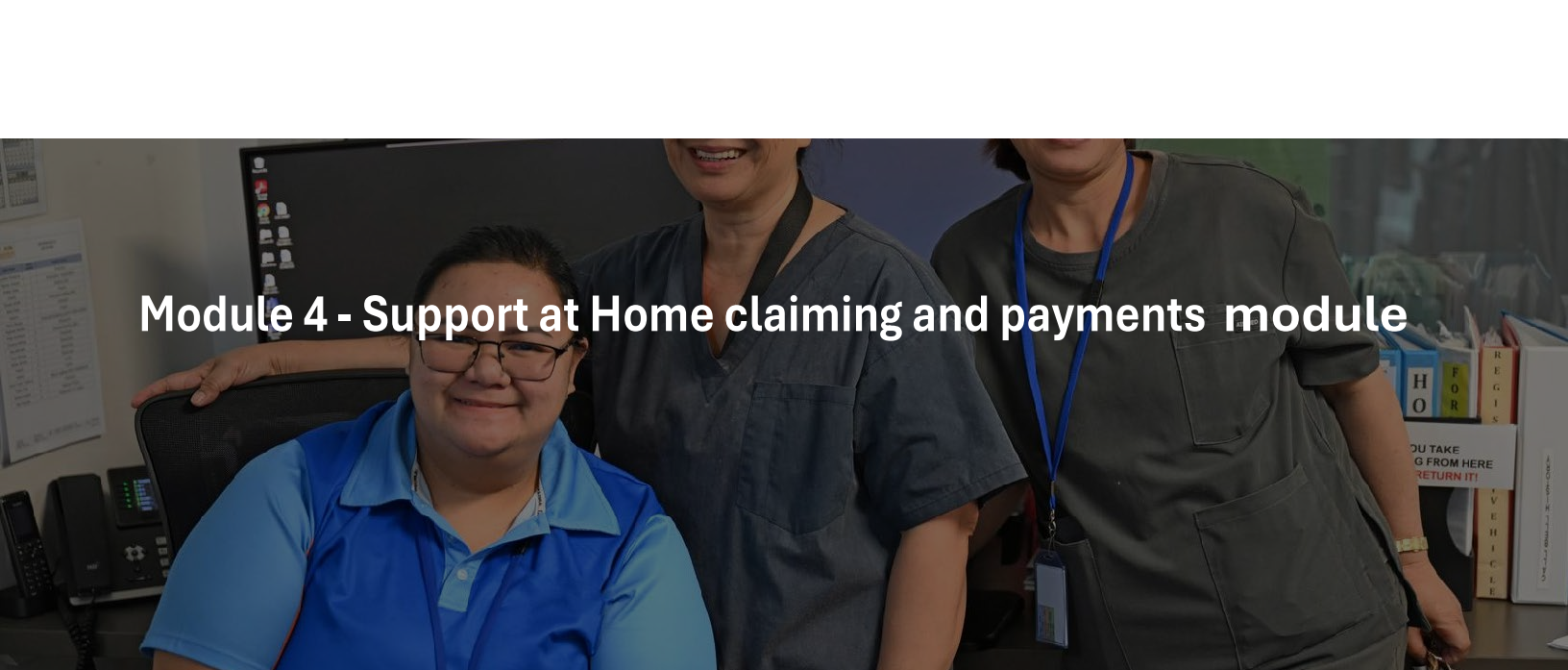




Module 4 - Support at Home claiming and payments module



About

This Support at Home module gives providers a comprehensive understanding of the claiming and payment arrangements 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 **45 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.



UNDERSTAND THE NEW CLAIMING AND PAYMENT ARRANGEMENTS



Getting started with Support at Home claiming processes



Understanding and Claiming HCP Unspent Funds



Submitting a claim



The claiming process and timelines



Claiming rules and claim validation



Monthly Statement

COURSE WRAP-UP



Knowledge check



Helpful resources



Course wrap-up

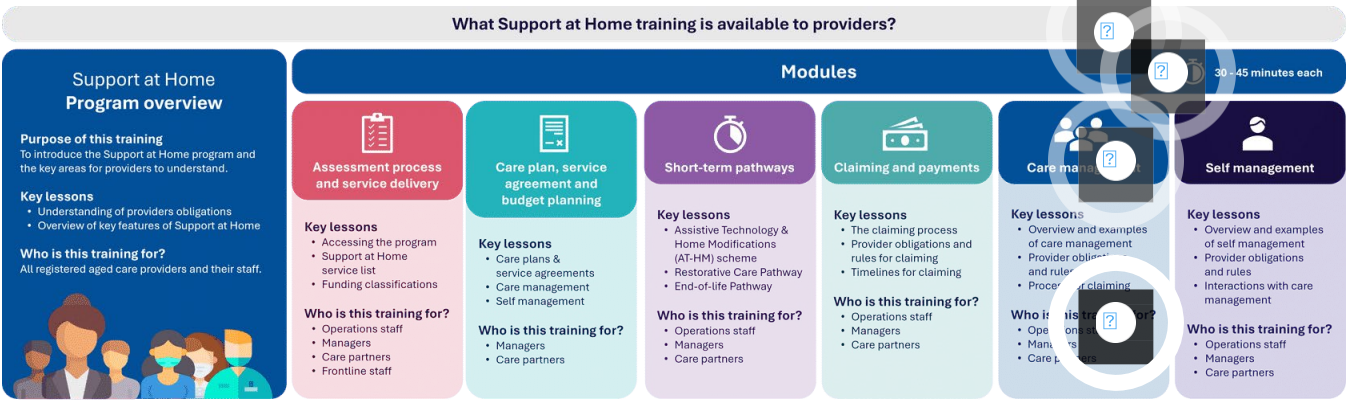
Welcome

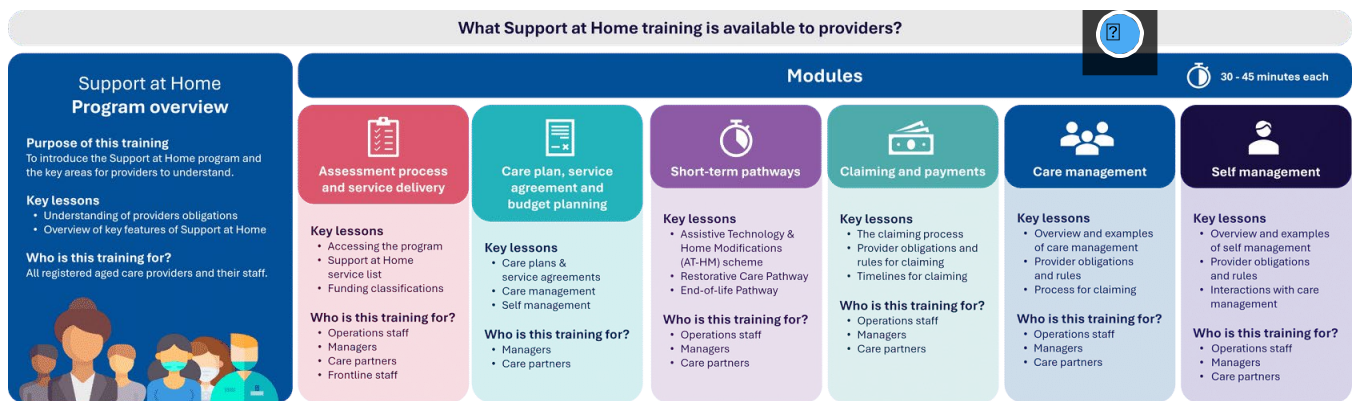


The Department of Health, Disability and Ageing acknowledges and pays respect to the Traditional Owners and Custodians of the lands throughout Australia. We recognise the strength and resilience of Aboriginal and Torres Strait Islander people, and their continuing connections to land, sea and community. 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.

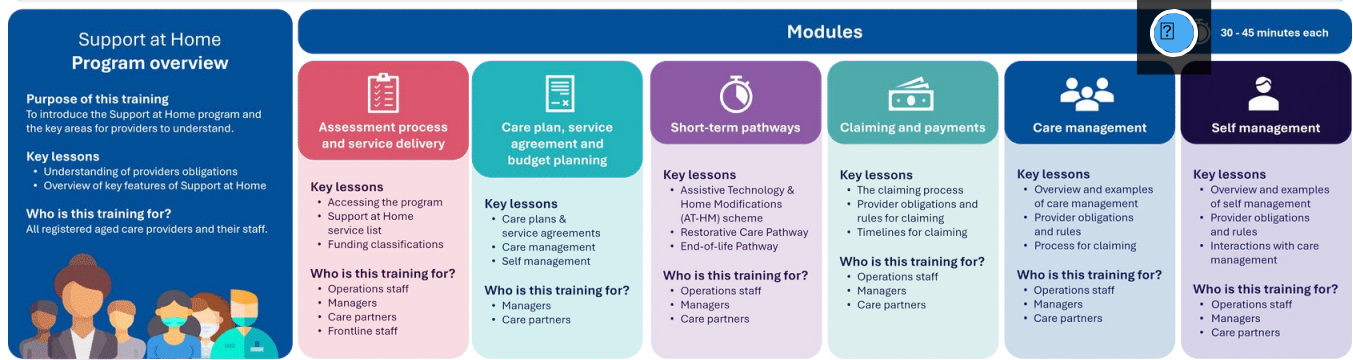




Is this training mandatory?

No, but this training is strongly recommended. This training will help providers understand the Support at Home program.

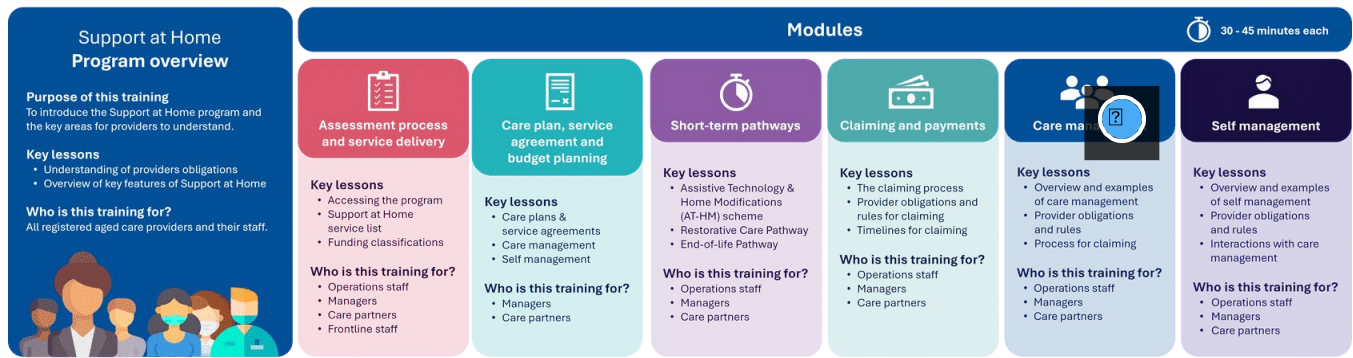
What Support at Home training is available to providers?



How long will it take to complete this training?

About 45 minutes.

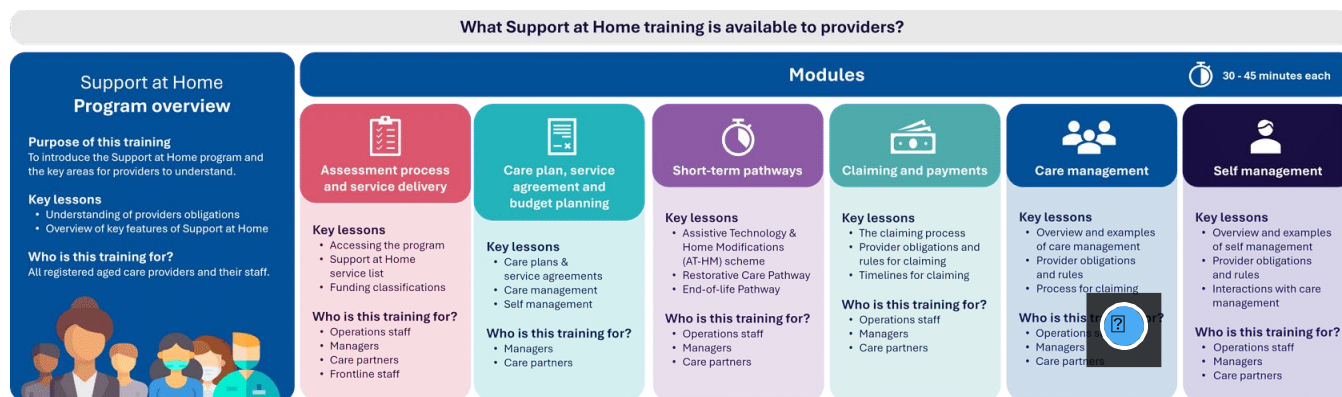
What Support at Home training is available to providers?



Purpose of this training

This training supports providers to deliver government-funded aged care services. This

training will cover the claiming and payment process under Support at Home.



Who is this training for?

This training has been developed for all [registered aged care providers](#) 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 learning.and.capability@health.gov.au.

**NEXT LESSON: GETTING STARTED WITH SUPPORT AT HOME CLAIMING
PROCESS**

Getting started with Support at Home claiming processes

The Support at Home claiming and payment module covers all the key elements providers need to consider in order to set up and manage the claiming process and associated timeframes.

This module will be helpful to teams who are responsible for managing and supporting claiming processes for their organisation.

There are some important steps that Providers need to consider before starting the claiming process

Getting started with Support at Home claiming



This section outlines the steps providers need to take before delivering and claiming for Support at Home services. Omitting or skipping any of these steps may lead to delays in processing claims.

Services Australia manages and processes payment claims, including calculating participant contributions.

Step 1

Register with the Aged Care Quality and Safety Commission



Register with the [Aged Care Quality and Safety Commission](#) as a Provider of Aged Care Services and for the relevant categories of care that you deliver.

Category 1 - Home and Community Services

Category 2 - Assistive technology and home modifications

Category 3 - Advisory services

Category 4 - Personal and social care in the home or community (including respite)

Category 5 - Nursing and complex care management

Category 6 - Residential care

Step 2

Register with Services Australia

The screenshot shows the Services Australia website interface. At the top, there's a blue header with the Australian Government logo, the Services Australia logo, a search bar, a dropdown menu set to 'PRODA', and a 'Log in' button. Below the header is a navigation bar with tabs for 'Individuals', 'Health professionals', 'Businesses', and 'Community groups'. Under 'Health professionals', there are sub-tabs: 'Patient care', 'Payments and claims', 'Practice administration' (which is selected), and 'Individual practitioners'. The main content area has a breadcrumb trail: 'Home > Health professionals > Practice administration > Software and systems > Connect to online claiming systems > Aged Care Provider Portal'. The title 'Aged Care Provider Portal' is prominently displayed. Below the title, a text block explains that the Aged Care Provider Portal (ACPP) is a secure place to access online services and provides steps to log in or register. A list of services covered by the ACPP is provided: home care, residential care, transition care, and short-term restorative care. On the left side, there's a sidebar with a 'Connect to online claiming systems' section, which includes links to 'Aged Care Provider Portal', 'Using the ACPP', 'Register for Medicare Online', 'Register for ECLIPSE', and 'Access Medicare Easyclaim'. A 'Listen' button is visible on the right side of the main content area.

Services Australia supports two digital claiming methods. Direct integrated business-to-government (B2G) software APIs and through the Aged Care Provider Portal (ACPP)

Application program interface (API) claiming

- Services Australia provides for system to system claiming via application program interfaces (APIs). The technical specifications to support the change are available on the [Health Systems Developer Portal](#).
- Aged Care APIs are available on the vendor test environment: [Home | Health Systems Developer Portal](#)

Aged Care Provider Portal

- The ACPD is the online portal managed by Services Australia for claims and payments.
- Providers should [register for an individual Provider Digital Access \(PRODA\) account](#) to access the Portal.
- Providers should access the portal to make claims for aged care subsidies and supplements, including Support at Home claims.

Step 3

Things to consider for a valid claim



- **Participants** (new) have been **approved** for that service in their Notice of Decision and support plan.
- **Transitioned HCP** care recipients have an updated care plan that outlines the services to be delivered.
- A **service agreement** has been entered into, and an **entry notification** has been provided to Services Australia.
- Services have been **delivered**, and the provider has the required evidence to support the claim such as receipts, log-books or care notes.
- The claim is compliant with the claiming rules and claim validation requirements (See Lesson 4 - Claiming rules and validating claims).

Step 4

Funding source



The Provider is clear on the **rules for claiming** and has confirmed the **source of funds** from which they are claiming.

The sources of funds are:

- Ongoing budget
- Provider held HCP Commonwealth unspent funds and HCP unspent funds held in the participants Home Care Account
- Care Management account
- Restorative Care Pathway Payments account
- End-of-Life Budget account

- Assistive Technology fund account
- Home Modification fund account

More detail on funding sources is in the [Support at Home program manual](#).

Additional reference sources



Registering to become an approved aged care provider [Becoming an approved aged care provider | Aged Care Quality and Safety Commission](#)

Provider Obligations [Provider obligations | Aged Care Quality and Safety Commission](#)

Register for PRODA – (Provider Digital Access) [PRODA \(Provider Digital Access\) – Services Australia](#)

Using the Aged Care Provider Portal [Using the Aged Care Provider Portal - Health professionals - Services Australia](#)

Services Australia is an important partner in managing and processing payment claims on behalf of the department.

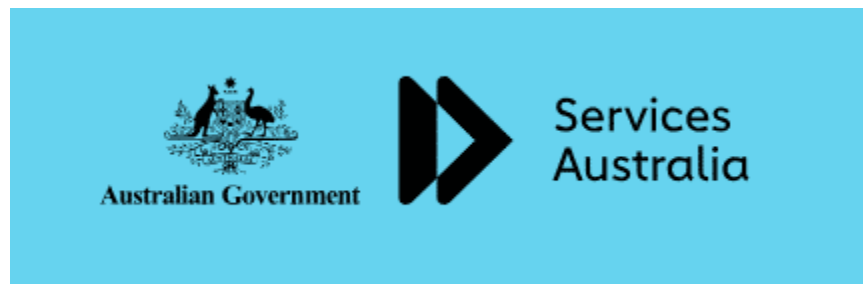


Image of the Services Australia logo

Services Australia manages:

- Validation of claims (invoices for services delivered) submitted by providers
- Processing and payment of claims to providers

Services Australia manages Support at Home provider claims using both direct integrated business-to-government (B2G) software APIs and through the Aged Care Provider Portal (ACPP)

Education and Support

Services Australia have an education gateway - [Health Professional Education Resources](#) - that will include resources and information for providers about Support at Home

Learn more about Support at Home



Magnifying glass

- [Support at Home program manual – A guide for registered providers](#)
- [Support at Home service list](#)
- [Support at Home program webpage.](#)

NEXT LESSON: UNDERSTANDING AND CLAIMING HCP UNSPENT FUNDS

Understanding and Claiming HCP Unspent Funds

HCP Unspent Funds Explained

Unspent HCP funds occur where a care recipient has been in receipt of HCP funding that has accumulated either intentionally or unintentionally in their account at the time of commencement of the Support at Home program. HCP unspent funds can be in either the care recipient's Commonwealth account or in the Provider held account.

Any unspent funds remain available to the participant until exhausted.

Key points about HCP unspent funds

HCP care recipients will keep any unspent funds for use under Support at Home and they will be deemed for access to assistive

technology and/or home modifications if needed.

If a participant **undergoes a reassessment** and are assigned a Support at Home classification, they will continue to **retain any unspent funds**.

Providers will report their final provider-held HCP Commonwealth unspent funds balance for each of their participants in their **final Home Care Package claim**. After the final claim, providers will no longer need to report on Commonwealth unspent funds. Services Australia will track these funds ongoing.

Under Support at Home, provider-held HCP Commonwealth unspent funds will continue to be held by providers. Providers can opt to return HCP Commonwealth unspent funds for a participant via the [Aged Care Provider Portal](#). Providers must obtain the participant's written agreement to return these funds.

More information on returning provider-held HCP Commonwealth unspent funds is available by contacting the Services Australia Aged Care Providers enquiry line on 1800 195 206.

Types of HCP unspent funds

Unspent funds are characterised by where they are held and managed.

Provider Held

Accumulated HCP subsidy, paid by the Commonwealth to the provider, where the recipient was receiving an HCP prior to September 2021.

Commonwealth Held

Accumulated HCP subsidy, paid by the Commonwealth and managed by Services Australia in the recipient's Home Care Account.

Draw down of HCP unspent funds

Prioritisation of claiming HCP unspent funds

All Support at Home claims must be itemised against the funding source for which services were delivered.

Where a participant has HCP unspent funds, Services Australia will automatically draw down on those unspent funds in order of priority outlined in the table below.

Note, if there is insufficient budget in one funding source to cover the claim, Services Australia will manage the required split between funding sources.

Support at Home ongoing services Restorative pathway End of Life pathway		Assistive Technology and Home Modification	
Order of claiming		Order of claiming	
1	Support at Home quarterly budget Restorative Care Pathway Payments account End of life Budget account	1	Provider held Commonwealth portion of HCP unspent funds
2	Provider held Commonwealth portion of HCP unspent funds	2	Commonwealth portion of HCP unspent funds
3	Commonwealth portion of HCP unspent funds	3	Assistive Technology and Home Modifications Scheme funding account

Order of claiming - HCP unspent funds

Returning HCP unspent funds

There are circumstances whereby the provider must return provider held Commonwealth HCP unspent funds to the Commonwealth. These are:

- the participant changes providers
- the participant dies/is deceased
- the provider ceases to deliver funded aged care services to the participant.



Provider-held Commonwealth unspent funds must be returned within 60 days after the exit date.

Learn more about unspent funds



[View chapter 9 in the Support at Home program manual – Transitioned HCP care recipients and HCP unspent funds](#)

[View chapter 16.0 Provider claiming and payment arrangements](#)

NEXT LESSON: THE CLAIMING PROCESS AND TIMELINES

Submitting a claim

Providers claim for services delivered through the Services Australia Aged Care Provider Portal or business-to-government (B2G) software.

Providers will need to follow the claiming process and [chapter 16 of the Support at Home program manual](#).

Claims must separately itemise all services and supports, including care management and AT-HM, on the date they were delivered during the claim period. When claiming, providers can make both whole-hour and part-hour claims. Part hour claims can be in 15-minute increments e.g., 15, 30, or 45 minutes. Providers can make multiple claims in a single period.

Providers can determine the frequency of their claiming and can submit claims daily, weekly, fortnightly, monthly or quarterly. Claims can be submitted individually for a participant or as a bulk import for multiple participants.

Each claim line item must relate to a single service delivered on a single date. Providers must not combine multiple services or service dates within a claim line item. For example, if three episodes of general house cleaning occurred over one month, then each episode of service delivery must be claimed as a separate line item.

Include the following mandatory information:

- An identifier of the participant who received the service (for example, participant name, care recipient ID, Services Australia participant identifier).
- An identifier of the provider.
- A service identifier of the service type provided to the participant:
 - service type
 - service
 - service delivered by a third-party organisation indicator, if applicable
 - service unit type (see guidance below)
 - service unit price
 - the quantity of service units delivered.

****Note:** Providers must work with their associated providers to support accurate claiming. This may include requesting invoices that show the service date and unit price and quantity of service units delivered.

****Note:** For the following claims, additional mandatory information will be required to identify the item:

- prescription (if needed) and wrap-around services provided (for claims for the AT-HM scheme)
- expenses for home maintenance and repairs
- expenses to maintain personal affairs
- nursing care consumables
- nutrition supports

- indirect transport

Claiming for different unit types

Service	Unit	Guidance
Most services	Per hour	The billable unit for most services is 1 hour. Part-hour increments of 15, 30 and 45 minutes can also be claimed. For example, enter 0.25 hours as the quantity for a 15-minute service. Claims must show both the quantity delivered and the time taken to deliver the service. For example, a 5-hour group social support activity costing \$250 must be claimed as 5 units at \$50 per hour, not 1 unit at \$250. You cannot claim more time than was spent delivering the service. For example, if 45 minutes of personal care was delivered, you cannot claim 1 hour of personal care.
Meal delivery	Per meal	When claiming for meal delivery, providers must make a separate claim for the service date of each delivery. Each meal counts as one billable unit and multiple courses (for example, a two-course dinner) count as one meal. Providers must include the quantity of service units (meals) and average unit cost (if multiple). You can only claim subsidised components of the meal service, which covers the preparation, packaging and delivery of pre prepared meals. You cannot claim the cost of fresh food and raw ingredients.
Transport	Per trip	The billable unit for transport is 1 trip. A trip is one way. For example, picking up a participant from their home and driving them to their destination. Taking the participant back home is a second trip.

Image of examples of claiming units for Support at Home services, including most services (per hour), meal delivery (per meal) and transport (per trip).

Learn more about the claiming process



Image of a magnifying glass

[View Chapter 16 of the Support at Home Program Manual](#)

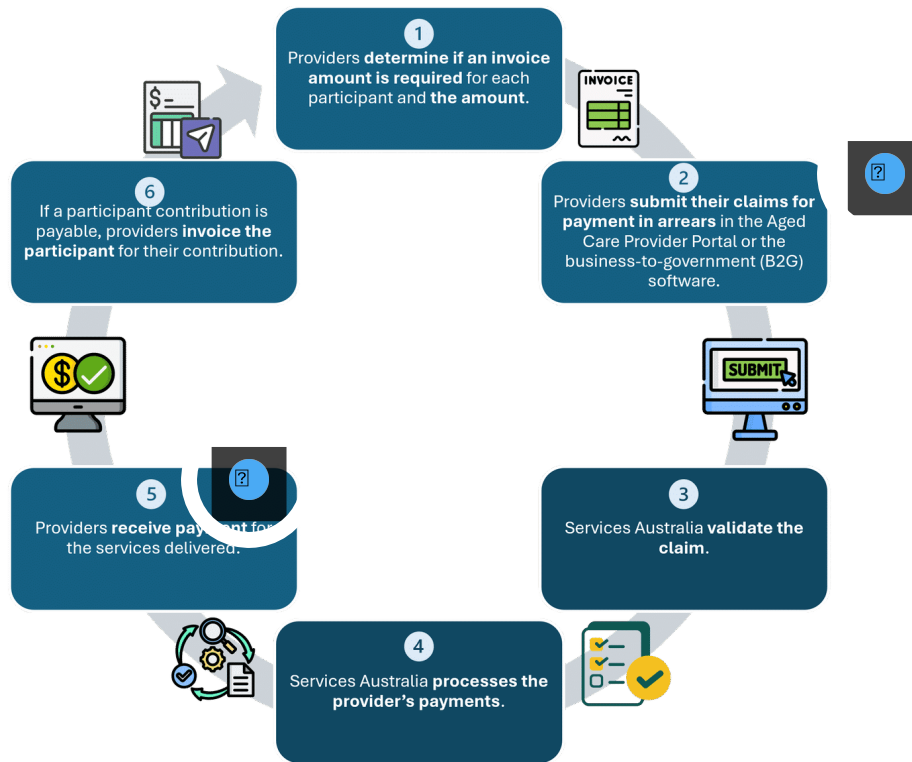
NEXT LESSON: CLAIMING RULES AND CLAIM VALIDATION

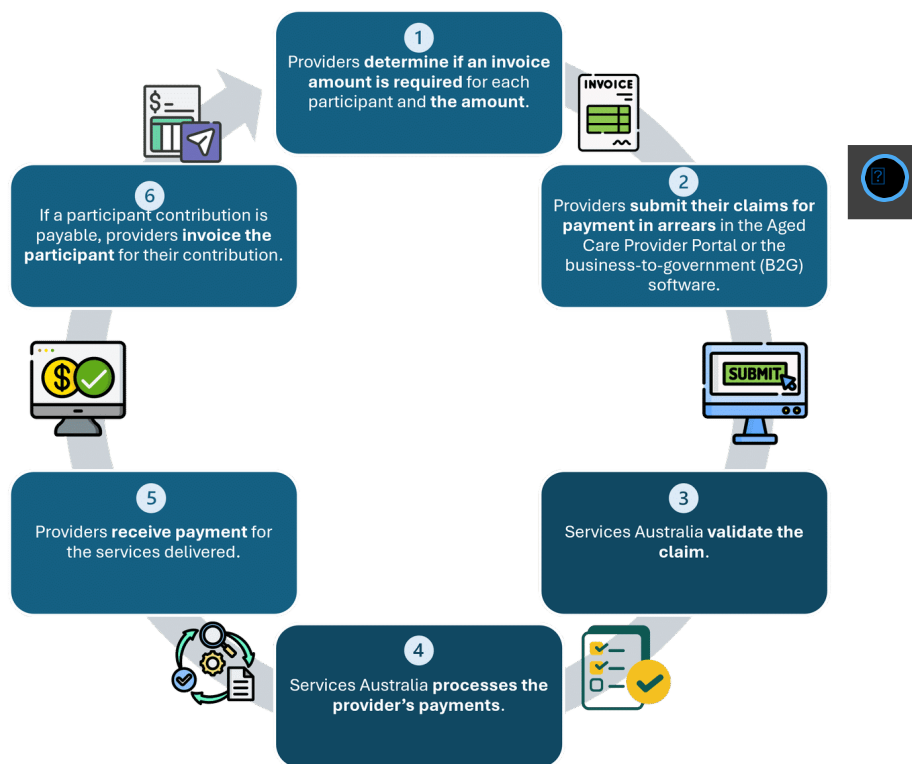
The claiming process and timelines

Providers can only begin the claiming process after the Support at Home service has been delivered to the participant.

Providers will need to follow the claiming process and rules to submit accurate claims

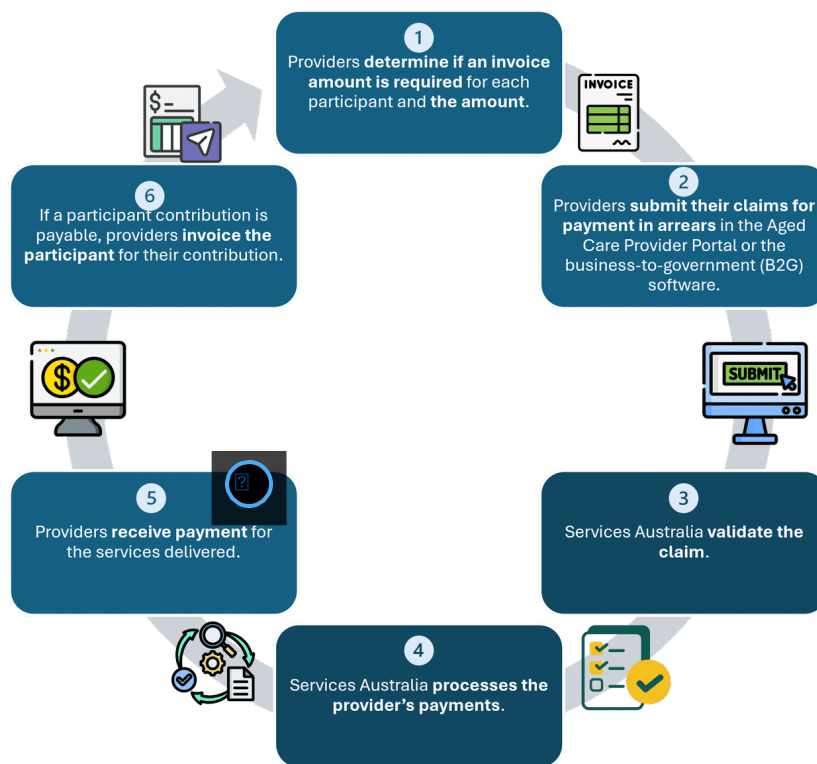
Refer to the below claiming process that providers will need to follow to submit claims:





Where to claim for services delivered?

Claim for services delivered through the Services Australia [Aged Care Provider Portal](#) or the [business-to-government \(B2G\) software](#).



The payment statements will be published on the Aged Care Provider Portal once the claims have been finalised and payments made.

Providers need to submit claims within a certain timeframe to Services Australia.

When do claims need to be **submitted for ongoing services?**

For ongoing services, a provider has **60 days after the last day of the quarter** to submit their claim for each participant.

When do claims need to be **submitted for short-term pathways?**

For short-term pathways, a provider has **60 days after the completion of the episode** to submit their claim for each participant.

How about for participants receiving **both ongoing and short-term services**?

For participants receiving **both short-term and ongoing services**, providers should ensure that services are claimed in the **correct timeframes** and against the **correct account**.

Providers can choose the frequency of claiming to meet their business needs. They may retain the monthly cadence current used for HCP or move to claiming up to daily once all HCP claims have been settled.

Providers can submit claims through the [Services Australia Aged Care Provider Portal \(ACPP\)](#) or using [business-to-government \(B2G\) software](#).



Image of a calendar and a clock

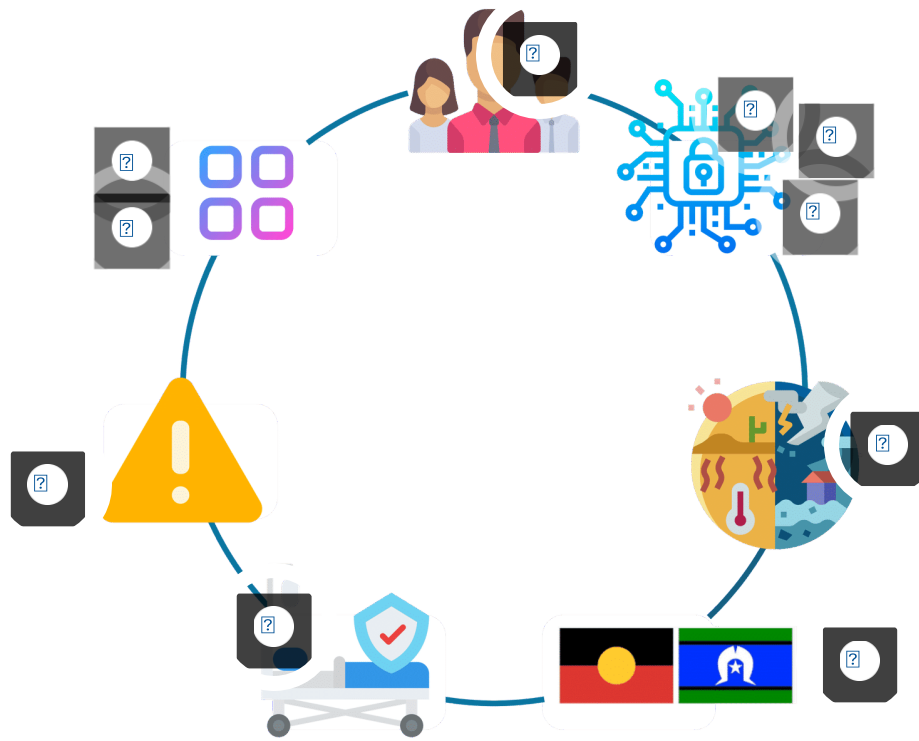
Late claims

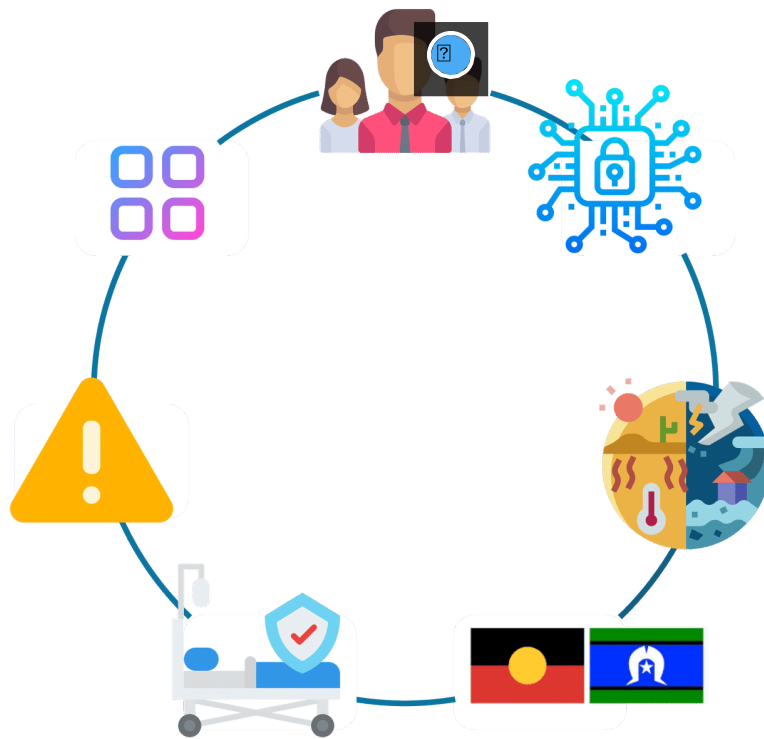
If a provider cannot submit a claim within 60 calendar days, they may submit a late claim after day 61 (or 61 days the conclusion of short-term care).

If you submit a late claim, you must provide a reason for why you're claiming late. You must keep all late claims evidence in case it is requested later.

A request for a late claim will be sent to a Services Australia delegate and may be approved under the following specific circumstances.

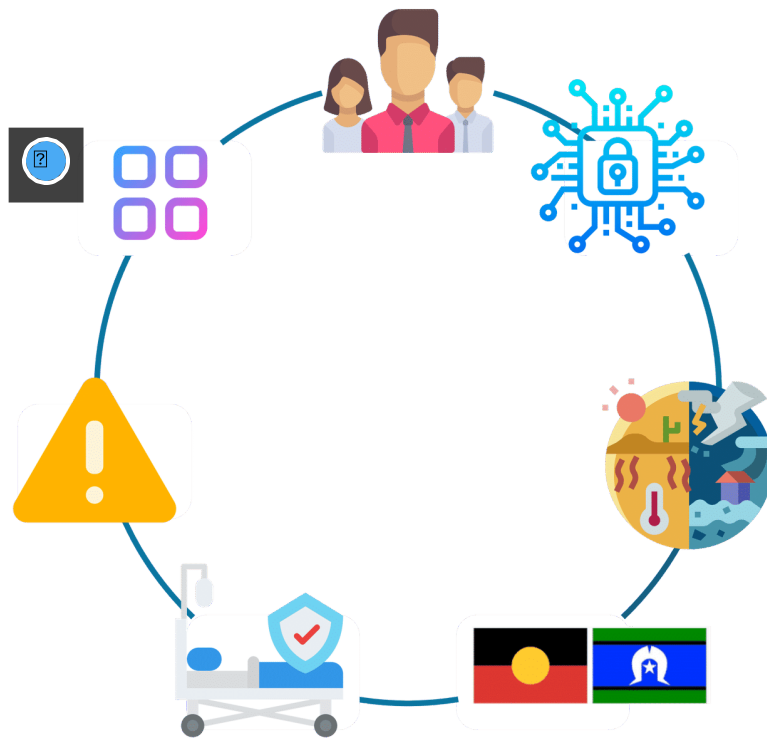
Examples of these exceptions are provided below - click on the '+' icon for more information.





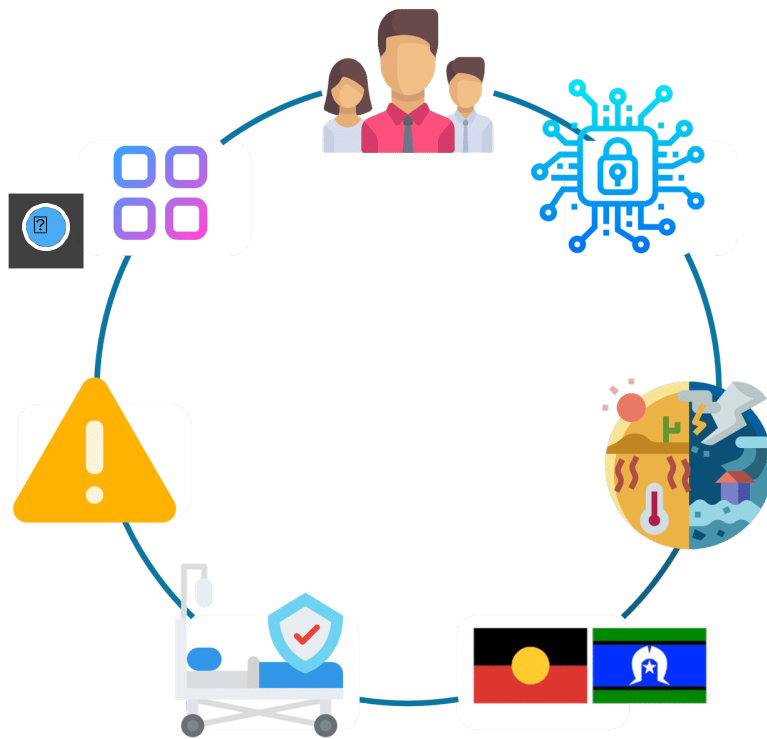
Staffing

Staff shortages, staff leave, including personal, sick, annual, maternity, long service, compassionate, parental, study, volunteering, training, community service and cultural leave.



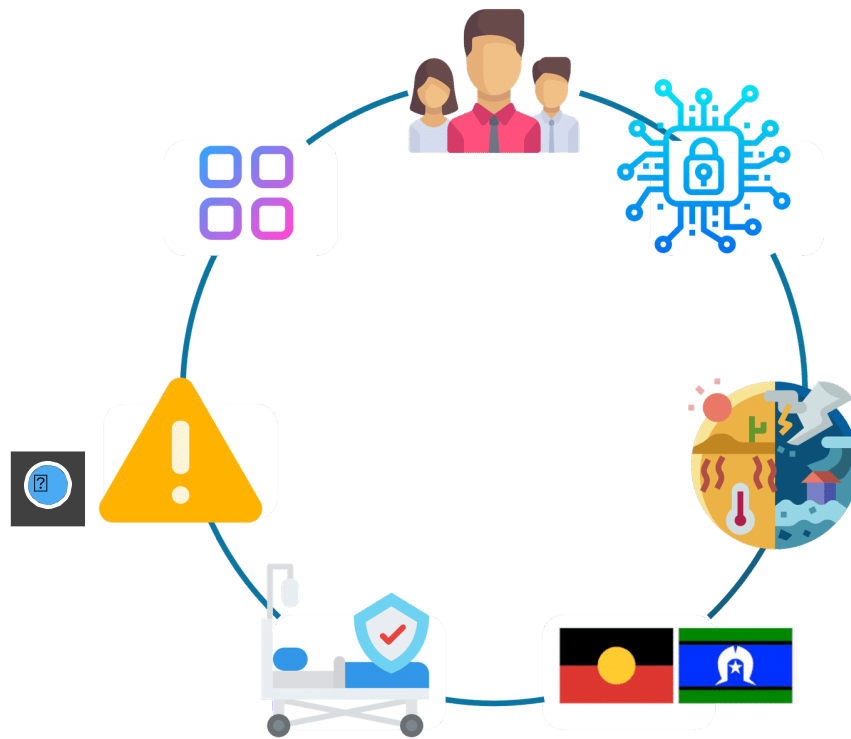
Other

Any other circumstances that are not applicable to any of the exceptions listed above.



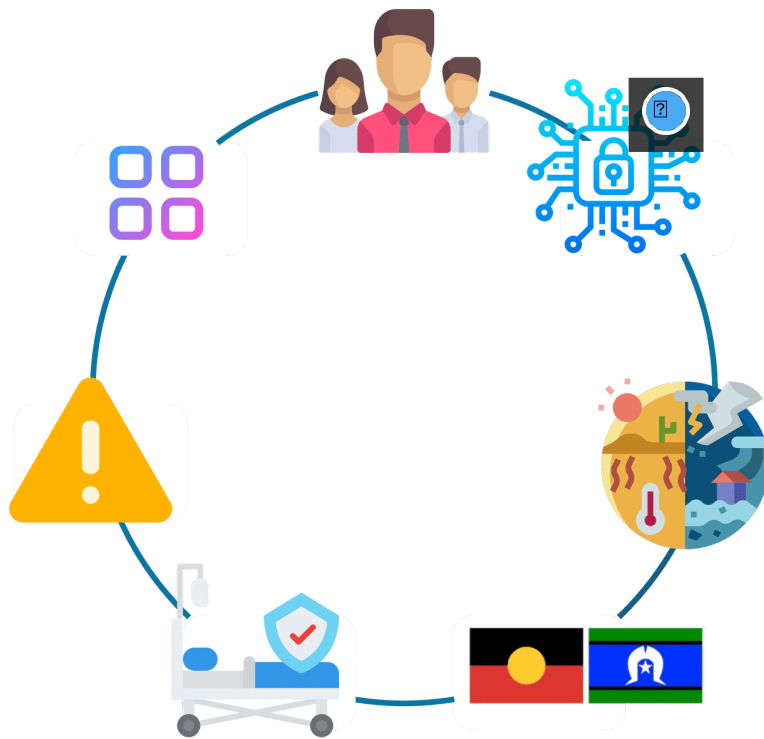
Third party late invoicing

Subcontractors, third-party vendors, associate providers and/or participants submitting evidence late i.e., late invoicing from subcontractor.



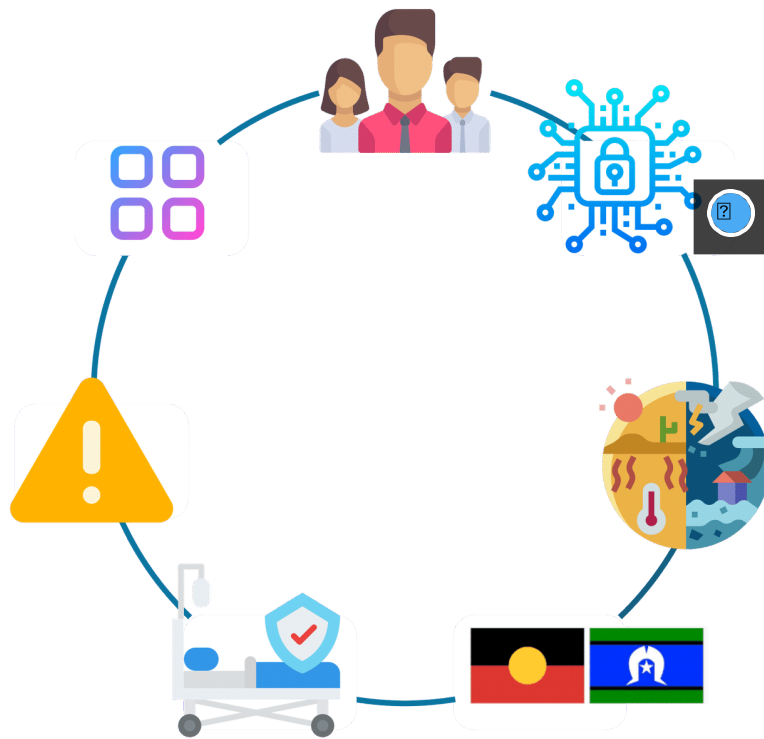
Errors

Administrative error by the Commonwealth including but not limited to incorrect processing information, incorrect payment amount, incorrect advice, interface issues with different portals.



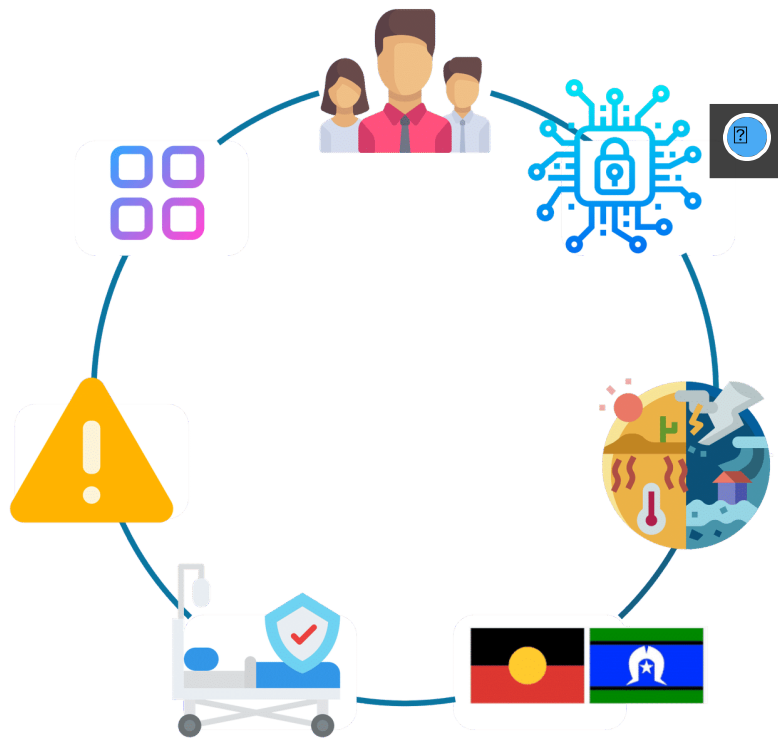
Cyber security

Cyber security and data breach issues



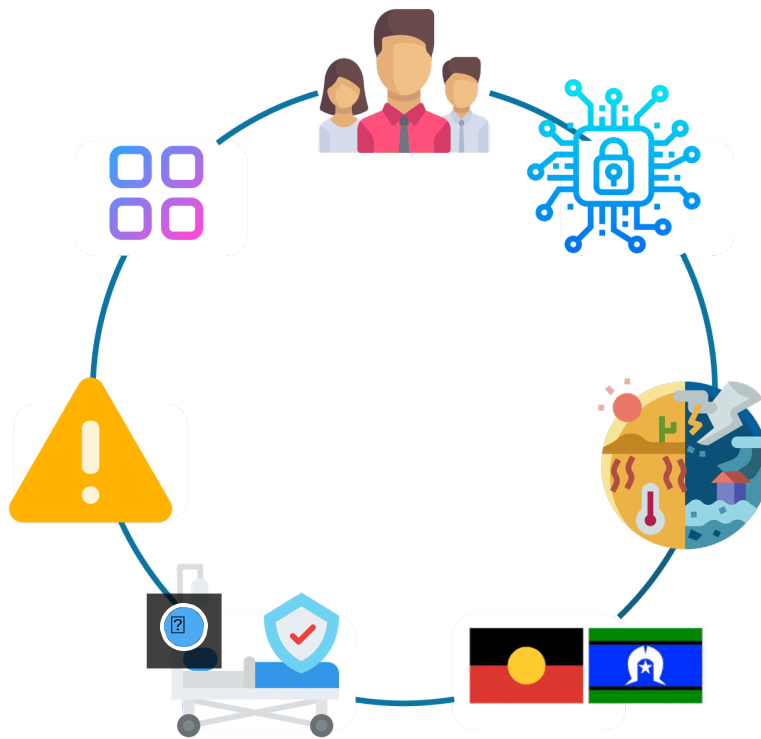
IT and System issues

IT and software issues including but not limited to system outage, system maintenance, system upgrade and power outage.



Data and data base issues

Database and/or data warehouse issues including but not limited to data latency, data quality and accuracy, data integration, historical data validation, data downtime, data modelling and change management.

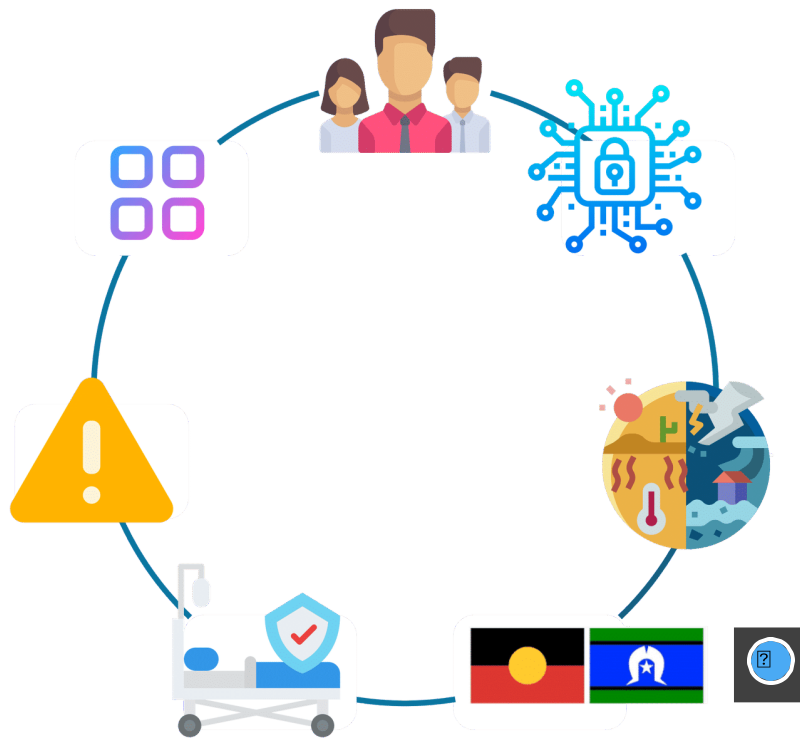


AT-HM - Client deterioration

Complex home modifications where the participant dies unexpectedly in the middle of the build or has a significant health deterioration and enters residential aged care in the middle of the build.

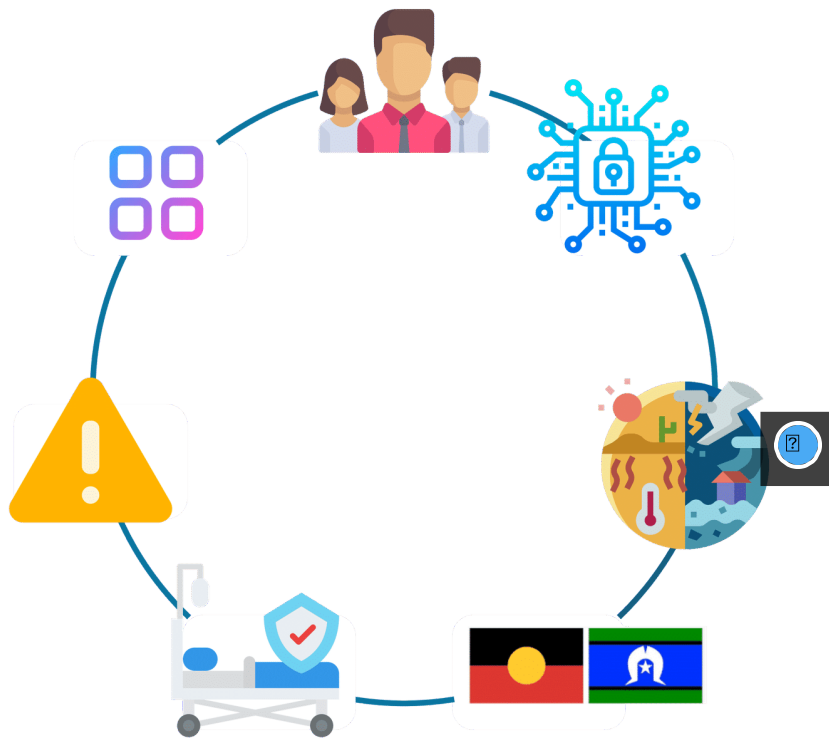
Claims may be submitted more than 60 days after the date of such events to allow for remaining works to be completed.

Note: the home modifications account will close after the final claim is submitted. In the above circumstances, home modification claims must still be finalised within the tier timeframe i.e., 12 months + 60 days or 24 months + 60 days at the latest.



First nations business

Unforeseen, unusual, exceptional, and/or extenuating circumstances regarding Aboriginal and Torres Strait Islander individuals and community such as Sorry Business, First Nations community unrest, influx of people from another community and any other extenuating circumstances.



Disasters

Unforeseen, uncommon, exceptional and/or extenuating circumstances such as natural disaster, border restrictions, disease outbreak and death.

Providers must retain evidence as to why the exception is required under any specific circumstances listed above.

Note: for Aboriginal and Torres Strait Islander cultural leave and any extenuating circumstances regarding Aboriginal and Torres Strait Islander individuals, providers do not need to retain evidence to request claiming exceptions.

Learn more about the claiming process and timelines



Image of a magnifying glass

- ◆ [View Chapter 16 of the Support at Home Program Manual](#)

NEXT LESSON: CLAIMING RULES AND CLAIM VALIDATION

Claiming rules and claim validation

Claiming rules

The claiming rules have been developed to support providers to ensure that their claims are complete and can be processed efficiently.

When claiming Support at Home services, providers are required to follow obligations outlined below:

Registered

Provider is registered to deliver services in the correct category

Funding Allocated

- Participant has been allocated funding for Support at Home services
- Participant is registered to receive services from the provider during that period.

Service have been delivered

- Claim only for services delivered
- Participant has been approved to receive those services
- That service and service

Claim timeframe

- Claim has been submitted within the timeframe required by that claim type (unless an exemption has been obtained)

Mandatory Data

The provider submits the mandatory data to support the claim:

- ♦ Participant identifier
- ♦ Provider identifier
- ♦ Where relevant, any third-party details and identifiers.

Service Detail

The provider submits the required detail about the service delivered, including:

- ♦ Service, service type, service category and date of service.
- ♦ Service unit type, service

Record keeping

Provider has retained evidence to support the claim should it be required – e.g. receipts, log-books, care notes

Submitted to Services Australia

- Providers submit their claims through the Services Australia
- [Aged Care Provider Portal](#) or
- [business-to-government \(B2G\) software](#)

In addition to the claiming obligations, providers are required to follow specific rules when claiming for the specific services listed below

Care management claiming —

- Providers will claim for care management activities from the care management account **after** they've been delivered.
- Claims will need to be itemised, similar to other services under Support at Home.
- The care management account can only be used by providers for care management services.

Each claim will need to include:

1. The name of the participant
2. The date the care management activity took place
3. The price and units claimed for

Claims are paid in arrears, meaning payment is made after the service is provided.

If the claim is successful, the cost will be deducted from the provider's care management account and then paid out as part of the usual claiming process.

Care Management for short-term pathways

- Providers must not use the care management account to claim for care management services delivered under the Restorative Care Pathway or the End-of-Life Pathway.
- These claims should be made against the respective **Restorative Care Pathway Payments account** or the **End-of-Life Budget account**.



Restorative Care pathways claiming

Providers will claim for restorative care services from the **Restorative Care Pathway Payments account**.

Where a participant is receiving services through an ongoing classification and the Restorative Care classification at the same time, the provider will need to:

- - Select the funding source client quarterly budget for claiming services as part of the ongoing classification
 - Select the funding source Restorative Care Pathway Payment for claiming services as part of the restorative care classification.

- A provider does not need to specify the funding source if the participant is **only accessing** the restorative care classification.
- All claims must be finalised within 60 days of completion of the episode.

Restorative Care Management Services

- Providers will claim for restorative care management services from the **Restorative Care Pathway Payments account**. There is no separate care management account available for the Restorative Care Pathway.
- Restorative Care Pathway does not have a cap on claims for care management services. However, providers need to ensure that claims are proportionate and in the best interests of the participant.

AT-HM pathway claiming

- Providers will claim for assistive technology from the **Assistive Technology fund account**.
- Providers will claim home modifications from the **Home Modification fund account**.

Claims for AT-HM can include services such as:

- wrap around services;
- assistive technology administration;
- home modification coordination costs; and
- prescription details (where required);
 - providers cannot submit a claim until the prescription is available.
 - the prescription can be claimed separately to the AT-HM item
 - the AT-HM prescription can be claimed prior to the claim for the AT HM item.

Note: In the first instance, where HCP unspent funds exist, Services Australia will draw down on those unspent funds as per the prioritisation in Lesson 2 -

Understanding and claiming HCP Unspent Funds.

Timeframes

- Providers can submit a claim for payment at any time following the delivery of the assistive technology or home modification.
- Progress payments for home modifications can be claimed over time, as needed.
- All claims must be finalised 60 days after the funding period has ended.

Claiming - Assistive Technology

- The price claimed for the assistive technology items should match the invoice or other evidence provided.
- If a provider submits a claim for assistive technology that is above the allocated high tier nominal cap of \$15,000, the provider must seek approval of the required additional amount, prior to submission of any claims.
 - In seeking approval, the provider must provide supporting evidence of need such as a prescription and quote, as well as:
 - service type and service
 - item description, justification for purchase and any conditions
 - whether the item is purchased or loaned.
- declaration that the provider has followed the AT-HM scheme guidelines.

Claiming Home Modifications

- Providers can submit one or more quotes for home modifications at the time of claiming.
- Claims for progress payments can be made over time as needed.

Repairs and maintenance

- Repairs and maintenance should be claimed from **HCP Commonwealth unspent funds**, if available.
- If no HCP Commonwealth unspent funds are available, claim from AT funding.

If neither available, the provider can submit a request for Support Plan Review.

End of Life pathway claiming

Providers must claim for end-of-life services from the

End-of-Life budget account.

End of life Care Management

Providers will claim for end-of-life care management services from the **End-of-Life budget account**. There is no separate care management account is available for the End-of-Life Pathway.

End of Life Pathway does not have a cap on claims for care management services. However, providers need to ensure that claims are proportionate and in the best interests of the participant.

Ongoing Support at Home services

If a participant is receiving ongoing Support at Home services and enters the End-of-Life Pathway, **claiming for ongoing services will be disallowed** for the period of the end-of-life episode.

The participant's ongoing quarterly budget will continue to be credited.

Validating Claims

Services Australia will process and validate Support at Home claims



Image of the Services Australia logo

After a provider has submitted a claim for Support at Home services, Services Australia will validate the provider's claim to process the payment.

Once the claim is finalised, Services Australia will:

- deduct the government funded amount and the participant contribution rate from the participant's budget
- pay the provider the government funded amount.

Claims submitted online to Services Australia are expected to be approved and payments made within a 7 day processing timeframe.



The participant is a valid My Aged Care client and has a current Support at Home classification (on-going and/or short-term pathway).



The participant is approved for the services being claimed.

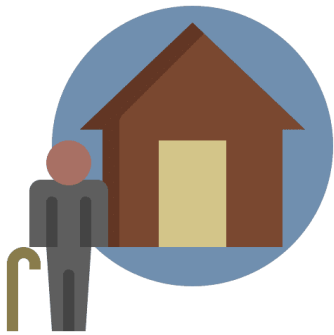


The participant has the required quarterly budget and/or other relevant funding sources.

There are **other validations** that Services Australia will conduct on your claim to ensure that the integrity of the Support at Home program is maintained.



The claim period does not overlap with an excluded claim type e.g. claiming for Restorative Care and End of Life care at the same time.



Claim period is for a time when the participant is an active Support at Home claimant.



If any extra validation rules for services or service types should also be met.

As a provider, it will be useful to ensure that these criteria have been considered when submitting your claim. Avoiding these issues will ensure a more streamlined claiming experience.

Learn more about claiming rules and validating claims



Image of a magnifying glass

- [View Chapter 16 of the Support at Home Program Manual](#)

NEXT LESSON: MONTHLY STATEMENT

Monthly Statement

Monthly Statement

The Support at Home Program requires providers to issue monthly statements to participants. The purpose of these statements is to promote transparency and shared understanding between participants and providers on what has been spent on Support at Home services and what budget remains.

For all ongoing and short-term classifications, providers will issue participants with a statement each month and a final statement upon exiting Support at Home.

The statement will be issued no later than the last day of the following month.

A sample Support at Home [monthly statement](#) is provided for information and guidance to support providers. This is not a

required format, and providers are welcome to develop and design their own monthly statement format.

When developing a monthly statement format, there are key pieces of information that will need to be included and are outlined below.

Funding for ongoing services, Restorative Care Pathway or End-of-Life Pathway

Funding available:

- The amount of funding available to the participant for the quarter or for their episode of restorative care or end-of-life services
- The amount of funding available in the participant's ongoing home support account at the start of the calendar month.
- The amount of funding for the participant remaining at the end of the calendar month.
- The name and amount of any primary supplements allocated to the participants home support account for the quarter.
- The carryover funding from the previous quarter, if any.

The **total of HCP unspent funds** (for transitioned HCP care recipients) including:

- the Commonwealth-held HCP Commonwealth unspent funds
- the provider-held HCP Commonwealth unspent funds
- the participant portion HCP unspent funds (held by the provider).

Note: If the participant is receiving ongoing Support at Home services at the same time as the Restorative Care Pathway, the statement should clearly

outline what funding amount applies to each classification.



AT - HM Funding

- The amount of assistive technology and/or home modification funding available to the participant for the allocation period.
- The amount of assistive technology and/or home modification funding available in the participant's assistive technology account and/or home modifications account at the start of the calendar month.
- Any forward commitments for AT-HM that have been made during that month to ensure sufficient funding is available to meet these commitments when they require payment. For example, if an assistive technology item has been ordered, it should show as a commitment for that month.

The amount of assistive technology and/or home modification funding for

- the participant remaining at the end of the calendar month.

Note: Funding for assistive technology and home modifications are in separate accounts and must be displayed separately.

Services Delivered —

Itemised list of each episode of service or item (including AT-HM) delivered during the calendar month, including:

- The name of the service or item as per the service list The
- price charged by the provider
- The date the service was delivered
- The number of hours or units of each service delivered
- The amount of government subsidy paid to the provider for each service delivered The
- name of the supplier for any third-party services or items delivered
- Any AT-HM services or items purchased or delivered or committed.

Participant Contributions —

The contribution amount paid or will be paid by the participant for each service or item (including AT-HM) delivered in the calendar month.

The total amount of contribution payable by the participant for the calendar month AT - HM services or items purchased or delivered or committed.

Adjustments | Refunds —

Any adjustments or refunds from previous months, including the service name and delivery

date if relating to a service.

Funding expiry

Expiry dates of funding for AT-HM

Any funding that expired during the calendar month for AT-HM

Learn more on monthly statements



[View Chapter 17 - Monthly Statements Monthly](#)

[statement example](#)

NEXT LESSON: KNOWLEDGE CHECK

Knowledge check

Test your knowledge by answering the questions below.

Question

01/06

Where should providers go to submit a claim for services delivered to participants under Support at Home?

(Select 1 option)

- ☐ Services Australia
- ☐ My Aged Care
- ☐ The Government Provider Management System
- ☐ The Department of Health, Disability and Ageing website

Question

02/06

In the provider claiming process, providers should: (Select 1 option)

- ☐ Define the correct funding source for that claim
- ☐ Keep evidence of all services and purchases to support their claims.
- ☐ Only claim for services that have been approved in the participant's Notice of Decision and Support Plan and only claim for the agreed price.
- ☐ All of the above.

Question

03/06

When should providers submit a claim for services delivered to participants under Support at Home?

(Select 1 option)

- ☐ Before delivering the service(s)
- ☐ During delivery of the service(s)
- ☐ After delivering the service(s) - in arrears
- ☐ At the end of the financial year

Question

04/06

There are three criteria when a provider is mandated to return unspent funds to Services Australia. These criteria are: ...

- ☐ The participant changes providers
- ☐ The provider decides to do so
- ☐ The participant dies / is deceased
- ☐ The provider ceases to deliver funded aged care services to the participant

Question

05/06

What are the criteria that Services Australia will check before processing a valid claim?

- ☐ The provider is registered as an aged care service provider
- ☐ The participant is approved
- ☐ The participant has the required quarterly budget available or other relevant funding sources
- ☐ The participant has entered the residential care program

Question

06/06

Which of the following components should the monthly statement include?

- ☐ Funding used
- ☐ Services delivered
- ☐ Participant's contribution amount
- ☐ AT-HM funding (if applicable)
- ☐ Adjustments / Refunds
- ☐ All of the above

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 department's website.

Webpages

- 1 [Support at Home program webpage](#)
- 2 [My Aged Care webpage](#)
- 3 [New Aged Care Act webpage](#)
- 4 [Support at Home e-learning](#)

Guidelines and procedures

- 1 [Support at Home program manual – A guide for registered providers](#)
- 2 [Support at Home service list](#)
- 3 [Assistive Technology and Home Modifications List \(AT-HM List\)](#)
- 4 [Support at Home invoicing and Home Care account adjustments, claiming e-kit - Health professionals - Services Australia](#)

Fact Sheets

- 1 [Guidance for setting Support at Home prices – fact sheet for providers](#)
- 2 [Summary of indicative Support at Home prices](#)

NEXT LESSON: COURSE WRAP-UP

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 [short survey](#) 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.