

Home Care reforms information series

Welcome to the fourth edition of Leading Age Services Australia's weekly newsletter on the Increasing Consumer Choice Home Care reforms package.

TOP TIPS: REGULATION FOCUS

1. Approved Provider Status is due to Expire Before 27 February 2017

Providers still need to be approved by the Department of Health (the Department) under the *Aged Care Act 1997* in order to provide subsidised home care. If your organisation is an approved provider of home care and your organisation's approval status is still in force at 27 February 2017, the approved provider status will not lapse. If your organisation's approval status lapses prior to 27 February 2017, you will need to reapply. Further information, including the application forms, can be found on the Department's [website](#). Approved provider status no longer lapses after two years - this will automatically be applied to all aged care providers. For further queries, please contact the Department at approvedproviderprogram@health.gov.au.

2. Self Assessment Information to the Quality Agency

To support the Quality Agency in effectively assessing home care services, [Aged Care Legislation Amendment \(Increasing Consumer Choice\) Principles 2016](#) has introduced a new requirement into the [Quality Agency Principles 2013](#) requiring providers to undertake self-assessment as part of an assessment contact.

3. Transition to Home Care Packages Levels 1, 2, 3 and 4

As specified in [Aged Care Legislation Amendment \(Increasing Consumer Choice\) Principles 2016](#) which will amend the [Approval of Care Recipients Principles 2014](#), the eligibility criteria for home care will now be determined at a specific level (level 1, 2, 3 or 4) rather than at a broadband level (levels 1-2 and 3-4). Below is a brief summary of the transition to these changes.

Additional information is available in the Department factsheet [Supporting Client Discussions](#).

Client circumstance	Before 27 Feb 2017	From 27 Feb 2017	What the client needs to do
Client receiving home care at a level they are satisfied with.	A client is already receiving their services at a level 3 and was approved at a broadband of level 3-4.	They will continue to receive their level 3 services but will be added to the national queue for a level 4 package. They do not need to do anything to be added to this queue.	If they are happy with the level of services they are receiving at level 3, they can opt to be removed from the national queue. To do this, they need to contact My Aged Care.
Client currently receiving home care but not at their approved level.	A client is receiving services at a level 2 but was originally approved for a level 3-4.	The client will continue to receive their level 2 services but will be added to the national queue for a level 4 package. They do not need to do anything to be added to this queue.	If they are happy with the level of services they are receiving at level 2, they can opt out of the national queue. To do this, they need to contact My Aged Care.
Client has an approval for home care but not receiving home care package services.	A client has been approved for a broadband level 1-2 but they are currently not receiving any aged care services.	Depending on when this person was approved, they may be automatically added to the national queue for a level 2 package.	If they were approved before 1 July 2016, they will have received a letter from the Department asking them to contact My Aged Care to be added to the queue (i.e. they need to 'opt in'). Clients approved for home care after 1 July 2016 will automatically be added to the national queue.
Client has an approval for home care but not receiving home care package services. Client is receiving Commonwealth Home Support Programme (CHSP) as an interim measure.	A client was assessed and approved for a level 1-2 home care package, however the client is receiving CHSP services as an interim measure.	Depending on when this person was approved, they may be automatically added to the national queue for a level 2 package. They will receive a letter from the Department advising them whether they need to contact My Aged Care to be added to the national queue.	If they were approved before 1 July 2016, they will have received a letter from the Department asking them to contact the My Aged Care to be added to the queue (i.e. they need to 'opt in'). Clients approved for home care after 1 July 2016 will automatically be added to the national queue.

4. Moving Providers, Cessation Day and Home Care Subsidy

If a client wishes to transfer from their current provider to a new provider, they are required to tell their provider when they intend to cease to receive home care services from their provider.

This responsibility is included in the revised [Charter of Care Recipients' Rights and Responsibilities – Home Care](#) under Communication. The provider should have a discussion about the client's needs and mutually agree on a cessation day for home care services. The cessation day is the day after the final day of services and therefore the original provider will not be paid a home care subsidy for this cessation day. The original provider needs to continue providing care up until the day before the cessation day.

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It is important to note, the start date for the new provider must be on or after the cessation day for the existing provider. When a client is changing providers and there is no gap in care, the start day for the new provider (notified through the Aged Care Entry Record) should be the same date as the cessation day for the existing provider (notified through the claims process with the Department of Human Services). This will ensure there is no gap in payment of home care subsidy. The existing provider will not be paid a home care subsidy for the cessation day and the new provider will be paid a home care subsidy for the start day.

Information on cessation day considerations and requirements is available through:

- [Aged Care Legislation Amendment \(Increasing Consumer Choice\) Principles 2016](#) and to be inserted into the Subsidy Principles 2014 and the User Rights Principles 2014.
- [Changing Home Care Providers](#) Department factsheet
- [Issue 3](#) of LASA's Home Care Reforms Information Series.

5. Client Transferring Between Services with the Same Provider

If a client is moving services but isn't changing providers (i.e. the services are owned by the same provider) then an exit amount cannot be charged (and requirements to calculate unspent home care amounts do not apply because the provider is not ceasing home care to the client). The provider continues to be responsible for providing the client with a monthly statement which includes the available funds, expenditure and balance of any funds which have not been spent.

6. Client Moving into a Residential Aged Care Facility

If a current home care client is moving into a residential aged care facility they are considered to be leaving the home care package and therefore the provider will need to reconcile the unspent home care amount. Information on how to reconcile the unspent home care amount is available through:

- [Unspent Home Care Amounts](#) Department factsheet.
- [Step by step example of calculating unspent home care amounts](#) from the Department.
- [Issue 3](#) of LASA's Home Care Reforms Information Series.

7. Responsibility to Give Notice of Unspent Home Care Amount

As part of the new changes regarding unspent home care amounts, a provider must give written notice of the unspent home care amount within 56 days of the cessation day. This notice must be provided to either the care recipient or their estate even if the amount is zero and must specify:

- the cessation day
- the care recipient's unspent home care amount
- the Commonwealth portion, care recipient portion and transfer portion of the care recipient's unspent home care amount
- if an exit amount was deducted by the provider, the exit amount
- if unpaid home care fees were deducted by the provider, the amount of fees deducted
- the arrangements for payment of the care recipient portion, Commonwealth portion, and/or the transfer portion.

This information is specified in 21F of the [Aged Care Legislation Amendment \(Increasing Consumer Choice\) Principles 2016](#) and will amend the [Records Principles 2014](#) and the [User Rights Principles 2014](#) on 27 February. Information on unspent home care amounts is available from:

- [Unspent Home Care Amounts](#) Department factsheet.
- [Issue 3](#) of LASA's Home Care Reforms Information Series.

8. Introduction of an Additional Sanction

As part of the amendments identified in the [Aged Care Legislation Amendment \(Increasing Consumer Choice\) Principles 2016](#), a new sanction will be introduced into the [Sanctions Principles 2014](#) on 27 February. This sanction will be in place in the situation where a provider has not paid the care recipient portion or transfer portion of a care recipient's unspent home care amount, as identified in the [User Rights Principles 2014](#). This new amendment will allow the Secretary, by notice as identified in the [Aged Care Act 1997](#), to require a provider to make the payment within the specified time period listed in the notice. Information on this sanction is available from:

- [Unspent Home Care Amounts](#) Department factsheet.
- [Provider Readiness Checklist](#) Department factsheet.
- [Step by step example of calculating unspent home care amounts](#) from the Department.
- [Issue 3](#) of LASA's Home Care Reforms Information Series.

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9. Department of Human Services Claiming Processes - General Information

Below is some general information on the Department of Human Services (DHS) processes:

- Providers will still need to lodge an Aged Care Entry Record for new clients within 28 days of a client commencing a home care package. It is important to ensure that this occurs within this time period, not only for claiming purposes but also to reduce the risk of a client having their home care package withdrawn by the My Aged Care system.
- As part of a client ceasing their home care service with a provider, the provider will need to notify DHS within 31 days of the cessation date. Providers will be required to provide the client's name, their cessation day and the reason for their departure.
- Services will no longer be able to submit a change in the level of care for a client through DHS. From 27 February, this information will be sent to DHS electronically by the Department of Health. Providers will be notified of this through the provider portal. February claims will be processed as one claim and DHS will apply the new rules from 27 February when the February claim is calculated.
- The payment claims and statement will include the ability to record the Commonwealth portion of the unspent home care amount.

Additional information on this sanction is available from the [Claiming for Home Care Services](#) Department of Health factsheet.