

How to get the most from an aged care home package

Bina Brown *Columnist*

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The 2019-19 federal budget failed to fix the intolerable and growing waitlist for high level home care packages older Australians needing sufficient care to remain in their own home to look at other options.

There are almost 128,000 people waiting in a national prioritisation queue for a home care package, and about 50,000 of those receiving a package lower than what they have been assessed for.

The counsel assisting the Royal Commission into Aged Care Quality and Safety has described the home care waitlist as "cruel, unfair, disrespectful and discriminatory against older Australians".

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At the same time as a shortfall of available funds to those who need them, home care providers are sitting on at least \$330 million of unspent funds on behalf of clients, according to the Aged Care Finance Authority.

Budget measures did include the continued funding of the grants-based Commonwealth Home Support Program (CHSP) through to 2020, despite a hope it would be rolled into a combined home-based care program and progress made towards a more seamless system.

CHSP is a popular scheme (separate to the home care packages) used by almost one million people under which you pay somewhere between a gold coin for a door-to-door bus service and \$15 for an hour's cleaning depending on where you live and

who is delivering the service. It can work well provided you can source the services you need.

According to Council of the Ageing Australia (COTA) chief executive Ian Yates, the rollover of CHSP (without taking into account the inconsistencies between it and home care packages) was a failure of public policy and something else the royal commission will hopefully address.

The key to getting the most of any home care package you have is to ask yourself: am I getting the services I need and does it make financial sense?

How the packages work

There are four levels of home care packages which carry a budget of between \$12,000 for a level one and \$54,133 for a level four. It is money allocated to an individual for their care which is managed and delivered by an accredited provider – some of which are better than others.

Depending on your income you may be asked to contribute a maximum income-tested fee of \$11,013 a year for the care you receive. Everyone is asked to pay a daily basic fee of \$10.54. The provider will also charge a case management and administration fee which can be anywhere from 15 per cent to 40 per cent of the budget.

Out of an annual budget of, say, \$18,892, for a level 2 package (for which you may be contributing almost \$15,000), you will receive about 2.5 hours of actual care a week and possibly a few home modifications.

The package for the highest level of care may deliver about 10-12 hours a week of care.

It is rare to see someone who lives on their own with high care needs being able to manage on a package without further help, which generally means topping up the package with private funds or facing the prospect of residential care.

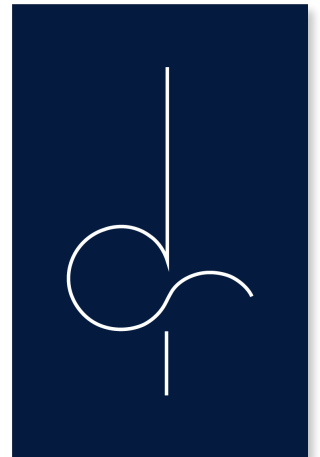
Extra services available

Currently a person allocated a level 2 package who is waiting for a level 4 to be assigned can also access CHSP services, although possibly not for long.

This can help, but under the way CHSP is delivered it relies on the funding being available to different providers to then deliver the service needed to individuals. So if you need a bus service and the provider doesn't offer it, you're stuck.

[DR Care Solutions](#) founder and director Danielle Robertson says some of her clients budget to pay for support and care while waiting for a package. "Some end up in permanent residential care or pass away before their government funding is released. Sad but true," she adds.

If you have funds and need help, it may be better to pay "fee for service" and forget waiting for government subsidies, she says.



Private fees of accredited care providers start at about \$55 an hour. Engaging carers directly for less through a growing number of online platforms such as [mable.com.au](#) can be a positive alternative experience.

A position no one wants to be in is one that's becoming increasingly prevalent in some jurisdictions – stuck in hospital unable to go home because you can't get the level of care required or being told you need to start paying the daily hospital rate of \$300-plus a day and having no option other than to take the first residential care bed that becomes available.

Cutting the paperwork

There is some good news, though. The dreaded 29-page, 140-question Centrelink Income & Assets Assessment form (SA457), a mandatory part of entry into residential aged care, is being refined.

From May, potential residents who don't own their own home and are receiving income support payment such as the aged pension will no longer have to complete any forms.

Those with straightforward financial affairs will be offered a new short form just a few pages long, while those with complex affairs will have to answer only about half the number of the questions they previously had to.

The Department of Human Services told the royal commission \$2 billion-\$2.5 billion was needed to ensure older Australians wait no more than three months for the assessed level of care they need. So simplifying the process into residential care seems like the least the government could do.

Bina Brown is a director of aged care solutions company [Third Age Matters](http://www.thirdagematters.com.au) (www.thirdagematters.com.au).