Readiness checklist for providers

This readiness checklist is for home care providers with an allocation of home care places. It lists key activities you should complete so your organisation is ready to transition to the new home care arrangements which come into effect from 27 February 2017.

Advice for providers with no allocation of home care places, or those looking to expand their business to provide home care services, will be issued in an upcoming fact sheet.

The home care reforms make changes in three key areas:

1. Funding for a home care package will follow the consumer.
2. There will be a consistent national approach to prioritising access to home care.
3. Reduced red tape for providers, including the removal of the Aged Care Approval Round (ACAR) and a simplified approved provider application process.

Overview

The fundamental changes for providers are summarised in this fact sheet. While this fact sheet provides general guidance to support the implementation of the home care reforms, it does not constitute legal advice nor is it a substitute for understanding your responsibilities under the legislative framework. You should also review:

Readiness checklist

Consumer/client support considerations

☐ Consider whether any clients on your wait list need help to contact My Aged Care to be placed in the national queue.

☐ Continue to provide care and services to your clients with a Home Care Agreement.

Organisational considerations

☐ Check your approved provider status – if it is due to expire prior to 27 February 2017 email the department’s approved provider team (approvedproviderprogram@health.gov.au).

☐ Ensure your staff are informed about the home care changes and understand them as appropriate.

☐ Ensure systems and policies are in place to deliver care in line with the Home Care Standards; this includes business processes and tools to track fees, subsidies and unspent home care amounts.

☐ Fill any vacant home care places prior to 27 February 2017 where possible.

☐ Consider ways to innovate and adapt to the new market-driven model for home care.

☐ Consider ways to communicate with consumers about what you do, and how you do it.

My Aged Care considerations

☐ Check that your organisation and the appropriate people are set up on the My Aged Care provider portal to connect with assessors and consumers.

☐ Check that your information on My Aged Care is up-to-date.

☐ Prepare your outlets and the information that you will upload for the Home Care Package service finder from 27 February 2017 using the template available on the department’s website.

Financial considerations

☐ Ensure your pricing schedule for home care services is up-to-date to include on the Home Care Package service finder from 27 February 2017.
☐ Ensure processes are in place to provide accurate and timely reporting to the Department of Human Services (DHS) when a client enters and leaves home care.

☐ Notify the department of the maximum exit amount included in any new or varied Home Care Agreements by 24 February 2017 using the form on the department’s website.

☐ Ensure processes are in place for the reconciliation and transfer of unspent home care amounts.

☐ Ensure record keeping arrangements are in place for the management of exit amounts and unspent home care amounts.
Fundamental changes for providers

Provider administrative arrangements

- The removal of the ACAR for home care places means that from 27 February 2017 you are no longer limited to providing services based on an allocation of home care places, or within a particular aged care planning region. This means you can expand your business if you choose.
- From 27 February 2017, the concept of home care places will no longer exist. Any home care places that have been allocated in a previous ACAR that are not occupied by a client as at 26 February 2017 will be reclaimed by the department and form part of the new national package inventory.
- Additional data fields will be added to the Home Care Package service finder from 27 February 2017 to enable consumers and assessors to research and compare providers. This gives you the opportunity to better market the unique aspects of the care and services you offer. The Home Care Package service finder fact sheet and template available on the department’s website outline the new data fields which can be configured at the organisation, outlet and service level.

Consumer eligibility and assessment

- A consumer’s eligibility for home care will continue to be determined by an Aged Care Assessment Team (ACAT) through a comprehensive assessment undertaken using the national assessment tool.
- ACATs will assess and approve eligible consumers at a specific package level (home care package level 1, 2, 3 or 4) rather than a broad-banded level (either level 1-2 or level 3-4).
- If a consumer was assessed as eligible for home care after 1 July 2016, they will automatically be placed in the national queue unless they advise My Aged Care otherwise.
- A client’s place in the national queue is determined by the time they have waited for care, as well as their relative needs and circumstances.
- From 27 February 2017 you will be able to provide services to new clients once they have been assigned a home care package from the national queue. If you provide services to a client before 27 February 2017 without an allocation of home care places, or exceeding your approved allocation, subsidies will not be reimbursed for this period.

Prioritisation and allocation of home care packages

- Home care packages will be assigned to eligible consumers from a national queue.
- Clients assigned a package from the national queue will have 56 days to enter into a Home Care Agreement with their chosen provider. This can be extended a further 28 days upon request (providing 84 days in total).
Clients may still be able to receive an interim package through the national queue should their approved level of package not be available. Clients who choose to take a lower level home care package as an interim arrangement will remain in the national queue for the higher level package for which they have been approved.

The overall number of home care packages will increase each year, but the total number of home care packages at each level will continue to be capped.

**Notifying DHS of a client starting and ceasing home care**

- You must continue to notify DHS within 28 days of a client entering care through the Aged Care Entry Record (ACER) form. The ACER is critical to confirm your client is in care and ensures a client’s home care package is not inadvertently withdrawn.
- You must notify DHS within 31 days of a client ceasing care through the DHS claims process.

**Unspent home care amounts**

- If your client leaves home care (for example if they entered permanent residential aged care or passed away) the unspent home care amount (less any exit amount) will need to be returned to the Commonwealth and the client (or their estate).
- If a client changes approved providers, their unspent home care amount (less any exit amount) will move with them. You should have a discussion with your client to mutually agree on a cessation day for home care services. The start date for the new provider must be on or after the cessation day for the existing provider.
- You must be able to reconcile a client’s unspent home care amount and identify the client and Commonwealth contributions and arrange transfer of funds within specified timeframes.
- A [step-by-step example](#) for calculating unspent home care amounts is available from the department’s website.
- Within 56 days of the cessation day, you must provide written notice to your client (or their authorised representative) about their unspent home care amount which must detail:
  - the agreed cessation day;
  - any exit amount that has been deducted;
  - the balance of a client’s unspent home care amount (including a breakdown of the contributions made by the client and the Commonwealth); and
  - explain how unspent home care amounts will be paid to the respective party/ies.
- Within 70 days of the cessation day, you will need to repay the unspent home care amount to the respective party/ies, or arrange transfer to another provider if your client has changed providers.
- If your client passes away, the care recipient portion must be transferred to the client’s estate within 14 days of being shown the probate of the will or letters of administration.
Exit amounts

- You can include an exit amount in any new or varied Home Care Agreements prior to 27 February 2017, but must notify the department of the maximum exit amount by 24 February 2017 for publication on My Aged Care. A form which details the information you need to provide and process to follow is available from the department’s website.
- From 27 February 2017 onwards, you must notify the department of the maximum exit amount through the provider portal prior to including this in any new or varied Home Care Agreements. You will be issued with a system generated receipt which you should keep for your records.
- Inclusion of an exit amount in a Home Care Agreement must be mutually agreed between you and your client.
- You can only deduct an exit amount from 27 February 2017 onwards if your client changes provider or leaves home care and the exit amount has been disclosed in your client’s Home Care Agreement.
- It is not mandatory to charge an exit amount.

Record keeping

- There are new provisions that require you to keep:
  - copies of notices relating to unspent home care amounts;
  - records relating to the payment of unspent home care amounts; and
  - copies of notices of the maximum exit amount given to the department for publication on My Aged Care.

Non-compliance

- If you have not paid all or part of a client’s unspent home care amount to the client or another provider within the required timeframes, the department can take regulatory action.
- The department will determine what the most appropriate and proportionate action is for you to return to compliance. This may include imposing sanctions.
- If a sanction is imposed, you will be required to make payment within the period specified in a sanctions notice.
- Notices of non-compliance and sanctions will be published on the non-compliance finder in My Aged Care and from 27 February 2017 on the Home Care Package service finder.
Approved provider applications

- Approved provider status no longer lapses after two years; this will automatically be applied to all aged care providers. If your approval status is due to expire between now and 27 February 2017, you should email the department’s approved provider team (approvedproviderprogram@health.gov.au).
- New and simplified arrangements are in place to reduce the regulatory burden to become an approved provider.
- Additionally, there is a shorter, streamlined application form for existing approved providers to be approved for a different care type, for example residential or flexible care providers seeking approval to provide home care services.
- From February 2017, a single online smart form will be available to further simplify the approved provider application process.

FURTHER INFORMATION

- For more information about the home care reforms including provider fact sheets, consumer fact sheets, webinars, quick reference documents and the overarching legislative framework visit the department’s website at: https://agedcare.health.gov.au/increasing-choice-in-home-care;
- For information relating to the existing arrangements to set up your business on the My Aged Care provider portal visit the department’s website at: https://agedcare.health.gov.au/our-responsibilities/ageing-and-aged-care/programs-services/my-aged-care/information-for-service-providers; and
- For specific questions relating to the My Aged Care system or technical support contact the My Aged Care provider and assessor helpline on 1800 836 799. The helpline is available between 8am to 8pm Monday to Friday and 10am to 2pm Saturday, local time across Australia.