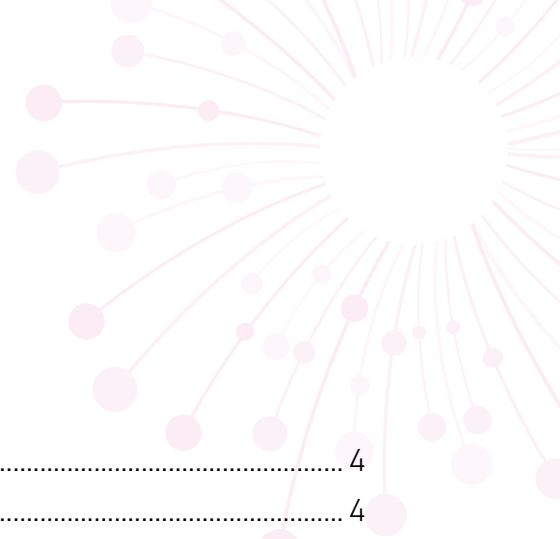




Support at Home Guide





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WHAT IS A “CLASSIFICATION”?

- A **classification** is a way to group or sort older people who get Support @ Home services.
- It is based on your needs, which are checked during an aged care assessment.
- Your classification decides:
 - What kind of help you get (like cleaning, personal care, or special equipment)
 - How much money (budget) you get for your care every 3 months

TYPES OF CLASSIFICATIONS

Ongoing classifications: There are 8 levels. The higher your needs, the higher your classification and budget. Your Support at Home level is decided when you have your aged care assessment. This level tells you what help you can get and how much money you get every 3 months. If you don't use all your money, you can save up to \$1,000 or 10% (whichever is more) for next time. Special equipment and home changes are given a separate budget that lasts longer as approved.

CLASSIFICATION	QUARTERLY BUDGET*	ANNUAL AMOUNT*
1	\$2,683.01	\$10,732.04
2	\$4,008.91	\$16,035.64
3	\$5,491.67	\$21,966.70
4	\$7,424.07	\$29,696.28
5	\$9,924.40	\$39,697.61
6	\$12,028.44	\$48,113.74
7	\$14,536.88	\$58,147.50
8	\$19,526.51	\$78,106.04

Short-term classifications: There are 3 types for special situations:

1. Help with recovery (Restorative Care)
2. Help at the end of life (End-of-Life Pathway)
3. Help with equipment or home changes (Assistive Technology and Home Modifications)

1. THE RESTORATIVE CARE PATHWAY

The Restorative Care Pathway will help people regain independence with daily tasks. It can reduce the need for more services and support you in doing the activities you enjoy.

Under the Restorative Care Pathway, you may:

- have access to up to 16 weeks of restorative care
- receive an extra budget of about \$6,000 (or up to \$12,000 if required) for multidisciplinary allied health services
- access restorative care separately, or in addition to ongoing Support at Home services
- have access to assistive technology and home modifications through the Assistive Technology and Home Modifications (AT-HM) scheme if needed.

The table below outlines the approximate funding amounts for restorative care.

**Funding amounts are indicative and are subject to indexation revisions.*

SERVICE	BUDGET AMOUNT
Restorative Care Pathway	\$6,000 (up to 16 weeks).

2. THE END-OF-LIFE PATHWAY

The End-of-Life Pathway will support you to remain at home in your last 3 months of life. You can be referred for a high priority Support Plan Review to access the End-of-Life Pathway, even if you're not already a Support at Home participant.

Under the End-of-Life Pathway, you will:

- have urgent access to a higher level of funding for in-home aged care services if you have been diagnosed with 3 months or less to live
- have access to assistive technology through the Assistive Technology and Home Modifications (AT-HM) scheme if needed
- receive funding of up to \$25,000 over 12 weeks, with 16 weeks to use the funds to provide more flexibility. If you need services beyond 12 weeks, you can request an assessment so you can continue to receive Support at Home services under an ongoing classification. This pathway is to complement other in-home palliative care services provided through state and territory governments.

The table below outlines the approximate funding amounts for end-of-life care.

SERVICE	BUDGET AMOUNT
End-of-Life Pathway	\$25,000 (12-week episode, may be extended up to 16 weeks).

3. THE AT-HM SCHEME

The Assistive Technology and Home Modifications (AT-HM) scheme will give you access to products, *equipment (such as a wheelchair) and home modifications (such as a shower rail) to meet your assessed needs. If you are approved for the AT-HM scheme after your aged care assessment, you can access up to \$15,000 for home modifications and \$15,000 (or more with evidence) for assistive technology. You may be eligible to receive assistive technology funding, home modifications funding, or both. The funding tiers for assistive technology and home modifications, based on your assessed need.

The table below outlines the funding amounts for the funding tiers for assistive technology or home modifications.

FUNDING TIER	FUNDING ALLOCATION CAP	TIME ALLOCATED TO EXPEND FUNDING
Low	\$500	
Medium	\$2000	
High	\$15,000**	

* Purchase no longer comes out of your budget. This means you don't need to save up for large equipment items.

** Participants who have assistive technology costs above \$15,000 can access additional funding with evidence, such as a valid prescription.

You are eligible to use this funding over 12 months. If you have specific needs, such as for an assistance dog, you may be eligible for more funding over a longer time. The AT-HM list has the products, equipment and home modifications that Support at Home participants can access through the AT-HM scheme.





S@H EXPENDITURE INCLUSION & EXCLUSION LIST

The primary purpose of Support At Home is to provide care and services to meet the assessed care needs identified and outlined in your care plan. We understand that care needs change and a regular review of those care needs by the Care Advisory team, along with clinical and allied health professional assessments, will ensure services are delivered to support those changing care needs.

This expenditure guide has been designed to assist you to make choices about how best to use your S@H funds within the Government guidelines and is to be used in conjunction with the Decision-Making Tool.

INCLUDED	Approved as long as it relates to a care need outlined in your care plan
PROVISIONAL	The decision-making tool must be completed with supporting documentation from a health professional or specialist for consideration
EXCLUDED	Specifically excluded and S@H funds cannot be used to purchase these items

EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
DIRECT CARE SERVICES				
Personal care such as showering, grooming, toileting, dressing	✓			Identified in the care plan
Domestic Assistance: basic domestic duties	✓			Identified in the care plan
Pet walking	✓			Identified in the care plan
Meal preparation	✓			Identified in the care plan
Banking	✓			Identified in the care plan
Assistance to pay bills	✓			Identified in the care plan
Medication prompt or assistance	✓			Identified in the care plan
Transport to medical appointments and social activities	✓			Identified in the care plan
Social support e.g. assistance with use of technology to stay connected with family and friends, accompany to social activities and to access the community	✓			Identified in the care plan
Shopping	✓			Identified in the care plan
Care Management e.g. referrals, liaising with health professionals, developing a care plan, coordinating services, identifying potential risks, monitoring ongoing care needs and supports	✓			Identified in the care plan
Planned Activity groups	✓			Identified in the care plan and full cost recovery
Day Therapy program: Accredited Physio led group exercise programs delivered face to face or virtually via zoom or skype	✓			Identified in the care plan and full cost recovery
In-home respite e.g. companion support in the home up to 24hrs per day	✓			Identified in the care plan
Day respite	✓			Identified in the care plan and full cost recovery
Cottage respite	✓			Identified in the care plan and full cost recovery

EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
CLINICAL AND ALLIED HEALTH SERVICES				
General nursing	✓			Full cost recovery only
Nursing assessment (continence, general clinical, wound, cognitive, etc.)	✓			Full cost recovery only
Wound management	✓			Full cost recovery only
Catheter care	✓			Full cost recovery only
Medication administration	✓			Full cost recovery only
Occupational Therapy (OT) assessment includes functional assessment and assessment of home environment	✓			Full cost recovery only
Physiotherapy	✓			Full cost recovery only
Dietician/Nutritionist	✓			Full cost recovery only
Speech Pathologist	✓			Full cost recovery only
Therapeutic massage	✓			Full cost recovery only
Osteopath	✓			Full cost recovery only
Acupuncture	✓			Full cost recovery only
Chiropractor	✓			Full cost recovery only
Exercise Physiologist	✓			Full cost recovery only
Podiatrist/Orthotist	✓			Full cost recovery only
Social worker	✓			Full cost recovery only
Orthoptist	✓			Full cost recovery only
Optometrist	✓			Full cost recovery only
Audiologist	✓			Full cost recovery only
Bowen Therapy		⚠		If assessed by GP as essential to support care needs and will be reviewed by GP every 3-6 months
Medical Fees e.g. GP, Medical consultants, Emergency fees			✗	Item already subsidised by the Government is an excluded item
Specialist Clinician (e.g. Oncologist, Radiologist, Anaesthetist)			✗	Item already subsidised by the Government is an excluded item
Health practitioner (non-approved or non-accredited therapy)			✗	Excluded Item
Pharmacist			✗	Excluded Item
Dentist			✗	Excluded Item

EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
MEDICAL EQUIPMENT				
Wheelchair		⚠		Must be assessed by an OT or allied health professional
Walking stick		⚠		Must be assessed by an OT or allied health professional
Wheeler walker		⚠		Must be assessed by an OT or allied health professional
Hi/Low electric hospital bed		⚠		Must be assessed by an OT or allied health professional
Medical lift recliner chair		⚠		Must be assessed by an OT or allied health professional
Shower chair		⚠		Must be assessed by an OT or allied health professional
Commode		⚠		Must be assessed by an OT or allied health professional
Non-slip mat	✓			Identified in the care plan
Over bed table (hospital)	✓			Identified in the care plan
Enteral feeding	✓			Identified in the care plan and receiving the enteral feeding supplement
Oxygen equipment e.g. oxygen concentrator, oxygen masks, oxygen tubing		⚠		Identified in the care plan and receiving the oxygen supplement or assessment by the GP that oxygen is required
Pressure relieving cushion		⚠		Must be assessed by an OT or allied health professional
Pressure relieving mattress		⚠		Must be assessed by an OT or allied health professional
CPAP machine	✓			Identified in the care plan
Electric shaver	✓			Identified in the care plan
Medication reminders e.g. dosette box, tab timer	✓			Identified in the care plan
Webster pack preparation	✓			Identified in the care plan
Magnifier	✓			Identified in the care plan
Skin integrity products e.g. Sorbolene, sudacrem	✓			Identified in the care plan
Mobility scooter		⚠		Must be assessed by an OT or allied health professional. Please note the eligibility, may differ between States based on alternate funded availability e.g. SWEP
Lifting machine/hoist for the home		⚠		Must be assessed by an OT or allied health professional

EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
Continence aids	✓			Identified in the Health Care Plan. A Continence assessment is required before ordering products for the first time. Note: CAPS funding must be exhausted before S@H funds can be used
Catheter products	✓			Identified in the Health Care Plan. A Continence assessment is required before ordering products for the first time. Note: CAPS funding must be exhausted before S@H funds can be used
Wound care products	✓			Identified in the Health Care Plan. A wound assessment is required before ordering products for the first time. This may be a nurse or GP/ specialist
Hearing aids			✗	Item already subsidised by the government is an excluded item
Glasses			✗	Item already subsidised by the government is an excluded item
Dental treatments e.g. dentures, fillings, extractions			✗	Item already subsidised by the government is an excluded item
Orthotics		⚠		Must be assessed by an OT or allied health professional. Excludes general footwear.



EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
HOME MAINTENANCE				
Light gardening e.g. lawn mowing, edge trimming, spraying weeds, tree trimming to clear pathways	✓			Identified in care plan
Landscaping			✗	General household income item
Changing light bulbs	✓			Identified in care plan
Smoke alarms	✓			Identified in care plan
Gutter cleaning	✓			Identified in care plan
Gutter repairs or replacement			✗	General household income item
Ramp installation		⚠		Must be assessed by an OT or allied health professional
Deck repairs or installation (not related to ramp installation)			✗	General household income item
Rail installation e.g. bathroom, toilet, front or back entrance		⚠		Must be assessed by an OT or allied health professional
Bathroom modification (minor) such as installation of handheld shower rose, easy access taps, grab rails		⚠		Must be assessed by an OT or allied health professional
Home and bathroom modifications (major)			✗	General household income item. The S@H can only assist with obtaining advice on major home modifications, it cannot be used to fund the modifications. That advice may be arranging an OT assessment, quotes or SWEP funding application.
Carpet replacement		⚠		Must be assessed by an OT or allied health professional
Repair of heating/cooling units			✗	General household income item
Pool maintenance/repairs			✗	General household income item
Hot water service repairs/replacement			✗	General household income item
Repair of electrical equipment/appliances such as dishwasher, washing machine, oven			✗	General household income item
Installation/repair solar system			✗	General household income item
Electrical rewiring			✗	General household income item
ASSISTIVE TECHNOLOGY				
iPad/Tablet		⚠		Identified in care plan
Assistance with IT Setup	✓			Identified in care plan
Large button phone	✓			Identified in care plan
Loop System	✓			With audiology assessment
Speech output software	✓			If assessed by relevant specialist
Telehealth Telecare devices include personal monitoring alarm, fall detector, room sensors, etc.	✓			In consultation with telehealth experts to determine which products are suitable

EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
GENERAL HOUSEHOLD ITEMS				
Assistive or self-help devices e.g. modified cutlery, lever handles, tipper kettle, vacuum, swivel seat, long reach handle, raised toilet seat, detachable bidet		⚠		Must be assessed by an OT or allied health professional
Bidet			⊗	General household income item
Microwave		⚠		Only in circumstances where there are no other reheating options available e.g. gas is turned off in the home.
Medication fridge		⚠		Must be for medication storage only
Household furniture			⊗	General household income item
Fridge			⊗	General household income item
Oven			⊗	General household income item
Stove			⊗	General household income item
Lawnmower			⊗	General household income item
Home security system such as CCTV			⊗	General household income item
Washing machine			⊗	General household income item
Non-hospital bed			⊗	General household income item
Bed linen			⊗	General household income item
Dryer			⊗	General household income item
TRANSPORT				
Vehicle costs – e.g. servicing, repairs, fuel, modifications			⊗	General household income item
Car Wash			⊗	General household income item
Public transport card such as Myki card or bus card			⊗	General household income item
Taxi card (cab charge)	✓			For client use only, and the purpose must be stated in the care plan





EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
GENERAL HOUSEHOLD EXPENSES				
Hair cut/beard trim			⊗	General household income item
Supermarket groceries e.g. tissues, haircare products, soaps, make up, toiletries			⊗	General household income item
Takeaway food			⊗	General household income item
Manicure/pedicure			⊗	General household income item
Motor vehicle costs e.g. petrol, car wash, insurance, vehicle modifications			⊗	General household income item
Insurance			⊗	General household income item
Utility bills e.g. phone, electricity, gas, water, rates			⊗	General household income item
Internet			⊗	General household income item
Pet care e.g. food, medications, grooming, accommodation, vet bills, purchased animal			⊗	General household income item
Funeral costs			⊗	General household income item
Nutritional supplements e.g. Sustagen, ensure plus, thickening agents			⊗	The purchase of food, except as part of enteral feeding requirements, is a specified exclusion based on the Quality-of-care Principles 2014 and cannot be included in the package of care and services under the S@H Program.
Non-PBS listed pharmaceuticals e.g. vitamins, mild analgesia, aperients			⊗	Medication management is supported by taking your medication. It is not to be a source of subsidy for medical expenses and non-PBS medications, including vitamins and supplements. These are classified as general income and therefore an excluded item as per the Quality-of-Care Principles 2014.
Pharmaceuticals listed on the PBS e.g. Paracetamol, Ventolin, allergy medication, insulin, blood pressure medication			⊗	Items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme are excluded.

EXPENDITURE	INC.	PROV.	EXC.	ADDITIONAL INFORMATION
SOCIAL ACTIVITIES				
Dating sites			⊗	General household income item
Cost of hobbies			⊗	General household income item
Club membership, subscriptions			⊗	e.g. U3A/ Probus / Sporting clubs – General household income item
Entertainment activities e.g. movie tickets			⊗	General household income item
OTHER				
Pre-prepared meals			⊗	Identified in the care plan. S@H can only pay to prepare the meals. Client must pay the food cost portion
Gap payments for medical costs e.g. X-rays			⊗	Items already subsidised by the Government are an excluded item
Residential respite fees			⊗	Items already subsidised by the Government are an excluded item
Private Aged Care Placement Services			⊗	Payment for services for a client who is moving into an aged care facility are excluded items



CONTRIBUTIONS

Contributions are an essential part of the Support at Home program, to ensure a fairer system that can provide better and more tailored services in an affordable way. You will only pay contributions for services you receive. The government will fully fund clinical care, such as nursing and physiotherapy. You will not be required to contribute for these services. Contribution rates will vary by the type of service and your income and assets. An income and asset assessment, like the age pension means test, will be used to determine your contribution rate. Those on the Age Pension and Commonwealth Seniors Health Card holders will pay lower contributions than self-funded retirees. Use the Support at Home fee estimator to better understand what your contributions may be.

The contribution rate will be based on the type of Support at Home service received:

- Clinical care costs will be fully funded under the S@H program.

However, contributions may apply for services that support your independence, such as personal care. These services can play an important role in keeping people out of hospital and residential aged care. Everyday living services, such as cleaning and gardening, will attract the highest contribution rates.

Standard participant contribution rates from 1 November 2025

AGE PENSION STATUS	CLINICAL CARE	INDEPENDENCE	EVERYDAY LIVING
Full pensioner	0%	5%	17.5%
Part pensioner and eligible for a Commonwealth Seniors Health Card	0%	Between 5% and 50% depending on income and assets	Between 17.5% and 80% depending on income and assets
Self-funded retiree	0%	50%	80%

FINANCIAL POSTION OF YOUR PROVIDER

Under the new Support at Home program, you have the right to request information about the financial position of your provider. This is part of a commitment to transparency and accountability in service delivery. If you would like to access this information, please speak with your care Coordinator or contact our office. We will provide the relevant details in line with program guidelines.

PAYMENT ARRANGEMENT FOR CONTRIBUTION

A monthly invoice reflecting your portion of contribution for the services provided will be sent to you.

We prefer for clients to set up a Direct Debit. If you wish to make an alternative option, please discuss with the Complete Care Coordinator @FRC.

FINANCIAL HARDSHIP

If you are genuinely unable to afford your Support At Home services contribution for reasons beyond your control, you may be eligible for financial hardship assistance through Services Australia to help you pay your client contribution.

To apply for this assistance for your specific circumstances, please contact the Finley Regional Care Complete Care office to discuss further.

WHAT HAPPENS TO YOUR EXTRA HOME CARE MONEY UNDER SUPPORT AT HOME

If you moved from a Home Care Package to the Support at Home program and had extra money left, you still get to use that money.

How it works:

- Your care provider will ask Services Australia to pay for your care using your extra money, if needed.
- This happens only when your regular care money runs out.

THE ORDER SERVICES AUSTRALIA USES YOUR MONEY:

For ongoing care (like restorative or end-of-life care):

1. First, your regular care budget is used.
2. Then, any extra money your provider is holding for you.
3. Lastly, any extra money in your government account.

For equipment or home changes (like walkers or ramps):

1. First, your provider uses any extra money they're holding for you.
2. Then, money in your government account.
3. Only after that, special funding for equipment or home changes is used.

Important: When Services Australia uses your extra money, they don't pay your provider a subsidy. They just use your existing funds.

Once your extra money is all used up, Services Australia will stop using it.

'NO WORSE OFF PRINCIPLE' FOR OLDER PEOPLE IN THE AGED CARE SYSTEM

If you were already receiving a Home Care Package, on the National Priority System or assessed as eligible for a package on or before 12 September 2024, you will be no worse off under Support at Home. You will make the same or lower contributions as you were liable for under the Home Care Packages Program.

'NO WORSE OFF PRINCIPLE' CONTRIBUTION RATES

AGE PENSION STATUS	CLINICAL CARE	INDEPENDENCE	EVERYDAY LIVING
Full pensioner	0%	5%	17.5%
Part pensioner and eligible for a Commonwealth Seniors Health Card	0%	Between 0% and 25% depending on income and assets	Between 0% and 25% depending on income and assets
Self-funded retiree	0%	25%	25%

LIFETIME CAP

There is a lifetime cap on contributions. Once you have reached the cap you will not be charged any more for the services you receive. The cap will be indexed annually. If you were assessed as not having to pay fees for your Home Care Package as of 12 September 2024, your Home Care Package lifetime cap will also remain the same.

MONTHLY STATEMENT

Each month, you will receive a care statement that outlines the services you received, the costs of those services, and any fees or contributions you've made. This statement helps you understand how your funding is being used and ensures transparency in your care arrangements. If you have questions about your statement or notice anything unexpected, please contact us for clarification.

GRANDFATHERED CONTRIBUTIONS – WHAT YOU NEED TO KNOW

If you were receiving a Home Care Package on or before 12 September 2024, you are considered a grandfathered care recipient. This means:

- You will not pay more than you did under the old Home Care Package rules.
- If you were not required to pay an income-tested care fee before, you will continue to pay nothing under Support at Home.
- If you did pay an income-tested care fee before, your new contribution will be the same or lower.
- Even if your care needs change and you are reassessed, your contribution will not increase.
- There is a lifetime cap on how much you can pay. Once you reach it, you won't pay any more contributions.

Example:

John is a full pensioner and was receiving a Level 3 Home Care Package. He paid no fees before, and he will continue to pay nothing under Support at Home—even if his care needs increase.



SUPPORT AT HOME - CARE MANAGEMENT

Under the Support at Home program, care management will support you to get the best outcomes from your aged care services. This means working with a care partner, a staff member of your service provider, to address your needs.

WHAT IS CARE MANAGEMENT?

Your Support at Home provider will provide care management activities, including:

Services Description Care planning

- Working with you to identify and assess your needs, goals, preferences and existing supports
- Developing and reviewing your care plan with you
- Reviewing your service agreement

Service coordination

- Communication and coordination with workers involved in the delivery of your services, and with you and your family or informal carers (if you consent)
- Budget management and oversight
- Supporting you if you move to a different kind of care, or from hospital to home

Monitoring, review and evaluation

- Engaging in ongoing care discussions
- Case conferencing
- Monitoring and responding to your changing needs and any emerging risks
- Evaluating goals, service quality and outcomes

Support and education

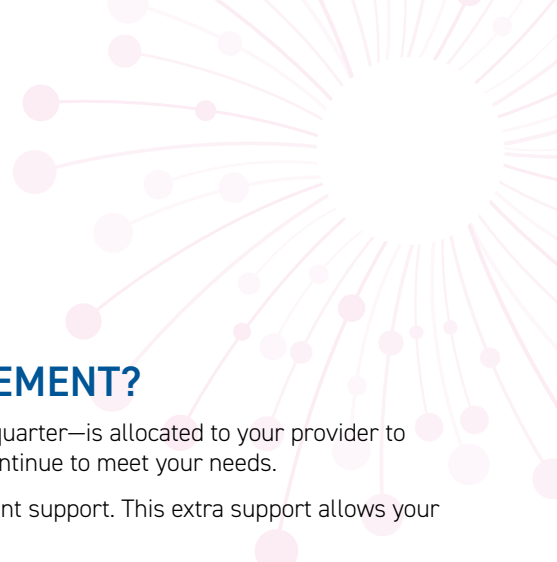
- Supporting you to make informed decisions
- Supporting and integrating reablement approaches
- Providing advice, information and resources
- Health promotion and education
- System navigation and linkage
- Problem-solving issues and risks
- Ensuring your views, rights and concerns are heard and escalated
- Assisting you with providing complaints and feedback.

HOW WILL CARE PLANNING WORK?

A care partner will work with you to identify your aged care needs, goals, preferences and existing supports. This will be documented in a care plan, which will be reviewed annually, and more frequently if required. The care plan is guided by the support plan from your aged care assessment.

HOW WILL I RECEIVE CARE MANAGEMENT?

Your care partner will be a staff member allocated to you by your provider. Your care partner will help you understand what services you can use based on your aged care assessment. They will work out with you how your provider will deliver your services.



HOW MUCH OF MY BUDGET IS FOR CARE MANAGEMENT?

As part of your ongoing Support at Home services, a portion of your budget—10% each quarter—is allocated to your provider to support care management. This helps ensure your services are well coordinated and continue to meet your needs.

If you have diverse or complex needs, you may be eligible for additional care management support. This extra support allows your provider to offer more intensive assistance tailored to your circumstances.

You may be eligible for this additional support if you are:

- Referred by the Care Finder Program, and/or
- An older Aboriginal and Torres Strait Islander person,
- Homeless or at risk of homelessness,
- A care leaver,
- A veteran who is eligible for the Veterans' Supplement for aged care.

If you think you may qualify, please speak with your care planner. We're here to help ensure you receive the right level of support.



COMPLETE CARE SUPPORT @ HOME FEES SCHEDULE

Effective from 1st November 2025

SERVICE TYPE	COST					
Care Management Fees	\$120 per hour (Please check previous pages for what is a care management fee and how it is charged.)					
Income Tested Care Fee	The Income Tested Fee in Support At Home package in Australia is a contribution that some care recipients may need to pay based on their income.					
Client Contribution for Independence	5% to 50% co-payment based on your income and assets evaluation					
Client Contribution for independence, Everyday Living Services	17.5% to 80% co-payment based on your income and assets evaluation					
CLINICAL SUPPORT	Weekdays	Weekday Evenings	Saturday	Sunday	Public Holidays	Additional Information
Administration of Medications	\$150	\$172.50	\$225.50	\$262.50	\$300	.50 Hourly Minimum charge may apply
Wound Care (RN)	\$165	\$190	\$250	\$290	\$330	.50 Hourly Minimum charge may apply
Care Management	\$120	N/A	N/A	N/A	N/A	
INDEPENDENCE	Weekdays	Weekday Evenings	Saturday	Sunday	Public Holidays	Additional Information
PERSONAL CARE SERVICES - Assisting with bathing, grooming and dressing. - Toileting and Continence Management. - Mobility and transfer assistance.	\$109.50	\$126	\$165	\$192	\$220	Hourly Minimum charge applies
SOCIAL SUPPORT AND COMMUNITY ENGAGEMENT - Individual Social Support - Group Social Support - Digital Education and Support - Assist to maintain personal affairs	\$109.50	\$126	\$165	\$192	\$220	Travel cost will also apply per request if required.
TRANSPORT & COMMUNITY ACCESS - Transport to medical appointments - Accompany to Social or Community events	\$2 per KM (subject to change)	N/A	N/A	N/A	N/A	Additional cost may be applied for staff support if required.
RESPIRE AND CARER SUPPORT In-home Respite care for primary carers	\$109.50	\$126	\$165	\$192	\$220	
HOME SAFETY & HOME MODIFICATIONS (The Assistive Technology and Home Modifications Scheme). - Home Safety assessments with external - Occupational Therapy. Installation of grab rails, ramps and mobility aids. - Emergency alert systems		N/A	N/A	N/A	N/A	This cost will be determined by the price of the external provider and will be communicated with you.

EVERYDAY LIVING	Weekdays	Weekday Evenings	Saturday	Sunday	Public Holidays	Additional Information
DOMESTIC ASSISTANCE • Light Housekeeping (vacuuming, dusting, mopping, washing dishes, laundry and ironing) • Grocery shopping and errands • Home organising and decluttering.	\$109.50	N/A	N/A	N/A	N/A	Please note ONLY ESSENTIAL services provided on weekends and Public Holidays
HOME MAINTENANCE AND REPAIRS • Gardening (essential light gardening, lawn mowing, pruning and yard clearance for safety and access). • Assistance with Home Maintenance and Repairs. (Essential minor repairs where an activity is something the person would normally be able to do or is required to maintain safety.)	\$110.75	N/A	N/A	N/A	N/A	Additional charge may apply for equipment use, travel and additional staff.
MEALS	Weekdays	Weekday Evenings	Saturday	Sunday	Public Holidays	Additional Information
Meal Preparation	\$109.50	\$126	\$165	\$192	\$220	
• Meal Delivery - per meal • Hot Meal option for Alumuna Residents ONLY (doesn't include the cost of the Meal)	\$22.00	N/A	N/A	N/A	N/A	





CANCELLATIONS	More than 2 days' notice: NO CHARGE	Less than 2 days' notice: FULL COST OF SCHEDULED SERVICE	• Genuine emergencies excepted • Cancellation fee may be waived at Complete Care Coordinator's discretion
NO SHOW No cancellation, staff attended for service, client not in attendance.	Full cost of scheduled service applies	• Genuine emergencies excepted. • Cancellation fee may be waived at Complete Care Coordinator's discretion.	
LEAVE • Hospitalisation • Social leave (holidays) • Residential respite		• Clients are required to notify Complete Care Coordinator if you are suspending services for any reason. • These need to be reported to Services Australia due to funding requirements.	
SERVICES • Domestic assistance is only provided on weekdays between 8 am and 5pm, the minimum service provided is for half an hour and therefore can be increased in half hour blocks. • Welfare checks can be provided. 30-minute minimum service applies including medication prompting. • Personal care can be provided. The minimum service provided is 30 minutes and therefore can be increased in 30-minute blocks. • All weekend services are provided in one-hour blocks. May include travel and incur weekends rates. • All public holiday services are provided in one-hour blocks. May include travel and incur public holiday rates.			
ON-BOARDING - ALL LEVELS Invoiced for Home Visit, Care Plan development and Home Safety Assessment (charge at hourly rate)			
PURCHASES OF GOODS AND EQUIPMENT Some additional administration charges may apply, depending on the level of coordination required to make purchases on your behalf.			
PAYMENT TERMS Payment within 14 days of receipt of invoice.			





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