

Frequently Asked Questions

HOME CARE PACKAGES

What is a Home Care Package?

The Home Care Packages program is a government-subsidised program that provides long-term support for older people who want to stay living at home. There are four levels of Home Care Package for different levels of care and support needs. Each level receives a different amount of funding. This money can be used to buy hours of care or other support that suits your needs.

Home Care Package funds aren't paid to you directly. Instead, you choose an approved Home Care Package provider to administer the funds on your behalf and give you 'case management' support and advice.

Once you have a Home Care Package, you can keep it for as long as you need. If your needs increase, you may be re-assessed for a higher level package.

What are the Home Care Package levels?

There are four levels of Home Care Package for different care and support needs:

- **Level 1** for basic care needs
- **Level 2** for low-level care needs
- **Level 3** for intermediate care needs
- **Level 4** for high-level care needs.

Each level receives a different amount of government funding. The higher the level, the more funding the government pays on your behalf, allowing you to buy more services. A Level 4 package allows you to buy the most services.

Once you've had an Aged Care Assessment, you will be told which level applies for you.

What other options are there?

Home Care Packages are not the only way you can have your needs met. You may find extra support from your family, in your community, in your social network, using your own money or resources, or by creating a network of people that may be able to help you. There are also lots of other programs, some of which are funded by government, which you might be able to use. You can contact My Aged Care for information on what Government programs you might be eligible for.

COMMONWEALTH HOME SUPPORT PROGRAM

What is the Commonwealth Home Support Program (CHSP)?

CHSP is a government program that supports older people who are still managing well at home, but want some extra assistance, such as home help, delivered meals, personal care or home maintenance. The service is subsidised by government, but you have to pay some fees.

Many people use CHSP when they need low-level support. As their needs become more intensive or complex, requiring some case management assistance, they can be referred for a Home Care Package.

What services does CHSP provide?

The CHSP offers a range of home and community care services including:

- **social support** – social activities in a community-based group setting, Day Centre programs
- **transport** – help to get out and about for shopping or appointments
- **domestic assistance** – household jobs like cleaning, clothes washing and ironing
- **personal care** – help with bathing or showering, dressing, hair care and going to the toilet
- **home maintenance** – minor general repair and care of your house or yard, for example, changing light bulbs or replacing tap washers
- **home modification** – minor installation of safety aids such as alarms, ramps and support rails in your home
- **nursing care** – a qualified nurse comes to your home and may, for example, dress a wound or provide continence advice
- **respite care** – supporting carers by providing respite care options
- **housing support** – assistance with housing options for vulnerable older people
- **food services** – meals at a community centre; help to shop for, prepare or store food; meal delivery to your home
- **allied health support services** – such as physiotherapy, occupational and speech therapy, podiatry, dietician etc.

What is the difference between Home Care Packages and the CHSP?

Home Care Packages and the CHSP both give you support to stay at home. But there are differences between the programs.

With the CHSP, you:

- choose from a set menu of services – there isn't much flexibility
- only pay for the services you use
- can dip in and out of the program as you need things
- have your eligibility assessed by the Regional Assessment Service (RAS).

With a Home Care Package:

- a case manager or case adviser helps you understand the system and work out a Care Plan that suits your individual needs and preferences
- you get your own funds to use and can decide how to spend it, rather than choosing from a menu
- once you have a package, it stays in place for the long term
- your eligibility is assessed by the Aged Care Assessment Team (ACAT).

What is the Regional Assessment Service (RAS)?

RAS are the assessors who visit you at home to assess which services you can use under the CHSP. You may need a new assessment each time you want to use a different service under this program. It's a good idea to think about whether you might need to use any of the range of CHSP services in advance, to save you having to go through the whole referral and assessment process again.

ELIGIBILITY AND ASSESSMENT

What are the eligibility criteria for a Home Care Package?

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.

I'm a veteran. Can I still get a Home Care Package?

Yes, people receiving help from the Department of Veterans Affairs under Veteran's Home Care can also be assessed for a Home Care Package. You can have a Home Care Package and Veteran's Home Care at the same time – many veterans receive both. Some Veterans are also eligible for a Veteran's Mental Health Supplement.

What is the Aged Care Assessment (ACAT) Team?

The ACAT assess people's eligibility for Home Care Packages and other residential care services.

They are professional health and community care clinicians who visit you at home to assess your needs. They do a comprehensive assessment for your eligibility for a Home Care Package, residential respite care or permanent residential care.

What happens during an assessment?

During the assessment visit, the ACAT clinician (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 and give you advice about on the types of care services that may help you to stay at home.

Your assessed needs will determine which level of Home Care Package you are eligible for. You will also be asked about whether you want approvals to use residential respite care in the future.

In some instances, when staying at home is no longer possible, the assessment can also help to determine your eligibility for care in a residential aged care facility.

Can I have someone with me during the ACAT assessment?

Yes – It's a good idea to have someone you trust and who knows you well at the assessment home 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**.

How can I prepare for my ACAT assessment?

During the assessment, you will be asked about what you can still do for yourself and what you want assistance with. It helps if you have already thought about what your needs are, and about what you help you think you will want in the foreseeable future.

When should I agree to have an assessment of my needs? Having an assessment worries me!

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.

Many people get extra help at home. If you think you might benefit from some assistance, it's a good idea to have an assessment. Over the phone, My Aged Care will help work out what type of assessment you need and will start the process for you. Once you've had an assessment, you make up your own mind about whether you want to accept the outcome. It's your life and your choice.

What is My Aged Care?

My Aged Care is the government gateway for all aged care needs, including assessment and information on aged care support and programs across Australia. They should be your first point of contact.

Call My Aged Care on **1800 200 422** or use their website www.myagedcare.gov.au.

HOME CARE PACKAGE SERVICES

What services do Home Care Packages provide?

Funds can be spent on **most things that relates to your care and wellbeing**. The list is endless – you have flexibility and choice – so be creative and persistent in getting what you want. Services need to fit within your package budget and be listed in your care plan. If you can afford to, you can pay for some extra things out of your personal funds.

There are some examples of things that people can buy:

Personal care – showering, dressing, continence management	Podiatry, physiotherapy, counselling, speech therapy, some vision aids, companion pet
Home care – cleaning of house (essential areas), laundry, making beds	Professional laundering, spring cleaning, therapeutic bed mattress
Shopping assistance	Internet access, iPad, computer equipment, hands-free speaker phone
Transport to appointments, such as medical or even hairdresser (escorted by a care worker)	Fuel vouchers or taxi vouchers to use to get around without a worker needing to be present

Meal preparation	Basic cooking classes, meal delivery, diabetic magazine subscription
Basic garden and lawn maintenance	Making raised garden beds, purchase or hire of some equipment and paying towards some modifications at home
In-home respite care	Personal support during travelling or whilst visiting other locations
Medication prompts, personal alarm monitoring	Worker to help create photo memory books, go for a stroll in the park, out for coffee, walk the dog
Social activities and programs	Exercise programs and classes (such as hydrotherapy, yoga, massage, gym, personal trainer, treadmill, etc)

Is there anything that Home Care Packages DON'T provide?

Yes, some things are excluded. The package won't pay for:

- day-to-day bills
- food
- rent or mortgage payments
- gambling
- holidays
- entertainment
- things already covered by Medicare or Pharmaceutical Benefits
- programs already funded or subsidised by the Australian Government.

How many hours can I get from my package?

It depends – and you are not locked in to purchasing hours of care. Your package gives you a specific amount of funding. Some of this money will go towards your Provider's administrative and case management charges. The rest of your funding can be spent on services that support your independence, health and wellbeing. This can be **hours of care** or something else, depending on your care needs.

If you do decide to buy hours of care, you can expect to receive approximately the following range of hours of care from your package. Remember, this is not precise, and you can discuss your needs with the provider.

Level 1	approx. 2 hours per week (on average)
Level 2	approx. 3-4 hours per week (on average)
Level 3	approx. 7-9 hours per week (on average)
Level 4	approx. 10-13 hours per week (on average)

There are three main things that will impact on how much you have available to spend on your care and services:

- 1) how much the provider charges your package for administration and case management

- 2) how much the provider charges for each hour of care you receive – this may be anything from \$40-60 per hour
- 3) how much **you contribute** to your package budget by paying the Basic Daily Fee. (for more information, see *'What is the Basic Daily Fee'*)

What is case management?

A case manager is a professional adviser who works with you (and your carers or representatives) to link you to the services and other resources that you want. Your case manager advises and supports you to:

- navigate the system and get the services you need to stay at home
- plan for the future
- make adjustments if your circumstances and needs change, such as after an acute episode, or when a friend or family member is no longer able to help you.

Case management includes things like assessment, care planning, service coordination, managing budgets and reviewing how everything is going. You and your provider usually choose how much case management support you need and can adjust your budget accordingly.

Case managers sometimes have another title such as care manager, adviser, care facilitator, care coordinator etc.

What is a Home Care Agreement? What's in it?

When you start a Home Care Package, you and your provider make an agreement that outlines the services you will receive. The agreement describes your rights and the provider's rights. It will also refer to other documents like your budget and agreed care plan. Home Care Agreements are legally binding.

What's the difference between a 'provider' and a 'service provider'?

Only an **approved Home Care Package provider** can host a Home Care Package. Approved providers have satisfied the Department of Health's legal and social requirements to administer packages on behalf of consumers.

A **service provider** is any company that delivers the actual service or hours of care, such as direct care services, gardening, podiatry, home cleaning, personal care etc.

Some Home Care Package providers are also service providers as they employ their own direct care staff. It is expected that all providers are able to buy direct care and other services from external service providers as well.

Can I change provider if I'm not satisfied?

From February 2017, people with Home Care Packages will be able to change providers, taking their package funding with them to the new provider. If you're happy with the services you're getting, you don't need to do anything, but if you want to change, you can. Changing providers will be easiest if you are moving to another area or looking for a better fit.

Before you decide to change, check your Home Care Agreement for any fees or special conditions. Providers are allowed to charge an exit amount, which must be mentioned in your Home Care Agreement.

FINANCES

Where does the money come from?

The money for your Home Care Package comes from the Commonwealth Government and is paid to your provider. They call this amount a 'subsidy' and it is calculated daily and paid monthly to the provider. The provider 'hosts' the package on your behalf, looking after the finances. They are accountable to the government and to you for how the package money is spent.

What are Home Care Package supplements?

Supplements are extra payments for people with higher care and support needs. There are supplements for:

- people caring for someone with dementia
- veterans with mental health problems
- people who need oxygen
- people with special feeding needs
- people living in very remote areas
- people in significant financial hardship.

Most of these supplements have a special eligibility and application process which your provider can help you with. The table below shows whether the supplement is added to your personal budget, or paid to your provider to use on your behalf. The rules about these supplements have recently changed. These are the new rules.

Supplement type:	Paid to provider to help pay for specialised products and equipment	Paid to provider but must be added to eligible client's individual budget	Last updated on Dept of Health website
Dementia		YES	3 January 2017
Veterans Mental Health		YES	6 November 2016
Enteral feeding	YES		18 January 2017
Oxygen	YES		5 January 2017
Viability (location/postcode where client lives)		YES	3 January 2017
Hardship		YES	6 January 2017

What does 'individual budgets' actually mean?

Your package funds – the government subsidy for your Home Care Package – can only be spent on care and services that are specific to you, including administration and case management costs. Each month, your package provider sends you a statement telling you about the financial activity for the previous month.

What can I spend the package money on?

You can use the funds to pay for a range of things that will help you to remain independent, safe and well at home. Exactly *how* you achieve this is up to you – you're not limited to a prescribed menu of services. Think carefully about what you really need and prioritise what's most important to you.

Think about whether you might need to top up your package with your own personal funds, or whether there are other funding sources you can apply for as well. See "What Services do Home Care Packages Provide" for more information.

What are the costs and charges that the provider takes from my package?

Home Care Package providers are not funded separately for their operating costs, such as buildings, vehicles, telephones, staff and administration. Therefore, some of your package subsidy is used to contribute to these costs. These are the 'hidden costs' of being the approved host of your Home Care Package.

Your provider also charges you for the cost of coordinating your care and services, known as 'Case Management'. This includes things like home visits for assessments and reviews, care plan development, making and receiving calls relating to your care plan and rosters, and so forth.

Providers are expected to keep these costs to a minimum so that most of the subsidy is spent on you and your needs, but the government doesn't control what providers can charge. The costs vary from one provider to another, so you might want to compare costs before you sign a Home Care Agreement with a provider.

What is a basic daily fee?

The Government allows providers to charge a **basic daily fee**. Unlike fees in other programs, any amount you pay is actually added to your budget and boosts what you can spend on care and support for yourself. Different providers charge different basic daily fees. Some providers have no fee and some use a sliding scale. The maximum you can be charged is \$10.10 per day, which is equal to 17.5% of the full Age Pension. You can negotiate with your provider about what basic daily fee you pay.

Read more about fees on the [My Aged Care website](#).

What is an income-tested care fee?

If your income is above a certain amount, you **must** pay an income-tested care fee. Your income-tested care fee is assessed by Centrelink and increases the higher your income is. The government subsidy for your package is reduced by the same amount as your income-tested care fee. The income-tested care fee is the same no matter what level of package you are on. You can legally be asked to pay a basic daily fee as well as an income-tested care fee, but many providers will negotiate with you to keep your costs at a level you can afford.

Why should I pay a fee? I paid my taxes!

Each week in Australia, 1,000 people turn 85 and 2,000 people turn 65. The government sees it as our collective responsibility to pay for aged care services by asking those who can afford to make a contribution to do so.

Remember, if you do pay a basic daily fee, this amount is added to your package budget, so you have more to spend on your care and services.

Can I just take the cash and sort things out for myself?

No. The government is very strict about this and there are no plans to change at the moment. You do have the right to be involved in deciding how the package funds are best spent.

Is the Commonwealth Home Support Program cheaper than a Home Care Package?

It depends. For some people at some times, the CHSP may be cheaper than a Home Care Package, because you only pay for the services you use.

A Home Care Package may be a better option if you need more assistance than the CHSP can offer or you need someone to coordinate your care and services.

Is it worth taking a package if I'm a part-pensioner or self-funded retiree?

Whether a Home Care Package is good value for money for you depends on your circumstances – everyone's situation is different.

Part-pensioners and self-funded retirees will have to contribute more, but a Home Care Package may still be worthwhile. Some things to consider are:

- what your care and support needs are
- whether you have others that can help you manage at home
- whether you would be better off financially paying for services privately
- how much you have to contribute vs how much the Government will subsidise.

Don't be too quick to say no to a package – it's worth getting all the facts and figures before making a decision, particularly if you are eligible for a level 3 or 4 package.

CONSUMER DIRECTED CARE

What is Consumer Directed Care (CDC) and what does it mean for me?

CDC is a way of delivering care that gives you choice and flexibility. A CDC approach should give you:

- choices about the types of assistance you want and who will deliver the services and when
- control over decisions that relate to your life and your care
- information **and knowledge** so you can make more informed decisions.

The government has included CDC principles in Aged Care laws to ensure older people's rights are protected.

Home Care Packages take a CDC approach, meaning that you:

- are encouraged to **identify your goals** which will be the basis of the care plan
- decide how much **involvement** you want to have in managing the package
- can **choose** the way services are delivered and by whom
- have an **individualised budget** and a monthly statement of income and expenditure
- can expect **regular contact with your provider**, and to change your supports if your needs or preferences change.

What are the principles of Consumer Directed Care?

The six principles of CDC are:

- consumer choice and control
- rights
- respectful and balanced partnerships
- participation
- wellness and re-ablement
- transparency.

These principles guide the delivery of Home Care Packages.