Title: **Community Care Fees policy**

Authorised by: **Director Community Services**

PURPOSE

To provide an integrated approach to setting fees guided by the CHSP/ HCP/HACC PYP, NDIS, DVA frameworks based on the following principles:

- All consumers assessed as having capacity to pay are to contribute to the cost of their care. The fees will be on a scale appropriate to the consumer's level of income, amount of services used, and individual circumstances.
- All consumers are provided with fees information and the information available to be given and explained to, all new and existing consumers as required.
- Where consumers are receiving or have received compensation payments that are intended to cover the costs of care, full cost of the service is to be charged.
- Consumers with high and/or multiple service needs may be charged a specified maximum fee in a given period regardless of the actual amount of service. Fees may be waived or reduced where there is hardship in paying fees.
- Assessment of a person's capacity to pay the fees ought to be simple and unobtrusive, with due regard for the individual's privacy. Any information collected is to be treated as confidential.
- Consumers and their advocates have the right of appeal against any fee determination.
- Inability to pay cannot be used as a basis for refusing a service to a consumer who has been assessed as requiring that service. Income is only one factor in determining the fee.
- Consumer contributions are accurately recorded because grant agreement obligations include a requirement for service providers to report the dollar amount collected from client contributions.

TARGET AUDIENCE

All Great Ocean Road Health staff.

POLICY

To ensure that consumer fees for community services are charged in line with the relevant funded program. Great Ocean Road Health will act in a financially responsible manner and will recoup fees for funded programs where applicable. The collection of fees is essential to the operation of services, as revenue from fees collected is part of the service budget and is used to enhance and expand the service.

DEFINITIONS

- HACC PYP – Home and Community Care Program for Younger Person
- HCP – Home Care Pacakges
- CHSP – Commonwealth Home Support Program
- NDIS – National Disability Insurance Scheme
- DVA – Department of Veteran’s Affairs HCP– Home Care Packages
- Consumer – Anyone who uses the health service including clients, carers and other support people.
- Community – A shared connectedness based on one or more of the following; interests, values, beliefs, culture, history or location.
- Carer – People, friends or family who provide care or assistance to another person who needs health and/or wellbeing support. Care is provided in a non-contractual, unpaid capacity.
- Health Service – The provision of care that helps individuals achieve an optimal state of wellbeing.

PROCEDURE

- Consumers will have the fees and charges explained by the intake and data officer or relevant clinician at the commencement of services. The fees and charges advised will be documented on consumer’s electronic file.
- Fees will be charged in accordance with GORH Community Services Fee Schedule.

- GORH will review Community Services Fee Schedule on 1st July each year. Consumers will be provided with 1 months' notice of any fee changes. The exception is Home Care Packages fees which are revised twice per year, in line with adjustments made by the Government to the Aged Care Pension in March and September.
- The consumers funding stream is entered in contact classification on the client management system. Where a service is time limited such as Medicare an end will be entered in the client management system.
- Fees will be charged in accordance with relevant program and services as outlined in GORH Fee Schedule
    - CHSP / HACC PYP in Home and Social Support
    - Home Care Packages & Fee for services
    - CHSP/HACC PYP/ CHPD & private fees Allied Health
    - Medicare billing items and gap fees – charged as per Medicare website
    - NDIS – charged as per NDIS Price Schedule
    - DVA/ TAC/Workcover charged as per service agreements
- The scale of fees appropriate to their level of income, the type of service accessed, the amount of services they use and any changes in circumstances and their ability to pay. A consumer's fee level is determined by the self-declaration of income. The self-declaration of income can be reviewed as circumstances change.
- Funded consumers fees are calculated monthly and information is provided to finance for billing.
- Physiotherapy, exercise physiology, diabetes education, health coaching, and podiatry fees are paid at the time of the appointment, if not paid on the day, finance or reception will generate an invoice and send to consumer.
- Contracted services - the service will be charged the Fee For Service rate.
- DVA allied health and nursing clients do not pay a co-payment, payment for services are claimed from Veterans Affairs via online claiming for allied health. DVA community nursing claim is generated monthly by Community Nurse Team Leader and claimed in line with DVA Community Nursing Guidelines.
- NDIS – fees are set by NDIS and invoices are sent to relevant Care Manager or NDIS participant.
- Private health insurance can be used for some allied health services and health insurance receipts will be provided by reception on request.
- Consumables and equipment purchases attract a 10% administration fee.
- Home Care Package consumers are informed of exit fees in their Home care Package Contract and receive an itemised statement each month of any unspent funds available to them, as well as the costs of services and care purchased through the package.

Fee Reduction/ Waiver

GORH recognises that the circumstances of some people may make it difficult to pay the contribution for support and services. GORHs process is;

- The allied health clinician or assessment officer will negotiate a suitable fee after consultation with consumer, complete the Fee Reduction / Waiver to Pay Form and forward to the Manager of Community Services. Allied Health clinicians and assessment officers can make a once off discretionary waiver, any ongoing reductions or fee waivers will need to be authorised by Manager of Community Services.
- The first option is to negotiate a reduced fee and offer the next lowest fee. A fee waiver can be considered if paying the reduced fee causes hardship. In assessing fees reduction or waiver request, clinicians are to consider consumers income, household circumstances and any other special circumstances or hardships that make it difficult to pay.
- Once approval has been gained, this form is provided to the intake and data officer. The form is then filed by the clinician on consumers file on the client management system.
- Renegotiation of fees can occur when a client's financial situation changes. The fees can be reviewed upon request from the consumer or agency.
- The Intake Information and Data Officer, in conjunction with the Community Care administration officer is responsible for:
    - Updating the income ranges on the fees declaration annually.
    - Updating the HACC PYP, CHSP, NDIS, DVA & Medicare schedule of fees annually on the client management system.

- Updating Home Care Packages fees, which are revised twice per year, in line with adjustments made by the Government to the Aged Care Pension in March and September
- Updating My Aged Care to ensure correct fees and charges
- Coordinating the update of HCP Fees and charges listed on GORH website.

- The Director of Community Services is responsible for:
  - Coordinating the review of the Community Services Fee Schedule annually

Invoicing fees at the end of the month

All fees and charges not paid for at time of appointment are itemised on monthly invoices sent to consumers.

The relevant roles are responsible for accurate billing to the finance department within 7 days of the end of the month

- The Intake Information and Data Officer for allied heath accounts
- Community Care Administration Coordinator for In Home Services
- Community Nursing Team Leaders for Community Nursing services
- Home Care Packages Administration Officer for Home Care Packages services

RELATED and SUPPORTING INTERNAL DOCUMENTS

- GORH Community Services Fee Schedule
- Great Ocean Road Health @Home; Home Care Packages for Consumers Handbook
- Community Care Consumer Information Guide
- Assessment & Care Planning – Community Care

RELEVANT LEGISLATION ACTS and STANDARDS

REFERENCES

- *Commonwealth Home Support Programme Program Manual 2022-2023. Chapter 5 – Client contribution framework*
  Commonwealth Home Support Programme Program Manual 2020–2022 (health.gov.au)

  Aged Care Quality Standards
- Standard 1: Consumer dignity and choice
- Standard 2 – Ongoing assessment and planning with consumers
- Standard 7 – Human resources
- Standard 8 – Organisational governance

COMPLIANCE and EVALUATION

- End of month accounts compiled and sent to finance department prior to the 8th of the month.
- Consumer file audit will indicate - client information has been received and the income self-declaration form completed for CHSP, HACC PYP and CHPD Consumers.
- Fee Reduction/ Waiver Form completed and stored on consumers files.
- Regular document revision and review of relevant incident and feedback reports

CONTRIBUTORS

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ALTERNATIVE SEARCH WORDS

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