Claiming for home care services

From 27 February 2017, home care package funds will follow the consumer. Clients will be able to choose a provider that best meets their goals and needs and to change their provider if they wish, for example if they move to another area to live. This fact sheet provides an overview of the claiming arrangements managed through the Department of Human Services (DHS).

A consumer will be eligible to receive subsidised aged care services when they receive a letter from My Aged Care confirming that they have been assigned a package from the national queue. This letter will include their unique referral code and the date that they must enter into a Home Care Agreement. If a consumer has any concerns, you should refer them to the My Aged Care contact centre (1800 200 422).

You will need to accept the client’s referral code through the My Aged Care Provider Portal and have entered into a Home Care Agreement with the client in order to process a claim in respect of the client.

Claims validation process

For claims before 27 February 2017:

- The DHS payment system checks your claims against the number of allocated home care places.
- Providers cannot claim for more care recipients than the number of home care places they held up to and including 26 February 2017.
- DHS cannot process a claim if a provider's home care service is overoccupied.
For claims from 27 February 2017:

- The DHS payment system checks provider claims against the My Aged Care listing of care recipients with an assigned home care package.
- You can only claim for care recipients that have been assigned a home care package from the national queue. DHS cannot process a claim for a care recipient if they do not have a home care package that is assigned and active.
- Claims submitted for the February 2017 period will be validated against the claims rules for both pre and post 27 February 2017.

Notifying DHS of client starting/ceasing care

You will still be required to lodge an Aged Care Entry Record (ACER) with DHS within **28 days** of a client commencing their home care package. From 27 February 2017, early submission of the ACER is important to reduce the chance of a client having their home care package withdrawn by the My Aged Care system in error. Under the new arrangements clients will have 56 days (with the option for a 28 day extension) from being assigned a home care package to enter into a Home Care Agreement with their preferred provider.

You are required to notify DHS within **31 days** of a client ceasing care through a home care service. Providers must provide the client’s name, their cessation day, and the reason for their departure through the aged care payment system. The reason for departure may be because the client moved to residential aged care, passed away, or if you ceased providing care to the client.

Calculation of home care subsidy

Home care subsidy for a day is calculated per client as follows:

1. the **basic subsidy amount** (the daily rate for the package level);
2. plus any **primary supplements** (oxygen supplement, enteral feeding supplement, dementia and cognition supplement, veterans’ supplement);
3. less any reductions in subsidy (e.g. income-tested care fee); and
4. any **other supplements** (hardship supplement, viability supplement).

Home care subsidy is paid monthly and is calculated by adding together the daily amounts for each day a client received care under their Home Care Agreement during the month. This is based on information provided in the monthly claim form submitted to DHS through [Aged Care Online Claiming](#).
Home care supplements

You can apply on behalf of your client for additional supplement funding to ensure your client receives the care they need. Your client may need to meet the eligibility criteria for a particular supplement, which can include an assessment process or the provision of supporting evidence. Your client’s supplement payment/s must be included in their individual budget. All supplements are linked to the client and will appear on your service’s payment statement if approved.

Providers must retain evidence of a client’s eligibility for supplement funding for audit purposes as per section 88-1 of the *Aged Care Act 1997*.

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<td><strong>Primary Supplements</strong></td>
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<tr>
<td><strong>Dementia and cognition supplement</strong>*:**</td>
<td>• Assessment using prescribed tools</td>
<td>Supplement automatically transfers to new provider. The new provider must obtain a copy of the record of assessment undertaken by the client.</td>
</tr>
<tr>
<td>provides additional funding in recognition of the extra costs of caring for people with cognitive impairment associated with dementia and other conditions.</td>
<td>• Submit form to DHS</td>
<td></td>
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<tr>
<td><strong>Veterans’ supplement</strong>*:</td>
<td>• Seek DVA approval</td>
<td>Supplement automatically transfers to new provider.</td>
</tr>
<tr>
<td>provides additional funding for veterans with a mental health condition accepted by the Department of Veterans’ Affairs (DVA) as related to their service.</td>
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<tr>
<td><strong>Oxygen supplement</strong>:</td>
<td>• Medical evidence</td>
<td>Supplement will not automatically transfer. The new provider will need to submit a new form to DHS, including medical evidence.</td>
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<tr>
<td>provides additional funding for a client with the specified medical need for the continual administration of oxygen.</td>
<td>• Submit form to DHS</td>
<td></td>
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<tr>
<td><strong>Enteral feeding supplement</strong>:</td>
<td>• Medical evidence</td>
<td>Supplement will not automatically transfer. The new provider will need to submit a new form to DHS, including medical evidence.</td>
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<tr>
<td>provides additional funding for clients with a specified medical need for enteral feeding.</td>
<td>• Submit form to DHS</td>
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* If a veteran is eligible for both the Veterans’ Supplement and the Dementia and Cognition Supplement in home care, the approved provider will only receive the Veterans’ Supplement.
### Home Care Supplements

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<td><strong>Other supplements</strong></td>
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<tr>
<td>Viability supplement: provides additional funding for clients in rural and remote areas in recognition of higher costs of delivering care and services.</td>
<td>• Provide location details to DHS through entry event and location event screen in Aged Care Online Claiming</td>
<td>Supplement automatically transfers to the new provider if a client remains at the same location. A client who relocates will need to be reassessed for viability supplement based on their new location.</td>
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<tr>
<td>Hardship supplement: provides additional funding to clients with genuine financial hardship who do not have the ability to pay their costs of aged care due to circumstances beyond their control.</td>
<td>• Client (or their representative) applies and submits form to DHS</td>
<td>Supplement automatically transfers to new provider, if a valid approval exists. As this supplement is time-limited, the new provider should confirm if the client is receiving a hardship supplement and the validity period.</td>
</tr>
<tr>
<td>Top-up supplement: provides additional funding for consumer who previously held an Extended Aged Care at Home – Dementia (EACHD) package, prior to 1 August 2013. This supplement is automatically paid on behalf of eligible clients as part of their home care subsidy.</td>
<td>• Applies to pre-1 August 2013 EACHD care recipients only • Automatically applied by DHS</td>
<td>Supplement will automatically transfer to the new provider. The top-up supplement will cease if a client agrees to opt into post 1 July 2014 income testing arrangements; or is out of care for more than 28 days (excluding leave).</td>
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</table>

### Commonwealth portion of the unspent home care amount

If a client ceases home care or passes away, you must notify the Commonwealth of the Commonwealth portion of the client’s unspent home care amount (including if that amount is zero) through the DHS claims process. The home care claim form will include a new part for you to complete the Commonwealth portion of a client’s unspent home care amount.
You will need to notify the Commonwealth of the Commonwealth portion of the client’s unspent home care amount (including if that amount is zero) within 70 days if any of the following circumstances apply:

- client has entered into permanent residential care;
- client has passed away; or
- if you have not been notified within 56 days after the cessation day that the client has entered into a Home Care Agreement with a new provider.

The Commonwealth portion will be recovered, either through deductions in future home care subsidy payments made to you, or through a debt notice.

Payment statements

Payment statements are issued by DHS to provide you with information about the Australian Government subsidy and supplements paid for care recipients receiving a Home Care Package in a specified month. Once the home care reforms commence, the Home Care Payment Statement will reflect adjustments from recovery of the Commonwealth portion of the unspent home care amount.

FURTHER INFORMATION

- for more information about the home care reforms, visit the department’s website [https://agedcare.health.gov.au/increasing-choice-in-home-care](https://agedcare.health.gov.au/increasing-choice-in-home-care);
- for more information about Payment Statements for Home Care Subsidy visit the DHS website [https://www.humanservices.gov.au/health-professionals/subjects/payment-statements-home-care-subsidy](https://www.humanservices.gov.au/health-professionals/subjects/payment-statements-home-care-subsidy) or contact DHS on 1800 195 206 or [aged.care.liaison@humanservices.gov.au](mailto:aged.care.liaison@humanservices.gov.au)

RELATED DOCUMENTS

- Fact sheet – Changing Home Care Providers
- Fact sheet – Unspent Home Care Amounts

This fact sheet provides general guidance to support the implementation of the Increasing Choice in Home Care reforms. It does not constitute legal advice, nor is it a substitute for responsibilities under the legislative framework.