

Your Easy Guide to Understanding Local Home Care Packages

- ✓ No Hidden Fees
- ✓ We Set Up The Services
- ✓ Local Carers You can Trust



Your Goal is to Live at Home Forever

Many Australians want to live at home forever. The thought of leaving their long-time family home and community to live in a Residential Aged Care Facility or Nursing Home can be quite scary. It makes sense for an individual's well-being to age amongst familiar surroundings and family to maintain their daily schedule and general happiness.

To support Australians living at home, the government developed the Home Care Package (HCP) Program which individuals can receive between \$10K - \$59K per year to spend on home care services to assist them to live at home independently - for longer.

Unfortunately, navigating the Home Care Package process can be extremely confusing, sometimes frustrating, and overwhelming. Choosing a government-approved provider to manage your HCP is very important to ensure you do not sign a contract that is not to your financial benefit. At the end of the day, the further you can make your funds go, the more services you can afford and the more likely you'll be able to live at home longer.

Whether you have applied for a new Home Care Package or are considering switching Providers, it is always a good idea to do your research to find out what is best for you. As with many service providers, there are always those who get comfortable with charging higher fees and perhaps also not providing quality service.



Where to Start?

Once you have decided that you would like to investigate getting a Home Care Package, the first step is to arrange an assessment. Once you've been assessed and approved by My Aged Care, you'll need to choose a provider.

Being assessed for a Home Care Package

Before you can get a Home Care Package, you'll need to check your eligibility and have an assessment through My Aged Care.

Checking your eligibility

Home Care Packages are meant for older people, but there is no minimum age requirement.

There are no citizenship or residency restrictions on Home Care Packages, however, they are not meant for visitors to Australia or people who need only temporary or short-term care. If you want short-term care, the Commonwealth Home Support Program might be a better option for you.

ACAT assessments

Home Care Package assessments are done by the Aged Care Assessment Team (ACAT), or ACAS in Victoria. An ACAT professional visits you in your home to find out about your needs. They assess whether you are eligible for a Home Care Package (or other assistance) and what level of help you will need. ACAT assessments are free.

Arranging an assessment

To arrange an ACAT assessment, call My Aged Care on 1800 200 422. You can ask for an interpreter if you need one.

Before you call, have your Medicare card ready and the contact details of your doctor and a family member. You may also like to prepare by writing down a few things that are starting to be challenging for you.

My Aged Care will ask you some questions about:

- your living arrangements
- your health and wellbeing
- things you find difficult to do
- support you are currently receiving.

Based on your answers, My Aged Care will work out whether you need an ACAT assessment or an assessment for a different service, like the [Commonwealth Home Support Program](#). They will help to arrange an assessment for a time that suits you.

During the assessment

During the assessment visit, the ACAT member (usually a nurse, social worker or other health care professional) will ask questions about how well you are managing in your day-to-day life. They will also explain the assessment process.

The assessment is an opportunity for you to share what is important to you and what support would make a difference in your life. It might be helpful to think about this before the visit.

You can have a friend, family member, partner, carer or advocate with you during the assessment. To find a local advocate, contact the National Aged Care Advocacy Line on 1800 700 600.

After the assessment

After the assessment, the ACAT will write to you with the outcome and explain what level of Home Care Package you are eligible for.

If you disagree with your assessment you can appeal the decision. Alternatively, discuss your concerns with an advocate by calling the National Aged Care Advocacy Line on 1800 700 600.

Once you have been assessed and approved, you decide if you want to accept the services. It's your life and your choice. Some older people are worried that having an assessment means a fast-track into a nursing home. The truth is that most people will be linked into community care services that help them stay living in their own home.

Choosing a Provider

Once you've received your ACAT approval, you'll need to choose a home care provider. Your provider gives you case management services – that is, they help to manage your package funds and arrange the services you want. Some providers only provide case management, while others also provide home care services that you can buy with your package funds.

Home care providers are a mix of for-profit, government and not-for-profit organisations (including religious, charitable and community-based providers). Some providers have operated for a long time; others are new. Some operate nationally and others only provide services in a local area.

Waiting Periods

Sometimes there is a waiting period between the ACAT approval and when a provider offers you a Home Care Package. This can be a good time to start thinking about what you would like in a provider.

While you wait, draw on your current support, family, friends and your community to help you stay independent at home. You can also use Commonwealth Home Support Program services while you wait – just ask your ACAT clinician for a referral.

Things to Consider When Choosing a Provider

Think about what is important to you. Your choice of provider is critical to your home care package and most importantly, your ability to live at home independently forever.



Important Questions to Consider

- What variety of services can they provide or source for you?
- How flexible are they? If they can't provide something themselves, will they help you to find it somewhere else?
- Will they subcontract to workers you already receive care from so that you can continue with them?
- How often will you see or speak with your case manager or adviser? What is included in the case management fee?
- Can you choose how much or how little you are involved in self-managing your care plan and budget?
- What's their reputation?
- What are the costs and charges for services, including case management, administration, hourly rates, exit fees, etc.?
- Will they negotiate how much you pay for the Basic Daily Fee?
- If you have specific cultural or language needs, do they have staff who speak your language?
- What Provider fees are taken from your package and how much will you have left over to spend on the care services you need?
- Does your Provider require you to contribute a daily care fee of about \$11 per day to your package or not?
- What funding can and can't be allowed to be used for home care services?
- How long will it take to access your own funds from the Provider when you need a service provided?
- How are your support workers and support services selected that you will have access to?
- Are your services charged at cost-effective market rates?
- What is the guaranteed level of support and customer service you'll receive with your chosen Provider?

Top 7 Questions to Consider when selecting a Home Care Package Provider

1. Does the Provider charge an exit fee in the contract?

Many providers will charge an exit fee if you wish to leave their service and switch to another provider.

Applying an exit fee is a very effective method of ensuring clients stay with their current provider even if they are frustrated and unhappy with the service. An exit fee can usually cost between \$200 and \$5,000 as a flat fee if you leave, depending on the Provider.

Most consumers don't understand that switching to another provider is not a difficult process and quite simple in fact. If a Provider enforces you pay an exit fee as part of your contract, then it's strongly advisable not to sign up with them.

There are many reasons you may choose to switch Providers and you should always have the right to change your mind and move to another provider if that is your final decision.

2. Are there high administration and case management fees?

It is widely known that the industry standard for Provider fees is approximately 30% of a package but some Providers have been known to charge up to 50%* or more when you add in hidden fees.

Before signing any Provider contract, make sure to ask them about their fees and what you will receive as your final funding. The safest option is to look for a flat fee which includes ALL costs for Case Management and Admin fees. By offering our low flat fee of 26%, we are able to offer Home Care Package holders considerably more care hours than other Providers.

Absolutely NO HIDDEN FEES.

*A government-funded study, conducted by Research Matters in March 2019, showed participants paying upwards of 50% to Home Care Package Providers.

3. Does the Provider charge a daily care fee?

It is legally permitted by the government for a Provider to charge a daily care fee of approximately \$11 per day that they will then use for your care services. This is not to be confused with the Income Tested Fee. The idea is that by paying extra with a daily care fee you'll have more funds in your package to support you, but that \$11 you pay them will also have their fee applied to it so it's not really a good deal for you. If you need to get extra care or services, then you are far better off to arrange to pay for them privately, rather than have them increased by a Provider's additional fee.

It's important to make it clear that any Provider can choose to charge you a daily care fee, however, it's not mandatory and there are Providers who don't charge it at all. It is recommended to find a Provider that does not charge a daily care fee.

4. Are the roles and responsibilities of Case Managers clear?

Being looked after by a caring and knowledgeable Case Manager is a truly great experience. You can expect your Case Manager to ensure you have the expert care you need, regularly oversee your in-home services and provide clinical monitoring and governance.

But unfortunately, not all Case Managers are created equal and it can happen that you have a case manager that does not do their job correctly after they have set up your services. It's very important that there is a very clear procedure and structure in place to ensure the case management you are receiving is of the highest quality and the right amount of support and care is being provided.

Case management is as individual as you are and the level of support can vary over time as your situation evolves. A person with minimal care requirements will have a lower need for case management, whereas for a person with higher care requirements, case management can be a critical support assistance to help them source and coordinate their care services without having to organise and self manage themselves.

Therefore, if you do decide you would prefer the Case Management model, then the best option is to choose Providers with a low Case Management fee, like Trilogy Aged Care as we offer a low, flat rate fee of 26% with NO hidden fees.



5. Does the Provider allow you to use your funding for the services you want and need?

When you are approved for your government funding, you should be able to choose the service providers to best support your individual wants and needs, as long as it's within the official guidelines.

Some Providers can make you go through their own network of services providers, perhaps charging higher fees and thus reducing the amount of services you can receive for with your funding.

It is always advisable to ask your Provider about the approval process to use your funds on the services you want and need. If the process seems too difficult, time consuming or costly, it's a good idea to perhaps look elsewhere for a provider that listens to your needs and easily accommodates your requirements with minimal fuss.

6. Does the Provider regularly provide clear and accurate account statements?

All Providers are required to send you a Monthly Activity Statement showing what you have spent your funds on and the balance of funds you have left to spend, if any.

It's important you ensure your Provider sends you clear and accurate statements so you can feel comfortable and confident at all times about your financial funding situation. If you don't know the charges are correct then it can become very confusing and you won't be able to plan for future care needs.

If you are doing your research for Providers, it's a good idea to ask them to show you an example of their Monthly Activity Statement and for them to explain to you how it works. It's also a good tip to also ask them what the process is if you find charges that shouldn't be there or are inaccurate. This is a service which should not be compromised in any way as you have enough to worry about without having to check your statements every month.

7. What is the waiting period for the Provider to reimburse you for expenses?

If a Provider takes a long time to reimburse you for any expenses it can have a big impact on your financial situation and your ability to live independently. The current industry standard is approximately 6-8 weeks for reimbursement which is hard to believe considering it's your funds.

It is always a good idea for you to ask the provider how long it takes to get refunded for expenses, especially when you may rely on prompt payment to support your daily living. It is fair to expect reimbursements from a Provider within 7-10 business days.

Trilogy Aged Care - Q&As

Following are some simple answers from Trilogy Aged Care to the major questions listed above.

What is Trilogy Aged Care's current Case Management and Admin fee?
26%.

What is the average hourly fee of Carers I can access?
\$50-70/hour.

Do you charge a Set-Up or Exit Fee? If yes, how much?
No.

Do you charge an On-Call Fee? If yes, how much?
No.

Will I be charged if I phone to ask a question? If yes, how much?
No.

Can I use my existing service providers, such as my gardener?
Yes.

Can I get real-time access to my current statements?
Yes.

You can visit our website and explore the full list of FAQs here:
<https://trilogyagedcare.com.au/faqs/>

Double Your Care Hours

With our Super Competitive 26% Rate

Trilogy Aged Care's fee are 26% of the home care package.

- Full Care Coordination
- No Setup Fee
- No Daily Fee
- No Exit Fee

Level 1 \$10,271.10

Government Subsidy (per week) **\$197.52**

Trilogy Care Fee (per week) **\$51.36**

Estimated Support (per week) **2.92 hrs**

Level 2 \$18,063.85

Government Subsidy (per week) **\$347.38**

Trilogy Care Fee (per week) **\$90.32**

Estimated Support (per week) **5.14 hrs**

Level 3 \$39,310.50

Government Subsidy (per week) **\$755.97**

Trilogy Care Fee (per week) **\$196.55**

Estimated Support (per week) **11.19 hrs**

Level 4 \$59,593.55

Government Subsidy (per week) **\$1,146.03**

Trilogy Care Fee (per week) **\$297.97**

Estimated Support (per week) **16.96 hrs**

Estimated hours of support per week based on an average of \$50 per hour charged for support work. Please keep in mind that support rates range between \$50 - \$70 per hour. Support hours are reduced if the hourly rates are higher and depending on availability.



Your journey to home care doesn't have to be complicated or stressful. Get in contact with our team to learn more about the Best Local Home Care Packages in Melbourne.



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