

Home Care reforms information series

27 February 2017 | ISSUE 06

Welcome to the sixth edition of Leading Age Services Australia weekly newsletter on the Increasing Consumer Choice Home Care reform package. As our Members would be aware, today marks the introduction of a number of significant home care changes and therefore instead of focusing on a specific area as part of this series, we will instead provide a summary of the changes and identify where you can access additional information.

SUMMARY OF THE HOME CARE CHANGES

1. NATIONAL QUEUE

1.1 Transitional Arrangements

If a person is already in receipt of home care package services on 27 February, they will be transitioned onto the specific level that they were receiving on 26 February. For example, if a person was receiving services at a level 3 on 26 February, they will continue to receive services at a level 3 on 27 February. They will also be added to the national queue for a level 4 package. A summary of the transitional arrangements is in the table below:

Client circumstance	Before 27 Feb 2017	From 27 Feb 2017	What does the client need 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 were 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 the level 3, they can opt to be removed from the national queue. To do this, they will 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 services at the level 2 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 the level 2, they can opt out of the national queue. To do this, they will need to contact My Aged Care.
Client has an approval for home care but not receiving	A client has been approved for a broadband level 1 – 2 but they are currently	Depending on when this person was approved, they may be automatically added to	If they were approved before the 1 st July 2016, then they will have received a letter from the Department to ask them to contact the My Aged Care to

home care package services.	not receiving any aged care services.	the national queue for a level 2 package.	request 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 to advise them of whether they need to contact My Aged Care to request to be added to the national queue.	If they were approved before the 1 st July 2016, then they will have received a letter from the Department to ask them to contact the My Aged Care to request 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.

1.2 Assignment of a home care package

When a package becomes available, the person will receive a letter that outlines the details of the assigned package. They will have 56 days to enter a Home Care Agreement, with the possibility of an additional 28 day extension, before the package is withdrawn. To request this 28 day extension, the client will need to contact My Aged Care.

1.3 Additional information

Additional information on the national prioritisation process is available from:

- The Department of Health (the Department) factsheets:
 - [Discussing the assessment and approval process with clients](#)
 - [National prioritisation process](#)
 - [Overview of client journey to access home care and receiving a referral for service](#)
 - [Readiness checklist for providers](#)
- The Department webinar on [Operational readiness for Increasing Choice in Home Care](#), which aired on 8 February 2017.
- The Department webinar on [Increasing Choice in Home Care – Operational Readiness](#), which aired on 6 December 2016.
- [Issue 1](#) of LASA's Home Care Reforms Series on My Aged Care and National Prioritisation Process.

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2. SERVICE FINDER

On 27 February, new data fields will become available on the Home Care Package service finder. These changes will allow organisations to provide additional detail through the service finder that can assist them to identify specific details about their services. A number of these new fields can be specified at the organisation level, the outlet level and/or the service item level. The new fields include:

- Specialisations – Religious, Cultural, Special Needs Group/s (eg: people who have dementia, people who are terminally ill)
- Home Care Packages levels the organisation can provide services for. It is important to remember that providers are no longer restricted to package levels that they may have previously received through the ACAR.
- Service description
- A pricing schedule can be uploaded as a pdf or a hyperlink can be included.

2.1 Only mandatory field – maximum exit amount

Only one of the new data fields is compulsory, the maximum exit amount, the rest are optional. If an organisation would like the option to charge an exit amount for clients that leave their service from 27 February, they need to have notified the Department by the 24 February via the [Notification of Home Care Maximum Exit Amount Form](#). For organisations that aren't looking to include an exit amount in their Home Care Agreements, they will still need to enter an amount (\$0.00) into the relevant data field on the service finder from 27 February.

For providers who have decided not to charge an exit amount at this stage, if they decide that they would like to in the future they will need to complete the maximum exit amount field on the service finder to notify the Department of their intent to start including an exit amount in their Home Care Agreements. It is important to remember that from 27 February, providers will need to notify the Department via the service finder before an exit amount can be included in new and/or existing Home Care Agreements.

Of note, the system generated receipt, as stated in the [provider readiness checklist](#), will not be available until release 8 of My Aged Care. Therefore, providers should take a screen shot of the message with the amount and the time stamp for their records.

2.2 Additional information

Additional information on the service finder is available from Department factsheets:

[Home Care Package service finder](#)

[New data fields in the Home Care Package service finder from 27 February 2017](#)

[Readiness checklist for providers](#)

And Department webinars:

[Increasing Choice in Home Care – Operational Readiness](#)

[Increasing Choice in Home Care – My Aged Care Service Finder functionality](#)

[Issue 1 of LASA's Home Care Reforms Series](#) on My Aged Care national prioritisation process

3. HOME CARE AGREEMENTS

3.1 What isn't changing

- The requirement for all home care packages to be delivered under a Consumer Directed Care (CDC) model (as introduced from 1 July 2015 and outlined in the User Rights Principles 2014).
- Delivery of care and services in line with the [Charter of Care Recipients' Rights and Responsibilities – Home Care](#) (the Charter). The Charter has recently been revised and this revision will come into effect on 27 February.
- There will be no change to the current fee and income testing arrangements for consumers and clients are still responsible for paying any basic daily fee and income-tested care fee as specified in their Home Care Agreement.
- The client must be informed of, and helped to understand, the terms of the Home Care Agreement. The Agreement can only be varied by mutual consent, following adequate consultation between the provider and the client.
- Claims and payments will still be made through the Department of Human Services Aged Care Payment System.
- Approved providers must continue to meet relevant quality and accreditation standards.

3.2 What is changing

- If an organisation has decided to charge an exit amount, the details regarding this exit amount must be included in the Home Care Agreement (or an alternative such as a letter of agreement).
- Be aware of the new requirements for the reconciliation and transfer of unspent home care amounts if a consumer leaves your organisation. Additional information is available from the Department factsheet on changing home care providers.
- Once a client makes their provider aware that they wish to change to another service provider, you should have a discussion about the client's needs and mutually agree on a cessation day for home care services. Providers will need to continue providing care up until the cessation day.
- Information about changing providers, including the client's responsibilities, as outlined in the Charter. From 27 February, this will include the need to give the provider and their staff notice of the day they intend to cease receiving services, before changing to a new provider.
 - The Home Care Agreement may also specify an amount of notice a client needs to provide if they decide to leave the provider's service.

Additional information on what happens when a client changes providers is available at [Changing Home Care Providers](#).

3.3 Additional information

Additional information on Home Care Agreements is available from:

- Department factsheet on [Consumer Directed Care](#)
- Department webinar [Increasing Choice in Home Care – Operational Readiness](#)
- Department webinar [Increasing Choice in Home Care – changing providers and unspent funds](#)
- [Issue 2](#) of LASA's Home Care Reforms Series on Home Care Agreements

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4. WHEN A CONSUMER LEAVES A PROVIDER

4.1 Steps for the original provider

- The client and the provider agree to a cessation day.
 - If the client has transferred to a new provider via My Aged Care, the original provider will receive a system notification of the client's name and the date the referral was accepted.
- Within 31 days of the cessation day, the original provider must notify the Commonwealth of the client's name, their cessation day and the reason for them leaving the service via the Department of Human Services (DHS) system.
- The original provider will need to calculate the unspent home care amount.
 - This reconciliation will need to take into account: any home care subsidy and supplements received; funds that have been spent or committed; and any amount to be paid to subcontractor/s.
 - Deduction of an exit amount. It is important to remember that the exit amount charge cannot result in a debt, therefore if there isn't an unspent amount, an exit amount cannot be charged.
 - Determine the Care Recipient Portion, the Commonwealth Portion or the Transfer Portion.
- Within 56 days of the cessation day, the original provider must provide notice of the unspent home care amount to the care recipient or their estate, even if the amount is nil. This notice must cover specific, legislated details.
- If the original provider has been notified of the new provider details within 56 days of the cessation day, then the transfer portion will need to be paid to the new provider.
- There are three different circumstances that may occur in relation to payment of any unspent amount:
 - If the client has moved to a new provider, and the original provider has received the new provider details within the 56 day time frame:
 - Within 70 days of the cessation day, the transfer portion must be paid to the new provider. A copy of the written notice must also be provided to the new provider at the time of payment.
 - If the client has passed away:
 - Within 70 days of the cessation day (the cessation day is the date the client passed away), notify the Commonwealth of the Commonwealth portion via a new field in the DHS system, even if the amount is nil.
 - Within 14 days of the provider having been shown the probate of the will or a letter of administration of the estate, the provider will need to pay the care recipient portion to the estate.
 - If neither of the above apply:
 - Within 70 days of the cessation day, notify the Commonwealth of the Commonwealth portion via a new field in the DHS system, even if the amount is nil.
 - Within 70 days of the cessation day, the care recipient portion must be paid to the care recipient.

4.2 Steps for the new provider

- As currently occurs, you will need to accept the client referral in My Aged Care.
- As currently occurs, you will need to work in partnership with the client to develop a Home Care Agreement, care plan and individual budget.
- You should confirm the cessation day with both the client and the original provider to ensure that there is a continuity of service and no overlapping claims in home care subsidy. The consumer's start day with their new provider should be on or after the agreed cessation day.
- As currently occurs, within 28 days of services commencing, you must notify the Department of a new client via the Aged Care Entry Record.
- Following receipt of any transfer portion (i.e. transferred unspent home care amount from the original provider), the next monthly statement must separately identify receipt of these funds.

4.3 Additional information

Additional information on unspent home care amounts and exit amounts is available from:

- The Department factsheets on:
 - [Changing Home Care Providers](#)
 - [Increasing Choice in Home Care – Calculation of Unspent Home Care Amounts](#)
 - [Overview of Exit Amounts](#)
 - [Readiness checklist for providers](#)
 - [Unspent Home Care Amounts](#)
- The Department webinars:
 - [Increasing Choice in Home Care – Operational Readiness](#), which aired on 6 December 2016
 - [Increasing Choice in Home Care – changing providers and unspent funds](#), which aired on 2 November 2016
- [Issue 3](#) of LASA's Home Care Reforms Series on Unspent Home Care Amounts and Exit Amounts.

For updated information on the Home Care reforms and to learn about the new resources and training LASA will be offering to help Members navigate the changes, go to our LASA [website](#). If people have specific questions or concerns that they would like to discuss, please contact LASA by sending an email to the new home care email address - homecare@lasa.asn.au. Members can also call through to our dedicated 1300 111 636 number.