

Support at Home Information Sessions - Q&A Summary

Government Manual and Aged Care Reform

- O: Has the final manual been released?
 - A: Yes, it was released by the government about a week and a half ago.
- Q: What is the purpose of the new aged care bill and act?
 - A: To strengthen roles, responsibilities, and rights in the aged care system, including governance responsibilities.

Pricing and Package Fees

- Q: Will my services change?
 - o A: No, your services will not change.
- Q: Will service pricing change?
 - o A: Yes, service prices have increased.
- Q: What happened to the package fee?
 - A: Government no longer allows charging of a package fee. The package fee covered our administration costs and included things like scheduling, finance, management, overheads etc.
 - Our internal costs have not changed for delivering the service.
 - Therefore, the package fee is now included in the hourly rate of your services, where previously it wasn't.
 - This is the reason for the price increase.
- Q: How can the package afford the new service rates?
 - A: The package fee we were previously taking from the package each month is now part of your available budget for services.
- Q: Will there be price caps?
 - A: Yes, expected from 1 July 2026. Until then, providers set their own prices, benchmarked against others.

Transition and Grandfathering

- Q: Do all clients move to the new system on 1 November?
 - o A: Yes
- Q: What does grandfathered or transitioned mean?
 - A: Grandfathered or transitioned clients are those that had a package under Home Care and are now under Support at Home.
- Q: Who is grandfathered?
 - o A: Clients assessed for a package prior to September 2024.
- Q: Will the package change?
 - o A: No, you will receive the same total package amount in quarterly allocations.
 - o You will only change levels if you require extra care and a reassessment is required.
 - Your Care Partner will assist if you need to apply for increased funding level.



Q: Will grandfathered clients be worse off?

o A: No, they will not be worse off.

Home Care Package (HCP) Levels

Q: How do HCP levels 1–4 map to Support at Home levels 1–8?

 A: Clients will move to 'transition levels' (same as current HCP levels 1–4). After reassessment, clients will be mapped to Support at Home levels 1–8.

Q: What if the current level no longer meets a client's needs?

A: Clients can apply for reassessment.

Refunds and Provider Onboarding

Q: Why are refunds or onboarding slow?

A: There is a strict onboarding process to meet requirements (training, police checks etc.). healthAbility
manages audits and relationships to ensure service quality. Providers must sign agreements and provide
documentation. Delays may be with the providers, but we follow these up.

Income Tested Fee (ITF) vs Co-Contribution

Q: What is changing for clients?

o A: The system is moving from an Income Tested Fee (ITF) to co-contribution.

Q: Why is this change happening?

o A: Co-contribution now paid per service rather than a daily fee.

Q: Do grandfathered clients pay co-contributions?

- A: Grandfathered clients may need to pay co-contribution if they were paying an Income Tested Fee (ITF), the rate will be determined by Services Australia.
- Grandfathered clients need to pay any outstanding ITFs

Q: How is ITF charged now?

• A: Flat daily rate (e.g., \$10 per day for every day of the year).

Q: How is co-contribution charged?

o A: Percentage of service fee, only for time of service (not a flat annual fee).

Q: What are the co-contribution rates?

- o A: Clinical services: \$0; Independence services: up to 50%; Everyday living: up to 80%
- o Services Australia undertake and determine the co-contribution rate.
- healthAbility have no control over these rates.

Q: When will we know the co-contribution amount?

o A: Only after Services Australia advises us.

Q: Is co-contribution capped?

o A: Yes, clients won't pay more than the flat annual fee.

Payment and Budget Rules

Q: Does unused funding roll over to the next quarter?

A: Partially, a capped amount can be rolled over, either 10% of the value of the budget or \$1000 maximum.



Q: Can clients apply for extra funding for equipment?

- A: Yes, up to \$15,000 per application, approved through an assessment process.
 Your Care Partner will assist with this application.
- Q: Will current extra money be removed?
 - o A: No, but it will not accumulate further. Your current unspent funds are still available for use.

Statements and Invoicing

- Q: Why are some September statements missing items?
 - A: The system relies on supplier invoices. If not received, items aren't included. There is a new IT system being implemented with stricter invoice deadlines and safeguards.
- Q: Do incomplete statements affect package balance accuracy?
 - A: Yes, they can provide incorrect information. A dedicated resource and stronger KPIs are now in place for invoice processing.
- Q: Will the new system improve reconciliation?
 - A: Yes, government systems will link directly for claims. First claim can't be made until 1 December, so initial months may be messy. Client feedback is encouraged to resolve issues.

Direct vs Indirect Pricing

- Q: What is direct pricing?
 - o A: For face-to-face services including travel.
- Q: What is indirect pricing?
 - A: For services at the site without travel costs and additional time required for reports and follow-up such as equipment prescriptions.

Invoices and Statements

- Q: Will invoices show a breakdown of travel etc?
 - o A: No, travel cannot be listed separately.
- Q: Will there be monthly statements?
 - o A: Yes, detailing services used and remaining budget for the quarter.

Cab Charge

- Q: Will a Cab Charge still work?
 - o A: Yes, but a small admin charge will apply from 1 November.

Respite Care Funding

- Q: Can respite care be funded through Support at Home?
 - A: No, although clients are entitled to 4 weeks annually via a referral code, the cost is not covered by Support at Home.



Feedback

- Q: How can clients give feedback?
 - o A: Directly to a Care Partner for healthAbility services.
 - o The Aged Care Commission