

AUSTRALIAN WAR WIDOWS



QUEENSLAND

BENEFITS
&
SERVICES
BOOKLET

FOR MEMBERS

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The purpose of this document

The purpose of this document is to provide useful information to the members of War Widows QLD about their DVA health care entitlements, services that can be accessed from myagedcare and an overview of Residential Aged Care. This booklet is a work in progress document that will be updated regularly, as services and funding change. The material is general information only because everyone's care needs are unique and require a unique plan. In addition to this information, depending on your care needs, you may wish to engage with a hospital care co-ordinator, DVA, myagedcare, nurse, doctor, social worker or myself - Sue Hilditch - Lifestyle Support Co-ordinator from AWWQ, for further guidance.

Before unpacking the health care entitlements, it is important to mention the financial entitlements of the Gold Card which include:

The War Widow Pension - This is a compensation benefit that is not subject to any financial means testing except for the purposes of Aged Care – specifically the calculation of the income test for the Government Funded Home Care Packages as well as the calculation of care fees in Residential Aged Care. The compensation is currently \$960.40 a fortnight, which includes an energy supplement. Gold Cardholders may also be entitled to an Income Support Supplement, which is means tested, as well as rent assist.

Please contact DVA directly for member specific financial entitlement questions as they have a record of your income and assets. **DVA – 1800 555 254**

DVA and myagedcare – am I entitled to services from both organisations?

DVA Gold Card members are entitled to services from DVA as well as myagedcare, **provided the same service is not being accessed from both** providers e.g. a member cannot request cleaning from both DVA and myagedcare.

Are services based on need or age?

DVA entitlements are generally not age dependent, they are based on the member's need. There are however, some specific rules around age for certain services e.g. the rules around transport to medical appointments for members under 80 years old.

Myagedcare is also based on an individual's need, and in addition, it includes an age limit – designed to meet the needs for all Australians over 65 years and all Aboriginals and Torres Strait Islanders over 50 years. Individuals younger than these ages need to register with the NDIS – National Disability Insurance Scheme.

Why is it important to reach out for support as I age?

Accepting assistance from organisations, when you have the need, will ultimately enable you to remain independent in your home for as long as you feel happy, safe and supported.

Where do I start? Veterans' Home Care (VHC 1300 550 450)

- A good starting point for all DVA Gold card members looking for a small amount of practical help to keep them independent in their homes is Veterans Home Care (VHC).
- Their services include domestic services & unassisted shopping, personal care, respite care, safety-related home and garden related maintenance
- There is a small co-contribution for each of their services as detailed below
- VHC outsources their services to approved providers such as Ozcare, Blue Care, Footprints etc. Many of these approved providers also have funding from myagedcare, so, in some cases, it is important to know which organisation is funding the services, in order to maximise the services a member needs to remain feeling supported and independent in their home.

1. Domestic Services & unassisted shopping

1. This includes internal house cleaning, unaccompanied shopping, bill paying.
2. The time allocation and frequency of service, be they weekly or fortnightly, will depend on the situation.
3. Should a member be returning home from hospital and be needing additional support, VHC can approve up to a maximum of 1.5 hours a week for domestic services and unaccompanied shopping
4. Should you require additional assistance for ad-hoc tasks such as cleaning the oven or the bottom of cupboards please call VHC to discuss these tasks with them; they may approve additional time when it is required
5. The co-contribution fee is \$5 per visit

2. Veterans' Home Care Short-Term Personal Care Programme

1. As a gold card member you can access VHC Short-Term Personal Care programme which includes assistance with personal care (showering, dressing, toileting, eating, application of non-medication skin creams, putting on compression stockings and bandages, getting in and out of bed, moving about the house)
2. Their services are 30 minutes, three times a week
3. This can be arranged by simply calling VHC
4. Should members' need more personal care support than the VHC Short-Term Personal Care programme can provide then it is best to get a doctor's referral to DVA's Community Nursing services for daily showers, dressing, medication management or wound dressing.
5. VHC can make a referral to Community Nursing for personal care only, should a member need more care than can be delivered in 30 min.
6. The co-contribution fee is \$5 per visit

3. Safety-related Home and Garden Related Maintenance

1. These services are designed to keep the home safe by minimising hazards and include minor tasks that could be done by a handyman
2. Members are permitted a maximum of 15 hours per financial year
3. Members cannot use some of this time for another category of services such as domestic services
4. The co-contribution fee is \$5 per hour

Services include:

- replacing light bulbs and tap washers;
- changing batteries in smoke/security alarms;
- cleaning gutters, external and internal windows, exhaust fans, air-conditioning, split system units or ceiling fans – DVA will need to know how many windows, blinds, fans, screen-doors and the size of the house so you may wish to count them before calling VHC for their approval
- minor home maintenance (e.g. cupboard door adjustment);
- pruning, grass cutting or weeding (only where a safety hazard exists);
- clearing of debris following natural disasters;
- chopping/splitting, moving and/or stacking of firewood located on your property in a rural and remote area and;
- one-off garden clean ups in specific circumstances where a safety hazards exists (e.g. Fire reduction, mobility limitations)
- garden tasks such as lawn mowing and pruning can only be undertaken if an environmental health or safety hazard exists.

These services do not include:

- major repairs or services requiring a qualified tradesperson, including for example, gutter replacement, major landscaping or garden tasks such as tree lopping or tree felling/removal.
- routine, cosmetic or ornamental gardening services such as weeding, maintaining flower beds, regular lawn mowing, or pruning of roses

4. Respite Care

There are different types of respite care:

A. Carer respite

1. Carer respite is in-home respite and allows a carer to have a break while another carer from VHC comes into the home to take over the caring role.
2. A carer can be a friend, partner or family member who provides ongoing care to someone who is frail or has a severe disability or illness. The carer does not need

to live with the person being cared for. If the member cares for themselves, they may be considered a carer if they have high care needs.

3. In-home respite does not include doing housework or giving medication.
4. Each financial year DVA will pay for up to 28 days of residential respite care, or 196 hours of in-home respite care, or a combination of both. To work out a combined total, DVA counts 7 hours of in-home respite care as equal to 1 day of residential respite.
5. There is no charge for carer respite

B. Emergency Short-Term Home Relief (ESTHR)

1. A member is entitled to ESTHR, care delivered in the home, should their carer be suddenly unable to continue their caring duties and they would otherwise be left without care or admitted to hospital
2. Call VHC to arrange ESTHR during business hours and outside business hours contact Carer Gateway on 1800 422 737
3. DVA will pay for up to 72 hours of ESTHR each time you use it and up to 216 hours in a financial year

C. Residential Respite

1. Residential respite is care that is delivered to members, usually at an aged care facility :
 - a. after a hospital stay or
 - b. should a member need a break from caring for themselves,
 - c. or their carer need a break from their caring duties, andwhere it is the member's intention to return home.
2. It provides a member with the opportunity to test out how residential aged care works. It also offers the family peace of mind knowing their loved one is well cared for should they go away.
3. An Aged Care Assessment Team (ACAT) is required with approval for residential respite – a code is provided
4. VHC will pay for up to 28 days of residential respite care. Thereafter, should a member need more than 28 days of residential respite care, they should contact myagedcare.
5. Members can access up to 63 days per financial year in total, that includes the 28 days paid for by DVA. After 28 days, members will need to pay the basic daily care fee which is calculated at 85% of the single person rate of the basic age pension which is currently \$52.25 a day excluding extra service fees.
6. Once a member has booked a respite bed, they should call the VHC Assessment Agency directly on 1300 550 450 for them to arrange payment.
7. VHC does not cover the cost of extra service fees or refundable booking fees. The Australian Government-funded aged care facility is responsible for refunding this booking fee to you after your respite stay.

DVA's Community Nursing

1. This service is based on the need of the member, it is usually a one hour service, provided every day, and may be delivered by a nurse if medication management or wound dressing is required; otherwise a personal care worker will assist with showering and dressing.
2. This organisation can deliver more than one service a day if the member requires additional assistance later in the day – taking pressure stockings off or getting a member ready for bed etc.
3. There is no cost to this service
4. Their services can be accessed in one of three ways:
 - i. The hospital can arrange this service as part of a post-operative plan before a member leaves hospital.
 - ii. In other cases, where the member is not in hospital, a doctor's referral is needed to access their services.
 - iii. VHC can also make a referral to Community Nursing if the care is only for personal care.

What you need to know about Convalescent Care

- It is short-term care which is medically necessary for recovery following a stay in hospital
- DVA will pay for 21 days of convalescent care in an aged care facility per financial year for DVA Gold Card holders
- Convalescent care cannot be delivered in your home
- Prior approval is needed from DVA; this is usually arranged by the discharge planner, nurse, doctor or social worker

Transport - DVA Transport – 1800 550 455

bcwd.qld@dva.gov.au – bcwd - stands for booked cab with driver

Please note DVA transport is closed over the weekends, however, transport to and from hospitals can usually be arranged by the hospital staff over the weekend who will contact the approved transport provider and provide the DVA Gold card number and the transport provider will bill the cost of the travel directly to DVA.

Should you have a medical appointment it is recommended that you call DVA to confirm your booking ahead of time – this is particularly important when your appointment is on a Monday morning, that you call before the previous Friday, to avoid disappointment.

UNDER 80 years of age Veteran Gold Card holder

If you are a Veteran Gold Card holder and you are aged 79 years or younger, DVA will transport you to attend treatment if you meet both of the following conditions:

- you are travelling to a specific treatment location - public and private hospitals (including outpatient services), providers of prosthetics; surgical footwear and orthotics, hearing services accredited providers, medical specialist rooms, radiology, imaging and pathology services
- you have 1 or more of the specific medical conditions which include :
 - a. severely limited independent activity due to frailty, respiratory insufficiency, cardiac failure, recent coronary occlusion, peripheral vascular disease, amputation, arthritis, recent surgery,
 - b. conditions that would cause you to be gravely embarrassed or that are unacceptable to other passengers on public transport e.g. incontinence of bladder or bowel, severe deformity or disfigurement
 - c. significant trauma or psychosis, hemiplegia, ataxia

DVA transport is not permitted to be used by members 79 years and younger for:

1. general practitioners
2. dental providers
3. allied health services (physio, psychology, dietician, podiatrist, etc)
4. optical dispensers

however, a member can pay and then **claim back cost of transport by submitting a D800 form – Reimbursement of Travelling Expenses**. The form states that a member does not have to submit a receipt – only that the receipt is kept for 4 months should DVA request a copy of the receipt.

80 YEARS OF AGE & OVER - Veteran Gold Card holder (plus legally blind/living with dementia)

1. DVA will take you to all approved medical treatment locations
2. DVA does not provide transport for social activities – this needs to be accessed through myagedcare e.g. shopping, visiting friends or family can be funded through CHSP or the government funded home care packages

D800 form – Reimbursement of travel expenses

DVA may provide financial assistance to members, and their attendants, travelling for medical treatment within Australia for:

- travelling expenses
- meals
- accommodation

Limits to travel expenses

When DVA reimburse a client's travel expenses, they reimburse to the value of visiting their Closest Practical Provider (CPP).

The CPP is the health provider who is:

- closest to a client's permanent or temporary residence
- able to provide the appropriate treatment
- recognised as an approved health provider by us

Did you know DVA will pay for all allied health services?

- Did you know that DVA pay for all allied health services such as physiotherapy, occupational therapy, dietetics, podiatry; exercise physiology etc. provided the member has a doctor's referral.
- The time period that the doctor's referral is valid for may differ from service to service

How can an Occupational Therapist (OT) help you?

An OT can help you stay active to enable you to continue doing the activities that you need to and want to and bring meaning to your life.

A therapist always begins with an evaluation to determine what difficulties you might be having that interfere with your independence.

Their services include:

- Adapting the home for safety – e.g. modifications to the home such as ramps, grab rails and magnetic door latches
- Personal response devices alarms to comfort members that assistance is never far away and reassuring family and friends that their loved one is able to access help easily if needed.
- Equipment recommendations such as tipping kettles, specialised chairs, beds and toilet modifications
- Assess seating and positioning needs in beds, wheelchairs and wheely walker; help with selecting the most appropriate equipment
- Help after surgery or a fall
- Teaching a person with arthritis to protect the joints and conserve energy

- Cognitive and memory support such as assisting a person with memory impairment organize and label draws
- Helping a person with limited motion to do stretching exercises and recommending adaptive equipment such as a sponge with a long handle
- Recommending a stretching program to prevent contractions and pain.
- Guidance to reduce falls

How do I know whether I need an OT?

If you answer yes to any of the questions below you will benefit from an OT assessment:

Do you have?

- Trouble doing daily activities such as opening jars or putting on shoes?
- Difficulty moving around your home safely?
- Forgetting some of your appointments?
- Do you feel as though you are losing strength or are you experiencing pain?

How does an Occupational Therapist differ from a Physiotherapist?

Many people do not understand how occupational therapy differs from physiotherapy. The primary difference is that the OT assesses the patient's ability to perform his daily "occupations" or activities and the physiotherapist focuses on improving mobility. When a physiotherapist treats a person with a hip fracture their goal may be for the patient to walk and use the stairs. An OT, on the other hand, may recommend bathtub grab rails and a raised toilet seat to increase safety and independence during self-care.

Are you tired of fighting with your screen door?

An OT can help you with this too! Moving through your front door or your back door can be a tricky manoeuvre if you also controlling a wheelly walker, or carrying a heavy washing basket, or the weekly groceries. We suggest that you call your occupational therapist and arrange a meeting and request a magnetic latch to be installed on your front or back doors. DVA will pay for this, as well as a host of other equipment, provided the member has a referral from their OT.

Vision Australia: 1300 84 74 66

Website: www.visionaustralia.org

1. Vision Australia is a leading provider of blindness/low vision products and is an approved provider to DVA and myagedcare
2. Besides offering products, they also offer a range of services that includes low vision assessments, allied health services, product demonstrations, installation and training
3. An occupational therapist can assist members in selecting the most suitable product and showing members how to use it
4. Vision Australia can recommend occupational therapists who specialise in low vision products

Hearing Australia: 1300 412 512

Website: www.hearing.com.au

1. Hearing Australia is a leading provider of hearing products and is an approved provider to DVA and myagedcare
2. Besides offering products, they also offer a range of services that includes hearing assessments, product demonstrations and training
3. An audiologist can assist members in selecting the most suitable product and showing members how to use it
4. Hearing Australia can recommend specialist audiologists to members

Continence Products

1. DVA will pay for continence products provided there is a doctor's referral; a referral is valid for 2 years
2. From 1 May 2020, InTouch are no longer a DVA Continence Supplier. Members should have received a letter from DVA advising them of their new supplier
3. Should you have any problems ordering these products please do not hesitate to contact the office at War Widows Qld.

The DVA approved suppliers are:

1. Independence Australia

- Contact details 1300 788 855 or customerservice@iagroup.org.au
- Can order 3 month's supply at once
- A standing order cannot be set-up

2. BrightSky

- Contact details 1300 968 062 or conti.orders@brightsky.com.au
- Can only order 1 month's supply at a time
- A standing order can be set up

Pharmaceutical Benefits

DVA Pharmaceutical Approvals Centre on 1800 552 580

As a Gold Card holder, you are eligible for all Pharmaceutical Benefits Scheme (PBS) medicines, as well as other subsidised medicines, which fall under the Repatriation Pharmaceutical Benefits Scheme (RPBS).

DVA Pharmaceutical Approvals Centre can approve medication on a case-by-case basis should it not be on the RPBS

The process to claim pharmacy medications under the Repatriation Pharmaceutical Benefits Scheme is as follows:

1. The doctor needs to provide a prescription for the medication – the doctor can prescribe up to 5 repeats of some medication
2. The doctor has the software to identify whether the medication is on the RPBS list. If the medication is not on the RPBS list the doctor can call DVA Pharmaceutical Approvals Centre on 1800 552 580 to seek approval which will be approved on a case-by-case basis
3. The medicine can then be obtained from any pharmacy by presenting the doctor's prescription. It is not recommended to use the script across states due to different state laws governing medication.
4. The patient contribution fee is \$6.60 per script. Should a member prefer to use a certain brand of medication a brand price premium may be charged.
5. With the current PBS cap a member can obtain 48 scripts per calendar year, thereafter PBS and RPBS medications with scripts will be free for the rest of that calendar year

So next time you go to the doctor, make a list of medication, skin creams, ointments etc that you are paying full price for to see whether they can be funded through the RPBS.

Gold card benefits can also include:

- Veterans counselling
- Social worker – doctor's referral is required
- Doctor home visits
- Convalescent care
- Certain cinemas offer a discount to Gold Card holders – usually only \$1 a ticket - but there are sometimes restrictions on when these discounts apply e.g. only between Monday to Friday, before 5pm, and may exclude newly released movies, so please check with your local cinema on their conditions (usually no cost to a carer)

Funeral Benefits: DVA do not contribute to funeral benefits for members unless:

- a member has less than \$10 000 in the bank and
- a member's expenses are more than their income and
- a member does not own a house or has money owing to a residential aged care facility

Under these circumstances DVA will pay \$2000 towards funeral expenses.

Overseas travel

Members may claim the cost of travel vaccinations if you received them in Australia. Medical care overseas is not covered and travel insurance is recommended.

How to arrange Post-Operative Care or Additional Care in your Home after illness

A number of our members have provided feedback that they were unable to arrange post-operative support, after a hospital stay. In fact, some say, "it does not exist!" By law, discharge planning provided by hospitals, is supposed to start when patients enter hospital. This is because it takes time to arrange services with the providers that deliver the care. Unfortunately, this does not always happen and the member is left to battle it out alone at home with no support.

Should you need support at home after a hospital visit please:

1. Call VHC (1300 550 450) prior to admission into hospital and request an assessment
2. The VHC assessor will discuss your circumstances with you to identify services that may be required when you return home after hospital
3. When you are in hospital ask to speak with the discharge planner or discharge co-ordinator to discuss what services you will need when you return home and ensure the discharge planner is in contact with Veterans' Home Care or Community Nursing
4. When you are in hospital ask for a copy of the post-operative care plan
5. Before leaving hospital, ask a friend or family member to call the organisation delivering care - confirm that the services have in fact been arranged and confirm the date and time that these services will be delivered

Should a member be discharged without support services arranged please:

1. Call VHC Assessment Agency directly on 1300 550 450 to report your urgent care needs. As a priority they will arrange for an assessor to speak with you to arrange the necessary care services immediately.
2. VHC can make a referral to Community Nursing for personal care
3. Should VHC be unresponsive please call the office at Australian War Widows Qld on 07-3846 7706 and we will contact VHC on your behalf.

What type of care can a member expect depending on need?

- DVA's Community Nursing
- VHC Short-Term Personal Care Programme
- Respite Care

Myagedcare

1800 200 422 www.myagedcare.gov.au

1. How do I register with myagedcare?

Simply call them on 1800 200 422; they will ask many questions and by the end of the conversation they will provide you with an AC number (AC – Aged Care). Myagedcare is designed to meet the care needs for all Australians over 65 years and all Aboriginals and Torres Strait Islanders over 50 years. Individuals younger than these ages, with care needs, need to register with the NDIS – National Disability Insurance Scheme.

It is useful for a support person, usually a son or daughter, to register themselves as representative for an ageing parent to enable them to communicate on behalf of the member and arrange services should the need arrive. This can be arranged telephonically with myagedcare.

2. The services that myagedcare provide that DVA does not provide include:

1. Social Support which includes :
 - transport for socialisation,
 - companionship and
 - meal preparation
2. Accompanied shopping
3. Mowing lawns
4. Repairs that require a tradesman

3. Services from myagedcare can be obtained from either

- Commonwealth Home Support Program (CHSP) or
- The Government Funded Home Care Packages (HCP)

4. Commonwealth Home Support Program – CHSP

1. Need a RAS (Regional Assessment Service) assessment to access these services

2. A code will be provided by the assessor and the client needs to provide the code to an authorised service provider to access services
3. Service providers in your area are listed on myagedcare's website or can be provided by myagedcare if members call them
4. Funding for this service was planned to end in 2022 and the aim was that clients would be rolled into the Home Care Packages but who knows what the future holds
5. A flat fee is charged and they vary from \$8 per hour to \$25 per visit depending on what service is being delivered and the organisation delivering the service

6. Types of services include :

- Social support – e.g. assisted shopping, companion care, centre based activities
- Personal care e.g. showers, dressing
- Domestic cleaning
- Nursing and Allied Health
- Mowing and gardening (very long wait lists, limited)
- Day Respite
- Home Assist (modifications etc.)

5. Home Care Packages

1. This is generally for residents with a higher level of care – mobility issues, dementia, unable to do own personal care etc
2. There is an income tested fee payable based on assessed income that would include the war widow pension and income support supplement.
3. A basic daily fee does not need to be paid and it is currently industry practice not to charge this fee. It is only recommended for individuals who are needing more services than the package can fund
4. There is a national wait list so people who have been assessed may need to wait before a package is granted to them – while they wait they can access services funded by CHSP
5. An ACAT assessment is required – this stands for Aged Care Assessment Team
6. These packages are “consumer-directed” which means the consumer has control over how the funds are spent
7. There are 4 levels of packages and funding which are based on the level of care individuals need.
8. There are supplementary payments made if the individual qualifies e.g. dementia, oxygen supplement
9. Myagedcare has an estimator that estimates the income tested fee
<https://www.myagedcare.gov.au/fee-estimator>
10. If a member is in receipt of a means tested income support payment e.g. the Income Support Supplement, the Department of Veterans' Affairs will have enough information to calculate the income tested care fees and the Income Assessment form would not need to be completed. In other circumstances an Income Assessment form – SA456 will need to be completed

Packages	Level of care needs	Value
Level 1	Basic care needs	Approx \$9 000 a year
Level 2	Low care needs	Approx \$15 750 a year
Level 3	Intermediate care needs	Approx \$34 500 a year
Level 4	High care needs	Approx \$52 250 a year

If I move into Residential Aged Care do I lose my DVA entitlements?

Having a DVA Gold card in Residential Aged Care is still useful although the general understanding is that residents' needs should be met by the residential aged care facility.

- Medications will continue to be paid by DVA.
- You can continue to use DVA transport for medical appointments
- Allied services including podiatry, dietitian, physio as well as a local visiting GP and continence products are provided by the residential aged care facility
- Should additional remedial physio services be required for a low- care resident, then special permission from DVA to fund these services is required before moving into residential aged care
- A special request to DVA to fund additional physio services may be requested if a member is already a resident in a care facility, the resident is considered to be low care and the services are more than the facility agreed to provide in the original contract.
- Should additional physio be required only once a member is already a resident in a care facility, and the resident is considered to be low-care, and the services are more than the facility agreed to provide in the contract, then If you are assessed by the Aged care facility as being high-care then physio provided to keep you moving and pain free are provided by the facility at no extra cost – short sessions are provided in the members suite
- Podiatry can be arranged with your current DVA provider, DVA permission is required, and your podiatrist needs to agree to visit the member in the care facility
- Many centres have extra/additional or signature services and each brand has special services that you pay for, sometimes this is not optional as this is part of the residential aged care accreditation

Private-Pay Home Care Providers

Should a member wish to remain living in their home as they age, there are also private-pay home care providers to supplement services from DVA and myagedcare.

These services are available from all the traditional care providers such as Blue Care, Ozcare, and Anglicare etc. and include organisations such as Footprints, Home Instead and Right at Home.

Carer Gateway - 1800 422 737

The Australian Government's new Carer Gateway support services was recently launched and provides services for carers that includes counselling, in-person peer support, carer directed support packages, guidance on how to access the carer payment and carer allowance, carer support planning and emergency respite services. For more information please contact carer Gateway on 1800 422 737

Residential Aged Care

Moving into residential aged care is an emotionally stressful time on the member and their family. The member may be unwell, there may be guilt and anxiety around whether this is the right move – there are no right or wrong answers – decisions need to be made on whether to sell the family home, there are myths surrounding whether a member can afford a care facility of their choice and the on-going charges and payments of residential aged care are initially overwhelmingly complex.

To support a member and their family during this process we highly recommend using an Aged Care Placement agent. They do charge a fee and they provide a very valuable service. We work closely with Leona Bonning from Aged Care Placement Assist who is contactable on 0408 748 341 or agedcareplacementassist@gmail.com

Members and families may also wish to consult with a financial adviser to guide them through the best financial outcome for their next phase. We can also recommend financial advisers.

What are the costs of Residential Aged Care?

Residential Aged care is means-tested which means that a resident's income and assets are assessable for the purposes of calculating residential aged care fees. The war widow pension and income support supplement are included as income for aged-care purposes.

Care Fees

- Daily care fee - everyone pays this fee and it is calculated as 85% of a single Centrelink pension and it covers the cost of your meals, cleaning, washing, and activities to promote socialising
- Means tested care fee - in addition to the daily care fee, members may need to pay a means tested care fee. The war widow pension and income support supplement will be included in the calculation of the means tested care fee

- Extra services fees may apply for luxuries like a glass of wine at dinner, Foxtel and Wi-Fi etc
- There are annual and lifetime caps on means-tested care fees. The maximum an aged care home can charge you is:
 - \$28,087.41 per year, or
 - \$67,409.85 in a lifetime.

If you are moving from home care into an aged care home, any income-tested care fee you paid while you were receiving care at home will also be counted towards the annual and lifetime cap if you move into an aged care home.

- Myagedcare has an estimator that estimates the daily care fees
<https://www.myagedcare.gov.au/fee-estimator>

Accommodation Fees

Each Aged Care facility sets its own accommodation pricing, depending on factors such as the location of the facility and the size of the rooms. The amount you pay for your accommodation depends on your eligibility for government help.

Government help with accommodation costs - This is determined by a means assessment but as a general guide:

1. if you have income below \$27,840 and assets below \$50,500, the Australian Government will pay your accommodation costs
 2. if you have income above \$70,320 or assets above \$171,535.20, you will need to pay for the full cost of your accommodation, negotiated and agreed to with the aged care facility
 3. if you need to pay for part of your accommodation, the Australian Government will pay the rest.
- A refundable accommodation deposit - RAD
 - A RAD needs to be paid by a resident who owns their home and has some assets
 - The RAD is returned to your estate when the member passes away
 - It is government guaranteed with all accredited residential aged care centres
 - Fully supported residents do not have to pay the Refundable Accommodation Deposit – DVA will assess your situation based on your assets and income
 - Daily Accommodation Payment - DAP
 - should a member have the means to pay towards their accommodation they will need to or may choose to pay a DAP
 - this is like paying rent – it is lost forever while the RAD is refunded to the estate
 - a resident may choose to pay a combination of a RAD and a DAP
 - Additional fees are non-refundable

I hope this document is useful and practical. Please let me know if you think any other information should be included which may benefit other members and please call the office on 07 3846 7706 should you have any questions.

Kind regards,

Sue

Lifestyle Support Coordinator

