Home and Community Care

schedule of fees

Effective January 1 2020



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service type | Low fee (max)HACC / CHSP co-paymentMedicare gap payment | Medium fee (max) | Full cost recoveryAged Care Packages Contracted Services | NDIS Charges |
| Planned Activity GroupSocial Support and Community ParticipationAllied Health Groups | $8.00 per day – including outings$5.50 half day (no meal)(plus cost of meal/transport if from another source)$7.90 per group | As for low fee range | $19.91 (per hour plus cost of meal/transport if from another source) | Ratio 1:5$19.51(per hour plus cost of meal/transport if from another source) |
| Allied Health Services:DieteticsOccupational TherapyDiabetes EducationPodiatry Physiotherapy Speech TherapyNail Care | $10.20 per hour(plus consumables/dressing)Paediatric services FREEHealth Coach sessions and groups/DVA clients - no co-payment | $ 15.70 per hour | $103.63 per hour/pro rataIncluding travel time of clinician  | $213.99 per hour /pro rataIncluding travel timeof clinician if more than 10 km  |
| Rehabilitation Services /Restorative Care | No Co-Payment | No Co-Payment | N/A | N/A |
| Counselling services | FREE | FREE | $103.63 | $213.99 per hour |
| Nursing (including district) | $3.90 per visit(plus consumables/dressings) | $34.60 per hour | $94.98 per hour | $136.49 |
| Continence Nursing Assessment and advice | N/A | N/A | N/A | $136.49 |

* Those identifying as ATSI will not incur a co-payment charge and will be hi priority
* Co-Payment will be waived to ensure this is not a barrier to receive services
* Did Not Arrive/Cancellation within 24 hours- 100% applicable full cost recovery hourly rate for NDIS/Aged Care Packages/Contracted Services
* Full cost recovery rate is charged for contracted services/Aged Care Packages/Training
* NDIS charged in accordance with NDIS Fee schedule
* Clinician Travel Time is charged at the Full Cost Recovery Rate for contracted services/ACPackages
* Travel kms may be charged at the ATO rate if more than 10km
* DVA/Workcover/TAC are charged according to their prescribed rates

**INCOME SELF-DECLARATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the appropriate box to indicate your gross income level bracket.

\*Child – FREE

|  |  |  |  |
| --- | --- | --- | --- |
|   | Low | Medium | High |
| Individual |  < $38,157 |  > $38,157 |  < $83,487 |  > $83,487 |
| Couple |  < $58,438 |  > $58,438 |  < $111,608 |  > $111,608 |
| Family (1 Child) |  < $64,644 |  > $64,644 |  < $114,804 |  > $114,804 |
|   | (plus $6,195 per additional child) |

Co-payment fees will be capped each month

Nursing – 13 visits

Allied Health – 5 visits

*\*If experiencing financial difficulty, please speak to a staff member*

*regarding a fee waiver application.*

**✂………….…………………………………………………………………………………………**

**FEE WAIVER FORM**

To be completed by Colac Area Health to exempt a client from the Government prescribed co-payment. This declaration should be reviewed at appropriate time intervals to determine if circumstances have changed.

|  |
| --- |
| **Client is seeking exemption from the co-payment fee due to current financial difficulties** |
| **Details of waiver:** |
|  |

|  |  |
| --- | --- |
| **Clinician Name** |  |
| **Client Signature** |  | **Date**  |  |
| **Coordinator/Clinician’s Signature** |  | **Date** |  |
| **Provide to Reception/Ward Clerk** | ***TRAK episode to be updated re: No Charge*** |