



Australian Government



myagedcare



# ***Your guide to Home Care Package services***

ISBN 978-1-925318-03-6



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The document must be attributed as the Department of Health  
Your guide to Home Care Package services.

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You can find this product at [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

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

### **Information is current as at 1 July 2019.**

Aboriginal and/or Torres Strait Islander people are advised that this booklet may contain images of deceased people.

***Your guide to Home Care  
Package services***

## Is this booklet right for you?

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

You should read this booklet if you have been assessed by an Aged Care Assessment Team (ACAT) for a Home Care Package.

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

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### Short-term care

Short-term care services are available in the home or residential care settings for situations such as restorative care (return to independence) or to help transition from hospital.

### Entry-level support at home

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

THIS BOOKLET

### More complex support at home

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

### Residential aged care

Personal and nursing care in aged care homes for older people unable to live independently in their own homes. This also includes residential respite for short stays in an aged care home.

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# What is a Home Care Package?

A home care package is a coordinated package of care and services to help you to live independently in your own home for as long as you can. Some people receive services through the Commonwealth Home Support Programme and are then assessed for a Home Care Package. Others will start with a Home Care Package.

The benefit of a Home Care Package is that your home care provider will work with you to:

- choose care and services that best meet your needs and goals
- manage your care and services.

There are four levels of Home Care Packages to help meet the different levels of care needs. During your aged care assessment, your assessor will discuss your current care needs and determine the best level to meet them.

It is expected that more people will be assessed as eligible for a lower level package, with a smaller number being assessed as needing higher level packages.

## Packages of aged care services for people with:

**Level 4:** high-level care needs



**Level 3:** intermediate care needs



**Level 2:** low-level care needs



**Level 1:** basic care needs



**Transition**



**Entry level, ongoing or short-term support services through the Commonwealth Home Support Programme**

# How the Government contributes to the cost of your Home Care Package

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

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

There is information about how to work out the costs you may need to pay on page 15.

The Australian Government pays a different subsidy amount for each level of Home Care Package. This amount is paid to the home care provider you choose.

The Government subsidy for each package level is as follows:

Package level	Aged care services for people with	Yearly amount paid by the Australian Government up to approximate* value of
1	Basic care needs	<b>\$8,750</b>
2	Low-level care needs	<b>\$15,250</b>
3	Intermediate care needs	<b>\$33,500</b>
4	High-level care needs	<b>\$50,750</b>

*\* These Figures are rounded. The maximum government contribution increases each year. The individual amount that will be paid will depend on whether you are asked to pay an income-tested care fee.*

## What can Home Care Package funds be used for?

Your Home Care Package funds should be used to purchase care and services that meet your care needs as assessed by the ACAT.

Your assessed care needs are set out in your My Aged Care support plan. You should discuss with your home care provider your care and service needs when developing your care plan which forms part of your Home Care Agreement:

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

A Home Care Package may also be used to fund the use of:

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

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

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

Home Care Package funds cannot be used as a general source of income for items such as (but not limited to):

- day-to-day bills
- food
- mortgage payments
- rent.

Home Care Package funds also cannot be used to purchase:

- other types of care funded, or jointly funded, by the Australian Government
- travel and accommodation
- entertainment activities, such as club memberships or tickets to sporting events.



## Can I get a Home Care Package?

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

The contact centre staff may then:

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

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

You can also nominate family and friends as your representatives. They will then be able to view your client record on the My Aged Care system. They can act as a representative on your behalf to discuss your care needs. You can also tell the contact centre that any mail relating to your Home Care Package should be sent to your representative.

## Assessing your needs

After your call to My Aged Care, if your care needs indicate you might need a Home Care Package, you will be referred to an ACAT for a face-to-face assessment. This assessment will identify the appropriate Home Care Package level to meet your needs.

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

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

With your consent, an ACAT member will:

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

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

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

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





# Pathway to accessing a Home Care Package

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



## Receive the outcome of your assessment

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

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

- receive an approval letter from My Aged Care that sets out the level of Home Care Package you are approved to receive and the priority that was assigned to you
- be placed in the national priority system for your approved Home Care Package level. Your place will be based on when you were approved for home care and the priority that was assigned to you.

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

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

If you don't receive an approval letter explaining your assessment outcome, call My Aged Care on 1800 200 422 and request a copy.



## What if I have concerns about the assessment or outcome?

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

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

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

Every ACAT must follow the procedures in place to work through any concerns.

If you do have concerns:

Call your ACAT assessor to talk through your concerns and request their help. They may be able to help you and will listen to your concerns.

If you and the ACAT cannot resolve the issue ask them to give you the contact details of your state or territory government department manager. You should raise your concerns with them.

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

You should write to the following address:

The Secretary  
Department of Health  
Attn: Aged Care Assessment Program Reconsiderations  
GPO Box 9848  
Adelaide SA 5001

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

There is no charge to ask for a review of an ACAT decision. If you are not satisfied with the outcome of this review, you can go to the Administrative Appeals Tribunal. There is a charge for this. Find out more on their website at [www.aat.gov.au](http://www.aat.gov.au) or call 1800 228 333.

## Find home care providers & work out costs

### How do I find a provider?

Following your approval to receive a Home Care Package, you should look for approved home care providers in your local area to find out:

- how they can best service your needs
- the fees and costs and what they mean

any other additional services they offer and their associated costs.

You can find a provider by:

Using the My Aged Care website [www.myagedcare.gov.au](http://www.myagedcare.gov.au) to search and compare providers, including their prices for a number of services; or

Calling My Aged Care on 1800 200 422 and the person you speak to can give you a list of local home care providers over the phone or send it to you in the post.

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

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



## What are the costs

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

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

The subsidy the Australian Government pays will be different for each level of Home Care Package. This amount is paid to the home care provider you choose.

You're expected to contribute to the cost of your care and services if you can afford it.

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

- visit [www.myagedcare.gov.au](http://www.myagedcare.gov.au) and search for 'Fee Estimator'; or
- call My Aged Care on 1800 200 422.

## What will I need to pay?

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

- a basic daily fee
- an income-tested care fee
- additional fees.





## The basic daily fee

The basic daily fee is calculated as a percentage of the single person rate of the basic age pension based on your Home Care Package level.

The basic daily fee percentages for each Home Care Package level are as follows:

Package level	Per cent of the single person rate of the basic age pension
1	<b>15.68</b>
2	<b>16.58</b>
3	<b>17.05</b>
4	<b>17.50</b>

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

## The income-tested care fee

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

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

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

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

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

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

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

## Additional fees

Any other amount you have agreed to pay for extra care and services that wouldn't otherwise be covered by your Home Care Package.



## How do I work out my fees?

The fees you may be asked to pay towards your Home Care Package are advised by DHS.

If you're receiving an income tested payment e.g. aged pension or Department of Veterans' Affairs payment, you don't need to do anything. You will receive a letter once you enter into a Home Care Agreement telling you about the fees you may be asked to pay.

If you are a self-funded retiree, or a part-pensioner and you do not receive a means tested income support payment, you will need to complete a formal income assessment form.

Income support payments which are not means tested include:

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

If you need a pre commencement fee letter, please call Centrelink on 1800 227 475 or DVA on 1800 555 254.

Any fees to be paid by you will be discussed between you and your provider before starting services as part of developing your Home Care Agreement and package budget.

Once care and services start you will be able to review all subsidies and fees relating to your Home Care Package in your monthly statement.

## How do I complete an income assessment?

You can complete an income assessment by going to the DHS website at [humanservices.gov.au/agedcare](https://humanservices.gov.au/agedcare) and:

- using the guided digital form; or
- printing the Home Care Package, Calculation of your cost of care (SA456) form.

## How will I be advised of the fees?

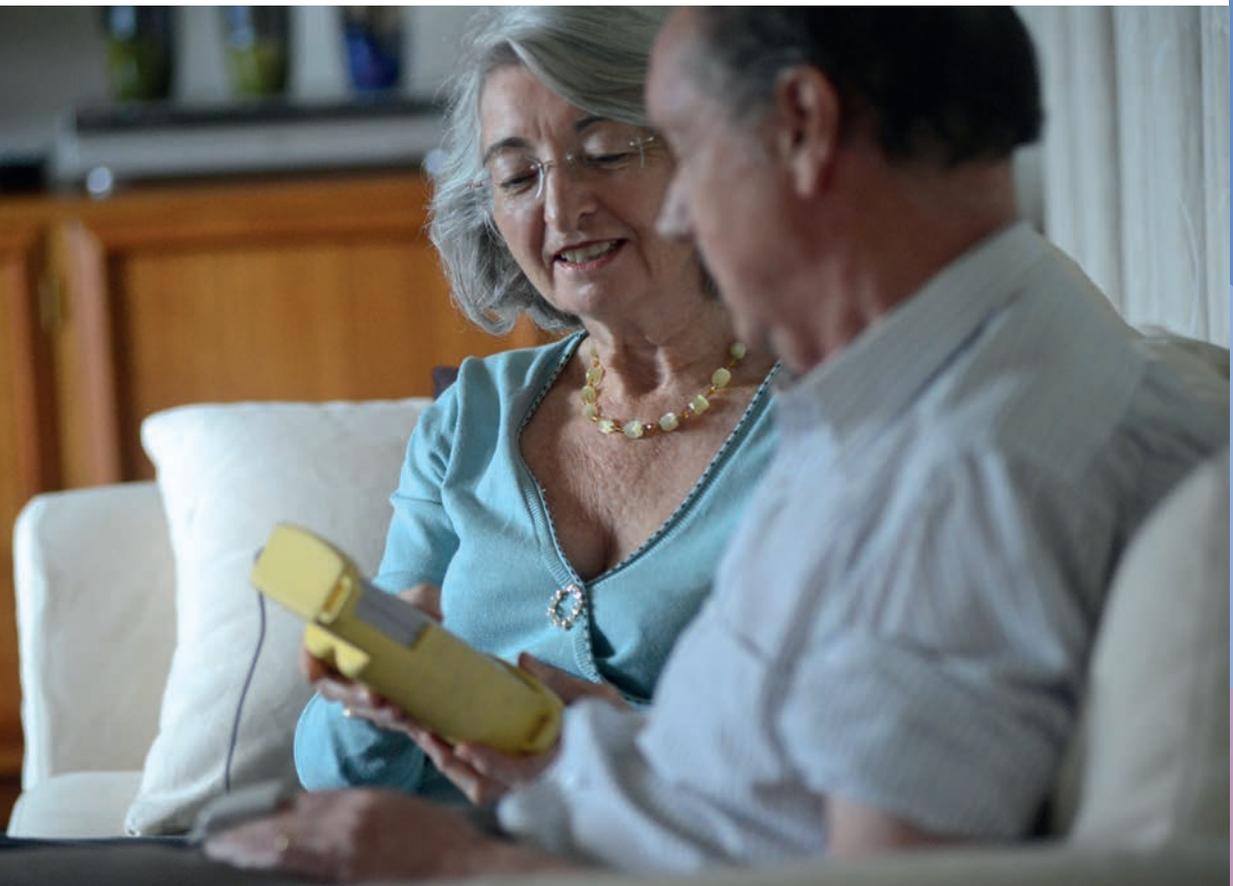
After DHS works out your maximum income-tested care fee **you and your provider** will be sent a letter with the basic daily fee you may be asked to pay.

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

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

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

If you have not received a letter after two weeks you should contact DHS on 1800 227 475 and ask for an update on the status of your income assessment.



## What if I can't afford the fees?

If you think you'll have difficulty paying the required fees, you can ask to be considered for financial hardship assistance. Each case is considered on an individual basis.

For financial hardship assistance to be considered, you must:

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

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

## How often are the fees paid?

Fees are payable for every day you hold a Home Care Package, and generally paid fortnightly or monthly. The government also pays subsidy and supplements to the provider for every day you hold a package.

## When do I start paying fees?

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

## Where can I get financial information?

You can get basic information about managing your finances from the DHS Financial Information Service. This free confidential service can help you make informed decisions about your finances for your current and future needs.

For more information about the Financial Information Service, call DHS on 132 300 and say "Financial Information Service" when prompted.

## What other costs can be charged by a provider?

Your chosen provider is able to charge package management costs and care management costs to your Home Care Package funds. Each provider will have different costs associated with providing care and services so you should ask what those costs are and how much you will be charged.

This pricing information must be published on My Aged Care by each provider and is available on the 'Find a provider' tool on the My Aged Care website.

Your provider must include a copy of their pricing schedule in your Home Care Agreement. They must then charge your Home Care Package budget the prices listed. If your provider needs to charge a different amount for a particular service (either higher or lower), they will need to discuss and agree this amount with you beforehand. The different price and the reason must then also be included within your Home Care Agreement.

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

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

Refer to page 29 for more information on exit amounts.



## Be assigned a Home Care Package

### How does the national priority system work?

Once you are approved for a Home Care Package, you are placed into the national priority system to be assigned a Home Care Package.

Your place in the national priority system is based on:

- when you were approved for home care
- your priority for service as determined by the ACAT during your assessment.

There will be a wait between the time you are approved for care and the time you are assigned a Home Care Package.

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

The 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 have received this letter you can then start negotiating the details of your Home Care Agreement with your preferred provider. Once you have entered into an Agreement, you can start receiving services.

### What if I don't want a Home Care Package now?

Contact My Aged Care on 1800 200 422 as soon as possible if you don't want your home care package now, so that another person in need can use it.

Your place in the national priority system will not be affected, because it is based on when you were approved for home care and the priority that was assigned to you. There will be no disadvantage to you if you choose not to take up a home care package now.

You can contact My Aged Care at any time in the future and ask for a home care package.

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

You may be assigned a Home Care Package below your approved level. This lets you receive services while you wait for a package at your approved level to become available. For example, if you have been approved to receive a level 4 Home Care Package you may receive a letter assigning you a level 2 Home Care Package so that you can get care and services while you wait for a level 4 package to become available.

You will remain in the national priority system while you wait for a package at your approved level, while receiving services through a lower level package. When a higher level package becomes available 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. You and your provider will be notified once you have been upgraded. You should then talk to your provider about what additional care and services can be arranged.

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

If you are assigned a lower level package but choose not to accept it, you will not be disadvantaged. You will remain in the national priority system while you wait for a package at a higher level and will be notified when one becomes available.

You can tell My Aged Care or your assessor the minimum level Home Care Package you are willing to accept. You may be offered a lower level package to enable you receive care and services as soon as possible.



## What do I do with my referral code?

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

You have **56 days** from the date your Home Care Package has been assigned to find a provider and enter into a Home Care Agreement.

If you are having difficulty finding an approved home care provider in the **56 days**, or need some extra time to make a decision, you can call My Aged Care on 1800 200 422 and they can extend the time by a further **28 days**.

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

If your package is withdrawn, you will need to call My Aged Care if you want to be placed back in the national priority system for a Home Care Package to be assigned to you. Your place in the national priority system will be determined by the date of your original home care approval.



## Enter into a Home Care Agreement

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

This will form the basis of your Home Care Agreement, which sets out:

- how your services will be provided
- who will provide them
- how much they will cost.

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

If you are unable to enter into a Home Care Agreement because of any physical or medical problems, another person representing you can enter into the Agreement on your behalf.

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

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

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

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

### Your rights

The Charter of Aged Care Rights sets out your rights as a person receiving Home Care Package services.

Your provider must give you a signed copy of the Charter and assist you to understand it. Your provider must also give you, or your representative, the opportunity to co-sign the document. More information about the Charter is available on the My Aged Care website at [www.myagedcare.gov.au](http://www.myagedcare.gov.au).

You also have rights under the Australian Consumer Law. Further information about these rights is available at [www.accc.gov.au/agedcare](http://www.accc.gov.au/agedcare).

## How your care is delivered

From 1 July 2019 there will be a new single set of standards applied to all aged care services, called the Aged Care Quality Standards.

The Aged Care Quality Standards focus on quality outcomes for consumers rather than provider processes. This will make it easier for consumers, their families, carers and representatives to understand what they can expect from a service. It will also make regulation simpler for providers working across multiple aged care services, and encourage innovation, excellence and continuous improvement.

More information on the standards can be found on the My Aged Care website at [www.myagedcare.gov.au](http://www.myagedcare.gov.au).

## Developing your care plan

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

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

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

## Your goals

When talking about your needs with your provider, think about what your goals are and what is most important to you. Identifying goals will help you choose care and services that best support your needs. A goal might be maintaining a healthy lifestyle, or achieving independence in mobility.

You might consider:

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



## Your care needs

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

## Your services

Your care plan includes the exact care and services that will be provided to meet your goals and needs. It might also cover who will provide the services, when they will be delivered and how often.

## Your care management

Your care plan should outline your provider's approach to care management. Some providers offer the option for you to be involved in the management of your Home Care Package. Your provider will discuss these options with you and the care plan will outline the level of involvement you've chosen to have.

## Your care plan

Once developed with you, a final copy of your care plan must be given to you before, or within, 14 days of your care and services starting. Your provider cannot change your care plan without your permission, but you can approach them about changing it at any time.

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

You must 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. You can ask for a review of your care plan at any time if your care needs change.
- if you have been receiving services through a lower level package than your approved level, and you get upgraded to a higher package level. This lets you receive the extra services you need to meet your needs.

## Your Home Care Package budget

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

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

Your package budget is made up of:

- the government subsidy (and eligible supplements - see page 31)
- the fees you pay (and any additional amounts you've agreed to pay for extra care or services).

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

## Exit amount

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

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

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

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

## Monthly statement

You will receive monthly statements from your provider that shows charges for services and equipment, care management and other provider charges and your unspent balance. If you are not receiving a monthly statement, talk to your provider.

Any unspent funds must carry over from month to month, and from year to year, for as long as you continue to receive a Home Care Package from that provider. If you choose to cease your Home Care Package or change providers, your unspent funds must be returned to you and the Government or transferred to your new provider.

## Can the government subsidy be paid to me?

The government subsidy funds must be paid to an approved home care provider and not directly to you. Your provider will manage them on your behalf.

## What supplements are available if I have extra needs?

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

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

Some additional supplements are:

- Dementia and Cognition Supplement – to assist with the extra costs associated with caring for people with cognitive impairment related to dementia and other conditions. This is subject to meeting eligibility requirements including assessment by a GP or other suitably qualified person using the prescribed assessment tools
- Veterans' Supplement – funding for veterans with a mental health condition accepted by the Department of Veterans' Affairs (DVA) as related to their service
- Oxygen Supplement – for people with an ongoing medical need for the continual administration of oxygen. This does not apply for short-term illnesses such as bronchitis, or for intermittent use of oxygen
- Enteral Feeding Supplement – for people who need to be fed by a tube on an ongoing basis
- Viability Supplement – intended to help meet the higher costs of delivering care and services for people living in rural or remote areas
- Hardship Supplement – available to home care recipients in genuine financial hardship who do not have the ability to pay their aged care costs due to circumstances beyond their control (see page 20 for more information).

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



## Can someone help me negotiate with my home care provider?

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

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

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

An advocate can help you by:

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



## Manage your services

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

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.

### What if my care needs change?

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. If your provider can't help, call My Aged Care for a reassessment, you may need to be reassessed for a higher level Home Care Package or other support services.

### What if I am receiving a lower level package than the one I was approved for?

If you receive a lower level package while waiting for your approved level, My Aged Care will automatically upgrade you to the higher level package when one becomes 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.



## Can my provider end our Home Care Agreement?

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

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

- you tell the home care provider that you no longer wish to receive care
- your condition changes so you cannot be cared for in your home with the resources available to the home care provider
- you move to a location where home care is not available through the home care provider
- you have not paid your home care fees for a reason within your control and you have not negotiated an alternative payment arrangement with your provider
- you have intentionally caused serious injury to a staff member or infringed their right to work in a safe environment.

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



## What happens if I go into hospital, residential respite care, transition care or take leave for social reasons?

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

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

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

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

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

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

## Can I change providers?

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

There is a checklist at the end of this booklet to help you through the process of changing providers.



## Unspent funds

The unspent home care amount is the total amount of home care subsidy, supplements and home care fees paid to an approved provider for a client (for a period of care), that have not been spent or committed on that client's care.

You should work with your provider to ensure you benefit from the full use of your Home Care Package and package budget. Talk to your provider about the funds available and how you are going to spend those funds to support your needs. You should develop a care plan and package budget with your provider that fully meets your ACAT assessed care needs. Your assessed care needs will be included in your Home Care Agreement.

The budget for your package should meet your **current** care needs. If you are receiving enough care through a lower level package you can opt out of the national priority system. You will not be disadvantaged if you opt out, as you can rejoin the system at any time, based on your original approval date and priority. You will continue receiving services through your lower level package. If your care needs increase in the future, you can rejoin the national priority system and based on your original approval date, be in the system for your approved level package.

You should review your care plan and package budget with your provider as soon as you are upgraded, so you are making the best use of your package.

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

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

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

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

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

Providers must transfer unspent funds if a client changes provider, or return unspent funds to the government if the client leaves home care.

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

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

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

If you:

- move into permanent residential care
- pass away
- end your Home Care Package

then your provider will work out the unspent amount and return the fee contributions you made to you or your estate.

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





## Raising your concerns

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

- speak to your service provider about your concerns
- contact the Aged Care Quality and Safety Commission.

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

Sometimes, complaints can't be resolved by the service provider. Or you might not feel comfortable raising your concern with them. In such cases, you have the right to contact the **Aged Care Quality and Safety Commission**. This is a free service and you can contact them by:

**Phone** – 1800 951 822

**Online** – [www.agedcarequality.gov.au](http://www.agedcarequality.gov.au)

**In writing** – address your written complaint to:

Aged Care Quality and Safety Commission  
GPO Box 9819  
(Your capital city and state/territory)

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

They offer free, confidential and independent support and information for people (and their representatives) receiving, or seeking to receive, Australian Government funded aged care services.

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

## Further assistance

### What if I need assistance with interpreting?

If you speak a language other than English, you can call the Translating and Interpreting Service (TIS National) for the cost of a local call on 131 450. TIS National covers more than 100 languages. Call and tell the operator the language you speak ask them to call My Aged Care on 1800 200 422.

### What if you need assistance due to hearing or speech difficulties?

Contact My Aged Care through the National Relay Service (NRS). For more information, visit the NRS website ([communications.gov.au/accesshub/nrs](http://communications.gov.au/accesshub/nrs)) to choose your preferred access point or call the NRS Helpdesk on 1800 555 660.

### What help is available for people with dementia?

The Australian Government expects all aged care providers to offer services that meet the needs of people with dementia.

The Australian Government funds advisory services, education and training, support programs and other services for people with dementia, their families and carers.

For more information call My Aged Care on 1800 200 422 or go to [www.myagedcare.gov.au](http://www.myagedcare.gov.au).

### What help is available for older people who are homeless or at risk of becoming homeless?

If you are prematurely aged, on a low income, are 50 years or over (45 years or over for Aboriginal and Torres Strait Islander people) and are homeless or at risk of homelessness, there are supports including:

- links to appropriate housing and care services
- advocacy and assistance with financial and legal work
- links to other social support services aimed at reducing homelessness.

## What help is available for people with diverse needs?

The Australian Government recognises that our society is diverse and people have a wide range of life experiences.

Many programs and services are available to support people with diverse needs to access the help they need. Specialised services may exist in your area that cater specifically to special needs groups. You can find out more through My Aged Care or by asking your ACAT assessor.

Service providers should consider, respect and support specific and diverse needs when delivering care and services. No service provider should discriminate against anyone, including:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- people who live in a rural and remote area
- people who are financially or socially disadvantaged
- veterans, their dependants and widows or widowers
- people who are homeless or at risk of becoming homeless
- people who are lesbian, gay, bisexual, transgender or intersex
- people who are Care Leavers (adults who spent time in institutional or foster care as a child)
- parents separated from their children by forced adoption or removal.

Knowing about your individual needs helps your provider deliver care and support that is appropriate and respectful of your diversity.

For more information call My Aged Care on 1800 200 422 or go to [www.myagedcare.gov.au](http://www.myagedcare.gov.au)



## What assistance is available for my carer?

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

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

## What if I am already receiving aged care services?

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

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

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

## Call costs

**13/1300 numbers** – Charges for calls to 13/1300 numbers from landline and mobile phones are different. Calls to 13/1300 numbers from a fixed landline are charged at a cost similar to a local call. Calls from mobile phones may incur a higher charge.

**1800 numbers** – Calls to 1800 numbers are free from fixed landlines and most Australian mobile phone providers now offer free calls to 1800 numbers – check with your mobile phone provider.

# Checklist – Find home care providers and work out costs

Once you have been assessed as eligible to receive a Home Care Package, use this checklist to help guide you through the process of looking for home care providers and understanding how much you might need to contribute to the cost of your care.

1. Following your assessment
  - a. receive your approval letter with package level and approval date

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2. Create a short list of providers in your local area
  - b. use the 'Find a Provider' tool on the My Aged Care website [www.myagedcare.gov.au](http://www.myagedcare.gov.au) or call My Aged Care on 1800 200 422

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

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

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5. Receive your Home Care Package assignment letter

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

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

# Checklist – Enter into a Home Care Agreement

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

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

1. Be assigned a Home Care Package
  - a. receive package assignment letter with referral code and expiry date

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2. Contact preferred provider
  - b. take a copy of your package assignment letter
  - c. take a copy of your income assessment results  
Note: If you have not yet arranged for an income assessment, call DHS on 1800 227 475\*
  - d. do you need more than 56 days to make a decision?
    - i. contact call My Aged Care on 1800 200 422 for an extension

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3. Enter into a Home Care Agreement
  - e. work with your provider to develop a package budget and care plan
  - f. agree to structure and layout of monthly statements
  - g. understand conditions and charges that will be made to your Home Care Package funds including any exit amount
  - h. enter into your Home Care Agreement

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4. Start and manage your services
  - i. review care plan on a regular basis to ensure it is still meeting your needs
  - j. if your needs change, book an appointment with your home care provider to discuss

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

# Checklist – Changing providers

If you are interested in changing your home care provider, either because you are moving location or looking for a better fit, you can do so. Use this checklist to help guide you through the process of changing providers.

1. Read current Home Care Agreement
  - a. understand any conditions and exit amount for changing providers
2. Start looking for new providers in your local area
  - b. use the 'Find a Provider' tool on the My Aged Care website [www.myagedcare.gov.au](http://www.myagedcare.gov.au) or call My Aged Care on 1800 200 422
3. Decide on a suitable provider and check they can deliver the services you need
4. Agree end date for home care services with current provider 

**Note:** you have 56 days from this end date to enter into a Home Care Agreement with a new provider. You also have the option of requesting a 28 day extension.
5. Call My Aged Care and request referral code re-activation
6. Give new provider your referral code
7. Enter into a Home Care Agreement
  - c. work with your provider to develop package budget
  - d. agree to structure and layout of monthly statements
  - e. understand conditions and charges that will be made to your Home Care Package funds, including any exit amount
  - f. agree on the start date to commence with your new provider 

**Note:** this must be on or after the end date of services with your current provider
  - g. enter into your new Home Care Agreement
8. Give current provider the details of your new provider within 56 days of your agreed end date so they can transfer any unspent funds
9. Receive notice from old provider with details of unspent funds
  - h. if notice not received within 56 days of agreed end date, contact old provider
10. Provider transfers unspent funds (if any) to new provider, within 70 days of agreed end date of services
11. New provider includes details of the unspent funds transferred to them in your next monthly statement



Notes.

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For help visit [www.myagedcare.gov.au](http://www.myagedcare.gov.au) or call 1800 200 422  
All information in this publication is correct as at 1 July 2019