

ECHO

Community Services

Your Guide to Home Care Packages



About us

Since 1982 ECHO Community Services have been assisting frail aged and people with a disability to maintain their independence. ECHO prides itself on providing a high quality of care and a holistic approach to service delivery.



ECHO empowers lives

Our philosophy is based on an inclusive and caring approach in the provision of services to all eligible members of the community.

What makes us different

A small and committed not-for-profit organization established to support people living in the City of Bayswater and surrounding areas, we make it our business for you to make your own life choices.

ECHO provide support for carers of people who are frail aged and persons with disability over the age of 65. By matching clients with a care worker, creating individual care plans and adopting our “Same Person, Same Time, Same Day” Policy, reaching your goals of independent living is made easier.

Our Services

ECHO have a WELLNESS approach when providing care and strive to achieve the best positive outcomes for our clients. Our services include:

- Personal care
- Medication management
- Domestic assistance
- Social support
- Food services
- Centre based day care and social activities
- Home and garden maintenance
- Transport
- Shopping assistance
- Group outings, lunches and shopping trips
- Respite
- Allied Health

Home Care Packages

What is a home care package?

The Home Care Package program helps you to live independently in your own home for as long as you can. The program provides a subsidy towards a package of care, services and case management to meet your personal needs.

There are 4 levels of home care packages. An approved assessor will meet with you to determine what level of care best suits your needs.

Level 1 - Basic care needs

Level 2 - Low care needs

Level 3 - Intermediate care needs

Level 4 - High care needs

Each level of home care package provides a different subsidy amount. The money is paid to the provider you choose. The subsidy contributes to the total cost of your service and care delivery. It is expected that you will contribute to the cost of your care if you are able.

More information about the subsidy rates are available from the Australian Department of Health website: www.agedcare.health.gov.au

What can I use home care package funds for?

Together with our staff, you can choose the services that best suit you and to what level they are delivered. We can help you with:

- **Personal care** - assistance for personal care activities such as showering, toilet and monitoring of your medication.
- **Meal preparation** - preparing meals and assistance with feeding. This can include accommodating special diets and religious or cultural needs.
- **Continence management** - assistance in using continence aids, such as disposable pads, commode chairs, bed-pans and urinals, catheter and urinary drainage appliances and enemas.
- **Mobility aids** - crutches, walking sticks, walking frames and other aids.
- **Cleaning** - assistance with doing those cleaning tasks you find difficult.
- **Transport and shopping** - transport to medical appointments, to do your shopping and to social activities.
- **Nursing and allied health therapy** - this may include speech therapy, podiatry, physiotherapy and other clinical services.
- **Assistive technology** - devices to assist mobility, communication and personal safety.

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

What can't I use the funds for?

Home care package funds can't be used as a general source of income for items such as day-to-day living expenses, mortgage payments or rent. You can find a full list of exclusions on www.myagedcare.gov.au

"Overall, I think your services are excellent, provided by first rate people." - ECHO client





Steps to accessing a Home Care Package

There are five main steps in the process to accessing and managing your Home Care package.



Step 1 -

Your assessment



Step 2 -

Researching your options



Step 3 -

Having your home care package assigned



Step 4 -

Entering into a home care agreement



Step 5 -

Managing your services

How do I get a home care package?

If you have not already had an ACAT assessment, you or your nominated representative need to contact *My Aged Care* on 1800 200 422. They will ask some questions to understand your needs and then may:

- arrange a face to face ACAT assessment in your home,
- refer you for aged care services, or
- provide you with aged care information on services that may assist you.

They will also ask your permission to create a personalised client record, which will hold up-to-date information about you.

You can also nominate a friend or family member as a representative to act on your behalf.



1. Your assessment

The ACAT team will assess your care needs, your eligibility to receive a home care package and the level of care that best suits your needs.

If you are assessed as eligible you will:

- Receive an approval letter from *My Aged Care* that tells you what level you have been approved for, and
- Be placed in a national queue for a suitable home care package. Your place will be determined by your priority for care and the time you have waited since your approval letter.

If you are not assessed as eligible to receive a home care package, you may be eligible for other care services. If that is the case this information will be included in your letter.

If you are unhappy with the outcome of the assessment you have the right to raise your concerns. You can first contact your assessor and have a discussion. If your concerns cannot be resolved you can write to the address below within 28 days of receiving your letter.

Aged Care Assessment Program
Department of Health
GPO Box 9820
Sydney NSW 2001

“Our goal is to enable the client to actively participate in their care to the best of their ability, whilst maintaining their independence and dignity.”





2. Researching your options

Following your approval to receive a home care package, you should research approved providers in your local area to find out:

- How they can best service your needs,
- Their fees and charges and what they mean, and
- Any other additional services they offer.

What types of fees are there?

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

- A basic daily fee of 17.5% of your pension, or
- An income-tested fee (based on an assets test).

The amount of the contribution you are asked to make towards your home care package is advised by the Department of Health.

Your provider will talk to you about any fees you have to pay. Once your care services start you will be able to review all subsidies and fees relating to your home care package in your personalised budget and monthly statement. If you can't afford the fees you can apply for financial hardship assistance, however conditions will apply.

When do I start paying fees?

Fees are payable for every day you hold a home care package and can be paid monthly. You do not pay fees until you have a Home Care Agreement in place with your provider.

What services can a provider charge for?

Your chosen provider can charge the following fees that will be taken out of your subsidised home care package.

- Set up fee
- Administration fee
- Case management fee
- Fee for services
- Exit fee (not all providers charge this)

If for some reason your circumstances change, and you have the need to change provider or you enter into residential care, any unspent funds in your package will be transferred to your new provider or residential care facility.



*"They're a delight to have come to our home.
The gardeners are also neat, tidy and clean"* - ECHO client



3. Having your home care package assigned

When you are assigned a home care package you will receive a confirmation letter from *My Aged Care*. Once you have received this letter you can start negotiating a Home Care Agreement with your preferred provider.

In some cases you will receive an interim package to allow you to access some services while waiting for a higher level.

The letter from *My Aged Care* will also include a unique referral code that you give to your preferred provider. There will also be an “expiry date” in the letter. It is in your best interests to access your package **before** the expiry date.

If you are having difficulty in finding an approved provider, you can get an extension of 28 days. If you still have not accessed a package during the extended time frame, the package will be withdrawn and you will have to contact *My Aged Care* to be placed back onto the national queue. Your place in the queue will be determined by the date of your original home care approval.



4. Entering into a home care agreement

You will be assigned a Case Manager who will look after your care needs. Your Case Manager will provide a budget based on the services that best suit you, and will set out how these services will be provided. They will also develop a personal budget for you based on the government subsidy and your contribution.

Once both parties agree on the terms then you enter into a Home Care Agreement with your preferred provider. You both have to sign the Home Care Agreement before your services commence.

Your care plan

Your Case Manager will develop a care plan in consultation with you and based on your assessed needs. When you are discussing your care needs and any goals you may have i.e. maintaining a healthy lifestyle, consider the following questions.

- What sorts of things might improve my day to day life?
- What do I enjoy doing the most?
- What supports do I need to stay safe?
- Where and when do I need support?

Your Case Manager will consider any support you may already have in place from family and friends. It is important to realise that your support needs can change from time to time so your care plan will be adjusted according to your needs.

Your home care package budget

The care and services you receive must be paid for using your home care package funds.

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

“I cannot begin to tell you what a help this is.”

- ECHO client



Your home care package budget is made up of:

- The government subsidy and eligible supplements including: dementia and cognition; veterans (mental health); oxygen supplement; enteral feeding supplement; viability supplement; and hardship supplement,
- The basic daily fee,
- Your maximum income-tested care fee, and
- Any additional amount you've agreed to pay for extra care or services not covered in your package.

All services provided must fit within your home care package budget.

You will receive a monthly statement from your provider that shows the budget funds available, what has been spent and any unspent funds.

Unspent funds will carry over from month to month, and year to year as long as you continue to receive a home care package from that provider.

Help with your negotiations

You can have another person such as a friend or family member with you while your care plan is designed. The government also funds a free advocacy service, which provides information to consumers, their families and their carers. The National Advocacy Service can be contacted on 1800 700 600.

An advocate can help you by:

- Participating in the discussion about your Home Care Agreement, care plan and personal budget, and
- Talking about any concerns or complaints you may have.

Your rights and responsibilities

It is important to remember that you and the provider are entering into a Home Care Agreement as equal partners. Any changes to the agreement must be agreed by both parties.

To make sure you get the best care, you and your provider have responsibilities under the *Charter of Care Recipients' Rights and Responsibilities*, which can be found on www.agedcare.health.gov.au

5. Managing your services

When you have a Home Care Agreement including a care plan and a personal budget, your agreed care and services can begin.

Your home care package starts on the day your Home Care Agreement is signed, not on the day you start receiving care and services.

What happens if my care needs change?

If your needs change and you require different care and services, you can arrange with your Case Manager to review the care plan and budget. Your care plan and your personal budget cannot be changed without your agreement.

Can my provider end our Home Care Agreement?

Once you have signed the agreement your provider is required to continue to provide services for as long as you need service. The provider is only able to end services when:

- You tell the provider that you no longer wish to receive care,
- Your condition changes and you cannot be cared for in your home within the provider's resources, or
- You have not met your responsibilities, as described in the *Charter of Care Recipient's Rights and Responsibilities* for reasons within your control such as non-payment of fees.

Can I put my package on hold?

Your home care agreement will set out what happens if you need to take leave from the care and services provided.

In the first instance, you should notify the provider to discuss the leave. If you are admitted to hospital, go into transitional or residential respite care, let the provider know so that your home care package is not charged for that time.

"I'm very impressed. They are always friendly and professional."

- ECHO client

Can I change providers?

You can change providers at any time, whether you are moving to a different location or just looking for a better fit. Your current provider must support you to move to another provider. Check your agreement for any conditions of notice or exit fees that may apply.

Make sure you have a new provider lined up and ready to go before agreeing to an end date.

How do I change providers?

Once you have a new provider you need to contact *My Aged Care* on 1800 200 422 to re-activate your referral code. The new provider needs to activate the code and the current provider will be notified through *My Aged Care* that you are looking to change providers.

This is not your official notice to them and you should have discussions with your current provider to agree on an end date for your services.

Once you have an agreed end date you have 56 days to enter into a new agreement. If you do not enter into an agreement in this time you may request an extension of a further 28 days. The start date with your new provider must be on or after the end date you have agreed with your old provider.

After all expenses and fees have been paid, any unspent funds will follow you to your new provider. Your current provider has 56 days from the agreed end date to issue you with a notice which must include:

- Confirmation of the end date of the package,
- The exit amount if applicable, and
- The balance of any unspent funds to be transferred.

It is important that you notify your old provider of the details of your new provider within 56 days of the agreed end date. This enables your funds to be transferred to the new provider.

If you move into residential care, pass away or otherwise cease your home care package then the unspent funds will be returned to the government.

Making a complaint

If you are unhappy with any aspect of the care you receive, or the information you are given there are two ways to make a complaint.

1. Speak to your service provider about your concerns. It is always in your best interest to try to resolve the problem with your provider. They are there to support you and should listen to your concerns.
2. Sometimes your complaint cannot be resolved by the service provider, or you may feel uncomfortable raising your concerns with them. In those circumstances you can make a complaint to the Aged Care Complaints Commissioner via one of the following methods:

By phone: 1800 550 552

Online: www.agedcarecomplaints.gov.au

In writing: Aged Care Commissioner
GPO Box 9848, Perth WA 6001



ECHÖ

Community Services

Working together to care for our community.

72 Toowong Street, Bayswater WA 6053

Phone 08 9271 7011 **Fax** 08 9272 1221

Email info@echocommunity.org.au

www.echocommunity.org.au