

Mallee Track Health and Community Service receives funding from a number of Government sources to provide services. Each of these funding sources has its own eligibility criteria for people to access a subsidised service. Staff will ask you questions to determine the funding type and fee level best suited to your needs.

Service Type	CHSP/HACC PYP ###	Private
	Pensioner/HCC/EPC	
Planned Activity Group	\$9.00 per day	N/A
Podiatry/OT/Physiotherapy	\$10.00 per visit	\$60.00 per visit
Nursing	\$3.10 per visit Maximum of \$30 per month	\$85.00 per hour
Delivered Meals ##	\$5.50 per meal	N/A
Exercise Groups	\$5.00 per group	\$5.00
Hydrotherapy	\$10.00 per session	\$25.00
Transport – only CHSP and HACC PYP eligible clients	Advised at time of transport assessment	N/A

### HACC PYP clients are to complete the HACC PYP Fees Assessment form.

### Funding types include

**Home and Community Care Program for young people (HACC PYP)** - HACC PYP clients are **people under 65 with a disability, not meeting the criteria of the NDIS and their family carers**. MTHCS direct care staff undertake the HACC PYP eligibility assessment. HACC PYP clients are to complete the **HACC PYP fees assessment form** to determine fee level. MTHCS service fees are set as not to exceed the maximum fee schedule levels as per Department of Health HACC PYP schedule of fees January 1st 2019.

**Commonwealth Home Support Program(CHSP)** – Service **users 65 years or older and Aboriginal or Torres Strait Islander people 50+** with a level of frailty who require supports to remain independent in their home environment. People eligible for CHSP services will need to contact My Aged Care (MAC) on 1800 200 422 for an assessment prior to service commencement to receive services under this funding type. MTHCS staff will assist people to contact MAC as needed.

**Department of Veterans Affairs (DVA)** - No fee for DVA Gold Card holders. Level of care and support dependent on assessed needs under DVA guidelines. Comprehensive assessment of needs is undertaken by staff.

**Primary Health Care Network (phn)** – This is specific to podiatry and community nursing clients with diabetes. Funding is to support provision of Primary Health Services to people with diabetes that have difficulties accessing services.

**TAC or WorkCover Claim or Compensable clients** – Your claim number and case manager's details are required.

**Commonwealth Medicare Benefits Scheme** – Referral from the GP is required via an Enhanced Primary Care (EPC) plan.

**Other – Private/ineligible for subsidised service** - MTHCS provides Allied Health and Community Nursing Services to people who are not eligible for a funded service on a fee for service arrangement that is payable on the day of your care. People who are in receipt of Centrelink benefits (pensioner/health care card HCC) will be charged at a subsidised different rate. Fee paying clients will be provided with a receipt to enable claiming through their Private Health Fund where applicable.

**National Disability Insurance Scheme and Home Care Package clients** – Separate business fees schedule exists and planners and case managers need to discuss specific need with staff prior to the service commencing.

### **Prioritising of clients – Wait Lists**

All new referrals and recurring appointments are prioritised according **client need** rather than length of time on the wait list or funding type. Please ask staff for copy of the prioritising tool should you have questions regarding wait list times for appointments.

### **Volunteer Transport Services**

Available to eligible DVA, CHSP and HACC clients. People utilising the service for specialist medical appointments are encourage to apply for Victorian Patient Transport Assistance Scheme (VPTAS) funding. Cost of transport varies depending on the distance of your trip. Staff will inform you of transport program costs at the time of your assessment.

### **Incidental Costs Associated with providing Services**

Where a consumer requires aids and equipment, wound dressings, orthotics, rehabilitation equipment or participates in an event such as an outing, it is expected that the individual would meet the associated cost. This will most likely be applicable to District Nursing, Allied Health and Social Support Groups. The consumer will be consulted on a needs basis about these costs. Allied Health and Nursing Staff have price lists for regularly used consumables. Social Support Groups reduce fees when a meal is purchased from another source to a maximum of \$6.00.

### **Grievance Procedure on Fees**

All consumers have the right to question the fee they are being charged if they feel it is unfair or not affordable, either once the initial assessment has been made or at any time whilst they are receiving services. Consumers may require or elect to have an advocate of their choosing in the grievance process. Complaints must be dealt with fairly, promptly, confidentially and without retribution. MTHCS has a grievance process and policy that is publicly available for consumers.

As part of resolving fee complaints MTHCS will check whether:

- Program staff have established the consumer's correct income level.
- The consumer has significant additional costs affecting their ability to pay for services, and whether referrals to alternate funding agencies have been considered.
- The consumer has understood the fee process and their entitlements.
- The consumer's circumstances have changed and the fee needs to be reassessed.
- There is a carer or guardian or advocate who should be involved in the fee process.

**Should you require further information on the fees policy please contact: Lyndal Munro, Director of Community Services phone: (03) 5092 1111.**

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