

Guide to Care Management Definitions

What is Care Management?

Care management is a role that documents a care plan and budget and subsequently source and manage the provision of goods and services. It is important to have a plan and budget to maximise resources and wellbeing of care recipients, and also a government rule for Full Care Managed and Self-Managed home care packages.

The care manager:

- ✓ Creates a Care Plan and budget (within two weeks of accepting agreement) and reviews, at a minimum annually.
- ✓ Provides and/or facilitates the completion of assessment documents to support care plan completion.
- ✓ Sources and schedules appropriate independent Providers and ensures they have a police check and insurance evidence.
- ✓ Manage expenditure in accordance with allowable items and the budget limitations (any expenditure more than budget limits is borne personally by Home Care Package holder).

What is Full Care Management?

Full Care Management is where the provider of the package takes on all the above care management activities.

What is Self-Management?

Self-management is where either the holder of the package or their representative opts to take on all care management responsibilities. A dedicated Package Advisor is assigned to advise in completing all the care management tasks.

Home Care Package (HCP) operates under a Consumer Directed Care Model (CDC).

CDC offers client choice and flexibility.

Clients receiving an HCP are given control over the care and services package they receive, including how it is delivered and who provides it.

It is not a source of additional income to be spent at the client's discretion.

Expenditure must be considered appropriate use of government funds, in scope of the program and remain within budget.

Checklist 14 days from plan start

- Signed agreement, complete with referral code, start date and cessation date if transferring from another provider
- Capital Guardians account created
- Charter of Rights signed
- Personal Assessment completed
- Care Plan agreed and finalised
- Independent Home Assessment conducted
- Budget agreed and finalised



FAQs and Blogs on the Local Guardians and Capital Guardians Webpage topics include:

- *Income Tested Contributions*
- *How to find carers*
- *How are home care packages/accounts funded?*
- *What is the basic daily fee?*
- *What is Care Management and Self Management?*
- *How long does it take for unspent funds to be transferred?*
- *What services can I get?*
- *What is a cab charge and how do I order one?*
- *How are prepared meals paid for with a home care package?*
- *What is the difference between Local Guardians and Capital Guardians?*
- *When will my monthly accounts be ready for viewing?*
- *How do I claim a reimbursement?*

As required

- Upload invoices for approved allowable expenditure weekly, prior to 5:00 pm Thursdays for Friday payment
- [Reimbursement account](#), only 1 reimbursement account per client. See FAQ
- [Cab charge](#) – order cab charge AFTER Care Plan and budget has been finalised and approved. See FAQ
- Unspent funds – requested from previous provider.
- Apply for eligible Supplements – Dementia and Cognitive/ Hardship/ Oxygen and Enteral Feeding/ Viability
- File supporting documents for supplements/aids/equipment's
- CHSP – (Commonwealth Home Support Programme). Inform CHSP provider of package start date and where applicable request a transition period for current services.
- Confirm if accessing CAPS (Continence Aids Program Scheme).
- Incident report forms
- Allowable Expenditure Documentation to support items not on the allowable list

Evidence of acceptance can include:

- *Signed copy scan / photo*
- *Save pdf of email from client/representative accepting/ commenting on final plan*
- *Save pdf of email to client with docs, referring to conversation and agreement of final care plan and budget*

Care Planning

Care Plan, Personal Assessment and Budget to be completed within 14 days of start date and agreed by the Client or Representative. Client must retain a copy of the Agreement, Care Plan and Budget for their own records.

Care Plan, Personal Assessment and budget updated:

- Minimum every 12 months, using Care Plan Review
- Change in home care package level
- New, once off expenditure (allowable expenditure doc) requiring documentation for approval
- Significant change in care due to health crisis, episode, etc

Adding Providers of Care for Invoicing

- Need to be registered to invoice with Capital Guardians
- Must upload police check * and insurance documents
- Must have been provided with the Local Guardian's *Independent Contractors Agreement*
- Cannot be paid through the reimbursement account
- Informed of the 2% merchant fee (can be added to the invoice with the clients permission)

* Mandatory Police check for ongoing service providers visiting the home must have a no older than three years as required in the Aged Care Act 1997, The police check should be undertaken prior to an individual commencing work, although there are allowances can be made where application is made prior to the date of commencement and the individual is required to be supervised.

Budgeting

- See excel "Individual Budget.xls" for guidance on producing a budget
- Sets out funds available and effectively "pre-approval" of expenses and hours that can be paid.
- See "Allowable Home Care Package Expenditure.pdf" for guidance and process for items not listed as inclusions above \$300:
 - ✓ **Must save documented link to "care" (client email, care plan update)**
 - ✓ **include an OT report for any specialised or complex equipment**
 - ✓ **Dependent on budget and funds availability**
- If spending is outside the agreed budget, the care manager will contact the client or their representative to discuss altering spending.
- The budget must be uploaded into Capital Guardians to allow invoices to be processed (completed by the organisation).