Support for home care provider applicants

An overview of the Home Care Packages Program

The Australian Government’s Home Care Packages Program supports older Australians to live independently in their own home. Under the Aged Care Act 1997 (the Act), the program provides government funding (subsidy) to approved providers to deliver a coordinated package of care and services to meet the individual needs of consumers.

Approved providers of home care are responsible for the care of consumers with complex needs who generally require a greater level of support than what is available through the Commonwealth Home Support Program.

How to become an approved provider of home care

An approved provider of aged care is an organisation that has been approved to provide residential care, home care or flexible care under the Act. To receive Australian Government aged care subsidies an organisation must be an approved provider.

To gain approval as a provider of aged care under the Act, the applicant must be assessed by the Department of Health (Health) as suitable to provide aged care.

There are separate application forms based on whether you are:

- a new applicant
- an existing approved provider of residential care and/or flexible care applying to provide home care
- a government organisation.


Consumer Directed Care

Consumer Directed Care (CDC) is about giving consumers choice and control over decisions regarding the care and services they receive. All home care packages are required to be delivered on a CDC basis. Consumers and providers work in partnership to identify the consumer’s goals and needs, which form the basis of a care plan.

For approved providers of home care it also means giving consumers information on how their funds (including home care subsidy and home care fees) are allocated through an individualised budget and spent on services through monthly statements. These tools ensure that providers and consumers have a shared understanding of available resources and how those resources are being expended to meet the consumer’s needs.
Assignment of home care packages

Home care packages are assigned directly to eligible consumers on a regular basis by My Aged Care; the single entry point for government-subsidised aged care services.

My Aged Care manages a national queue for home care packages, with a consumer’s position based on:

- the time they have waited for care (from the date of their approval)
- their priority for home care services (as determined through the comprehensive assessment by an Aged Care Assessment Team).

Approved providers cannot claim home care subsidy for a consumer unless the consumer:

- is approved for home care (i.e. the consumer has been assessed by an Aged Care Assessment Team as having care needs at Level 1, 2, 3 or 4)
- has been assigned a home care package (i.e. the consumer has received a letter with a unique referral code which confirms they have received a package).

The client referral pathway

Once a consumer is assigned a home care package from the national queue, you may receive a referral for service through the following pathways:

- Consumers registered with My Aged Care may approach you directly with a referral code that has been issued by assessors or the My Aged Care contact centre. You will need to enter the referral code into the provider portal and accept the consumer’s referral.
- Electronic referrals for service can be received through the provider portal. You will have the option to accept, reject, or accept the referral to waitlist (if one is available). Note that electronic referrals generated through the My Aged Care provider portal are required to be actioned within 3 calendar days. You may wish to manage your preferences in the portal to receive notifications.

Commencing claiming home care subsidies

To claim a home care subsidy you must first:


   - All users are required to authenticate their identity to securely access My Aged Care. AUSkey and VANguard Federated Authentication Service are the two permitted authentication mechanisms. More information about this can be found in the VANguard Federated Authentication Service - Fact Sheet https://agedcare.health.gov.au/programs/my-aged-care/vanguard-federated-authentication-service-fact-sheet.

   - You must establish and set up a My Aged Care Organisation Administrator to be able to access the My Aged Care Provider Portal.

   - You must notify the Health of the home care services that you intend to deliver prior to starting to deliver care.
- You must set up your payment information with the Department of Human Services to enable your organisation to receive government subsidies for home care services.
- Your Organisation Administrator is able to set up other portal users.

2. Accept a referral for a consumer’s home care package in the My Aged Care provider portal.
3. Enter into a Home Care Agreement with the eligible consumer as outlined in section 46-1 of the Act and commence delivering home care as required under the agreement.
4. Submit entry information to the Department of Human Services either via Aged Care Online Claiming system or submission of an Aged Care Entry Record.

Supply of home care packages

The total number of packages allocated to consumers is capped nationally, to ensure that government expenditure is controlled.

Attracting eligible consumers

Approved providers of home care can attract eligible consumers who:
- are new to home care; or
- are currently receiving home care but have decided they want to change providers.

Consumers, their family and carers are able to research approved providers of home care through the My Aged Care Home Care Service Package Finder (https://www.myagedcare.gov.au/service-finder?tab=home-care-package-providers).

The service finder assists consumers to make an informed decision on their preferred service provider based on their needs and preferences. It also gives providers an opportunity to attract new consumers and referrals through My Aged Care.

Approved providers should use the Home Care Service Finder to promote the unique aspects of the care they offer. This includes information on:
- pricing
- hours of operation
- specialised services (for example dementia or mental health services)
- services that cater to consumer’s language needs, cultural or religious beliefs.

Providers should only use the service finder to promote genuine speciality and only list in geographic areas where they are established to deliver services.

Providers can also include a link from the service finder to their website for more detailed information on their services.

Under the Home Care Packages Program, approved providers have the opportunity to expand their businesses to meet local demand and consumer expectations. Health will publish regular reports through its website on the demand for and supply of home care packages. This will assist providers to manage their businesses in a competitive, market-based environment.
Subcontracting home care services to other service providers

Services may be provided:
- directly by the approved provider
- sub-contracted to another service provider (individual or organisation)
- brokered through another organisation.

With consumer directed care, if a consumer prefers a particular care worker to deliver their services, they can ask the provider to engage that care worker. However, as additional costs may be involved when setting up sub-contracting and brokerage arrangements, these additional costs should be made clear to the consumer prior to the Home Care Agreement being entered into.

Providers should, wherever possible, facilitate services being delivered by the person chosen by the consumer. Where this is not possible, providers should explain this to consumers in a manner they understand.

Regardless of how services are delivered and by whom, the provider remains responsible for service quality and meeting all regulatory responsibilities.

The provider should always inform the consumer of any risks or additional costs of purchasing services from another source. These costs should not be unreasonable.

What types of care and services

Care and services provided to consumers are based on the consumer’s assessed care needs, as determined by an Aged Care Assessment Team. The provider will work with the consumer to develop a care plan based these needs and goals.

The list of care and services specified in the inclusion list in Schedule 3, Part 1 of the Quality of Care Principles 2014 is not an exhaustive list and other care and services can be provided if they meet the consumer’s assessed care needs, as identified in their care plan. However, Schedule 3, Part 2 of the Quality of Care Principles 2014 specifies items that must not be included as part of a consumer’s care plan. The provider and the consumer are in the best position to determine whether an item will meet the consumer’s assessed care needs.

Quality requirements for home care

Organisations applying for approval to deliver home care packages are assessed for their suitability, which includes their ability to deliver quality of care in accordance with the Act, the Quality of Care Principles 2014 and the Home Care Standards.

The Home Care Standards set the standards for the quality of care and services for the provision of home care to older Australians.

All approved providers of home care are required to undertake at least one quality review by the Australian Aged Care Quality Agency (AACQA) during each three-year cycle. These reviews encourage providers to improve the quality of their service delivery within a continuous improvement model and show how they are addressing the Home Care Standards.

Providers must take all reasonable steps to ensure that each care recipient or their representative is made aware of the quality review in writing. This information must be provided to care recipients or representatives at least 21 days before the quality review.
Quality reviews use the following process to collect and verify information:

- interview staff and management about systems, processes and practices
- sample consumer records
- review documents such as policies, procedures, agreements and registers
- interview available consumers or representatives
- observe the environment, activities in progress and any interaction with consumers or representatives.

AACQA can request an approved provider undertake a self-assessment against the Home Care Standards at any time. For example, AACQA may request self-assessment information from approved providers that are either new or those recommencing a service after a period of inactivity. The Quality Agency has a self – assessment tool available on its website, including guidance on what needs to be covered within the self-assessment. Following consideration of the self-assessment, AACQA uses a risk-based proportionate approach to determine whether further investigation (such as a site visit) is required.

Further information is available from AACQA’s website [https://www.aacqa.gov.au/](https://www.aacqa.gov.au/), including resources to support providers to assess their own service readiness against the Home Care Standards.

Responsibilities of an approved provider of home care

Approved providers are accountable for the care they provide, and have a range of responsibilities under the Act which include:

- a package of care and services (which may include clinical services) must be provided in accordance with an agreed care plan in a way that meets the Home Care Standards (as per the Quality of Care Principles 2014).

- the rights of the consumer (User Rights Principles 2014). For example, providers have responsibilities to:
  - provide security of tenure to consumers for their place in the provider’s service
  - comply with requirements for entering into a home care agreement with consumers
  - allow access to advocates
  - provide information about the rights and responsibilities to new and prospective care recipients
  - provide individualised budgets and monthly statements to consumers
  - comply with requirements for unspent funds
  - comply with requirements in relation to complaints
  - adhere to the Charter of Care Recipients’ Rights and Responsibilities – Home Care.

- accountability for the care that is provided, including the suitability of key personnel (Accountability Principles 2014). For example, there are provider requirements in relation to police checks and certificates for staff members and volunteers.

- other requirements relating to compliance with rules on home care fees, the treatment of personal information, recordkeeping and annual financial reporting.

Approved providers are responsible for service quality and meeting all regulatory responsibilities, regardless of whether services are delivered directly by the provider, sub-contracted, or brokered through another organisation.
Accountability and compliance arrangements

Three main bodies are responsible for the regulation and compliance of aged care services. They can share information with each other in order to carry out their duties.

The Department of Health

Health is responsible for policy and compliance with the Act, including issuing notices of non-compliance or imposing sanctions on approved providers that do not meet their responsibilities under the Act. Such notices of non-compliance and services under sanction are listed on the My Aged Care Non-Compliance Finder https://www.myagedcare.gov.au/compliance-information.

Sanctions are imposed on approved providers where there is an immediate and severe risk to the health, safety or well-being of care recipients or where the service does not rectify continued non-compliance. Issues considered when making a decision to impose sanctions include whether the:

- non-compliance is minor or serious
- non-compliance has occurred before
- health, welfare or interests of care recipients at the service are threatened.

A range of sanctions can be imposed on an approved provider including revoking, suspending or restricting approval to provide aged care services. The type of sanctions imposed on an approved provider will depend on the nature of the non-compliance.

The Australian Aged Care Quality Agency (AACQA)

AACQA is an independent statutory agency which conducts quality reviews of home care services. These reviews occur at least once every three years.

The Aged Care Complaints Commissioner

The Aged Care Complaints Commissioner handles complaints about aged care services. The Commissioner can examine complaints about Australian Government funded aged care providers, including residential, home care, flexible care and Commonwealth Home Support Program services. The Commissioner has a number of options for resolving complaints, including helping the complainant and provider to reach agreement, directing the provider to make changes, or referring the provider to Health for compliance action.

Reports

Annual reporting on aged care is available through the following publications:

- the Health’s Portfolio Budget Statements (PBS) and Annual Report
- the Report on the Operation of the Aged Care Act (ROACA)
- the Aged Care Financing Authority’s (ACFA) Report on the Funding and Financing of the Aged Care Sector
- the Productivity Commission’s annual Report on Government Services (ROGS).


Further information related to home care is available through peak bodies representing providers, consumers, unions and health professionals, as well as mainstream and specialised aged care media organisations.
This fact sheet provides general guidance on the Home Care Packages Program. It does not constitute legal advice, nor is it a substitute for responsibilities under the legislative framework.