Module 6 - Support at Home - Self management

About

This Support at Home module gives providers a comprehensive understanding of how self-management operates within the Support at Home program.

The department reserves the right to change or add supplementary information to this training.

Duration

This course will take approximately **30 minutes** to complete. You can access the learning resources at any time.

Start

Select **Start course** above or **select a specific lesson below** to begin.

Welcome
Self-management introduction
Role of the provider in self-management
Role of the care partner in self-management

Self-management financials

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Knowledge check

Helpful resources

Course wrap-up

Lesson 1 of 8

Welcome

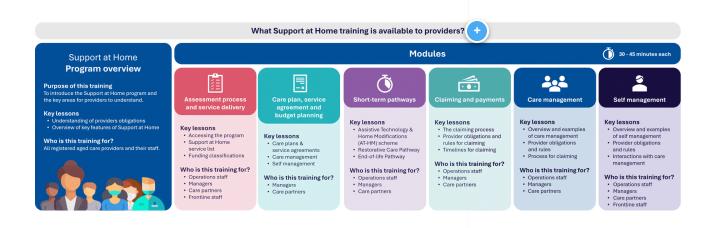


The Department of Health, Disability and Ageing acknowledges and pays respect to the Traditional Owners and Custodians of the lands throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and their continuing connections to land, sea and community. We pay our respects to Elders past, present and emerging. We also extend our respects to any Aboriginal and Torres Strait Islander people participating in this learning.

Aboriginal and Torres Strait Islander people should be aware that this training may contain images of deceased persons in photographs.

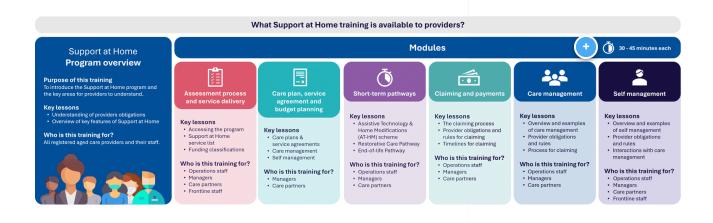
The diagram below provides an overview of the Support at Home training modules available.





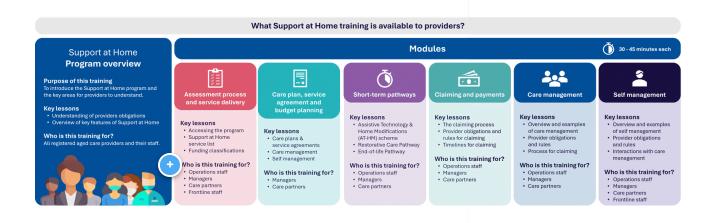
Is this training mandatory?

No, but this training is strongly recommended. This training will help providers understand the Support at Home program prior to the changes taking effect when Support at Home commences.



How long will it take to complete this training?

About 30 minutes.



Who is this training for?

This training has been developed for all <u>registered aged care providers</u> and their staff.

This module may be more relevant to operations staff, managers and care partners within provider organisations. This includes staff members who need a comprehensive understanding of the services and funding under Support at Home.

This training may also be relevant to other groups such as independent aged care advocates and third-party providers.

Accessibility

This training has been developed to meet accessibility standards. Learners who are using assistive technologies (such as Job Access with Speech) will also be able to complete the training.

The department is committed to inclusion, and we are aware that each of us experience inclusion differently. Please let us know what we can do to make this course accessible and inclusive for you. If you would like to request a different reasonable adjustment or to provide accessibility feedback please email <u>learning.and.capability@health.gov.au</u>.

NEXT LESSON: SELF-MANAGEMENT INTRODUCTION

Lesson 2 of 8

Self-management introduction

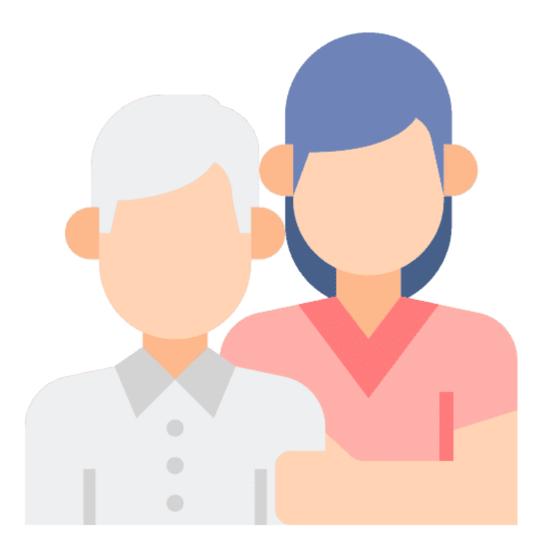
Self-management in Support at Home

Self-management within the Support at Home program acknowledges that older people have spent a lifetime planning, organising and managing their own lives.

When requiring care themselves, these skills and the desire for autonomy continues.

Under the new Aged Care Act 2024, older people and their rights are at the centre of Support at Home.

Older people have a right to self-manage their care.



In supporting these rights, **providers also have a role**.

Providers will need to support the older persons **right to express autonomy** and self-manage their care.

In managing the expectations of the older person, the provider will need to ensure that service delivery is **compliant** with the legislation and their obligations.

This includes, but is not limited to:

that the services delivered align with the participants needs and their service types outlined in the participant's Notice of Decision and an. ioned HCP care recipients, the services delivered must align with the Home service list. e alignment between worker availability and participant preferences. that the scheduling of services and rostering of workers complies
Home service list. e alignment between worker availability and participant preferences. that the scheduling of services and rostering of workers complies
that the scheduling of services and rostering of workers complies
er requirements and wage conditions.
e participant a choice of different aged care workers (employees) that participant's needs and preferences. partnership to consider all requests to engage a third-party worker the participant and to ensure third-party workers meet all legislative tory requirements.
the participant to manage their budget and make their own financial in accordance with the legislative requirements and program

Expectations of the older person and providers

The key objective of self-management is to maximise the choice and control a participant has over:

- their Support at Home services; and
- how those services are delivered.

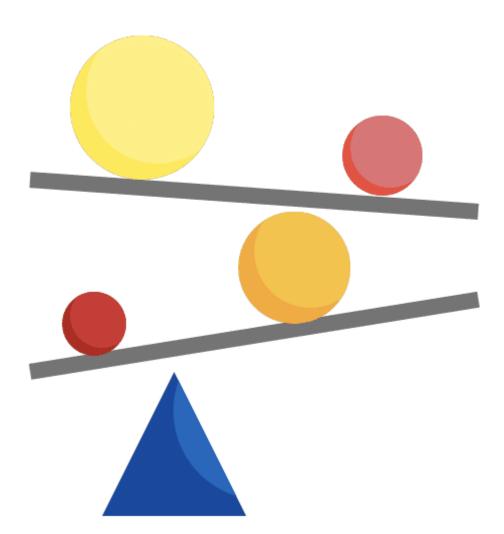
To do this, providers will need to work flexibly and in partnership with participants to support and maintain their autonomy and decision making, within their capability. It is important that providers consider how they can structure their organisation and service offerings to support a self-management approach.

Self-managed participants will need to partner with a provider. The provider will support the older person while ensuring compliance and providing legislative oversight. This will ensure that they receive services that are safe and compliant with legislation, meet their assessed needs and aligns with program guidance.

The older person will be treated as a capable decisionmaker and respected in their role as their own care coordinator.

Self-management activities

Self-management will be different for each participant. The range of activities a participant undertakes will also vary depending on the participant's assessed needs, preferences and abilities. While many consider self-management to be where the participant is managing 100% of their care, it is important to note that self-management is **a scale of activities**.



Examples of self-management

One participant may prefer to manage their independence and everyday living services, while their care partner manages their clinical supports.

Another participant may wish to source their own worker, select the day and time of service delivery, as well as arrange the payment once the service is delivered.

Both examples are approaches to self-management.

Some participants, with involvement from their registered supporters and carers (or other people who provide support to the participant), may have greater involvement in self-managing than others. Below are some examples of self-management in action.

The self-management activities and approach must be agreed between a participant and their Support at Home provider. Selecting and coordinating services based on their assessed needs and budget

Choosing suppliers and workers for service delivery

Scheduling services and managing worker rosters

Overseeing their budget to track spending

Communicating with workers about their care

Maintaining clear communication with their provider to ensure service quality

Paying invoices for services

Navigating the aged care system to access the right support

The provider will need to work alongside the participant to enable them to successfully self-manage. This may involve sharing information on certain policies or approaches, as well as training and access to any technical systems, such as booking systems.

Learn more on self-management



• For care management, view Chapter 8 of the Support at Home Program Manual

• For self-management, view Chapter 11 of the Support at Home Program Manual

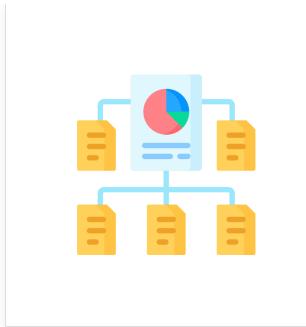
NEXT LESSON: ROLE OF THE PROVIDER IN SELF-MANAGEMENT

Lesson 3 of 8

Role of the provider in self-management

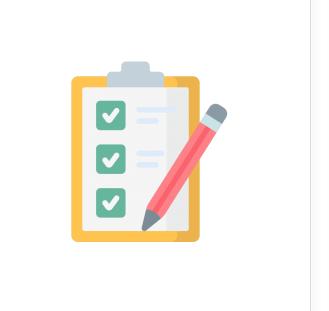
There are various steps providers should take to prepare their organisations for self-management. This will support providers, participants and their families to have a positive and informed discussion about self-management.

Providers will need to:



Determine their organisation's internal structure and capacity for supporting selfmanagement.

This will ensure that providers can be transparent in their

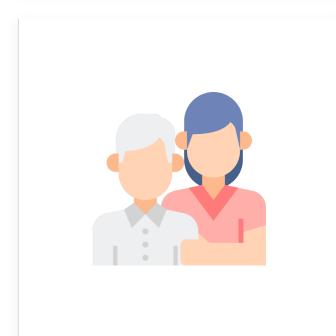


Define and establish the governance and operational processes to support the rights and preferences of a participant while also balancing their obligations.

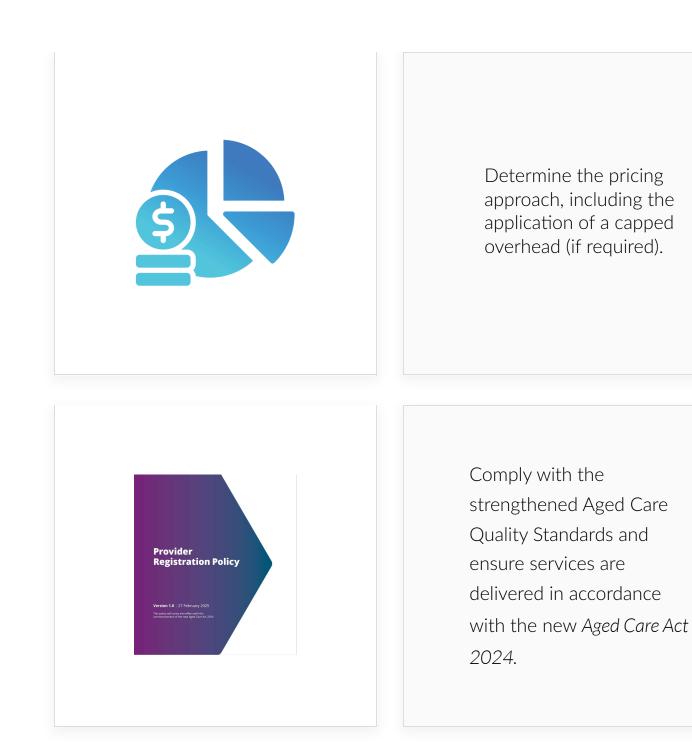


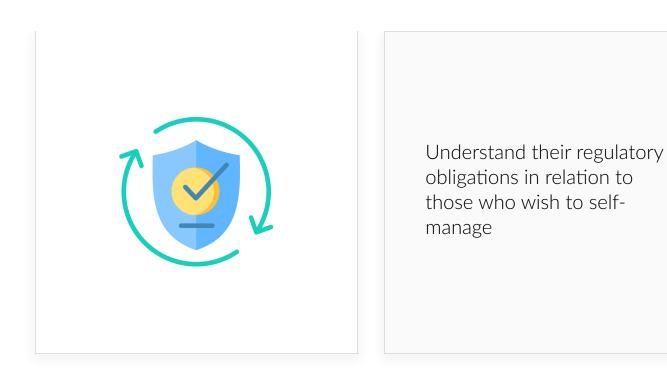
Actively encourage care partners to empower older people who wish to selfmanage.

Support older people to exercise self-management within their capability.



Ensure each participant is allocated a care partner and care management activities are delivered in accordance with a participant's preferences and regulatory requirements.





Providers' obligations and responsibilities do not change in any way for participants who choose to self-manage. The same legislation, standards, rights and guidance continues to apply.

Provider obligations for selfmanagement

Providers, care partners and participants should have a good understanding of the tasks and obligations involved in self-management. Before finalising a self-management arrangement, providers and participants should agree on the responsibilities and obligations of each party. The arrangement should be documented.

If mutual agreement cannot be reached or a participant fails to fulfil their obligations, the provider must assume full responsibility for all obligations and activities.

Provider obligations	Shared obligations	Participant obligations
Delivery of care management activities, at least monthly.	Development and review of the Support at Home service agreement including third-party arrangements and agreed pricing for services.	Only accessing services aligned with assessed and approved needs, care plan and budget, as well as the Support at Home service list.
Provision of support and education regarding third-party use including legislative and regulatory requirements.	Regular review of the care plan, ensuring services are aligned with assessed needs and are meeting goals and preferences.	Ensuring that changes to services are pre-approved by the care partner before services are received.
Provision of information about Support at Home program guidelines including service lists.	Regular review of the budget ensuring services are delivered within the budget parameters.	Knowing that only approved services will be subsidised.
Support knowledge building and oversight of budget.	Pro-active communication from both the provider and participant, registered supporters and carers (where relevant) to address changing needs, concerns, risks and/or issues requiring action.	Compliance with agreed provider requirements and processes.
Where third-party workers are used, engaging these workers and ensuring these workers meet all worker obligations under the Aged Care Act 2024.		Be aware of the worker training and standards that providers will need to consider when researching and proposing third party workers.
Provision of assistance for subsidy claiming including ensuring invoices are submitted on time and are accurate.		
Oversight to ensure quality and safety of service delivery and compliance with legislation and program guidance.		

Obligations for self-management

Using third-party workers

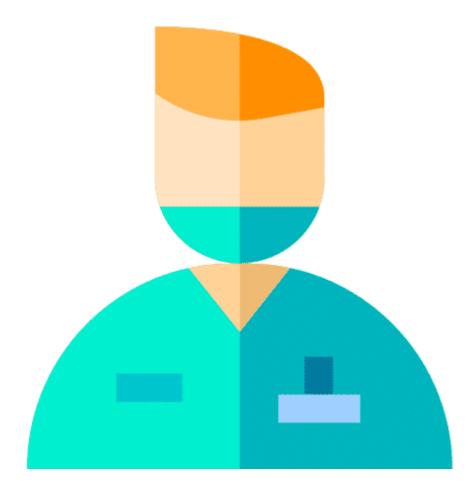
For some participants, an important aspect of selfmanagement is being able to select their own workers. This can include choosing a worker who is an employee of the provider or selecting a third-party worker.

A third-party worker is an aged care worker who is not an employee but is engaged by the provider to deliver a service to a participant.

This approach can be an option under self-management, if the provider is able to support this.

If able, providers should consider all requests to engage a thirdparty worker.

Where providers are unable to support such a request, they need to communicate this decision to the older person and provide a rationale for why a third-party worker cannot be engaged.



If the provider has agreed for the participant to select their own worker, some common activities the participant can undertake include:

- researching organisations or individual workers to the deliver the service
- liaising with the organisation or individual worker to determine suitability to deliver the service
- negotiating a service price

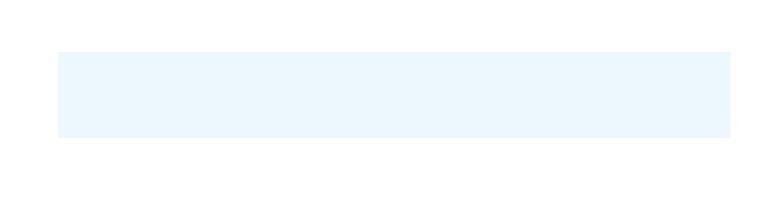
- obtaining information from the organisation or individual worker to assist the provider with onboarding
- organising dates and time for the service to be delivered.

Third-party worker arrangements should be clearly documented in the participant's care plan.

If a third-party worker is engaged at the participant's request, the provider can charge a capped overhead to cover their costs of supporting the third-party engagement.



The provider remains responsible for meeting all regulatory requirements and provider obligations for all services delivered to a participant, including those delivered by a third-party.



Learn more about selfmanagement



Image of a magnifying glass

- For care management, view Chapter 8 of the Support at Home Program Manual
- For self-management, view Chapter 11 of the Support at Home Program Manual

NEXT LESSON: ROLE OF CARE PARTNER IN SELF-MANAGEMENT

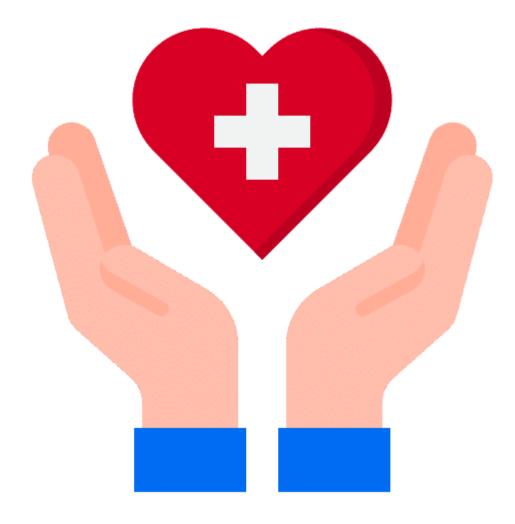
Role of the care partner in self-management

Care partners support self-management

Providers must provide care management to all participants, regardless of the activities a self-managed participant is undertaking themselves. This ensures the provider can provide oversight of quality, safety, governance and compliance requirements.

Regardless of the self-management approach, participants receiving ongoing services will have 10% deducted from their quarterly budget for care management.

Care management activities must be delivered at least once per month, and this should be a direct care management activity of at least 15 minutes. A review of the service agreement, care plan and quarterly budget will need to be completed annually, at a minimum.

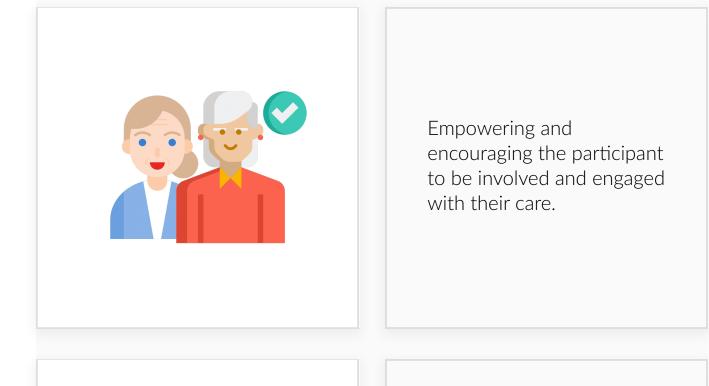


Care Partner

Effective communication between a participant and their care partner is essential in any self-management approach.

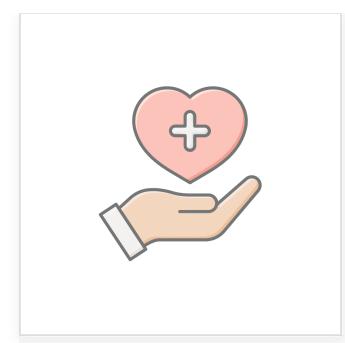
How care partners support self-managed participants

In addition to regular care management activities, care partners will need to ensure the below is understood and documented.

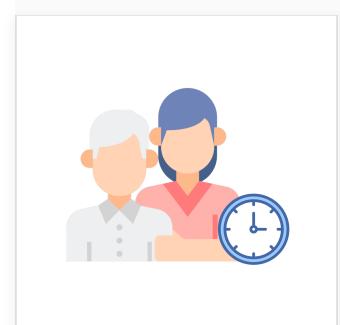




Ensure the participant understands the 10% care management deduction and the care management activities that can be delivered.



Discuss the provider obligations and the care management activities that must be delivered both monthly and annually.

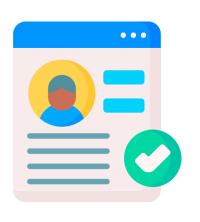


Agree with the participant the frequency and mode of contact. This must be monthly, at minimum. Explain the difference between activities that are direct or

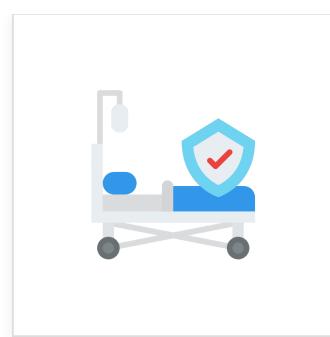
indirect care management.



Direct care management must be delivered at least once per month and this should be of at least 15 minutes.



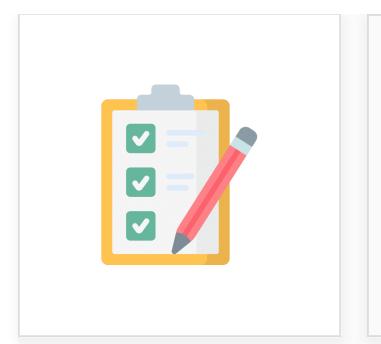
Determine the process for reviewing the service delivery arrangements and care plan. This must be every 12 months, at minimum and should include a review with the participant of the self-management activities.



Identifying scenarios that could disrupt the ability of the participant to self-manage and determine the default arrangement if the participant is unable to fulfil their agreed activities.



Provide the participant with resources and information on self-management in Support at Home



Document the selfmanagement approach and scope of activities to be completed by the participant in the care plan.

Learn more about care partners and self-management



- For care partners view <u>Chapter 8</u>
- For self-management view <u>Chapter 11</u>

NEXT LESSON: SELF-MANAGEMENT FINANCIALS

Lesson 5 of 8

Self-management financials

Self-management overhead cap

Providers will be able to charge a **capped overhead** to cover their costs of supporting the third-party worker arrangement, for activities such as:

- oversight to ensure a third-party worker meets worker obligations under the Act (e.g. carrying out worker screening, training the worker in the provider's complaints and incident management procedures)
- claiming for subsidy and paying the third party.

The overhead that can be charged is **capped at 10%** of the **actual cost** of the third-party service. The overhead cap is not claimed separately by the provider and therefore, must be **included in the final service price** for the third-party worker.

The capped overhead should only be applied if a thirdparty worker is engaged at the participant's request.

Final price of a service

The provider and participant will need to agree on the final service price for a service delivered by a third-party worker. The final price should be determined based on the price of the service, any capped overhead the provider may charge, as well as GST (if applicable).

The final service price should be discussed with the participant. Where there are budget limitations, the provider and participant should agree on an alternative option such as:

- using employees of the provider to avoid the need for a capped overhead
- sourcing third-party workers with a lower service price.

Participant contributions

Participant contributions apply for all Support at Home services delivered from the independence and everyday living service categories. This includes services delivered under a self-management approach or by a third-party worker.

More information on participant contributions is in <u>Chapter 9.0 of the Support at Home program manual.</u>

Learn more about selfmanagement financials



- For self-management, view Chapter 11 of the Support at Home Program Manual
- For claiming information view <u>Chapter 16 Provider claiming and pricing arrangements</u>

NEXT LESSON: KNOWLEDGE CHECK

Lesson 6 of 8

Knowledge check

Test your knowledge by answering the questions below.

01/04

Which of the following are self-management activities?

- Selecting and coordinating services based on their assessed needs and budget
- Managing their budget
- Communicating with workers about their care
- All of the above

02/04

True or False Under the new Aged Care Act 2024, older people and their rights are at the centre of Support at Home (Select 1 option)

) True

False

03/04

What percentage of a self-managed participant's quarterly budget is deducted for care management when they are receiving ongoing services? (Select 1 option)

\bigcirc	20%	
\bigcirc	15%	
\bigcirc	10%	
\bigcirc	7%	

04/04

True or False Providers are responsible for meeting all regulatory requirements and provider obligations for all services delivered to a participant (Select 1 option)

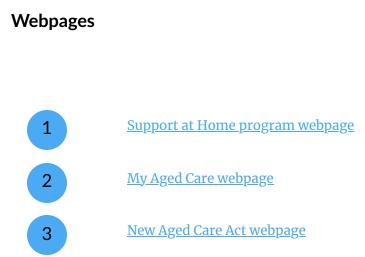
True

False

Lesson 7 of 8

Helpful resources

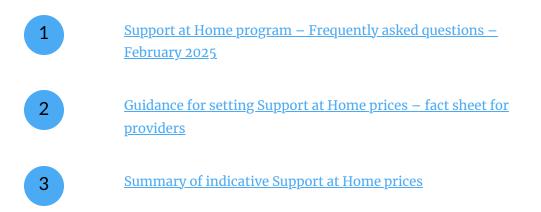
The links below will open in a new window. Links are regularly reviewed, however if a link is not working, please search for the information directly within the <u>department's</u> <u>website.</u>



Guidelines and procedures



Fact Sheets



Existing Home Care Package care recipients

Existing Home Care Package (HCP) and Short-Term Restorative Care (STRC) care recipients will transition to the Support at Home program.

Providers will continue to support and deliver services to these transitioned care recipients.

Refer to the <u>Support at Home provider transition guide</u> for detailed information on supporting transitioning existing HCP and STRC care recipients.

NEXT LESSON: COURSE WRAP-UP

Lesson 8 of 8

Course wrap-up

Thank you for completing the Support at Home claiming and payments module.



We appreciate the time and effort you dedicated to completing this training, engaging with the information, and applying your knowledge.

You should now understand your responsibilities and obligations as a Support at Home provider.

We'd love your feedback!

To help us continue improving this training, please take a moment to complete a <u>short survey</u> about your experience in completing the Support at Home claiming and payments module. This survey will take no more than 1-2 minutes to complete.