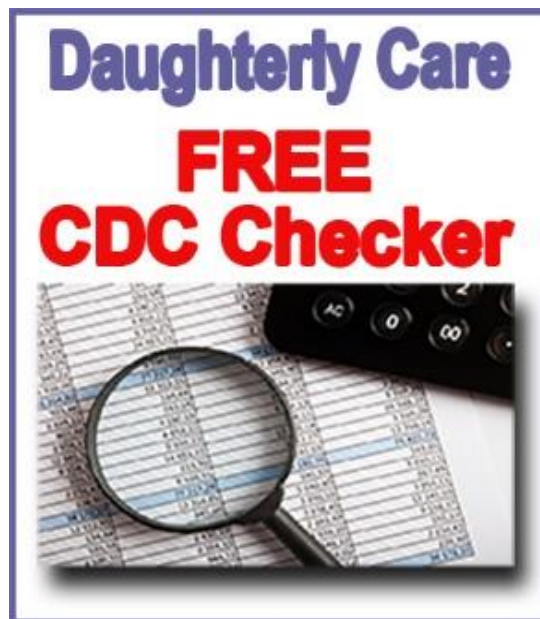


“Free Report Reveals ... The 8 Critical Questions to Ask at Your Meeting to Avoid Being Ripped Off”

By

An Industry Insider





Hello, my name is Kylie Lambert B.Ec. F.Fin, the CEO, co-founder and co-owner of [Daughterly Care](#), a premium In Home community care Provider for private clients.

We have cared for and enabled over 5,600 Australian Elders, for more than 17 years.

I was formerly the Deputy Managing Director of [Count Financial](#), Australia's largest financial advice group which when combined with my aged care career gives

me a unique skill set to check *Consumer Directed Care* budgets and statements and to assist Elders negotiate the best value from their *Consumer Directed Care* in home care package.

Why have I written '8 Critical Questions to Ask your *Approved Provider* when they come to discuss your *Care Plan and Budget*'?

To give you the best possible opportunity to get full value from your Government subsidised In Home Package.

Different *Approved Providers* charge different fees.

Knowing your rights and being a strong negotiator could mean the difference between having...

**\$25,638.27pa or \$44,474.55pa to spend on your care
for a Level 4 Package.**

It can mean receiving 7 hours a week of care or 96 hours a week of care.

The new changes can be confusing so let's start with some definitions.

(ACAT): The Aged Care Assessment Team assesses you as HIGH or LOW care. They operate out of your local public hospital

LOW CARE – Levels 1 and 2

HIGH CARE – Levels 3 and 4

Then your *Approved Provider* assesses you as the exact level with in the band of low or high.

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Level 1	\$ 7,822	\$ 782	\$ 8,064
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Level 3	\$31,291	\$3,129	\$34,220
Level 4	\$47,567	\$4,756	\$52,323

For example, you might be assessed as HIGH by the Aged Care Assessment team (ACAT) and Level 4 by your *Approved Provider*, but because they don't have any Level 4 or 3 packages available, you may only be receiving a Level 2 package which is LOW care.

As you can see, from the table above, there is a huge difference in the level of funding.

Approved Provider/Funder: This is the organisation that receives the money from the Government, hence their “funder” status.

They will assess you to determine if you are a Level 1, 2, 3 or 4.

Sometimes the *Approved Provider* can supply the actual care and sometimes they will ask a Care Provider (such as Daughterly Care) to supply the care needs of the Package recipient. Under *Consumer Directed Care* which started on 1/7/2015 for all **existing** packages you have the RIGHT to nominate which company provides your care.

Care Provider: This is the company (e.g. Daughterly Care) who provides the actual care.

Consumer Directed Care (CDC):

The Government has turned the aged care industry upside down and stripped power away from the *Approved Providers* of In Home Care and given that power to you, the Consumer.

But...

And this is a big but...

Shamefully, based on my clients' experience and the CDC statements I have checked, I am seeing many *Approved Providers* don't support *Consumer Directed Care* at all. Instead they are using the introduction of *Consumer Directed Care* as an opportunity to take advantage of our Elders and their families and they are causing them great stress through over charging.

Ironically these *Approved Providers* tendered to the Government for the right to provide *Consumer Directed In-Home Care* on behalf of the Government and taxpayers – and yet I've seen them work actively AGAINST the very concept of *Consumer Directed Care* that they convinced the Government they would deliver.

To ensure you don't get ripped off I have prepared a checklist with 8 questions to ask when your *Approved Provider* visits you for your new Care Plan.

Note: Couples with level 3 and 4 Funding Packages have the most to benefit, for example, a couple both on level 4 packages can get 4 days of live in care paid by the Government by nominating Daughterly Care as their care supplier.

So let's get started...

For you to get the most from your upcoming Care Plan and Budget meeting with your *Approved Provider*...

...before they visit...

...you need to know that you have 4 NEW RIGHTS that you have never had before thanks to the introduction of *Consumer Directed Care*.

1. You now have the RIGHT to CHOOSE WHO you want to supply your care.

Yes, that's right you no longer have to tolerate sub-standard care and service. Now you can state which Company you want to provide your care.

So if you have not been satisfied with the care staff who have been visiting you because of reasons such as:

- their English is difficult to understand, so it's hard to have a conversation;
- they don't understand you and what you asking them to do;
- they have not been doing the tasks that they were meant to do (in fact they often tell you how tired they are and sit down and make YOU make them a cup of tea so you often feel like you are caring for them, instead of them caring for you);
- you never know who is coming;
- sometimes they don't turn up and often dont arrive on time; and
- you are not notified when they will come.

You don't need to tolerate sub-standard service or care. Speak up. It's your money, it's your package. Ask your friends, visit websites like www.daughterlycare.com.au and discover how different companies recruit and train their Caregivers. Test the market and see if you can do better. You have nothing to lose and everything to gain.

This new RIGHT to CHOOSE your care supplier is the ABSOLUTE ESSENCE of *Consumer Directed Care*. You have the right to direct your care and choose the BEST provider of care – and yet this is the most abused aspect of CDC that we have seen clients complain of so far.

Here are some of the reasons *Approved Providers* have given for NOT allowing the Consumer to exercise their right to have their choice of care provider:

- **“No you can't use (company)”.**

Just a straight out “no” with no explanation. This is appalling and totally against the essence of the whole reform. It is called *Consumer Directed Care* afterall.

- **“No we don't give our clients choice – they have chosen us by getting their package through us”.**

Ahh no, that is not the way the CDC reform works. This was said at a group meeting of *Approved Providers*.

- **“No you can’t use (company), they don’t have a contract with ACAT”.**

Mmmm, that is a great line to say to Elders because they have heard of ACAT, so it sounds reasonable - except it is totally untrue.

Nobody has a contract with ACAT.

The ACAT (Aged Care Assessment Team) doesn’t contract *Approved Providers*. They tender to the Government and the Department of Health awards packages to the Approved Providers.

- **“It would be too expensive to use (company), you would have to pay \$500 for us to add them to our provider list”**

That *really* goes against the very essence of *Consumer Directed Care*. That was told to every client who had a package with a certain *Approved Provider* It was an artificial financial barrier to prevent choice of supplier.

TIP: If your *Approved Provider* is denying you the right to choose your Care Provider:

- **Complain in writing and request that your complaint be added to their Complaints Register.** Their register is audited and it has to be documented how the complaint was resolved.
- **[Download this summary of all the statements](#) in the Guidelines for Program Providers where the Government states that choice must be given.** This summary has been proven to work, in negotiations especially when you add to your complaint the Health Department who awards the next round of Packages will be informed, along with Senator Fifield.

2. You now have the RIGHT to CHOOSE what TYPE of care you receive.

There are many different types of care:

- [Hourly Care](#)
- [Live In Care](#)
- [24 Hour Care](#)
- [Active Night Care](#)
- [Inactive Night \(sleep over\) Care](#)

3. You now have the RIGHT to CHOOSE WHEN you want the care (what days and times)

If you want a shower at 8am or 10am you can state when you want it and it's your right to that service at your preferred time.

4. For the FIRST TIME EVER...financial transparency has been introduced ...

This is a HUGE change.

It means for the first time ever you will be informed how much the Government has been paying your *Approved Provider* for *your* care.

For the first time ever a monthly statement shows you how much of *your* money the *Approved Provider* have keeping through their various charges and how much direct care they have provided.

- That's right, it's *your* money. The Government has provided it for *your* care.

That's the first fact you have to get your head around so you are not shy in negotiating for what is now your RIGHT to receive.

- The Government wants you to know how much they have paid for your care.
- It's not the *Approved Providers'* money (even if they act as though it is).

From 1 July 2015 ALL EXISTING 59,000 In Home care packages have transferred to *Consumer Directed Care*.

I am a huge fan of *Consumer Directed Care* because it brings transparency to Government Funding on their in Home Care.

My research has shown, some *Approved Providers* are keeping 49% of clients' Package income (Government + Consumer).

I want to explain WHY you need to ask the following questions.

1. What year were you last assessed by ACAT?

If it has been a few years since your last ACAT assessment your care needs may have increased so you may be eligible for a higher level of care and therefore more funding from the Government.

Re-assessment as your care needs increase ensures you are on the right Level of Package and are receiving the right amount of government funding to help you purchase the care you need. It is the case managers role to recommend and organize ACAT reassessment.

2. What year were you last assessed by your *Approved Provider*?

The same reason applies as for the question above. Make sure you are receiving the level of funding you need.

3. What level Home Care Package was I on prior to *Consumer Directed Care*?

Again this will give you a clearer understanding of your present situation and if it has changed due to CDC.

4. How many hours of care per week **HAVE I been receiving?**

The answer to this question will give you a clear picture of whether the introduction of CDC has reduced your hours of care.

In our clients experience, typically it has.

5. What level Home Care Package am I entitled to receive with the new *Consumer Directed Care Package* scheme?

This is to make sure that your Package is correct for the level of care you need. Many Elders are *receiving* a package less than they are *entitled* to receive.

6. How many hours of care will I be receiving on my new CDC Package?

7. Why are my hours being reduced?

The reason I suggest asking questions 6 and 7 is that many consumers have complained that their hours of care have been dramatically reduced by the introduction of *Consumer Directed Care*. Senator Fifield has stated this should not be the case, so if your hours have been reduced, ask why and document their explanation as this may help in later negotiations to get your hours increased back to what they were. To get your hours increased back to what they were.

8. When will I receive my correct Level of Package?

If you are receiving less than you have been assessed to receive, ask when you are likely to receive the correct level package.

If they say it is 2 years away, then we need to know that to actively look at other organisations to get on their waiting list. Some Approved Providers do not receive an allotment of packages each time.

NOTE: You will be asked your care goals ... be careful how you answer this question.

TIP: Tell them you want the maximum number of hours of assistance per week.

If the cost of your care goals exceeds the budget of your Government CDC Package, you will be asked to make a “voluntary top up contribution” to make up the difference.

Do not automatically agree to let your Approved Provider supply those hours. Test the market to see what private suppliers are charging.

My research has shown some Approved Providers are keeping up to 49%pa of the Government and Consumer contributions. This means you could receive 49% more hours of care by buying these hours from a Private Supplier, like Daughterly Care.

Once the *Approved Provider* presents you with their proposed Budget I advise you to sign up for our video series on how to interpret your Budget and get more negotiation tips.

Visit <http://daughterlycare.com.au/cdc-checker> to get access

As you have requested this Special Report you will receive a series of educational emails on CDC statements

If you have any questions or would like to book some In Home Care services contact us on (02) 9970 7333

QUESTIONS FOR YOUR *APPROVED PROVIDER*

Client's Name: _____ *Approved Provider:* _____

1. What year were you last assessed by ACAT?

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2. What year were you last assessed by your *Approved Provider*?

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3. What level Home Care Package am I currently receiving?

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New Consumer Directed Care Package	CDC Home Care Package Per Annum Per Person	10% Cognitive Supplement Per Annum Per Person	Total Govt. Subsidy Per Annum Per Person	Typical Hours Of Direct Care per week*
Level 1	\$ 7,822	\$ 782	\$ 8,064	1 hour
Level 2	\$14,231	\$1,423	\$15,654	4 hours
Level 3	\$31,291	\$3,129	\$34,220	10 hours
Level 4	\$47,567	\$4,756	\$52,323	14 hours

*Based on survey of Northern Sydney *Approved Providers* and confirmed as typical of attendees at APNS Conference in March 2015. More recent statements are showing a further reduction of hours for level 3 and 4

4. What level Home Care Package am I ENTITLED to receive with my new *Consumer Directed Care Package*?

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5. How many hours of care per week HAVE I been receiving?

DAY	HOURS OF CARE I HAVE BEEN RECEIVING
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

6. What hours of care will I be receiving on my new CDC Package?

DAY	NEW HOURS OF CARE UNDER ' <i>CONSUMER DIRECTED CARE</i> ' (CDC)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

7. If your hours have been reduced, what reason has been given?

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8. When am I likely to receive the correct level of package?

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BONUS QUESTIONS:

9. Did the Case Manager ask you what level of involvement you want in the management of your package?

Yes, I was asked

No

**10. Did your Case Manager ask you:
“Who would you like to provide the care?”**

Yes

No, but I’m happy with my existing providers.

No, I would like to exercise my right to choice.

Send a copy of this form with a copy of your CDC budget or statement to CDC checker and we will check it for absolutely free!

Level 3 and 4 package holders have the most to gain.

Warmly,

Kylie Lambert

CDCchecker@daughterlycare.com.au

PO box 670, Narrabeen NSW 2101

Fax No. 9913 2214