



Australian Government
Department of Health

Home Care Packages Program

Operational Manual for Home Care Package consumers

Version 1.2 – September 2021

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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

Disclaimer

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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 senior Australians to live independently in their own home for as long as possible. These are:

- entry level home support – ongoing or short-term entry level services provided under the **Commonwealth Home Support Programme**;
- more coordinated support at home - coordinated support packages that address your 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 a number of stakeholders that have a role in the aged care system in Australia. It is important to understand the role everybody plays.

Stakeholder	Role
Consumer	A consumer is a recipient of a Home Care Package. A consumer may also contribute to the cost of their Home Care Package depending on their financial situation and the provider they choose.
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 other person. Your representative can be:</p> <ol style="list-style-type: none">1. regular or2. authorised. <p>If you are able to give 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.

Stakeholder	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 senior Australians, their families, and carers to:</p> <ul style="list-style-type: none"> • access information on ageing and aged care; • have their needs assessed; and • be supported to find and access services.
Aged Care Assessment Team	<p>Aged Care Assessment Teams (ACAT) are teams of medical, nursing and allied health professionals. They assess your care needs and help you to access appropriate levels of support. ACATs conduct comprehensive aged care assessments.</p> <p>ACAT are called Aged Care Assessment Services (ACAS) in Victoria.</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 manual, approved providers are frequently referred to as providers.</p>
Department of Health	<p>The Australian Government Department of Health is responsible for the policy, funding and administration of the aged care system. The Department of Health sets</p>

Stakeholder	Role
	policy for the aged care system and provides information to both yourself 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.
Services Australia (formerly Department of Human Services)	The Australian Government Services Australia provides income assessment services to senior 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.
Department of Veterans' Affairs	<p>The Australian Government 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 the Services Australia who will advise you of the outcome of the assessment and the home care fees you may be asked to pay.</p> <p>DVA also provides home care services to eligible veterans and their families.</p>
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 will use their best endeavours to keep this manual up to date and accurate. Please use the online version of the manual located

on the My Aged Care website. You can find this manual by visiting this link: <https://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 senior Australians 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 in the national priority system. Once you are assigned a package, you need to find a home care provider who will work with you to:

- choose care and services that best meet your assessed needs and personal goals; and
- allow you to self-manage your care and services (if you choose to).

There are four levels of Home Care Packages to help meet the different levels of care needs:

Packages of aged care services for people with:

Level four: high-level care needs



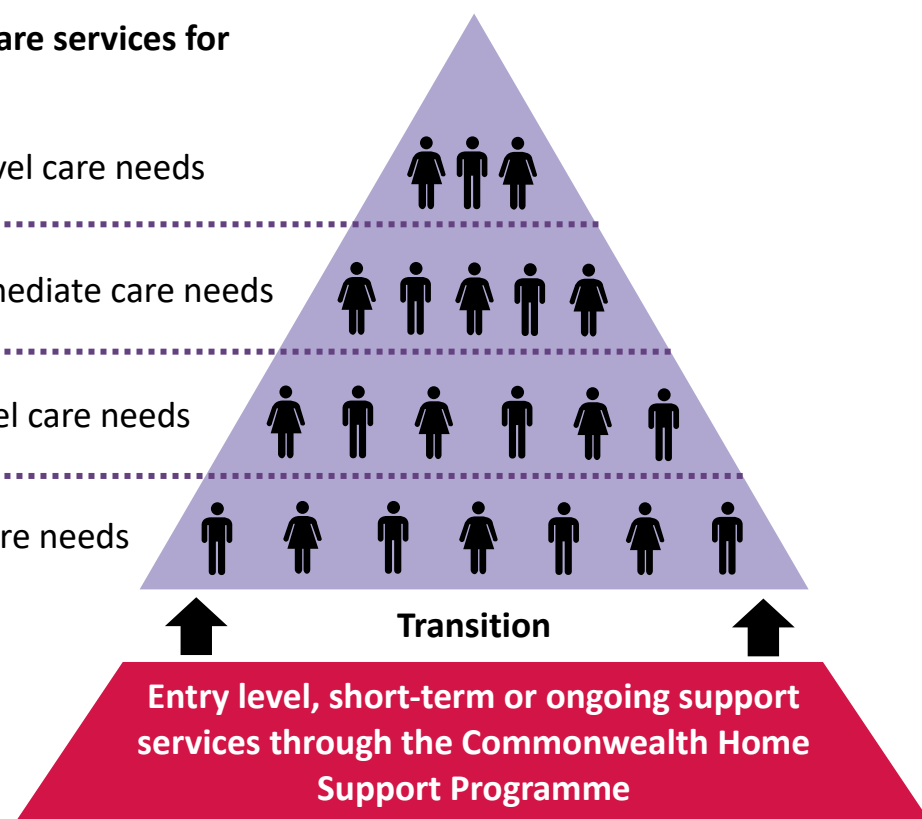
Level three: intermediate care needs



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 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 that help senior 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 work together 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.

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 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. From 1 September 2021 the Government is changing the way the provider of your Home Care Package is paid. These changes will 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 actually delivered 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.

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

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
Services to keep you well and independent	<ul style="list-style-type: none">• Personal care.• Nursing.• Allied health and therapy services.• Meal preparation and diet.• Specialised support.
Services to keep you safe in your home	<ul style="list-style-type: none">• Nursing assistance.• Home maintenance.• Minor home modifications.• Goods, equipment and assistive technology.
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 if and when you need through your general practitioner (GP) and hospitals. A Home Care Package

should not be used for care and services that can be accessed through other health programs. Other health programs include the Medical Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS).

There is more information on what can and cannot be included in a Home Care Package at Section 4 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 work in partnership 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

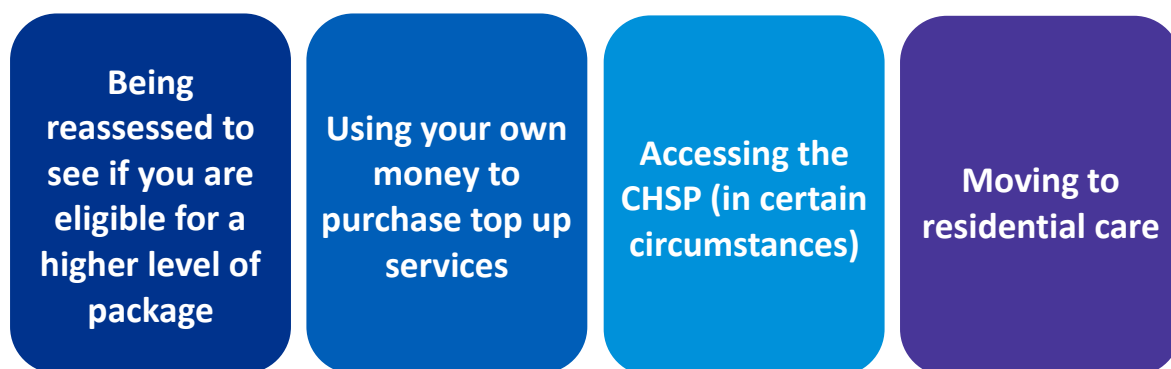
You know how your package is funded and how your home care package budget is spent through your monthly statements

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 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 6.3. 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 supplements for specific additional care needs. These amounts are paid to the home care provider you choose.

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

- the Australian Government pays (the subsidy and supplements); and
- you may need to pay (your home care fees).

For more information about government contributions and how to work out the costs you may need to pay, see Section 5.

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 “Assessment decision: Home Care Packages” at www.myagedcare.gov.au.

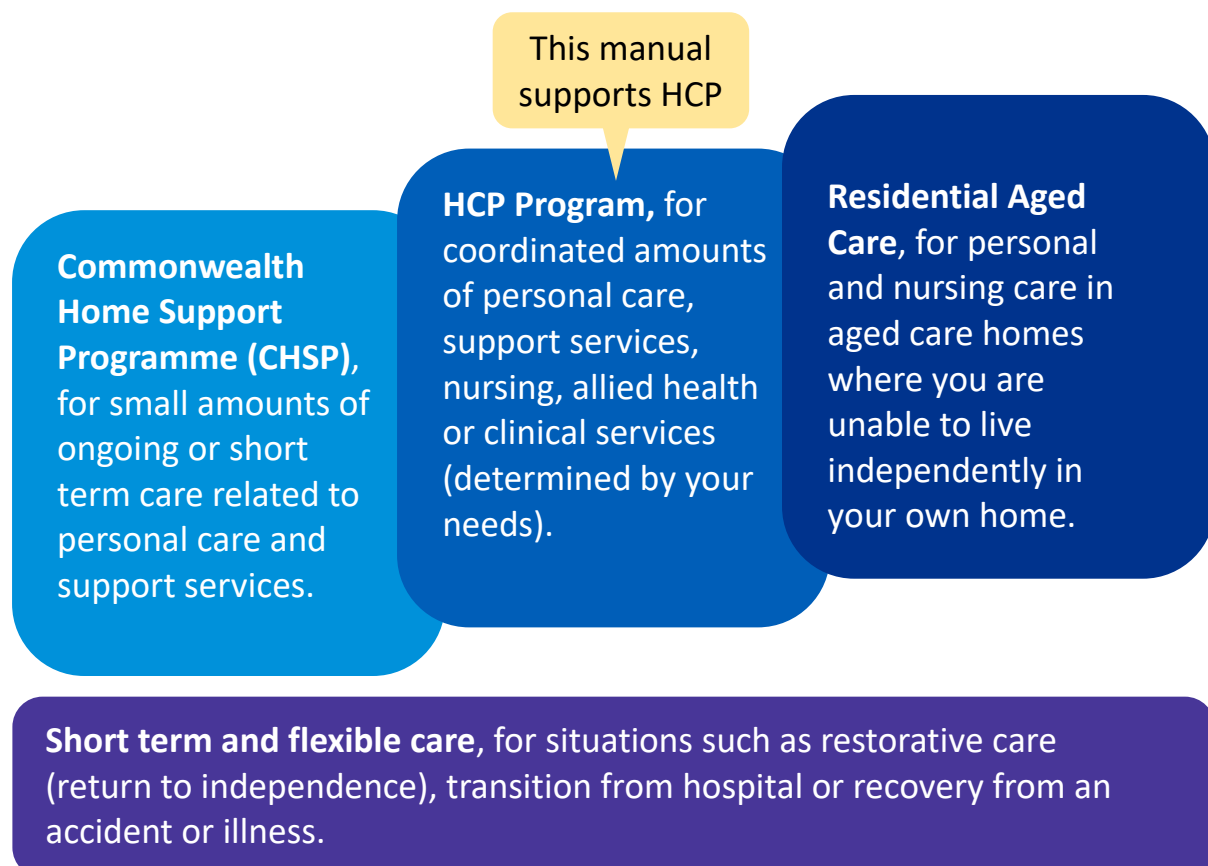
The national priority system assigns packages to consumers equitably based on their individual needs, regardless of where they live. Once you are approved for a Home Care Package, you are placed in the national priority system to be assigned a Home Care Package. Your place in the national priority system 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 3.5.1 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 commitment to care for seniors Australians from entry level care to high need 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 a comprehensive aged care assessment by an 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 6.3 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.

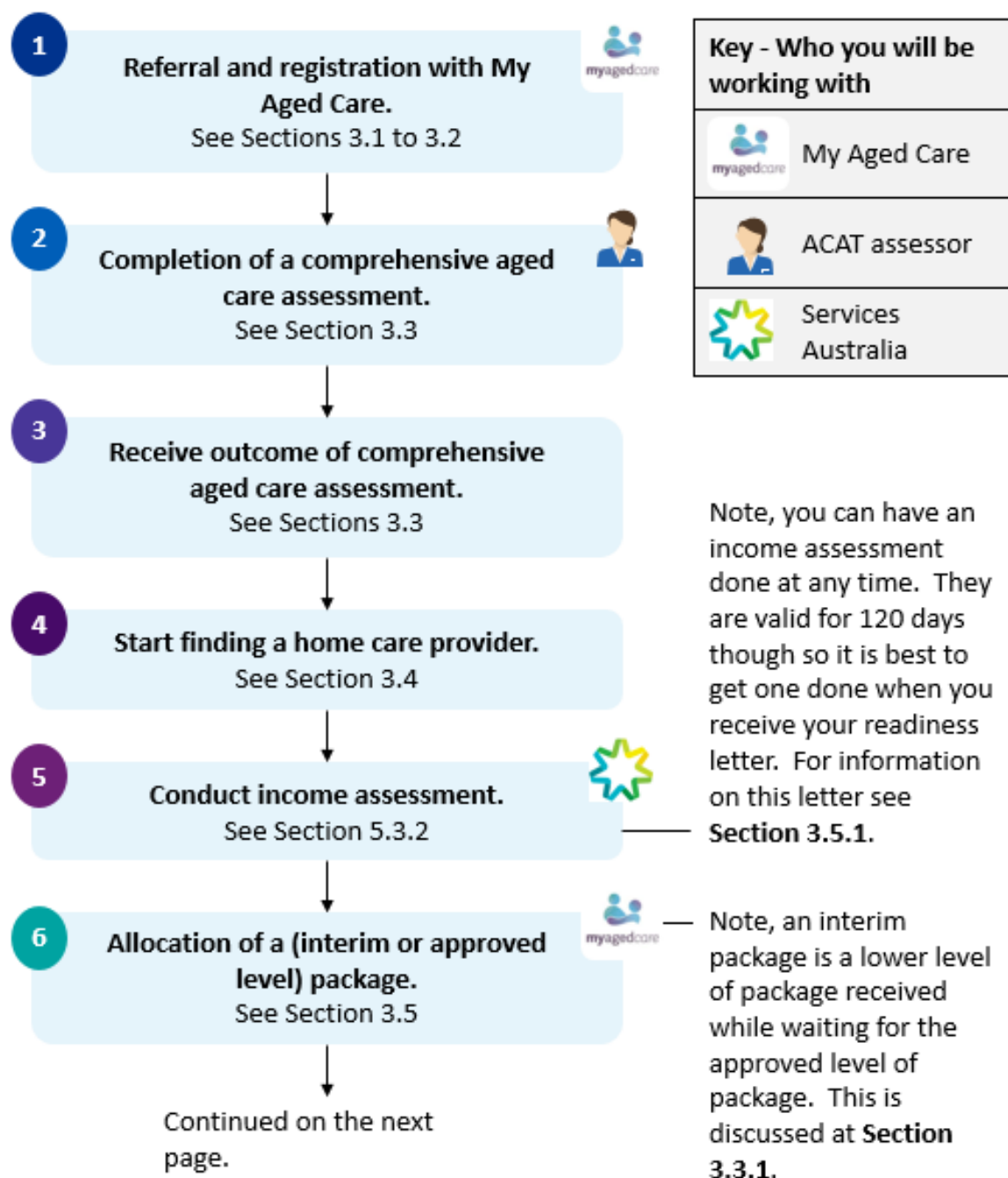


Key points to remember

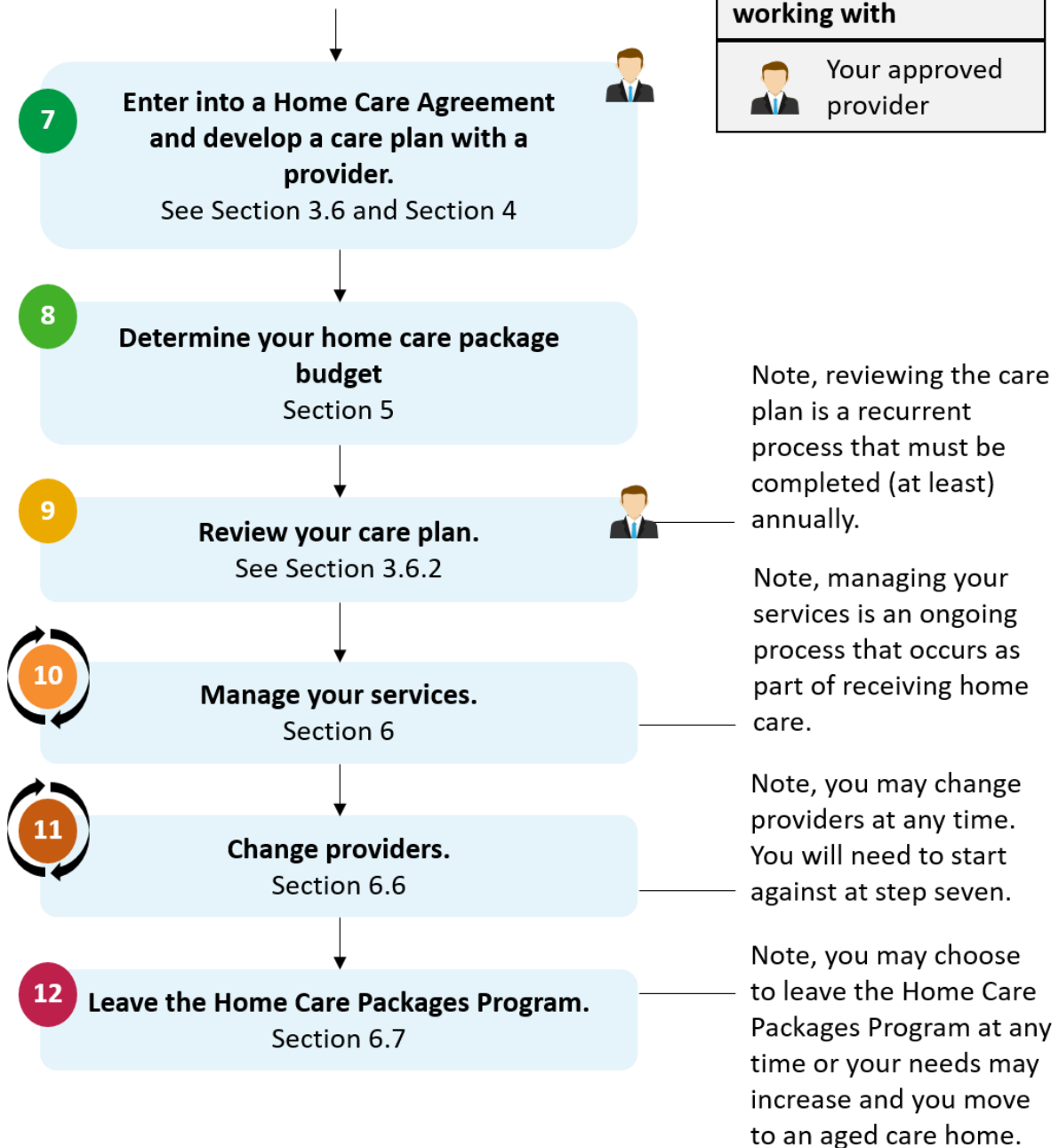
- The intent of the Home Care Packages Program is to provide coordinated care and services that help senior Australians to live safely and independently in their own home for as long as it is safe and appropriate to do so. It provides more intensive care than CHSP (where you get small amounts of personal 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 work together 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

This section tells you the steps you need to take to get a Home Care Package. These are outlined in the diagram below. Each step refers to a part of this section for further detail if you need it.



Continued from the previous page.



3.1 Can I get a Home Care Package?

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

- a senior Australian who needs coordinated services to help you to stay in your home; or
- a younger person with a disability, dementia or other special care needs that are not met through other specialist services.

In this context, 'senior Australian' includes residents of Australia.

You may have discussed your care needs with your GP or other health professionals, including during a hospital stay. 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.

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.

3.2 Registering with My Aged Care

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 will undertake a screening process and ask you questions that will help them understand your needs and personal situation. This will include any help you get from family, friends and other programs or services.

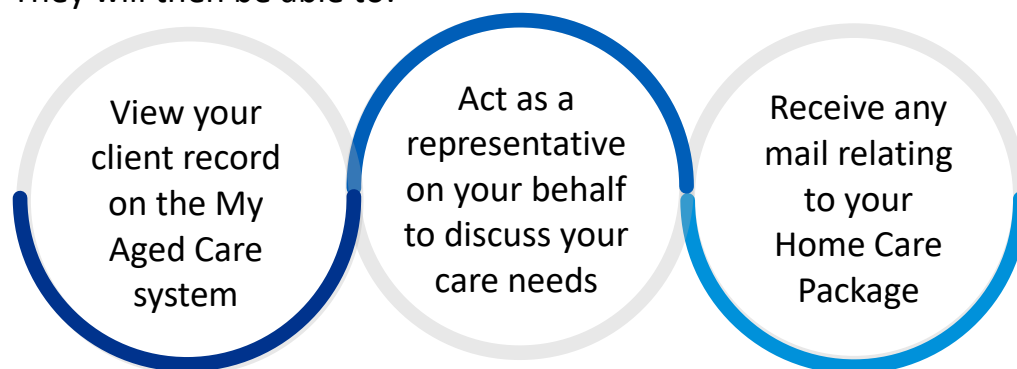
They will also ask your permission to create a personalised client record on the My Aged Care system. Your record will hold up-to-date information on your needs, the results of any assessments and any services that you receive. The client record will reduce the need for you to retell your story.

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

- provide you with aged care information and details on services that may assist you;
- arrange a face-to-face assessment of your needs that takes place in your own home by a trained assessor;

- refer you for aged care services, reflecting any preferences you have for particular providers.

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



Only one person is able to 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 in the My Aged Care system. You can find the system at the links above.

3.3 How do I get a comprehensive aged care assessment?

3.3.1 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 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 “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 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 personal client record. All your information will be treated confidentially.

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, care goals and preferences for services. They can also:

- consider other types of services that help meet your needs;
- give you information about providers that may offer the care you need 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 assessed needs during your assessment.

Interim packages

You may choose to accept a lower level Home Care Package than you have been approved for. This means you can access care and services while you wait for your approved level package. This is called an 'interim package'. For example, if you have been approved to get a level four Home Care Package, you may get a letter assigning you a level two package. This means you can access care and services to the value of a level two package, while you wait for a level four package. This helps you connect to care more quickly. A level two package will be available before a level three or four package.

You must let your assessor know that you would like to be assigned an interim package if one is available. You can tell My Aged Care or your assessor the minimum level package you are willing to accept. You may be offered a lower level package to enable you to start receiving care and services as soon as possible. Accessing an interim package ensures you get care sooner and does not affect your wait time for your approved level package.

3.3.2 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 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.

- Be placed in the national priority system for your approved Home Care Package level. The national priority system is explained further in Section 3.5.1.

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 at any time, you can ask for a new 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.

3.3.3 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 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

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.

3.4 How do I find a home care provider?

You are likely to have to wait between the time you are approved for care and the time you are assigned a Home Care Package. You can find out your wait time by calling My Aged Care on **1800 200 422** or by accessing your client record using myGov. You may already have a 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 is described at 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 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 potential 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.

3.5 How will I be assigned a Home Care Package?

3.5.1 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 need, regardless of where someone lives.

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

- when you were approved for home care;
- your priority for service 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 releases Home Care Packages weekly. The number of packages released at each level takes into account the:

- number of new packages that are available;
- number of packages that other consumers no longer need;
- packages that have not been accepted by consumers in previous releases.

The Department of Health 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. Consumers who are assessed as being a high priority by the ACAT are assigned packages more quickly. This does not mean that a consumer 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 and you may want to start looking for a provider.

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 services.

3.5.2 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 care needs.

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

If you do not enter into a Home Care Agreement in the time agreed with My Aged Care, 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 offered package is a lower level package (see Section 3.5.3 below) you will stay in the national priority system to wait for your higher level package.

If the offered package is your approved level of package, and it 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.

3.5.3 What happens if I am assigned a lower level package?

If you choose to accept a lower level package, this does not change your position in the national priority system for your approved level package. You will receive services while you wait through your interim package.

When a higher level package becomes available, you will be sent a letter telling you of your upgrade. You will be automatically upgraded to the higher level package by My Aged Care. You do not need to do anything to be upgraded to the higher level package. Your provider will also be informed and work with you to review your care plan and package budget. An interim package will allow you to access some care and services while you wait for your approved level package.

3.5.4 What happens if I don't accept a lower level package?

If you chose not to accept a lower level package, you will not be disadvantaged. You will remain in the national priority system for your approved level package. You will be notified when one becomes available.

3.5.5 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” in 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.

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

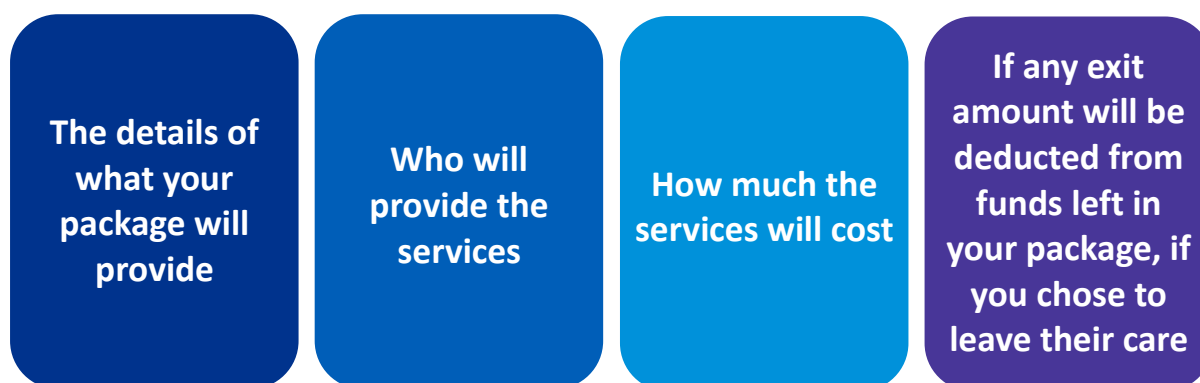
Wait times for all package levels change regularly. Current wait times for a Home Care Package can be accessed at [this link](#). You can also search “Assessment decision: Home Care Packages” at www.myagedcare.gov.au. You can find out how long your wait is likely to be by:

- 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.

3.6 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 at Section 7.
- Work with you to develop a written care plan, designed to meet your goals and assessed care needs as 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.
- 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 of 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 “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.

3.6.1 Entering into a Home Care Agreement

It is important to remember that you and the provider enter into a Home Care Agreement as partners. There should be enough time for you to read and understand the Home Care Agreement and make choices you are comfortable with. You can also seek independent legal advice, if you wish, before you enter into the Home Care Agreement.

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. Your nominated representative may enter the agreement on your behalf.

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 care services.

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 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.

3.6.2 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 care needs recorded at your ACAT assessment.

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

As a guide, your care plan may include:

- the exact types of services you will receive;
- who will provide which services (including subcontracted services);

- how much involvement you will have in managing and coordinating your services;
- when your services are delivered (for example, which day of the week and time); and
- how much the care and services will cost.

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 help you meet your goals. These approaches support providers to deliver care and services to you that align with the core principles of the HCP Program.

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

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

- Reablement approach
 - (iv) this approach is time limited. This is targeted towards a specific goal or outcome, such as regaining confidence and capacity to resume activities.
 - (v) reablement aims to assist you to reach your goals and increase your independence. Some examples include training in a new skill or having access to equipment or assistive technology.
 - (vi) reablement can include:
 - practicing daily activities such as cooking
 - finding new ways to safely do new 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 care and services further with your provider. If there is a type of service that you think would meet your 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 needs; and
- if you have been receiving an interim package, and you get upgraded to a higher package level.

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 has to happen if you need to move to 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 work out if you need a new assessment.

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

3.6.3 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 consumers, 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 care needs and personal goals. Your provider may encourage you to think about wellness and reablement approaches. The care plan includes the services you will get, when you will get them and who will provide them. Your care plan should be reviewed every 12 months or when your care needs change.

4 What is my Home Care Package budget?

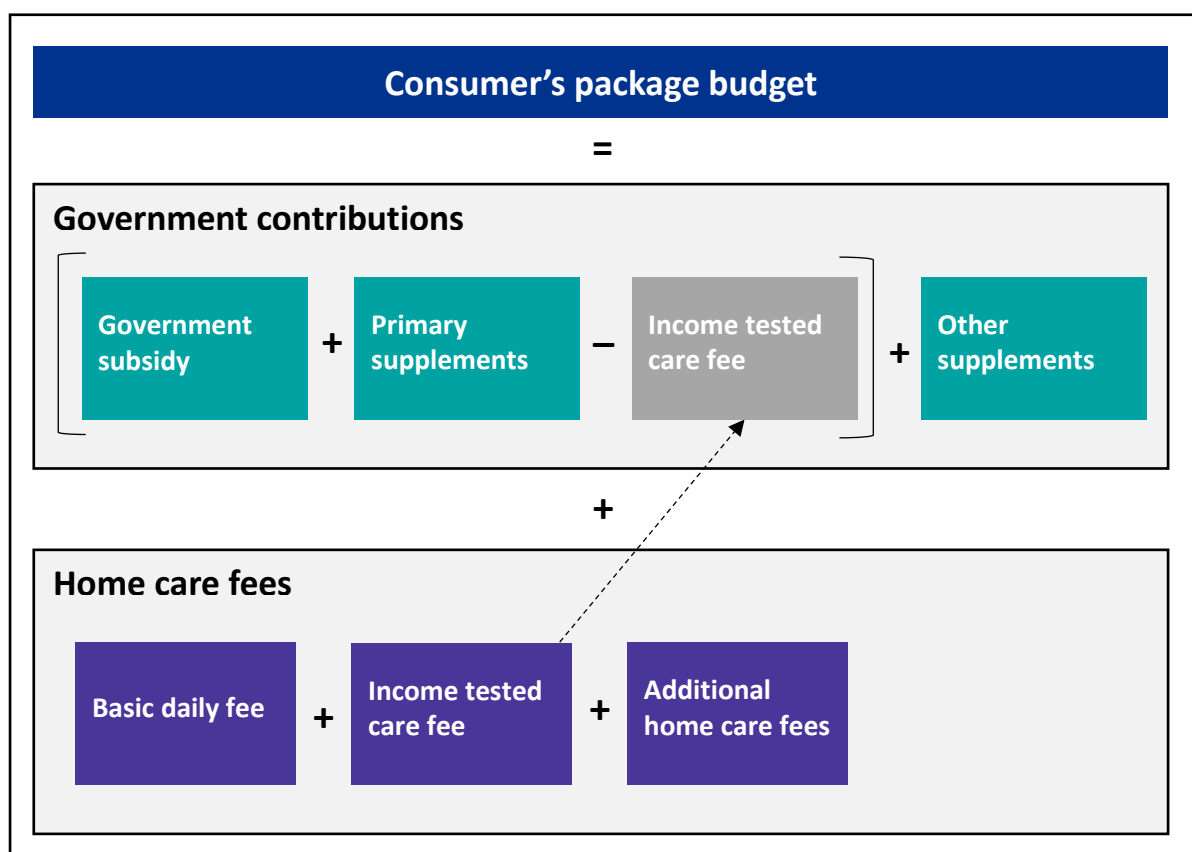
This section tells you what the Australian Government pays towards your Home Care Package budget (package budget), and what home care fees you may be asked to pay. This information explains the different parts of your budget. They may not all apply to you.

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.

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.	<p>Your provider must apply for this supplement. This supplement will automatically go with you if you change providers.</p> <p>If you are eligible for both the Veterans' and the Dementia and Cognition Supplements, you will only get the Veterans' Supplement.</p>
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
Top-up Supplement	A payment for the provider if you held an Extended Aged Care at Home – Dementia (EACH-D) Package prior to 1 August 2013.	You do not need to apply for this supplement. It will be automatically allocated.
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);
- 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%
2	16.58%
3	17.05%
4	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.

An example of the Basic Daily Fee is below:

Worked example

Jenny starts receiving services on Wednesday 3 July 2019. She gets nursing services on Mondays, Wednesdays and Saturdays.

In the first week, Jenny will need to pay her basic daily fee for five days, Wednesday-Sunday.

For every week after that, until she stops getting home care services or if she goes on some types of leave from her package*, she will need to pay her basic daily fee for seven days, Monday-Sunday. This is because she is receiving a Home Care Package, even on the days where she doesn't get services.

* You can find information on leave at Section 6.4 of this manual.

If you are a former Prisoner of War (POW) or Victoria Cross (VC) recipient, the Department of Veterans' Affairs (DVA) will pay the basic daily fee on your behalf. You also do not have to pay an income tested care fee.

For more information, contact DVA on **133 254** or **1800 555 254** (for regional callers).

4.3.2 The 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?

If you get a means tested payment from Centrelink or Department of Veterans' Affairs (DVA), and your pension assessment has been updated in the last two years, you do not need to complete an income assessment. You can call Services Australia on **1800 227 475** or DVA on **1800 555 254** and ask for a pre commencement letter for home care. Services Australia (or DVA) will have sufficient information to calculate your maximum home care fees payable.

For self-funded retirees the easiest way to complete an income assessment is to use form SA486, at [this link](#), or by searching “SA486” at www.servicesaustralia.gov.au. This is a dynamic form and will present different questions based on the answers provided.

You can request a hardcopy copy of the Home Care Package Calculation of your costs of care form (SA456) to be sent to you by calling Services Australia on **1800 227 475**. You can also download a copy of the form from the Services Australia website at [this link](#) or by searching “SA456” at www.servicesaustralia.gov.au.

If you do not complete the income assessment, your provider may ask you to pay the maximum income tested care fee.

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 extra care and services wouldn’t otherwise be covered by your package budget.

4.3.4 Calculating your Home Care Package budget

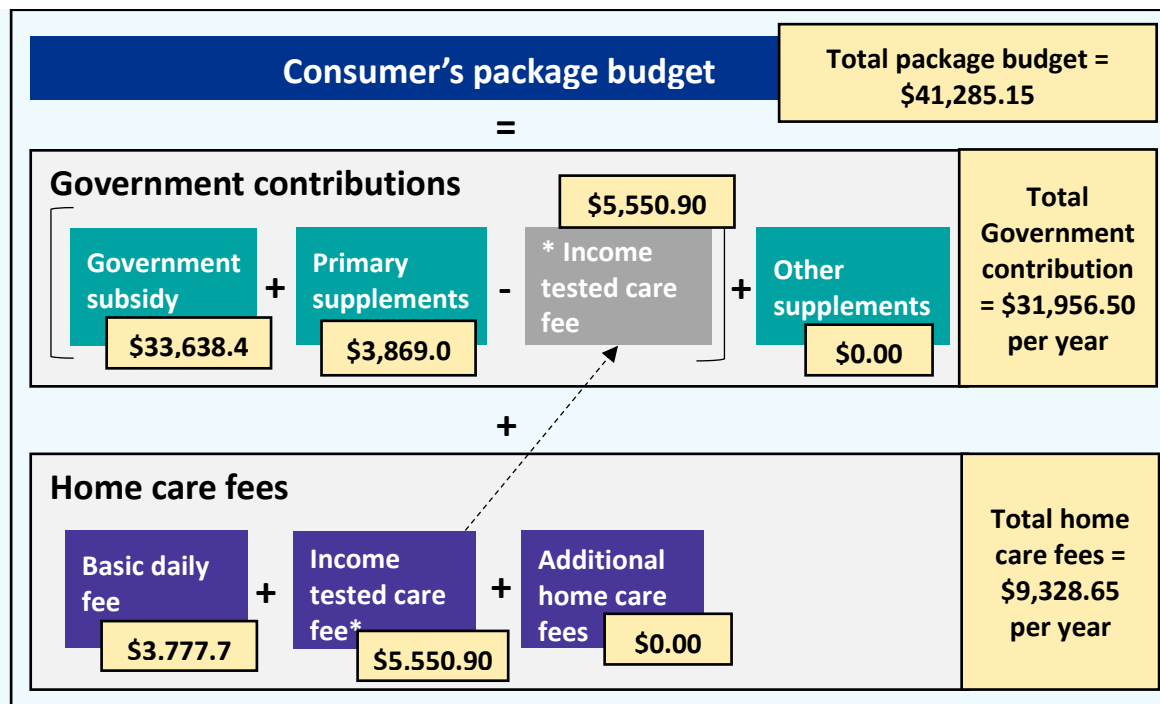
How do we calculate Adam’s package budget?

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 if 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.

For consumers in the pre-1 July 2014 arrangements, see Section 10.

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.

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

- have assets less than 1.5 times the annual age pension (plus pension supplement and the clean energy supplement);
- not have gifted more than \$10,000 in the last year or \$30,000 in the last five years; and
- have had your income assessed in accordance with the *Aged Care Act 1997* (see Section 5.3.2).

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 costs and the approximate number of hours provided;
- prices for common services provided under a Home Care Package;
- staff travel costs to visit you;
- package management costs;
- maximum exit amount; and
- if there is a separate cost when you want to get services from a different provider.

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

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.

Your provider cannot charge you a price you have not agreed to for your care and services.

If you entered the Program before 1 July 2019, your provider will contact you about these changes by 1 July 2020. Again, they cannot make any changes to your Home Care Agreement without your agreement. This includes the prices they charge your package.

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 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 may include:

- ensuring you get safe and effective personal care and/or clinical care;
- reviewing your Home Care Agreement and care plan;
- organising the delivery of your services;
- ensuring your care is aligned with other supports;
- providing a point-of-contact for you, your carer or your family;
- ensuring the care you get is respectful of your culture and identity; and
- ensuring the supports you get keep you safe.

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.

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.

Your provider will always need to take on some care 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.

If you choose to self-manage, your provider is still held accountable by the Australian Government for how your package budget is spent and meeting all legal requirements. 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.

- **Personal care services** – may include: bathing; showering; toileting; dressing/undressing; getting in and out of bed; washing and drying hair; shaving; and reminding you to take your medication.
- **Nursing** - may include: wound care and management; medication administration such as assisting you to take medication; general health and other assessments; certain medical tests including blood pressure; and support with dementia. This does not include the price for goods such as bandages, dressings and continence aids where required – these may be charged separately to your Home Care Package. The costs shown are for nursing services delivered by a Registered Nurse. The provider may offer to deliver nursing services by other levels of nurses (e.g. an Enrolled Nurse), which may have a different cost per hour.
- **Cleaning and household tasks** - may include: help with making beds; ironing; laundry; dusting; vacuuming; and mopping.
- **Light gardening** - may include: help with light weeding; watering; light pruning; lawn mowing; or minor garden maintenance.
- **In-home respite** - A care worker supporting you in your home for a short period of time, for example when your carer is away or unavailable.

4.4.3 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.

4.4.4 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).

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

4.4.5 Maximum exit amounts

Your provider will be able to tell you if they charge an exit amount. An exit amount may apply if you decide to change providers or leave home care. Section 4.5 provides more information on exit amounts.

4.4.6 Separate cost when you want to get services from a different provider

You can get services from another provider if you choose to. Your provider must tell you if they charge a separate cost when you want to get services from a different provider. Your provider must also say how it is charged. For example, whether it is charged as a separate cost or included in the service price.

4.5 What is an exit amount?

Home care providers can only deduct an exit amount from any unspent package funds they hold of your behalf.

An exit amount only applies if you decide to move to another home care provider or you choose to end the agreement. The exit amount helps providers cover the administrative costs related to you leaving their service.

Providers do not have to charge an exit amount. If a provider wants to charge an exit amount they must:

- display their maximum amount on My Aged Care;
- discuss this amount with you; and
- if you agree, include it in your Home Care Agreement.

You can negotiate a lower exit amount than the amount displayed on My Aged Care.

4.5.1 Deducting exit amounts

If you change providers or leave home care, the exit amount deducted from your provider held unspent home care amount cannot be more than:

- the provider's maximum exit amount (as displayed on My Aged Care at the time you entered into your Home Care Agreement);
- the exit amount stated in your Home Care Agreement; or
- your unspent home care amount held by the provider.

Providers have a legal obligation to transfer any unspent funds they hold for you if you change provider, or return unspent funds if you leave home care.

If you leave home care, the provider must transfer:

- your portion of unspent funds back to you or your estate; and
- the Government portion of your unspent funds back to the Government to be reinvested into the Home Care Packages Program.

If you have spent all your package budget when you leave care, a provider cannot charge an exit amount. This is the case even if you agreed to an amount in your Home Care Agreement. Your provider cannot require you to accrue unspent funds with them so that they know they can deduct an exit fee. Unspent funds held in the home care account cannot be used to cover exit fees.

Your Home Care Agreement will also include information on conditions like minimum contract periods or notice periods. It is important that you understand any exit amount and conditions before you enter into your Home Care Agreement.

Example of deducting an exit amount

Anton has a level two Home Care Package and is with a provider that has a published exit amount of \$500 on My Aged Care. Anton negotiates with his provider to include a lesser exit amount of \$250 in his Home Care Agreement.

When Anton leaves home care, his provider calculates the unspent home care amount they hold as \$150 (before the exit amount is applied). The maximum exit amount that can be deducted by Anton's provider from his provider held unspent funds is \$150.

4.6 Your monthly statement

Your provider must supply monthly statements that show what has been spent from your package budget. This will include any additional charges you have agreed to. 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 monthly statement must show:

- what the Government has paid into your individualised package budget;
- the home care fees you have agreed with your provider;
- a detailed list of the care and services that have been provided under your Home Care Package for that month;
- the price for each of those care and services; and
- any unspent funds held by your provider.

Any unspent funds must carry over from month to month, and from year to year, for as long as you continue to get a Home Care Package. For more information on unspent funds see Section 6.7.



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 care. 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 and services, including (but not limited to) the following:

Service types	Typical services
Personal services	Bathing, showering, toileting, dressing/undressing, getting in and out of bed, washing and drying hair, shaving, and reminding you to take your medication.
Nursing	Wound care and management, medication administration such as assisting you to take medication, general health and other assessments, certain medical tests.
Allied health and therapy services	This may include speech therapy, podiatry, occupational or physiotherapy services and other clinical services such as hearing and vision services.
Nutrition, hydration, meal preparation and diet	Assistance with preparing meals, including special diets for health, religious, cultural or other reasons, assistance with using eating utensils and assistance with feeding.

Service types	Typical services
Continence management	Assessment for, providing, and assistance in using continence aids and appliances such as disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances, and enemas.
Mobility and dexterity	Providing crutches, quadruped walkers, walking frames, walking sticks, wheelchairs, mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, pressure-relieving mattresses and assistance using these aids.
Transport and personal assistance	Assistance with shopping, cleaning and household tasks, visiting health practitioners, emotional support, social support and attending social activities.
Management of skin integrity	Providing bandages, dressings and skin emollients.
Support for cognitive impairment	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
Cleaning and household tasks	Help with making beds, ironing, laundry, dusting, vacuuming, and mopping.
Home maintenance	Minor home maintenance such as cleaning gutters, minor modifications to the home, assistance with accessing technical assistance for major modifications to the home and advising you of areas of concern regarding the safety of your home.
Light gardening	Light weeding, light pruning, lawn mowing, or minor garden maintenance.

Service types	Typical services
In-home respite	A care worker supporting you in your home for a short period of time (for example, when your carer is away or unavailable).
Care management	Administering your Home Care Package, reviewing your Home Care Agreement or care plan, preparing your monthly statements and managing your package funds.
Activities of daily living	Help 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 in using the telephone.

A Home Care Package may also support the use of:

- **Telehealth:** video conferencing and digital technology (including remote monitoring) to increase access to timely and appropriate care.
- **Assistive technology:** such as devices that help with mobility, communication and personal safety.
- **Aids and equipment:** particularly those that assist a person to perform daily living tasks. Your Home Care Agreement needs to specify whether it is leased or who owns the item and who is responsible for ongoing maintenance and repair costs. For more information on including aids and equipment in your Home Care Package budget please see this [link](#). You can also search “Home Care Packages” at www.myagedcare.gov.au.

5.2 What can't Home Care Package funds be used for?

There are care and services that you **must not use** Home Care Package funds for:

- items that would normally be purchased out of general income;
- buying food except as part of enteral feeding requirements. This includes including groceries and take-away meals. ‘Take-away’ is generally defined as food you would buy from a restaurant or food outlet;
- payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent;

- payment of home care fees owing to your chosen provider;
- payment of fees or charges for other types of care funded, or partly funded, by the Australian Government;
- home modifications or assets that are not related to your care needs;
- travel and accommodation for holidays;
- cost of entertainment activities, such as club memberships and tickets to sporting events;
- gambling activities; and
- payment for services and items covered by the Medicare Benefits Schedule (for example, visits to your GP) or the Pharmaceutical Benefits Scheme (for example, most medication you need a script for).

In relation to meal services and whether food can be included in your package:

- preparation and delivery of meals can be included
- the raw food component of those meals is not 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 who is providing the meal services to calculate how much the raw food component is. Home care providers should discuss with you 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 you.

The examples show some of the types of items that cannot be included in your Home Care Package:

Excluded item	Example
Items that would normally be purchased out of general income	<ul style="list-style-type: none"> • Household bills such as electricity and gas. • Purchase of a car or petrol. • Funeral cover. • Household furniture. • Solar panels. • Servicing gas heaters. • Phone and/or internet plan. • Entertainment activities, such as streaming subscriptions
Payment for permanent accommodation, including assistance with home purchase, mortgage payments or rent	<ul style="list-style-type: none"> • Home ownership expenses such as rates. • Home and contents insurance.
Payment of home care fees	<ul style="list-style-type: none"> • Basic daily fee. • Income tested care fee. • Additional fees.
Payment of fees or charges for other types of care funded or jointly funded by the Australian Government	<ul style="list-style-type: none"> • Transition Care fees. • Services that can be covered by the public health system.
Home modifications or assets that are not related to your care needs	<ul style="list-style-type: none"> • House modifications that add capital value to the property or exceed what is essential for functional safety, such as household security alarms, replacing gutters.

5.3 What if I want care or services not listed above?

Sometimes you may seek a care or service type that is not specified in the inclusions and exclusions list. This means that you will need to work in partnership with your provider to determine if the service, support or purchase:

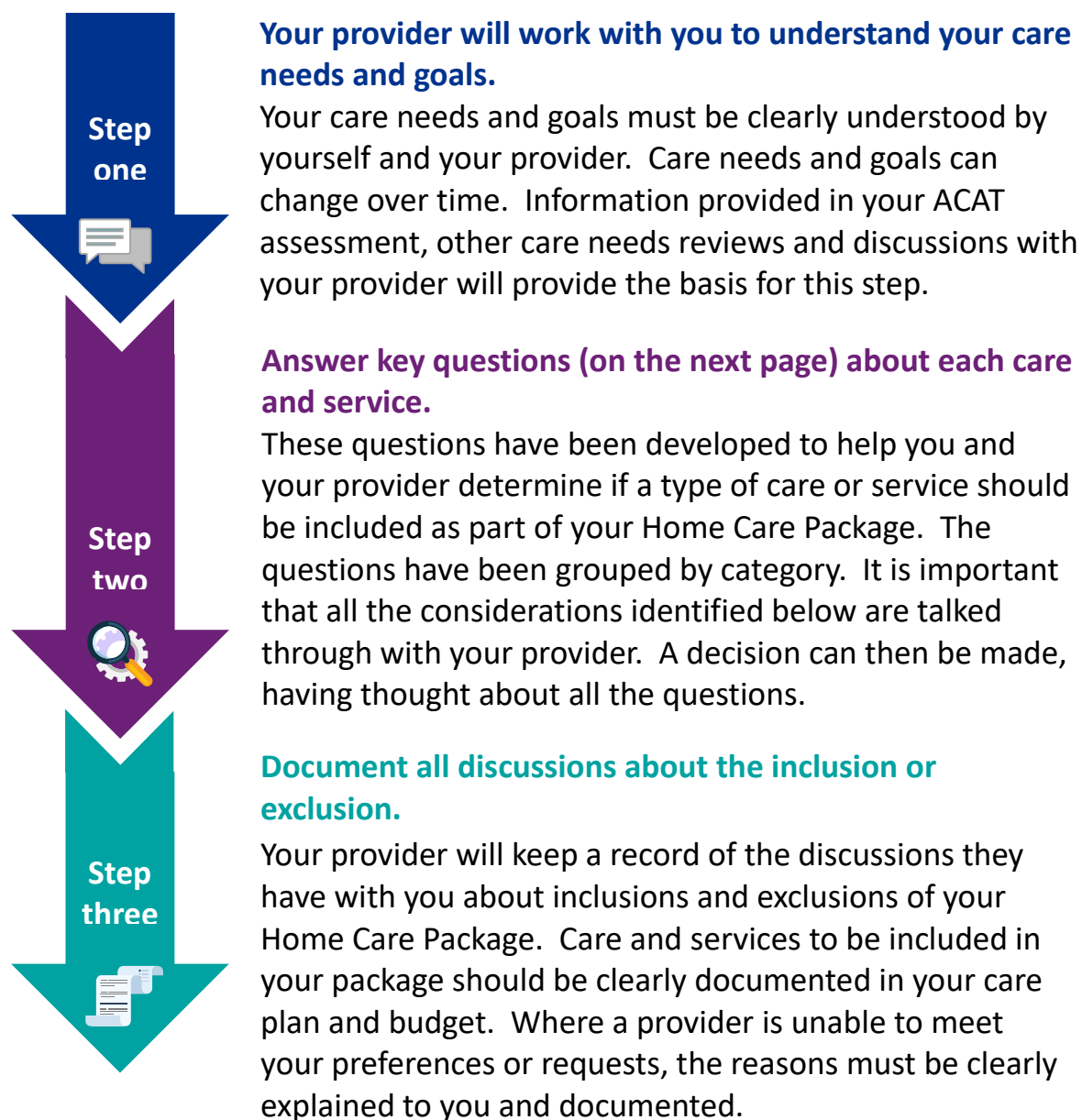
- is directly linked to your identified care needs and goals;
- will optimise your health and wellbeing;
- is necessary for you to remain living safely and independently in your home;
- can be delivered within your available package budget; and
- would be considered an acceptable use of Government funds.

Your provider will also consider whether they have the capacity and capability to deliver, or source, the proposed support.

The framework on the next page has been designed to support you and your provider to determine what can and cannot be included as part of your Home Care Package. It includes:

- understanding your care needs and goals;
- key questions and considerations that your provider will work through with you; and
- your provider keeping a record of these discussions and the decisions you make together.

Figure 1 Inclusions and Exclusions Framework



Inclusions and exclusions framework – Step two questions

Mandatory criteria

Is the support specifically excluded under the Aged Care legislation?

See Section 4.2 of this manual for a summary of excluded items. If the support is on the list of excluded items it must not be included in a Home Care Package.

Consumers assessed needs

Does the support directly align with the intent and scope of the Home Care Packages Program?

See Sections 2.2 and 2.3 of this manual for information on the intent and scope of the HCP Program. This question helps you to think about whether the care or service is an appropriate and acceptable use of the package budget. If it does not align with the intent and scope of the HCP Program it should not be included in your Home Care Package.

How does the support assist you to achieve your assessed care needs and goals, now and in the short-medium term? Is it necessary to meet your care needs and goals?

This question helps you think about the appropriateness of the care or service for your circumstances. When answering this question your provider should consider the immediate impacts of the care or service on your package budget. You should also think about how it impacts on whether your budget will still meet your care needs and goals in the short to medium term.

How does the support match your care needs in your ACAT assessment, your provider's assessment or an assessment by a health care professional?

This question helps you think about your care needs identified by other health professionals such as GPs and physiotherapists etc. Your care needs may have changed from the original ACAT assessment, while waiting to be assigned a Home Care Package. It is important to consider all assessments relevant to your current care needs and goals.

Inclusions and exclusions framework – Step two questions

Have you considered the evidence-base for the support in addressing the particular care needs?

This question helps you think about whether the care or service is the right treatment to meet your care needs and goals. In some circumstances there may be no supporting clinical evidence. You will need to talk to your provider about whether it will help you meet your care needs and goals.

Quality and safety

Does the support pose a risk to your health and safety?

This question asks you to consider the risks associated with the care or service. You can then make an informed conclusion with your provider about the impact on your safety.

You do have a dignity of risk regarding your choices, however, your provider has a responsibility to provide safe care and services to you. If your provider believes the support poses an unacceptable risk to your safety, then it should be not be included in your package.

Does the support pose a risk to the health and safety to the people providing your care and your community?

This question asks you to consider whether the care or service can be delivered to you in a safe way by the staff providing your care. It also asks you to think about any broader implications for your community. This might include, for example, the safety of providing a mobility scooter to you if it may pose a risk to the public whilst travelling on footpaths.

Does a support require maintenance to ensure its safe use that represents a significant portion of your package budget? Is it difficult to provide the maintenance required?

This question asks you to consider the costs of maintaining the item purchased in the short-term and into the future.

Inclusions and exclusions framework – Step two questions

Financial

Is there an opportunity cost associated with the support?

This question asks you to think about the other care and services you cannot get if you would like to include a support, or purchase, in your package budget. Your request may be at the expense of receiving other care and services that would better meet your assessed care needs and personal goals.

Will you miss out on the care you need if the support is included in your package budget?

This question asks you to focus on whether your available budget can afford the support as well as the care and services that you need to keep you safe in your home.

Does the support represent value for money to meet your assessed care needs?

This question asks you to consider costs and benefits of the support. It is important to remember, that while you have a say about the care and services you receive, the bulk of the package budget is a government subsidy funded by taxpayers to be used appropriately. For example, if you needed kitchen modifications (e.g. easy access taps) to assist in the preparation of meals, a kitchen refurbishment (beyond minor modifications) is not an appropriate use of government funding and is not permitted.

Other

Can the support be provided in your community?

This question asks you to think about whether the care or service can be provided for free in your community. This might include, for example, considering whether you can use transport that is free from your local club to access the club, rather than paying for transport from your package budget.

Does the support directly benefit you, or does it have significant benefits for others?

This question helps you think about who the care or service would benefit the most. This question is not designed to exclude respite care, which provides benefit to your carer and helps them continue to support you to live in your own home.

5.4 What are unspent funds and how can they be used for care and services?

When the funds paid to your provider (by the Australian Government and yourself) are more than the funds needed for providing your care this creates unspent funds.

From 1 September 2021, the Government will create a home care account for you and any unspent government subsidy will be held in this account. This will continue to be available when needed.

You should work with your provider to ensure you benefit from the full use of your package budget. Talk to your provider about the funds available and how you are going to spend them to support your needs. Accumulating unspent funds does not mean that large purchases of goods can automatically be made.

The primary purpose of your home care package is to provide care and services for your assessed care needs. Information on the care and services allowed under a home care package can be found in Section 5 of this manual. You should develop a care plan and package budget with your provider that best meets your assessed care needs and personal goals. Your assessed care needs must be discussed and agreed by you and your provider and included in your Home Care Agreement.

The unspent home care amount will be calculated from the date you started receiving home care services from your provider, until the agreed end date of your home care services. If you started receiving home care before 1 July 2015, this will be the start date used to calculate your unspent home care amount. There is more information on unspent funds at Section 6.8 of this manual.

5.5 Can I make large purchases with my home care package?

The primary purpose of your home care package is to provide care and services for your assessed care needs. Information on the care and services allowed under a home care package can be found in Section 5 of this manual.

Any large purchases must be:

- related to your care needs
- agreed within your care plan
- within the available budget for your package level, with any fees mutually agreed between you and your provider in your Home Care Agreement before purchase.

If you hold unspent funds, you may be able to use these to pay for large purchases. Where the cost of the purchase exceeds your available funds, you and your provider can:

- postpone the purchase until there are sufficient funds to cover the costs
- enter leasing arrangements where appropriate.

There are certain circumstances where you might have access to Commonwealth Home Support Programme (CHSP) services over and above the services provided through your home care package budget. See [section 6.3](#) for further information.



Key points to remember

- Your Home Care Package funds can be used to meet your assessed care needs, as set out in your care plan. Your care plan should match care and services to your care needs and personal goals, optimise your health and wellbeing and help you to live safely and independently in your own home.
- Your Home Care Package cannot be used for things you would need to buy anyway (like food) or for recreational activities (like holidays or going to sports games).
- If you are not sure whether you can use your Home Care Package funds for something you want, you can work with your provider and use the questions in the 'framework' above to guide you. You can use these questions to discuss what services you can receive with your provider.

6 Managing your services

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

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

- receive care and services in line with your agreed care plan;
- have ongoing conversations with your provider about your care needs and goals;
- work with your provider to update your care plan if your care needs change;
- have your monthly statements explained to you;
- be involved in managing your Home Care Package, if you would like to; and
- be formally reassessed, if you wish, to ensure that your care and services continue to meet your needs.

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

- your Home Care Package budget is fully allocated, but you need more 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 Package upgrades

If you have been receiving an interim package whilst waiting for your approved package, My Aged Care will automatically upgrade you to the higher level package when one is available. My Aged Care will notify you and your provider when your package has been upgraded. As soon as you are notified, you should review your care plan and package budget with your provider. This will help you make best use of the new higher package level and funds.

Once your package is upgraded to a higher level it cannot be downgraded.

If your current package level is meeting your needs, and/or you have unspent funds, you should remain on your current package level. If you want to do this, let My Aged Care know by calling **1800 200 422** to opt out of the national priority system. This will let another person in need take up the available package.

If you later change your mind and would like your higher level package, call My Aged Care at any time and opt back in to the national priority system. There will be no disadvantage to you. Your place in the national priority system is based on when you were first approved for care and your priority.

6.2 What happens if my package isn't meeting my needs?

Your care needs may change over time. If this happens, you can arrange your services to better suit you. If you notice that your care needs change, 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 redesign 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.

6.3 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.

You cannot access Short-term Restorative Care if you are also receiving a Home Care Package.

You may be able to access other State and Territory funded programs. Your provider will be able to help you identify any that are relevant to you.

6.3.1 Commonwealth Home Support Programme

In certain circumstances and on a short-term basis, you can get care and 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;
- 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.

6.3.2 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 that of a Home Care Package.

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.

6.3.3 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.

6.3.4 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.

6.3.5 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.

6.3.6 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.

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

6.3.7 Continence Aids Payment Scheme

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.

6.4 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.

6.4.1 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.
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.

6.5 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.

6.5.1 Transition Care

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.

You can access Transition Care after a stay in hospital if you take leave from your Home Care Package. You need to be assessed and approved for Transition Care by an ACAT. This assessment needs to happen while you are in the hospital.

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

6.5.2 Residential respite care

You can access residential respite care provided by the Department of Health 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.

6.6 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 and any exit amount that may apply.

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

You can find a new home care provider by using the '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.

6.7 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 with your old provider.

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

6.8 What happens to the 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;
- the exit amount that will be deducted (if one is applicable); 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.

6.9 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 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 care and services.
- Your package budget should be prepared as soon as your provider has all the information they need.
- If you have been receiving an interim package, you will be automatically upgraded to a higher level package when one is available. My Aged Care will notify you and your provider when your package has been upgraded. You will need to work with your provider to review your care plan and package budget.
- Your care needs may change over time. If this happens, talk to your provider about reviewing your care plan. If you change your care and services your package budget will need to reflect these changes.
- 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. They may charge an exit amount to your Home Care Package (this will have been agreed in your Home Care Agreement).
- 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

This section tells you about your rights and responsibilities as a consumer of Home Care Packages. It is important to remember that you and your provider are entering into a Home Care Agreement as partners. Mutual respect is key to good aged care outcomes.

Your provider must comply with the Charter of Aged Care Rights and the *Aged Care Act 1997*. This includes all of the principles made under the *Aged Care Act 1997*. Everybody involved in delivering your care must respect your rights.

Your provider must also deliver your care following the *Aged Care Quality Standards*. These are discussed at Section 8.2.

7.1 Charter of Aged Care Rights

The Charter of Aged Care Rights (the Charter) sets out your rights as a person receiving Home Care Package services. The Charter provides the same rights to all people receiving aged care regardless of the type of Government funded aged care they get. The Charter makes it easier for you and your family and carers to understand what to expect from an aged care service.

The Charter is extracted on the next page.

I have the right to:

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

7.2 Signing the Charter

Your provider is required to help you to understand the Charter of Aged Care Rights. Providers must give you a signed copy of the Charter and explain your rights. They must also give you or your representative the opportunity to sign the Charter.

By signing the Charter, you are acknowledging that you have received the Charter, your provider helped you to understand it and that you understand your rights.

Your aged care services will not be affected if you choose to not sign the Charter.

More information about the Charter including a booklet to help you understand your rights is available on the My Aged Care website at www.myagedcare.gov.au/rights-and-responsibilities.

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) is also available to help you understand your rights. You can visit their website for more information at www.opan.com.au or call them on **1800 700 600**.

Your aged care rights co-exist with other rights. For example, you also have rights under the Australian Consumer Law. Further information about these rights is available from the Australian Competition and Consumer Commission (ACCC) at [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**.

7.3 Your Responsibilities

You also have responsibilities to your home care provider. These include providing a safe place for them to work, giving them information to help deliver your care and paying your home care fees as agreed with your provider.

You will need to:

Responsibility	What this means
Treat others with respect	All people involved in aged care, including consumers, their family, carers and visitors are expected to be respectful and considerate. They should make sure that their behaviour does not adversely affect others. Any kind of violence, harassment or abuse towards staff or others is not acceptable.
Respect the rights of staff to work in a safe environment	You are expected to maintain a safe environment for staff members and others. For example, if your provider is delivering services in your home, keep pets away from staff members and do not smoke near staff.
Assist your provider by giving relevant information	It is important that you share information about yourself that will help providers deliver you safe and quality care. This may include: <ul style="list-style-type: none"> • up to date information and • any problems you have with the provider's care or services.
Pay agreed home care fees on time	You are expected to pay any agreed fees on time. If you are unable to pay your fees, talk to your provider to find a solution.

If you do not do some of these things your provider may end your Home Care Agreement and stop providing your services. Your provider may end your Home Care Agreement if you have:

- not paid your home care fees, as agreed in your Home Care Agreement, for a reason within your control, and have not negotiated for an alternative payment arrangement with your provider;
- no longer a need for home care or, as assessed by an aged care assessment team, can be more appropriately met by other types of services or care;
- intentionally caused serious injury to a staff member of your provider; or
- intentionally infringed the right of a staff member of the approved provider to work in a safe environment.

Your provider may also ask you to agree to more responsibilities in the Home Care Agreement. You need to make sure you are aware of these extra responsibilities.



Key points to remember

- You have rights, and your provider must talk to you about them.
- You can sign the Charter of Aged Care Rights if you want. This shows that you know and understand your rights.
- You also have responsibilities to providers. These are things like being respectful, providing a safe place to work, being open to changes in your package if your health requires it, and paying your home care fees as agreed with your provider.

8 Quality in aged care

This section is about the requirements the Australian Government has set up to try to make sure you get quality aged care. It also tells you what you can do if you do not think you are getting quality aged care.

8.1 What can I expect in aged care?

Most people know what good care feels like. The staff are friendly and respectful, and they respond to your individual needs. The organisation providing your care and services is well-run and you are well cared for by people who know their jobs. You have people to talk to about the things that matter to you.

Every person receiving care has a right to be treated with dignity and respect, and to have their personal and clinical needs met. This is regardless of who you are, where you live, your life experience, identity, beliefs or culture. Raising concerns isn't 'being difficult', it's a normal part of service delivery.

8.2 The Aged Care Quality Standards

The Australian Government has set Aged Care Quality Standards (the Standards) that clearly define what good care should look like. The Standards make it easier to check that people get good care. Good care is not about your provider 'ticking boxes'. It's about them caring for you and your individual needs.

Each Standard says what you, the consumer, can expect. Your aged care provider has to meet an "outcome" for you, and they have to demonstrate how they are meeting that outcome.

There are eight Standards, and each one is about an aspect of care that contributes to your safety, health and wellbeing:

Standard	Description
1. Consumer dignity and choice	This means your provider knows you and respects your identity, culture and the choices you make.
2. Ongoing assessment and planning with consumers	This means your provider works with you when planning your care and if your care needs change.

Standard	Description
3. Personal care and clinical care	This means your provider gives you the personal and/or clinical care that is safe and right for you.
3. Services and supports for daily living	This means your provider must ensure your services and supports meet your everyday needs for living at home independently.
5. Organisation's service environment	An organisation's service environment refers to their physical environment through which care and services are delivered, for example, at a Respite Centre. It does not include your home through which in-home services are provided.
6. Feedback and complaints	This means your provider encourages and supports you to give feedback and make complaints. This may include using advocates and language services. The provider must engage with you during the process of addressing your feedback.
7. Human resources	This means the staff who provide your care must be kind, caring and respectful and have the right qualifications and skills to deliver your care.
8. Organisational governance	This means the provider's business must be well run and ensures the delivery of safe and quality care.

The Aged Care Quality and Safety Commission (the Commission) has useful information to help you understand the Standards and quality of care you should get. This can be found at [this link](#). You can also search "Quality Standards consumer resources" at www.agedcarequality.gov.au. You can also contact the Commission on **1800 951 822**.

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

If you are comfortable to do so, you should talk to your provider about your feedback. This gives them the opportunity to make changes to respond to the feedback. If the provider will make changes, this will help you get the outcome you want faster.

After that, or 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 have received. This is different to making a complaint. This information helps the Commission in accrediting, assessing and monitoring services against the quality standards. To provide feedback, please call the Commission on **1800 951 822** or email at Audit.Feedback@agedcarequality.gov.au.

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

If you have a concern about the care you or someone else is receiving, it is important that you talk about it. It is often best to talk to your provider about your concerns first to see if they can help. They are there to support you. They are also responsible for resolving any concerns you might have about subcontractors who are providing your services.

If you want, you can have a family member, friend, carer or an aged care advocate with you when you meet with your provider. Whether you make your complaint in person, in writing or anonymously, the provider must deal with your complaint.

Making a complaint is not 'being difficult'. Most aged care providers do their best to provide quality care and services for senior Australians. Issues can occur, so we need to ensure that people can raise their concerns in a useful and safe way. Raising your concerns is an opportunity for providers to understand issues, find solutions and improve their care.

If you suspect that an approved provider is engaging in fraud or have concerns about the financial management of your Home Care Package, please contact the Department with the details of your concerns via email at fraudsection@health.gov.au or call the Health Fraud Hotline on **1800 829 403**, from 9am to 5pm Australian Eastern Standard Time, Monday to Friday. You can report suspected fraud anonymously.

Sometimes, complaints cannot be resolved by the service provider. Or you might not feel comfortable raising your concern with them. When this happens, you can contact the Commission.

You have the right to complain anonymously or confidentially. This means that the Commission will be able to keep you up to date and provide you with

information. The Commission will explain the difference between open, anonymous, and confidential complaints when you contact them.

Complaints can be lodged by phone, in writing or online using the following contact details.

By phone

You can contact the Commission via phone - **1800 951 822** between 9am and 5pm weekdays, or leave a phone message.

Online

You can submit a complaint through the Commission's online complaints form. You can find the form at [this link](#) or by searching "**Online Complaints Form**" at www.agedcarequality.gov.au. The Commission will respond to you during business hours; within 24 to 48 hours after receiving your complaint.

In writing

You can write a letter to the Commission and send to:

Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city

It's important the letter includes:

- your name, address and telephone number;
- the date you are lodging your complaint;
- details of your complaint, including specific dates of events and relevant comments;
- the name of the aged care home or service and the state/territory in which it is located; and
- the name of the person receiving aged care that your complaint relates to.

For further information about lodging a complaint please visit [this link](#) or search "Making a complaint" at www.agedcarequality.gov.au.

8.4.1 [Support making a complaint](#)

If you are not sure about raising an issue, you can speak with an advocate. They can help you work out what your rights are and what your options may be. You can speak to an advocate by calling **1800 700 600** or visiting the Older Person Advocacy Network (OPAN) website at opan.com.au.

Interpreting services are also available. These services are free. You can find out more at [this link](#) or by searching “Translation and other support” at www.agedcarequality.gov.au. You can also call the Australian Government Translating and Interpreting Service on **131 450**.



Key points to remember

- All Australian Government funded aged care providers are required to meet the Aged Care Quality Standards. If you don't think your provider is meeting these, the first thing you should do is talk to your provider.
- 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 8.4.

9 Further assistance

This section tells you about extra help that you can get to navigate your Home Care Package and support your care needs.

9.1 What help is available for people with diverse needs?

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

The *Aged Care Act 1997* gives particular consideration of the needs of senior 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 need to be respectful of your needs. They need to ensure that they treat people with dignity and that they support choices that people make when choosing their care and services. For example, you may want to meet with LGBTI social groups or need translation services.

The Aged Care Diversity Framework and action plans can help providers deliver care and support that meets your individual needs. The action plans include documents for you, the consumer, to help express your needs when speaking with providers. 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)?

Your Home Care Package is intended to meet your specific care needs. If you have a carer, they may need support to help care for you. If your carer is in need of additional support, contact the Carer Gateway on **1800 422 737** or go to the website at www.carergateway.gov.au to find out more.

The Dementia Behaviour Management Advisory Services (DBMAS) provides advice to individuals caring for people living with dementia. This service is provided where behavioural and psychological symptoms of dementia are impacting on their care and quality of life. Access is through the 24 hour 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 senior 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. There are also a variety of programs that are run by States and Territories, which you may be eligible for. You can find out more about these by consulting with your State or Territory department for health as well as through your usual GP.

The aged care system 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.

If your carer needs support they can contact the Carer Gateway on **1800 422 737** or go to the website at www.carergateway.gov.au.



Key points to remember

- If you have diverse needs your provider needs to be respectful of those. 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** can support you if you have a problem with your care.
- If your carer needs support they can contact the Carer Gateway on **1800 422 737** or go to the website at www.carergateway.gov.au.

10 What happens if I started my Home Care Package 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%
2	16.58%
3	17.05%
4	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 consumers 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 provider must not charge you the maximum amounts if doing so would cause you financial hardship. Your maximum fees depend on your income but your home care provider must also have regard to unavoidable expenses such as high pharmaceutical bills, rent, utilities and other living expenses. This means that you can negotiate a lower basic daily fee and/or income tested fee directly with your home care provider, if you are experiencing financial hardship.

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 in to 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 in to the post-1 July 2014 fee arrangements.

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

In addition to the parts of a Home Care Agreement outlined at Section 3.6 of this manual, a pre-1 July 2014 consumer's Home Care Agreement will need to include the following:

- ☐ A statement that the provider may charge the consumer 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 consumer 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.

Researching Home Care Providers – Considerations and checklist

What to consider	Why?
What services are important to me?	<p>You will need to research providers and find out if they offer services that are important to you, particularly if you have special requirements. For example, some providers specialise in services such as a specific language or dementia support.</p> <p>You may also want to consider where the provider is located as this can reduce travel times and, in some cases, reduce the costs associated with travel.</p> <p>You can find providers in your local area by using the 'Find a provider' tool on the My Aged Care website or by calling My Aged Care on 1800 200 422.</p>
Can I choose who is going to provide certain services for me?	<p>You have a say in the types of care and services delivered to you as part of your Home Care Package, as well as who delivers those services. Discuss any preferences you have with potential providers to understand how they can best support you.</p>
How does the provider ensure quality of service?	<p>You can ask each provider about their screening process and what checks they do before they employ care workers. You can also ask whether they have a training program and what qualifications they expect of their care workers before they are able to work with clients.</p> <p>Providers are required to offer care and services in a way that meets the Aged Care Quality Standards. If you want to know what these Standards are and how they work, talk to the provider. You can also ask how they obtain and use your feedback.</p>
How much will each service cost?	<p>Knowing how much each service costs and what type of services you can get lets you get the most out of your package.</p>

What to consider	Why?
	<p>Each provider must publish their full price list on the My Aged Care website. This includes prices for common services and care 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>Services can include general support such as cleaning and household tasks, light gardening, and personal care such as bathing, showering and dressing. It may also include nursing services, in-home respite, social support or transport services.</p> <p>Take a copy of your Home Care Package approval letter and support plan as well as your income assessment outcome (if you have it) to potential providers, as this will help your discussions.</p>
<p>How much will I have to pay in home care fees (post 1 July 2014)</p>	<p>If you can afford to, you are expected to help with the cost of your care. Your contribution may be made up of three types of fees:</p> <ul style="list-style-type: none"> • a basic daily fee • an income tested care fee (if your income is over the maximum income for a full pensioner) • an amount for additional care and services you have agreed to pay for extra care and services that wouldn't otherwise be covered by your Home Care Package. <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>

What to consider	Why?
<p>What other costs can the provider charge?</p>	<p>The only costs a provider can charge, that are not directly related to delivering your care and services, are outlined in the 'other costs' section of the Schedule, published on the My Aged Care website. This must also be included in your Home Care Agreement.</p> <p>This includes package management, which is the cost for the ongoing administration and organisation activities associated with ensuring the smooth delivery of your Home Care Package, maximum exit amount, staff travel costs to visit you and separate costs when you want to get services from a different provider.</p> <p>Providers cannot charge separately for any other costs that are unrelated to supporting your care or costs associated with the running of their business.</p> <p>You should also be clear on what these costs are and the impact to your available Home Care Package funds.</p> <p>You should also ask if they charge exit amounts if you decide to change providers at a later stage.</p>
<p>What processes does the provider have for managing complaints?</p>	<p>Ask the provider what process they have to request a change of care worker, any notice periods and/or cost implications and if there is a complaints process. You direct your own care and have control over who delivers your care, and where and when they deliver it.</p>
<p>Can I bring a family member or carer to my discussion with providers?</p>	<p>There can be a lot of information discussed at your meeting with a provider so bringing a family member, friend or carer with you can be helpful. Ask how your family can be included in your decision making and how the provider will include your family member/carers in your care plan.</p>

Checklist

- Consider what is important to you and how potential providers can deliver the services you need and want, to help you manage 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 cost
 - call My Aged Care on **1800 200 422** if you need help.
- Prepare questions you would like to ask potential providers – use the considerations in 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 and enter into a Home Care Agreement and start receiving services under your Home Care Package.

Entering into a Home Care Agreement – Considerations and checklist

What to consider	Why?
What is included in my Home Care Agreement?	<p>Your Home Care Agreement sets out how your services will be provided, who will provide them, and how much they will cost. Your Agreement will include:</p> <ul style="list-style-type: none"> • a care plan – outlining the services you will receive under your package taking into consideration your individual goals and preferences • an individual budget – outlining 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 should be updated to reflect care plan or cost changes.</p>
Your individual (Home Care Package) budget	<p>Discuss your Home Care Package budget with the provider to see what services you 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).
How much will the provider charge for care and services?	<p>All 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.</p> <p>They must then charge you the price outlined in your Home Care Agreement, unless you agree and document otherwise.</p>
<p>What other costs can the provider 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> <p>This includes package management which is the ongoing administration and organisational activities associated with ensuring the smooth delivery and management of your Home Care Package. It may include the cost for preparing monthly statements, managing your package funds, and compliance and quality assurance activities required for Home Care Packages.</p> <p>Providers are unable to charge you a different amount, unless you agree otherwise. This different price, and the reason, must then be documented in your Home Care Agreement.</p> <p>Providers are also unable to charge you separately for any business-related administration costs such as marketing, office rent, insurance or activities completed before a person 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.</p>
<p>If I change providers, will I need to pay a fee?</p>	<p>Providers are able to charge an exit amount to cover any administration costs they may incur.</p> <p>Clarify what (if any) exit amount they will charge you if you decide to change providers and any minimum notice period that may apply. Your provider must disclose the exit amount in your Home Care Agreement. An exit amount can only be paid from the unspent funds your provider holds on your behalf. Providers are also required to display their</p>

What to consider	Why?
	maximum exit amount in the 'Find a provider' tool on the My Aged Care website.
What information will be covered in my statement?	<p>You will receive monthly statements that show how your Home Care Package budget is being spent.</p> <p>Your statement will show you the income and expenditure for your package, and any unspent home care amount so you can keep track of your spending.</p> <p>Any unspent home care amount will carry over from month to month, and from year to year, for as long as you continue to receive care under the package. If you want more information about how you will receive the statement, discuss this with the provider.</p>
What if I need an interpreter to help with my Home Care Agreement?	If you need an interpreter to help you develop your Home Care Agreement, budget and care plan, ask your provider to arrange 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 working with your provider to develop or change details of your Home Care Agreement.
Do I understand the terms of my Home Care Agreement?	<p>Your provider has a responsibility to help you understand the terms of your Home Care Agreement. It is important that you are happy and agree with the information included in your Agreement.</p> <p>Read it carefully. Create a list of questions and concerns and consider discussing them with a friend, family member, carer or advocate before discussing these with your provider. You can also seek independent legal advice, if you wish.</p> <p>Once you are happy with the content, you can enter into the Agreement. This will be your contract to start receiving services.</p>

What to consider	Why?
Can I change my Home Care Agreement?	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.

Checklist

- ☐ Confirm who will deliver your services, 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 care and services. These should align with those published on My Aged Care, unless you discuss and agree a different amount with your provider.
- ☐ Work with your provider to design a care plan that meets your 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.

Changing Providers – Considerations and Checklist

What to consider	Why?
Am I able to change 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 and exit amounts that may apply.</p>
Do I need to find a new provider before I leave my current provider?	<p>For your own peace of mind and to minimise any interruption to your services, you should start researching 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 is able to 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 a more informed decision 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 long do I have to enter into a Home Care Agreement with a new provider?</p>	<p>Once you have agreed 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>Will I need to pay an exit amount?</p>	<p>Exit amounts may be charged by a provider if agreed to in your Home Care Agreement, when you move to another home care provider or exit home care. You should review your Home Care Agreement to check if you need to pay an exit amount.</p> <p>The exit amount (if applicable) will be deducted from any provider held unspent funds in your package. The exit amount cannot be more than your provider held unspent funds, or what is listed in your Home Care Agreement.</p>
<p>What happens to any unspent funds?</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.

What to consider	Why?
	<p>These unspent funds will continue to be available for your care and services with your new provider.</p> <p>For this to happen, 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>
If I was receiving home care prior to 1 July 2014, will my fee arrangements be affected if I change 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 provider.
- ☐ 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 suitable provider and check they are able to provide you with the care and services you need.

- ☐ Review the terms and conditions of your current Home Care Agreement so you are aware of any costs and notice periods when you change provider.
- ☐ 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.
- ☐ Work with your new provider to develop or review your care plan.
- ☐ 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.

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>