home Care Package. These programs include:

- Transition Care and
- Residential respite care.

6.4.1 Transition Care

Transition Care provides time-limited, goal-oriented and therapy-focused packages of services to older Australians after a hospital stay. Transition Care helps you recover after a hospital stay. It provides short-term specialised care and support to help you regain your independence and confidence sooner. It is designed to avoid the need for longer term care and support services such as residential aged care.

People receiving Home Care Packages Program services are able to access transition care after a hospital stay if they are assessed and approved as eligible by an ACAT and take appropriate leave from their package. It is your responsibility to notify your Home Care Package provider of your intention to take leave and enter transition care. It is expected, however, that your provider discuss the care with the relevant transition care provider to coordinate care provision and ensure that your care needs are met.

People receiving Transition Care cannot commence receiving Home Care Packages Program services until after they have completed their Transition Care episode. It is expected that any transition from transition care to Home Care Package will be discussed with the Transition Care Provider before commencement of the home care package, and coordinated between the providers to ensure the care recipients' continuing care needs are met.

This program is jointly funded by the Commonwealth and State or Territory governments. Further information, including in relation to the interface between transition care and the Home Care Packages Program, is available in the [Transition Care Programme Guidelines](#).

For more information on Transition Care you can go to [this link](#) or search "Transition care" at www.myagedcare.gov.au.

6.4.2 Respite Care

The primary purpose of respite is to support and maintain the care relationship between carers and care recipients by providing good quality respite care for the care recipient so their carer may take a break from their usual care arrangements. Respite can be provided in the home, in a day centre, in a Cottage-style accommodation (overnight community respite), or residential setting.

You can access residential respite care provided by the Department of Health and Aged Care if you take leave from your Home Care Package. You must be assessed and approved for residential respite by an ACAT.

You can access up to 63 days of subsidised care in a financial year. This includes both planned and emergency residential respite care. It is possible to extend this by 21 days at a time, with further approval from your aged care assessor. This may be required due to your care needs, carer stress, or the absence of your carer.

For more information on residential respite you can go to [this link](#) or search “Respite care” at www.myagedcare.gov.au or the Carers Gateway provides practical information and support, accessed via www.carergateway.gov.au.

6.5 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 notification periods 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 ‘Find a provider’ tool on the My Aged Care website at www.myagedcare.gov.au. You can also 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.

6.6 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. 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 to with your old provider.

If you entered care before 1 July 2014 and would like to change providers, please see Section 10.

6.7 What happens to unspent funds if I change providers?

If there are any unspent funds in your package (after all expenses and charges for care and services have been paid) these will follow you to your new provider.

The unspent home care amount is calculated for the period between:

- 1 July 2015, or the date on which you started receiving home care with your provider (whichever is later) and
- The date on which your provider stopped providing home care to you (end date).

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 and
- The balance of any unspent funds in your Home Care Package.

You need to notify your old provider within 56 days after your agreed end date with them of the details of your new provider. They will then transfer:

- The portion of unspent funds they hold that you have contributed to your care (your fees) to the new provider and
- Any Government portion of unspent funds they hold to your Government home care account.

Unspent funds held by the provider and by the Government continue to be available to you.

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

A checklist for changing providers is included at the end of this manual.

6.8 Ceasing care

If you move into permanent residential care, pass away or cease your Home Care Package, then you are ceasing care. The following table shows you what happens to your package budget when you cease care.

You will receive:	The Government will receive:
<ul style="list-style-type: none"> • A refund of any home care fees you paid in advance. • A letter that tells you your unspent funds amount. Your provider should send you this within 56 days of the day you stop receiving home care services. <p>Any home care fees you paid in advance will not be included in the calculation of the unspent funds.</p>	<ul style="list-style-type: none"> • A refund of any contributions the Government has made towards your Home Care Package that have not been spent yet. These contributions are the subsidy and any supplements you are entitled to.



Key points to remember

- When you have a Home Care Agreement and a care plan your agreed ageing related care and services can begin. Your Home Care Package starts on the day you enter into a Home Care Agreement, not from the day you start receiving aged care and services.
- Your package budget should be prepared as soon as your provider has all the information they need.
- Your ageing related care needs may change over time. If this happens, talk to your provider about reviewing your care plan and package budget. It is important that any changes are documented and at all times agreed by you and your provider.
- You can take a break from receiving your home care services if you need. This is called leave. You may need to still pay your home care fees while you are on leave depending on why you are taking leave and for how long. You must tell your provider you are taking leave before you do so, or as soon as possible if the leave is unexpected.
- You may be able to access other government funded aged care programs whilst you are on a Home Care Package. Some programs will complement the services you get through your Home Care Package. Some programs require you to take leave from your Home Care Package. You should talk to your provider.
- You can change providers at any time.
- If you have unspent funds in your package your old provider should give you a letter telling you what the amount is within 56 days, and must transfer them to your new provider and/or your home care account within 70 days of the day you tell them you are changing providers.

7 Your rights and responsibilities

Know your rights and responsibilities when you accept to take up a Home Care Package. Knowing your rights is just as important as knowing what to expect from your home care provider when receiving care and services.

You have a choice and a voice and are at the centre of your own aged care services. You will receive the care and services you need for your ageing related functional decline to stay at home longer with family and friends safely.

7.1 Providers' responsibilities

Providers must comply with Aged Care laws and principles when providing quality and appropriate cultural care to you, regardless of your background, financial or living circumstances. They must also comply with the Charter of Aged Care Rights, the *Aged Care Quality Standards* when providing care and services and must respect your rights.

These responsibilities relate to:

- The quality of care they provide
- User rights for the people to whom the care is provided
- Accountability for the care that is provided, and the basic suitability of their key personnel
- Pricing accountability for what they charge care recipients.

Government Legislation providers must comply with when delivering a package of care and services to you include:

- Sections 54-1, 56-2, and 56-4 of the *Aged Care Act 1997*
- *User Rights Principles 2014*
- *Quality of Care Principles 2014*
- *Accountability Principles 2014*
- *Record Principles 2014*
- *Aged Care Quality and Safety Commission Rules 2018*

More information on providers delivering your care and services in line with the Aged Care Quality Standards is discussed at Section 8.2

Everyone involved in your aged care journey has a purpose and it is important that everyone is respectful and considerate. Respecting each other is the key in receiving good care and services.

7.2 Charter of Aged Care Rights

The Charter of Aged Care Rights is found in the [User Rights Principles 2014](#) made under the [Aged Care Act 1997](#). The Charter started from 1 July 2019.

The Charter of Aged Care Rights is about the rights you have when receiving Home Care Package services. The Charter of Aged Care Rights includes everyone who receives aged care services regardless of the type of Government funded aged care services they receive.

The Charter of Aged Care Rights is having rights and knowing what you can expect from aged care services. The Charter of Aged Care Rights supports you, your families and carers.

Your aged care rights are:

Charter of Aged Care Rights

I have the right to:

1. safe and high quality care and services
2. be treated with dignity and respect
3. have my identity, culture and diversity valued and supported
4. live without abuse and neglect
5. be informed about my care and services in a way I understand
6. access all information about myself, including information about my rights, care and services
7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
9. my independence
10. be listened to and understood
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly
13. personal privacy and to have my personal information protected

14.exercise my rights without it adversely affecting the way I am treated.

7.3 Signing the Charter of Aged Care Rights

Your provider must comply with the Charter of Aged Care Rights and have responsibilities when delivering high quality appropriate cultural care and services to you. It is important to remember you must be given the opportunity to understand the Charter of Aged Care Rights.

Your provider must:

- Help you understand the Charter of Aged Care Rights
- Provide you with information on your rights under the Charter of Aged Care Rights
- Give you the opportunity to sign the Charter, fully understanding what you are signing
- Ensure if you can't sign the Charter, they must give your representative the opportunity to sign the Charter on your behalf
- Give a copy of the signed Charter to you and or your representative;

You have a choice in signing the Charter. If you do not sign the Charter of Aged Care Rights that will not stop you from receiving aged care services.

If you want to find out more information about your rights and the Charter, there is a booklet that's available on the My Aged Care website at www.myagedcare.gov.au/rights-and-responsibilities or on the Commission's website at [this link](#), or by searching "Charter of Aged Care Rights" at www.agedcarequality.gov.au.

You can also call My Aged Care on **1800 200 422** and ask for a copy of the booklet to be sent to you.

The Older Persons Advocacy Network (OPAN). OPAN is made up of nine state and territory organisations that support senior Australians across Australia.

They can help you understand your rights in accessing aged care services in listening and identifying the support you need to stay in control of your aged care services. More information can be found by visiting their website at www.opan.org.au or you can call OPAN on 1800 700 600.

You also have rights under the Australian Consumer Law when receiving a home care package. More information about these rights can be found [this link](#). You can also find this information by searching "Home Care – a guide to

your consumer rights” at www.accc.gov.au You can also call the ACCC on **1300 302 502**.

7.4 Your Responsibilities

When you accept a Home Care Package you have responsibilities to your home care provider.

Your responsibilities and what does this mean is explained in the below table:

Responsibility	What this means
Talk to your provider and give them the right information	<p>Give providers the information they need to properly deliver care and services.</p> <ul style="list-style-type: none"> • Talking to your providers and sharing your information gives your provider the bigger picture about you. • By doing this you are at the centre of your own aged care services in helping the provider deliver safe, quality, culturally appropriate care best suited to you. <p>Information you may like to share could include:</p> <ul style="list-style-type: none"> • Up to date information about you • Any problems you have with your provider about care and services.
Pay fees on time	<p>Pay your home care fees on time as agreed in your home care agreement.</p> <p>If you cannot pay your fees on time, discuss with your provider to find a resolution.</p>
Treat others with respect	<p>Maintain a safe place for home care providers to work. Any kind of violence, harassment or abuse towards staff or others is not acceptable.</p> <p>Everyone who is a part of your aged care journey including you, the home care providers, aged care staff, families, carers and visitors must be respectful and considerate to each other.</p> <ul style="list-style-type: none"> • Make sure your pets are away when home care providers are delivering care and services to you. • Do not smoke near staff.

Home Care Agreement terms and conditions	<p>Home Care Agreements have terms and conditions that set out the rights and responsibilities of the provider and the care recipient.</p> <p>Find out more in the section on Home Care Agreements.</p>
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What's important to know, home care providers are bound by Security of Tenure. Security of Tenure means providers must deliver agreed care and services to you, as long as you need those services. However, a provider may end your Home Care Agreement and stop providing services if:

- It was in your control to pay your home care fees and you have not and have not discussed with your provider another arrangement in paying your fees.
- No longer require home care as assessed by an Aged Care Assessment Team (ACAT) and your care and services can be met by other types of services or care.
- Intent to cause serious injury to a staff member of an approved provider.
- Intent to infringe on the rights of a staff member of an approved provider to work in a safe space.

It is important to know your home care provider may ask you to agree with other responsibilities in the Home Care Agreement. It is important you know what the extra responsibilities are.



Key points to remember

- Understand your rights.
- Your rights should be respected by your home care provider.
- If you have any concerns, speak to your provider.
- You have responsibilities to the home care provider you choose.
- Be respectful and considerate.
- Provide a safe space for providers and their staff to help you.
- Be open to changes in your home care package if your health changes.
- Pay your home care fees as agreed with your provider.

8 Quality in aged care

The Australian Government's focus is you receive high quality aged care and services that support your needs, goals and preferences.

The Aged Care Quality Standards is made up of eight individual standards and is about the quality care and services you should receive when receiving Government funded aged care services.

The home care provider you choose for being responsible in delivering your care and services must meet these standards.

The Aged Care Quality Safety Commission can review home care providers whether they are delivering care and services to you in accordance with the Quality Standards.

If at any time you have concerns about the quality of care and services you are receiving from your home care provider, you can contact the Aged Care Quality and Safety Commission on **1800 951822**. More information can be accessed at www.agedcarequality.gov.au

More information about understanding the Standards and the quality of care you should be receiving can be found at [this link](#).

8.1 What can I expect in aged care?

The pillar of aged care services is about you receiving quality, appropriate cultural care and services best suited to you.

The service delivery of care and services by a home care provider include:

- Quality and appropriate care and services.
- Appropriate staff who are friendly and respectful.
- Educated staff who are aware in their jobs to give you the right care and services in supporting your own needs and goals.
- Treated with dignity, respect and to have your personal, clinical diversity needs met regardless of where you live, life experiences, identity, beliefs and culture.

At any time, if you have concerns about the quality of your care and services you are receiving you can exercise your rights by voicing your concerns and being free to complain free from reprisal.

8.2 The Aged Care Quality Standards

The Australia Government's focus is about you receiving high quality aged care services that support your choices and decisions on your aged care journey.

The Aged Care Quality Standards clearly define high quality care. The Aged Care Quality Standards can help you understand what quality care looks like and what to expect.

Quality care is not about your provider 'ticking the boxes'.

Quality care is about finding the best care and services to support you in your aged care journey.

There are eight standards and each standard is about a part of care that relates to your safety, health and wellbeing. It is up to your provider to demonstrate they are meeting the Aged Care Quality Standards when delivering aged care and services to you.

Standard	Description
1. Consumer dignity and choice	Your provider knows you and respects: <ul style="list-style-type: none">• Your identity, culture and your choices.
2. Ongoing assessment and planning with consumers	Both you and your provider talk and discuss: <ul style="list-style-type: none">• Planning your care.• Any change to your care needs and goals.
3. Personal care and clinical care	Your provider: <ul style="list-style-type: none">• Gives you the right personal and or clinical care.• Always deliver safe care and services.
4. Services and supports for daily living	Your provider:

Standard	Description
	<ul style="list-style-type: none"> • Must ensure your package of care and services meet your everyday needs for living independently at home
5. Organisation's service environment	<p>This is not about in home services provided at home. Service environment is about the physical environment like a Respite Center where care and services are delivered.</p>
6. Feedback and complaints	<p>Your provider:</p> <ul style="list-style-type: none"> • Encourages feedback • Supports complaints • Gives you information about advocates and language services • Talk to you about your feedback
7. Human resources	<p>Staff of providers:</p> <ul style="list-style-type: none"> • Must have the right qualifications and skills to deliver your care and services. • Provide professional care and services that is respectful.
8. Organisational governance	<p>Providers must:</p> <ul style="list-style-type: none"> • Have good governance to operate. • Deliver safe, quality, appropriate cultural care.

The Aged Care Quality and Safety Commission (the Commission) has information that may help you to understand the Standard and the quality of care and services you should be receiving found at this [this link](#). More information can be found by searching “Quality Standards care recipient resources” at www.agedcarequality.gov.au You can also contact the Commission on **1800 951 822** and discuss your concerns.

8.3 Serious and immediate health and safety risk management and reporting

From 1 December 2022, the Serious Incident Response Scheme (SIRS) will also apply to home care and flexible care delivered in home and community settings.

The SIRS aims to reduce abuse and neglect in aged care.

Approved providers must comply with the incident management and reporting requirements under the *Aged Care Act 1997* (Part 4.1, Division 54) and the *Quality of Care Principles 2014* (Part 4B). The information below provides a high level summary of the SIRS requirements.

Approved providers should refer to the legislation for information on detailed requirements and check the Aged Care Quality and Safety Commission’s (Commission) website at www.agedcarequality.gov.au/sirs for further SIRS information, including provider resources. Alternatively, the Commission can be contacted by emailing sirs@agedcarequality.gov.au or calling on 1800 081 549.

For more information refer to the SIRS guidance on the [Aged Care Quality and Safety Commission website](#).

8.4 What can I do if I have feedback about a provider?

You have a right to raise a concern or provide feedback.

If you feel comfortable in the first instance, talk and discuss your concerns with your home care provider. This will give your home care provider the opportunity to make changes immediately and discuss a mutual outcome that suits you both in moving forward.

If you are not comfortable talking to your provider, you can contact the Commission. You can give the Commission feedback about the quality of care and services you are receiving without making a complaint. The information you discuss with the Commission will assist them in accrediting, assessing, and monitoring home care services in accordance with the Aged Care Quality Standards.

To provide feedback, please call the Commission on **1800 951 822** or email at Audit.Feedback@agedcarequality.gov.au.

8.5 What can I do if I have a concern about the care I am receiving?

Most aged care providers do their best in providing quality care and services for senior Australians. If issues occur, the best way for you to raise your concerns is giving your home care provider the opportunity to understand and find solutions to improve the quality of care and services you receive.

It is important to discuss and talk to your home care provider if you have concerns or concerns on behalf of someone else who is receiving care and services. Your home care provider is your first point of contact and they are there to support you. Your home care provider is also responsible to resolve any concerns you may have about subcontractors who are providing your care and services.

It is important to know, you can have an aged care advocate, family member, friend or carer with you when you meet with your provider.

You have the right to be treated with dignity and respect and have the right to make a complaint free from reprisal. You have the right to have your complaint treated fairly and promptly.

Whether you are raising concerns or making a complaint. Your home care provider must take action whether you talk in person, in writing or anonymously.

You can report suspected fraud anonymously. You have the right to raise concerns if you suspect an approved provider is engaging in fraud or if you have concerns about the finances of your Home Care Package. If you have concerns, please contact the Department of Health and Aged Care with the details of your concerns via email at fraudsection@health.gov.au

In some circumstances, complaints cannot be resolved by the home care provider or you may not feel comfortable in raising your concerns directly with your home care provider. In this instance, you have the option of contacting the Commission and discussing your concerns.

You have the right to complain anonymously or confidentially. The Commission will explain the difference between transparency, anonymously and confidentially when you contact them. The Commission will provide you with information and will keep you up to date on the concerns you raised with them.

It is your choice if you decide to make a complaint.



Ways of contacting the Aged Care Quality Safety Commission:

By phone on 1800 951 222 between 9:00 am and 5 pm weekdays or leave a voice mail

Submit an online complaint form. Online complaint forms at

In writing to the Aged Care Quality Safety Commission
GPO Box 9819
(In your capital city)

It is important to remember when drafting a letter, you include the following:

- Name, address, and telephone number.
- Date lodging the complaint.
- Specific details, including dates, events, and relevant comments.
- The name of the home care provider including state/territory and where they are located.

Name of the person receiving aged care services that the complaint is about.

8.5.1 Support making a complaint

If you are contemplating raising your concern and want advice, you can speak to advocate who can support you with your rights and identify what options you may have. You can speak to an advocate by calling **1800 700 600** or visiting the Older Person Advocacy Network (OPAN) website at open.com.au.

The Australian Government Translating and Interpreting Service is available on **131450**. These services are free. You can find out more at [this link](#) or by searching “Translation and other support” at www.agedcarequality.gov.au.



Key points to remember

- All Australian Government funded aged care providers are required to meet the Aged Care Quality Standards.
- If you feel your provider is not meeting the standards, in the first instance speak with your provider if comfortable in doing.
- If you don't feel like your complaint has been addressed properly by your provider you can provide feedback to the Commission. You can call the Commission on **1800 951 822** or email at Audit.Feedback@agedcarequality.gov.au.
- If your complaint is still not resolved, you can make a formal complaint online or in writing. This manual tells you how to do that in Section 8.

9 Further assistance

This section tells you about extra support you can access through your Home Care Package.

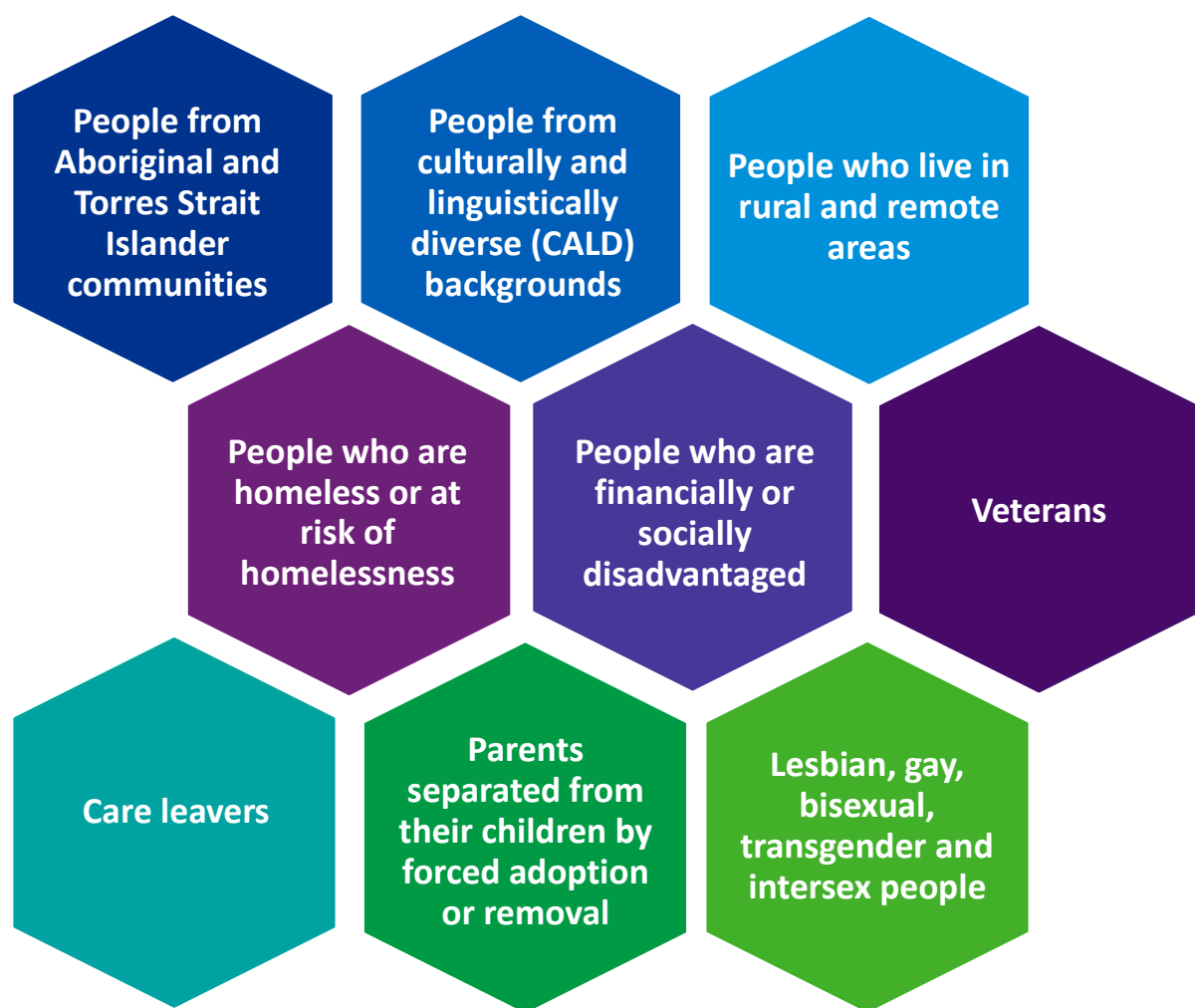
9.1 What help is available for people with diverse needs?

Aged Care Services support diversity of all older Australians. The Home Care Package Program supports senior Australians with complex ageing related functional decline care needs and goals. The delivery of care and services is Consumer Directed Care (CDC) meaning you have more control over your own care.

The care and services provided under a Home Care Package support your capabilities with everyday living tasks in maintaining your health and wellbeing.

The Home Care Package Program primary expense is care and services that support specific ageing related care needs and goals in accordance with the [Aged Care Act 1997](#) and the [Quality of Care Principles 2014](#).

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



Links are included below to the My Aged Care resources for each of the identified groups. You can also call My Aged Care on **1800 200 422** to discuss the supports that may be available to you.

Group	Link	Search terms
Aboriginal and/or Torres Strait Islander people	This link	Search “Support for Aboriginal and Torres Strait Islander people” at www.myagedcare.gov.au
People from culturally and linguistically diverse (CALD) backgrounds	This link	Search “Support for people from culturally and linguistically diverse backgrounds” at www.myagedcare.gov.au
People who live in rural and remote areas	This link	Search “Support for people living in rural and remote areas” at www.myagedcare.gov.au
People who are financially and socially disadvantaged	This link	Search “Support for financially disadvantaged people” at www.myagedcare.gov.au
Veterans	This link	Search “Support for veterans” at www.myagedcare.gov.au
People who are homeless or at risk of homelessness	This link	Search “Support for people facing homelessness” at www.myagedcare.gov.au
Care leavers	This link	Search “Support for care leavers” at www.myagedcare.gov.au
Parents separated from their children by forced adoption or removal	This link	Search “Support for care leavers” at www.myagedcare.gov.au
Lesbian, gay, bisexual, transgender and intersex people	This link	Search “Support for lesbian, gay, bisexual, transgender and intersex people” at www.myagedcare.gov.au

Providers must be respectful, treat you with dignity and support your choices when deciding your care and services if they are able to do so and aligns with the intent and scope of the Home Care Package Program.

For example, you may want to meet with LGBTI social groups or need translation services.

The Aged Care Diversity Framework and action plans can assist providers deliver care and support that meets your individual ageing related care needs, goals and preferences. The action plan include documents for you, the care recipient of a Home Care Package supporting your needs when speaking with your home care provider.

You can find more information at [this link](#). You can also search “Aged Care Diversity Framework action plans” at www.health.gov.au.

9.2 What assistance is available for my carer(s)?

If you have a carer, family or friends who are supporting you in a carer’s role requires more additional support they can contact the Carer Gateway on **1800 422 737** or go to the website at www.carergateway.gov.au to find out more.

The Dementia Behaviour Management Advisory Services (DBMAS) provides supportive advice to families, friends and carers of senior Australians living with dementia. The service is provided where behavioural and psychological symptoms of dementia are impacting on their care and quality of life. Access is through the 24hour helpline **1800 699 799** or the DBMAS website (www.dementia.com.au).

9.3 What other support services are available?

9.3.1 Older Persons Advocacy Network

Older Persons Advocacy Network (OPAN) provides free and confidential services to support older Australians and their representatives. They assist with issues related to Government funded aged care services. OPAN aims to provide a national voice for aged care advocacy. They promote excellence and national consistency in the delivery of advocacy services under the Program.

For more information, visit the OPAN at opan.com.au. You can also call **1800 700 600** to connect with the aged care advocacy organisation in your state or territory.

9.3.2 Other services

Further information about the support services available from the Australian Government can be found on the My Aged Care website at www.myagedcare.gov.au.

It is important to note a range of programs operated by the state and territories may be available to you and you may be eligible for. To find out more about local programs in your State and Territory contact your local Department of Health and Aged Care or through your regular GP.

The Home Care Package Program of care and services does not replace the broader health system. You should continue to access health services such as GP, specialist and hospital services for your health needs.



Key points to remember

- Your provider respects your diversity of care needs and goals.
- The Aged Care Diversity Framework will help. You can find it at [this link](#). You can search “Aged Care Diversity Framework action plans” at www.health.gov.au.
- The Older Person Advocacy Network on **1800 700 600** provides advocacy and support on any issues you may have on your aged care journey.
- If your carer needs more support the Carer Gateway is an option. The Carer Gateway can be contacted on **1800 422 737** or via the website at www.carergateway.gov.au

10 Program entry before 1 July 2014

On 1 July 2014, the way home care fees for Home Care Packages are calculated changed. If you received a Home Care Package on or before 1 July 2014, these changes do not apply to you. This means your provider can continue to ask you to pay your current home care fees.

10.1 How are my home care fees calculated?

The home care fees that your provider may ask you to pay are explained below. Your provider will be responsible for calculating your fees. You do not need a Services Australia income assessment if you entered care before 1 July 2014.

10.1.1 Basic daily fee

Providers may charge you a basic daily fee. The rates are included below:

Package level	Per cent of the basic rate of the single age pension (maximum fee)
1	15.68%
	16.58%
3	17.05%
	17.50%

Rates for the basic daily fee are reviewed in March and September each year in line with changes to the Age Pension. The current rates are available in the schedule of fees and charges for residential and home care. The schedule can be found at [this link](#). You can also search 'Charging fees for aged care services' at www.health.gov.au.

10.1.2 Income tested fee

If your income is above the basic rate of pension, providers may charge an additional amount of up to 50 per cent of income above the single age pension. This amount will vary when new rates for the Age Pension are announced each March and September.

10.1.3 When do my fees change?

Your provider should review your fees regularly. You can also ask them to do a review at any time if your financial circumstances change.

10.1.4 How does leave work?

If you entered care before 1 July 2014, you are entitled to leave in the same circumstances as care recipient in the post-1 July 2014 arrangements. The home care fees that will be payable, however, differs. The table below outlines when home care fees will be payable:

Leave type	Home care fees
Hospital	Yes
Transition Care	No
Residential respite care	No
Social leave (package suspended for any other reason)	Yes

10.1.5 Financial hardship

Your home care provider must consider your income and daily living expenses when charging the maximum amounts for your home care package. Your provider may not charge the maximum amount if it will cause you financial hardship.

This means you can negotiate with your provider, the basic daily fees and income tested fees, if you are experiencing financial hardship.

It is important to know, Services Australia can assist if you are experiencing financial hardship as they have Financial Information Service (FIS) officers who may be able to help. You can contact Services Australia on 132300 or by visiting searching 'Financial Information Service' in their search bar on the website at www.servicesaustralia.gov.au

10.1.6 Annual and lifetime caps

If you received a Home Care Package before 1 July 2014, or you have transferred to a new home care provider but have decided to stay on your existing fee arrangements, the annual and lifetime caps do not apply to your income tested fees.

10.2 What happens if I intend to move to a new service provider?

If you were receiving a Home Care Package on or before 30 June 2014 and move to a new approved provider, you may be able to opt into the new fee arrangements.

Information to help you decide is available at [this link](#). You can also search for 'Aged care costs if you entered care before 1 July 2014' at www.myagedcare.gov.au.

If you choose the new fee arrangements, you will need to complete and sign the **'Continuing Care Recipient opting into the New Aged Care Arrangements from 1 July 2014 (AC022) form'** within 28 days of transferring to a new provider. Form AC022 is at [this link](#) or by searching "AC022" at www.servicesaustralia.gov.au. You will need to submit this form to your new provider **before** you start with them. This completed and signed form is sent with the Aged Care Entry Record (ACER) to Services Australia by your new provider.

Your new provider will also need to give you the 'New Arrangements for Aged Care from 1 July 2014 – Home Care' publication. You can find this publication at [this link](#) or by searching "New Arrangements for Aged Care from 1 July 2014" at www.health.gov.au.

If you do not give the completed form to your new provider before you start with them, you will automatically be classed as a 'continuing care recipient'. This means you will stay on your pre-1 July 2014 fee arrangements. This is not a reviewable decision and must be done correctly so you can opt into the post-1 July 2014 fee arrangements.

10.3 What does my Home Care Agreement need if I entered care before 1 July 2014?

- A statement that the provider may charge the care recipient home care fees in accordance with Division 6 of the *Aged Care (Transitional Provisions) Act 1997*;
- A statement setting out which fee (if any), as determined in accordance with section 130 of the *Aged Care (Transitional Provisions) Principles 2014*, the provider will charge; and
- If the provider is charging the care recipient a daily amount of home care fees in accordance with Division 60 of the *Aged Care (Transitional Provisions) Act 1997* that is different from the daily amount of home care fees mentioned in the pricing Schedule, the different amount and the reason for the different amount.



Key points to remember

- If you received a Home Care Package before 1 July 2014, and have not moved to the post-1 July 2014 arrangements, you have a different home care fee arrangement.
- If you entered care before 1 July 2014, your provider is responsible for calculating your fees. You do not have to get a Services Australia income assessment.
- Your Home Care Agreement must include additional provisions if you entered care before 1 July 2014.

11 Finding a provider that best suits you – Considerations and checklist

What to consider	Why?
Aged care services for you	<p>It's important to think about what care and services you really need on your aged care journey. Also, if you need specific care and services.</p> <p>Choosing a provider to deliver your aged care services and do they have the special services you need. For example, they may have services who offer dementia support.</p> <p>You may think about where the provider is actually located so you can reduce travel costs.</p> <p>To find providers in your local area, you can call My Aged Care on 1800 200 422 or search by using the 'Find a provider' tool on their website.</p>
Choices of aged care services	<p>You have a voice about your own care and who delivers those care and services. You will need to discuss with the provider, you're thinking of, how they can support you.</p>
The quality of aged care services	<p>Talk to the provider about their details of the screening process. What it involves?</p> <p>Provider's expectation of their staff and workers in delivering your aged care services.</p> <p>Checks of their staff and workers.</p> <p>Training and qualifications of their staff and workers.</p> <p>Providers must deliver aged care and services that meets the Aged Care Quality Standards. If you want to know more talk to the provider. They may ask you for your feedback on the quality of the aged care services you receive.</p>
Cost of aged care services	<p>It is important to know how much each service costs and what it includes to get the most from your package.</p>

What to consider	Why?
	<p>Providers must publish their full price list on the My Aged Care website including prices for common services, care management and package management costs.</p> <p>You can view and compare this information on the 'Find a provider' tool on the My Aged Care website.</p> <p>Take a copy of your Home Care Package approval letter, support plan, income assessment outcome (if you have it) with you to discuss with the provider.</p>
<p>Payment of home care fees post 1 July 2014</p>	<p>You are expected to contribute to the cost of your care if you can afford to. Your contribution may be made up of three types of fees:</p> <ul style="list-style-type: none"> • a basic daily fee (Everyone is expected to pay) • an income tested care fee (if your income is over the maximum income for a full pensioner) Based on a means assessment through Services Australia • an agreed amount for additional care and services that wouldn't otherwise be covered by your Home Care Package budget. <p>To get an estimate of the fees you may be asked to pay, use the home care fee estimator on www.myagedcare.gov.au, which you can locate by searching for 'Fee Estimator'.</p> <p>If you're receiving a pension that is not means tested e.g., blind rate service pension or war widow pension, or you're not receiving a means tested income support payment, you should call Services Australia on 1800 227 475 (or DVA on 1800 555 254) and ask if you need a formal income assessment.</p>
<p>Additional cost by the provider.</p>	<p>Providers may charge other costs related to your ageing related care and services. These are outlined in the 'other costs' section of the Schedule, published on the My Aged Care website. These must be included in your Home Care Agreement.</p>

What to consider	Why?
Complaints process	<p>You have a voice and a say on who delivers your care, who, where and when they deliver care.</p> <p>Ask the provider about what process they have in place to manage complaints.</p> <ul style="list-style-type: none"> • To request a change of care worker, • any notice periods and/or cost implications.
Discussions with family and carer and provider	<p>There is a lot of information that is important.</p> <p>Bringing a family member, friend or carer with you can be helpful when talking with the provider. Your family can be included in your decisions and how the provider will include your family member/carer in your care plan.</p>

Checklist

- Think about what is important to you about your aged care journey
 - How might providers deliver the ageing related care and services you need and want, to help you stay at home?
- Create a shortlist of providers you want to speak to:
 - [use the 'Find a provider' tool](#) on the My Aged Care website www.myagedcare.gov.au
 - compare providers including their prices for some common services you may receive through your Home Care Package as well as other costs
 - call My Aged Care on **1800 200 422** if you need help.
- Prepare questions you would like to ask providers you are looking at – consider the table above as guidance.

Next steps

- If you have not already done so, work out what you may be asked to contribute the cost of your care. Use the Fee Estimator at [this link](#), or by searching “Fee Estimator” at www.myagedcare.gov.au
- Wait for a letter from My Aged Care advising you of the assignment of your Home Care Package. This will include a referral code for you to provide to your preferred provider.

You can then negotiate with a provider and enter into a Home Care Agreement. You can start receiving services under your Home Care Package.

12 Entering into a Home Care Agreement – Considerations and checklist

What to consider	Why?
The inclusions in my Home Care Agreement	<p>The Home Care Agreement sets out how your aged care services will be delivered, who will provide services, and the costs. Your Agreement will include:</p> <ul style="list-style-type: none"> • a care plan – the ageing related care and services you will access from your package. This will consider your own goals and preferences. • a package budget – the funds available in your package, and how those funds will be spent. <p>If your care needs change over time, your care plan and budget must be updated showing changes and costs.</p>
The Home Care Package budget	<p>Discuss your Home Care Package budget with the provider to see what ageing related care and services your package can afford.</p> <p>Your Home Care Package budget is made up of:</p> <ul style="list-style-type: none"> • The government subsidy (and eligible supplements). • The basic daily fee, which all people receiving a Home Care Package may be asked to pay. The basic daily fee varies depending on your package level. • Your income tested care fee (if applicable). You may need to pay this depending on your income assessment (if you entered into a Home Care Agreement after 1 July 2014) • Your income tested fee (if you entered into a home care agreement pre-1 July 2014) • An amount for additional care and services (if agreed).
The prices of care and services by providers.	<p>Providers must publish their prices for common services and costs on the My Aged Care website. You can find this information using the 'Find a provider' tool.</p>

What to consider	Why?
	<p>The provider must include a copy of their published pricing schedule in your Home Care Agreement. Providers charge you the price outlined in your Home Care Agreement unless you agree and document otherwise.</p>
<p>Extra costs provider can charge</p>	<p>The only extra costs a provider can charge that are not direct care and services are published on the My Aged Care website.</p> <ul style="list-style-type: none"> • Package management (ongoing administration fees with the delivery and management of your Home Care Package). <p>This may include:</p> <ul style="list-style-type: none"> • the cost for preparing monthly statements, • management of your package funds, compliance and quality assurance activities required for Home Care Packages. <p>It is important to know, providers are unable to charge you a different amount, unless you agree. The different prices, and the reason, must then be documented in your Home Care Agreement.</p> <ul style="list-style-type: none"> • Providers are unable to charge separately for any business-related administration costs such as marketing, office rent, insurance or activities completed before a care recipient enters into a Home Care Agreement. • Where necessary, a provider can include any other administration costs within the price for home care services. This is to ensure that you can see the all-inclusive cost of delivering the service. • Providers can charge separately for costs associated with third party services.
<p>Monthly Statements Home Care Package</p>	<p>You should receive monthly statements showing how your Home Care Package budget is being spent on your aged care services</p> <p>The statement will show:</p> <ul style="list-style-type: none"> • Income and expenditure for your package

What to consider	Why?
	<ul style="list-style-type: none"> • The tracking of unspent funds in your home care account. <p>It is important to note, any unspent home care amount will carry over from month to month, from year to year, for as long as you continue to receive aged care services under the package.</p> <p>If you want more information about how you will receive the statement, discuss this with the provider.</p>
Interpreting services in understanding the Home Care Agreement	<p>An interpreter can help you develop your Home Care Agreement, budget, care plan, ask your provider to arrange a time with the Translating and Interpreting Service (TIS National). You can contact TIS National on 131 450. TIS offers telephone or on-site interpreting services in over 100 languages. It can be used free of charge when you are discussing with your provider to develop or change details of your Home Care Agreement.</p>
Understanding terms of the Home Care Agreement	<p>It is the responsibility of your chosen provider to support your understanding of the terms of your Home Care Agreement. It is important that you are happy and agree with the information in in your Agreement.</p> <ul style="list-style-type: none"> • Read it carefully. • Consider and create a list of questions and concerns. • Consider talking with a friend, family member, carer or advocate before talking with your provider. • If your wish, you can also seek independent legal advice, <p>Once you are happy with the content, you can enter into the Agreement. This will be your contract to start receiving the home care package ageing related care and services.</p>
Changing the Home Care Agreement	<p>It is <u>your</u> Home Care Agreement so you can talk with your provider about changes at any time. Any changes to the terms of your Agreement are subject to mutual consent with your provider. Talk to your provider about this process.</p>

Checklist

- ☐ Confirm who will be your provider in delivering your aged care services, know how often and where they will deliver the services.
- ☐ Provide your support plan and outcome from your income assessment to your provider.
- ☐ Clarify the costs associated with the delivery of your ageing related care and services. These should align with those published on My Aged Care, unless you discuss and agree a different amount with your provider.
- ☐ Discuss with your provider to design a care plan that meets your assessed ageing related needs and care requirements.
- ☐ Review your Home Care Agreement with a family member, carer, friend or advocate. If you want to, you can also seek independent legal advice.
- ☐ Enter into your Home Care Agreement and start receiving services.

13 Changing Providers

13.1 Changing Providers to best suit you – Considerations and Checklist

What to consider	Why?
Changing home care providers	<p>You can change providers at any time, if you are moving to a different location or are looking for a better fit.</p> <p>Check your Home Care Agreement so you know of any conditions such as notice periods that may apply.</p>
Finding a new provider before leaving existing provider	<p>For your own peace of mind and to minimise any interruption to your services.</p> <p>You should start looking for a new providers-before agreeing on an end date with your current provider.</p> <p>Use the 'Find a provider' tool on the My Aged Care website to check if another provider can deliver the care and services you need and how much it may cost. You can also call My Aged Care on 1800 200 422.</p> <p>Providers must publish their pricing information in a standardised schedule, as well as their full price list, on the My Aged Care website. Using the compare function, you can select providers and compare their common services and other costs. This will allow you to make the right informed decision for you about which provider is best suited to deliver your care.</p> <p>Under the <i>Charter of Aged Care Rights</i>, you have a responsibility to tell your provider of the day you intend to stop receiving home care services.</p>
How do I change providers?	<p>Call My Aged Care on 1800 200 422 to re-activate your referral code. You need this referral code to give to your new provider before you can start receiving their services.</p> <p>When the re-activated referral code is accepted by your new provider, a notification will be sent to your current provider to let them know you are looking to change</p>

What to consider	Why?
	<p>providers. This is not your official notice to them, and you should have a discussion with your existing provider to formally agree an end date for your current services.</p>
<p>How to enter into a Home Care Agreement with a new provider?</p>	<p>Once you have agreed on an end date with your current provider, you have 56 days from the end date to enter into an Agreement with a new provider. If you need more time, then you can call My Aged Care and request a 28 day extension.</p> <p>If you do not enter into an Agreement by this time, your Home Care Package will be withdrawn.</p> <p>The start date with your new provider must be after the end date you have agreed with your old provider and the dates cannot overlap.</p>
<p>Unspent funds in home care package moving to new provider</p>	<p>If there are any unspent funds in your package (after all other payments and fees have been paid), your old provider will need to:</p> <ul style="list-style-type: none"> • transfer the portion of unspent funds they hold that you have contributed (your fees) to your new provider; and • transfer the Government portion of unspent funds the Government has contributed in subsidy to your home care account. <p>You must notify your old provider within 56 days of ending your services with them, of the details of your new provider. Your old provider must give you a statement outlining any unspent funds within 56 days of your agreed end date with them and then transfer any unspent funds to your new provider and/or your home care account within 70 days of your agreed end date.</p> <p>Your unspent funds (including home care account) can be accessed by your new provider 71 days after you have left the former provider. Your new provider will be able to claim subsidy on your behalf in the interim.</p>

What to consider	Why?
I home care prior to 1 July 2014, fee arrangements when changing providers?	<p>You must enter into a Home Care Agreement with a new provider within 28 days to continue with the old home care fee arrangements.</p> <p>If you take more than 28 days to enter into a new Home Care Agreement, the new fee arrangements that started on 1 July 2014 will apply to you.</p>

Checklist

- ☐ Review the terms and conditions of your current Home Care Agreement so you are aware of any costs and notice periods when you change providers.
- ☐ Create a shortlist of providers in your local area:
 - use the 'Find a provider' tool on the My Aged Care website myagedcare.gov.au
 - compare providers including their prices for some common services you may receive through your Home Care Package as well as other costs
 - call My Aged Care on **1800 200 422** if you need help.
- ☐ Decide on a provider that best suits your ageing related care needs and goals and check if they can provide you with the care and services you need.
- ☐ Agree on an end date of services with your old provider. Remember; you have 56 days (or 84 days if you requested an extension) from this end date to enter into a Home Care Agreement with a new provider.
- ☐ Call My Aged Care on **1800 200 422** and ask to re-activate your referral code. Your new provider will need this referral code before they can start delivering services to you.
- ☐ Discuss with your new provider to develop or review your care plan.

- ☐ Review the terms and conditions of your current Home Care Agreement so you are aware of any costs and notice periods when you change providers.
- ☐ Agree on a start date for services with the new provider and enter into a Home Care Agreement. Remember; the start date must be on or after the end date with your old provider.
- ☐ Notify your old provider within 56 days of ending your services with them, of the details of your new provider so that any unspent funds can follow you.
- ☐ Check that any unspent funds have been transferred from your old provider to your new provider within 70 days of your agreed end date of services.

14 Setting up a myGov account

You can use myGov to access Medicare, Centrelink and My Aged Care online accounts, all in one place. This shows you how to create a myGov account.

Step	Instructions
1. Create an account	Go to my.gov.au and select Create an account on the homepage.
2. Agree to terms of use	Read the Terms of use . If you agree to the terms, select I agree .
3. Enter an email address	Each myGov account must have a unique email address. You can't use the same email for two myGov accounts. If you share an email address with someone, only one of you can use it to create a myGov account. Enter your Email address , then select Next . myGov will send a code to your email address. Check your email enter the Code I and then select Next .
4. Enter your mobile number	Enter your Mobile number , and then select Next . If you don't have access to a mobile phone or mobile reception, select Skip this step .
5. Create a password	Enter a Password and then Re-enter password . You can then select Next . Your password must have at least 7 characters and include at least 1 number.
6. Create secret questions	Secret questions and answers help keep your account secure. myGov will ask you to create 3 questions and answers that only you can answer. Choose a question from the list or create your own question. Make sure your answers are easy for you to remember. Select Next after you enter your answer. Repeat this step to create questions 2 and 3.

Step	Instructions
7. Use your myGov account	<p>You've created a myGov account. You'll see your myGov username on screen and it will also be emailed to you. You can use your username or email address to sign in to myGov.</p> <p>Select Continue to myGov.</p>
8. Link your My Aged Care online account	<p>Once logged in to myGov, click the Services button on your myGov home page. Then click the Link icon next to My Aged Care.</p> <p>You will now be redirected to a Department of Social Services login screen. Enter your email address. This must be the same email address you provided My Aged Care when they registered you and created your client record. Then select Continue.</p> <p>You will be emailed an activation code to the email address you entered. Enter this Activation Code and select Confirm.</p> <p>Your My Aged Care online account is now linked. My Aged Care will now appear in your linked services on your myGov homepage.</p>