

Best in Care Australia

- Ensure that the Approved Provider has entered into a home care agreement with all current care recipients, and that care recipients have been informed of and helped to understand the terms of the home care agreement consistent with section 22(3) of the *User Rights Principles 2014* (URP 2014).
- Ensure that the Approved Provider has policies and practices in place that reflect its responsibilities under the *Aged Care Act 1997* (the Act) to offer to enter into home care agreements and to inform care recipients and help them to understand the terms of the agreement consistent with section 22(3) of the URP 2014.
- Ensure that the Approved Provider has a record of all agreements between it and the care recipients to whom it delivers care and services.
- Identify all instances where the Approved Provider has claimed home care subsidy for times prior to having a home care agreement in force, and repay this subsidy to the Commonwealth.
- Provide documentary evidence of the commencement dates of home care agreements for all care recipients the Approved Provider has delivered home care packages to.
- Ensure that the Approved Provider has policies and practices in place that reflect its responsibilities under the Act to only claim home care subsidy when the Approved Provider has a home care agreement in force.
- Ensure that all care recipients receive a monthly statement of the available funds and expenditure in respect to the home care provided to them each month, and that such statements are prepared as soon as practicable after the Approved Provider has all the necessary information to complete them. Ensure that its policies, practices and systems facilitate this action.
- Identify and correct all instances where current care recipients have either not received monthly statements as soon as practicable or been issued with monthly statements with inaccuracies.
- Ensure that, in consultation and partnership with each care recipient, the Approved Provider develops a care plan and individualised budget that reflects their assessed care needs.
- Identify all instances where the Approved Provider has invoiced for, or received any care recipient or income tested care fee prior to the commencement of care delivery, and issue revised invoices or refund any fees that have been unlawfully charged.
- Ensure that the Approved Provider has policies, practices and systems in place to ensure that care recipients are only charged income tested care fees after the commencement of care delivery.
- Identify all instances where the Approved Provider has charged for excluded items when it had no lawful basis to do so, such as payments for home care fees and home care modifications that are not related to the care recipient's care needs, and refund those payments to the home care package. In the instance that a care recipient has moved to another provider or ceased receiving home care – pay those unlawfully spent funds to the new provider or refund to the Commonwealth and care recipient as per the requirements section 21D and 21F of the URP 2014.
- Ensure the Approved Provider has policies and practices in place that do not permit payments for excluded items that are outlined under Schedule 3, Part 2 of the *Quality of Care Principles 2014* (QoC 2014).
- Ensure that the Approved Provider has policies and practices in place that ensure that when care recipients nominate a change of providers, it facilitates the necessary actions to give effect to their decision.

- Ensure that the Approved Provider has policies and practices in place to prevent unauthorised disclosures of personal information where not authorised under the Act or other relevant legislation. These policies and practices must include appropriate direction about the gaining of informed consent for the disclosure of information when required.
- Cease charging late fees except where a care recipient's home care agreement clearly outlines the circumstances in which late fees are payable and clearly articulates how they will be calculated.
- Appoint an independent auditor to recalculate the unspent funds amounts for [REDACTED], taking into account the actual amount of home care fees and home care subsidy received for [REDACTED]. Provide [REDACTED] ([REDACTED] representative) with information about the outcome of the audit and make any further transfers of unspent funds to [REDACTED] subsequent provider as required.
- Ensure that the Approved Provider has policies and practices in place that facilitate the accurate calculation, notification and transfer of unspent home care amounts (in particular, ensuring that home care fees (whether paid or unpaid) are correctly quantified and factored into calculations). Ensure that any recommendations from the independent audit of [REDACTED] unspent funds are also adopted into the Approved Provider's policies.
- Write to [REDACTED], [REDACTED] and [REDACTED] outlining the actions the Approved Provider has taken to satisfy the requirements under the Act [REDACTED].
- Provide written evidence to the Delegate of the Approved Provider's compliance with these actions.