



home**care**today

Your resource hub for new ideas  
and choices in home care

## Starting a Home Care Package?

### What you need to know...

## CONTENTS

1. THE ASSESSMENT.....	3
Where things are at for you right now. ....	3
2. THE CARE PLAN .....	6
How you will go about meeting your most immediate needs.....	6
3. THE GOAL SETTING .....	11
Where you want to be and what you want to do.....	11
4. THE BUDGET and your financial STATEMENT .....	15
Managing your Home Care Package budget is a lot like managing a household budget.....	15

# 1. THE ASSESSMENT

## Where things are at for you right now.

<b>Why are they done?</b>	<ul style="list-style-type: none"><li>• To build a picture of you and your personal story</li><li>• To identify aspects of your cultural or family traditions</li><li>• To find out what is important to you</li><li>• To prioritise your care needs and the things that need to be taken care of right away</li><li>• To find out who else is important to you, who assists you already, and in what way?</li></ul>
<b>What should you expect?</b>	<ul style="list-style-type: none"><li>• To share important details about your personal, medical, health-related, and social situation, as well as safety and risk issues</li><li>• To be asked open-ended questions to give you chance to respond fully</li><li>• To focus on what is unique about you and your situation</li><li>• To work out what's is going well for you and what is not going so well</li><li>• Assessments need to be realistic but not overly focused on the things that are 'wrong' with you, or things you can't do anymore.</li><li>• To be referred other services, and/or health or allied health practitioners</li></ul>
<b>When should you speak up?</b>	<ul style="list-style-type: none"><li>• When the assessment does not allow you to tell <b>your</b> story</li><li>• When it only focuses on what is wrong (deficit based) rather than the things you can and want to do for yourself.</li><li>• When the assessment is not balanced between what is important to you and what you need to stay happy, safe and well at home.</li></ul>

### **NORMA'S STORY:**

Norma is 83 years old and now lives alone in the house she and her husband built together 48 years ago in Regional New South Wales. She has been approved for a Level 2 Home Care Package. Norma has worsening **osteoarthritis** and **vision impairment**, and is finding it more difficult to do some things for herself. She thinks being **forgetful** is just part of getting old, and doesn't want to be overly reliant on her 2 daughters who want to help, but have busy lives.

When Norma meets her new Care Adviser, Sarah, they have a conversation which enables Norma to decide which important elements of her life and current situation that she wants to share. Norma is fed-up with Assessments generally, as she feels she has been asked the same questions over and over, though even Norma was surprised at how much she enjoyed exploring these issues from a different perspective.

Sarah asked Norma what's going well for her right now and what's not working so well. Norma hadn't even told her daughters that she wasn't showering much lately, but it just sort of 'came out' during the assessment. She is worried she might fall in the shower, and has trouble seeing which clothes match in her wardrobe because of her vision. Norma is not 100% sure she remembers to take all her tablets every day. Norma sometimes feels her world is closing in on her as her vision progressively fades.

**See below for examples of *conventional* assessment questions vs *consumer-directed* assessment questions. These new questions can help to draw out information that has a real impact on the day-to-day life of the consumer.**

CONVENTIONAL ASSESSMENT Questions		CONSUMER-DIRECTED ASSESSMENT Questions
Do you have problems with your vision or hearing?	<i>becomes</i>	Does your hearing or vision interfere with you doing things you want to do? In what way?
Do you suffer from pain?	<i>becomes</i>	Does pain interfere with your everyday life? In what way? Would you be able to do more for yourself and do more activities if you did not have pain?
What social activities do you enjoy?	<i>becomes</i>	What activities have you enjoyed in the past? What is stopping you from doing these activities these days? What do you miss?
Have you had any falls recently?	<i>becomes</i>	Do you limit the things you do in life because of the risk of having a fall? What would make you feel more confident?
Do you have a Power of Attorney appointed?	<i>becomes</i>	Do you make most of the decisions for yourself these days? Who assists you? Are you happy with this or would you like to change it?

## 2. THE CARE PLAN

### How you will go about meeting your most immediate needs.

Care Planning comes after the Assessment.

The table below contains information about the important aspects of developing your Care Plan. **It is really important that you are fully involved in planning your care and services.**

<p>Why are they done?</p>	<ul style="list-style-type: none"><li>• To create a plan for how you and your care agency will work together to meet your needs.</li><li>• To work out how you will use the Case Management services offered by your agency.</li><li>• To decide how you will allocate your home care package funds.</li><li>• To discuss alternative funding sources wherever possible, not just using the package funds to pay for everything.</li><li>• To empower and motivate you to get involved in making decisions about your care.</li><li>• To make sure all the relevant people are working towards the same goals and outcomes as you.</li></ul>
<p>What should you expect?</p>	<ul style="list-style-type: none"><li>• Flexibility in the way the package is spent to meet your needs <i>For example: not just buying hours of care.</i></li><li>• A care plan framework that matches your needs (from your assessment) with the activities set out in the care plan.</li><li>• To investigate and utilise other <b>community resources</b> and <b>funding sources</b> to help to meet your needs ie. Volunteers, social and community-based activities.</li><li>• To agree who will provide the care and services, and when they will be provided.</li><li>• To know how much each activity will cost, and alternatives offered if there are other ways or cheaper ways to meet the need.</li><li>• For your health and wellbeing to be a priority in your care plan.</li><li>• For a date to be set to review your care plan.</li></ul>

**When should you speak up?**

- When your **goals** and **care plan actions**/activities are not linked
- If you feel that your care plan is taking away some of your independence and responsibility for things you can do for yourself.
- When alternative funding sources and community resources are **not** being explored to help you meet your needs.
- When your health and wellbeing is not a feature of your care plan and package spending.
- When your Care Plan leaves substantial amounts of your package budget unallocated in a meaningful way.

***NORMA'S STORY continued:***

Norma, Sarah and her daughters have looked at what care and support Norma feels she really needs to keep her living her happy life in her own home, and focused on finding the most cost effective ways to meeting Norma's priorities for care. They started the conversation from scratch and didn't just carry over the services she had been receiving from the Council all these years. It was time for Norma to re-think what was really important and necessary for her to stay happy and safe at home nowadays.

Norma's initial care plan might look something like this:

See next page....

# CARE PLAN

(Care Services and Support to be provided)

<b>Client Name</b>	NORMA HARRIS	<b>Date</b>	30 September 2015
--------------------	--------------	-------------	-------------------

## Part A: IMMEDIATE NEEDS

1. Care for myself (personal care, meals)
2. Risks and safety
3. Health & medical (physical and mental health, medication management)
4. Care for my home (domestic and home care)

What's going well: NORMA....		What's not going so well: NORMA....	
..has a supportive family nearby	..knows everyone in her street	..has some short term memory problems	..Has pain from osteoarthritis
..is keen to make some changes to improve her situation overall	..is able to manage some of the housework for herself	..Lacks confidence with mobility (shower, anywhere unfamiliar outside home)	..has lost some weight – not eating regular meals
..is happy to ask for assistance when she needs it, but wants to make most decisions for herself	..loves her garden and wants to see it thrive again.	..might be missing some medications	..is not going out much anymore – and feels lonely and isolated sometimes
		..has vision impairment and this impacts on some of the 'little things' in her life	..some difficulty with cleaning the house and maintaining the garden

Below are the activities that have been identified by Norma, to ensure all the **essentials** are taken care of:

CARE and SPENDING PLAN summary					
Name:	PLAN date:		REVIEW date:		
Norma Harris	April 30, 2015		October 30, 2015 (or earlier by request).		
Care Services and Support for Immediate Needs	DETAILS How often and by whom		COST	COST PER WEEK	WHO PAYS
Shower supervision, incl some home care tasks as directed by Norma, and preparation of lunch	3 times weekly for one hour.	Best Ever Carers Inc.	3 x \$44.00	\$132.00 p/w	Home Care Package
Escort to Shopping		Daughters to share time required	n/a		No cost
Refer back to GP for medication review (memory problems?) and pain management review			n/a		No cost
Vacuuming floors		Purchase robot-vacuum cleaner	\$300	\$300.00 one off	Home Care Package one-off cost

Nutritious meals	5 meals p/w	Meals in a Moment	\$12 each	\$60.00 p/w	Norma to pay
Medication management (initial plan to address missing tablets). (Maybe consider RDNS daily visits at a later date).		Webster Pak delivered by pharmacy		\$10.00 p/w	Norma to pay
Referral to Vision Australia for home visit and assessment for aids and tips to manage vision loss			n/a		No cost
Personal Alarm	Daily call monitoring	Safety Link	Approx. \$500 annual	\$10.00 p/w	Norma to pay or Package to pay

These activities don't really need fancy-worded goals to be written for each one. They need to be put into place quickly and without much fuss. The activities just need to be listed and costed.

Once these Immediate Needs have been taken care of, Sarah and Norma can begin to work on Norma's more **aspirational** goals. These are the things that really make Norma happy and engaged in life.

### 3. THE GOAL SETTING

#### Where you want to be and what you want to do

##### What is a GOAL?

**‘Goals without Actions are just words.’**

A goal can be a purpose, a plan, an activity or a focus that you have for yourself. Something you want to achieve that has value and importance to you. It can be hard to think about goals as you get older, so it helps to think back over your life and remember times when you were setting goals without even knowing that’s what they were called.

Goal setting is the process of deciding what you want to accomplish and devising a plan to achieve the result you desire. Finding out what makes us tick as a human being, what makes us happy, what we strive to achieve or be part of....that is the key to real individualised goal setting.

Many people might say that their goal is ***to remain living in their own home***. What you might actually find is that to remain living in your own home is actually the **outcome or result** of achieving other goals along the way.

<p><b>What are goals?</b></p>	<ul style="list-style-type: none"> <li>• Goals are unique to every person</li> <li>• Goals are a way of recording things that you want to do or achieve in your life.</li> <li>• Goals help you work out where you want to be in the future.</li> <li>• Goals step out what is required for you to achieve what you want or need</li> <li>• Goals are clearly articulated in a way that is meaningful to you.</li> <li>• Goals are NOT just lists of services that will be provided under your Home Care Package.</li> </ul>
<p><b>What should you expect?</b></p>	<ul style="list-style-type: none"> <li>• Your goals should focus on things that will improve or maintain your health and wellbeing</li> <li>• To think about what is stopping you from achieving your goals at the moment</li> <li>• To focus on your strengths and capabilities</li> <li>• To feel empowered and supported to make informed choices and decisions about your care.</li> <li>• To have clear timelines for reviewing progress</li> </ul>
<p><b>When should you speak up?</b></p>	<ul style="list-style-type: none"> <li>• When the goals are vague, irrelevant or don't reflect the things you want to achieve</li> <li>• When the goals do not have your improved health and wellbeing as an outcome in some way.</li> <li>• When you have not been involved in setting goals for yourself.</li> </ul>

### **NORMA'S STORY continued...**

Based on the responses Norma gave in her Assessment, she and Sarah could narrow down the things that really matter to her. Once Norma's immediate needs were identified and set out in her Care and Spending Plan, the two of them could now focus on what made Norma the unique person she is today. This is where the **creative goal setting** really comes into it.

Some well targeted questions from Sarah really helped Norma to work out what she wanted to achieve in her life for the next 6 months. Questions such as:

*What do you really enjoy doing now (or in the past)? What do you miss? What do you want to maintain?*

*What's stopping you from doing that these days?*

*What is important to you about your future? Which things do you mostly need help with? Which things can you continue to do for yourself?*

These types of questions can tease out the areas of Norma's life that she may need assistance with. These can form the basis of her actual goals.

An example of one of Norma's unique Aspirational Goals is shown below.

See how it is completely focused on finding something that Norma is passionate about?

Notice that it does not cost her care package anything.

**Norma's goal is not "to improve her health and emotional wellbeing" but this is the OUTCOME that comes from Norma doing something she loves and is motivated to achieve.**

What can I look forward to?

What am I working towards?

Client goal:

**NORMA HARRIS**

**“ENTER MY ROSES IN THE LOCAL AGRICULTURAL SHOW IN NOVEMBER – JUST LIKE I USED TO DO YEARS AGO”**

What’s stopping me from doing this now?	What’s the solution?	Any cost to the package?	What are the health benefits for me?	Date achieved
The roses haven’t been properly looked after for years.	Write my own schedule of pruning and feeding for the year ahead. Pay a gardener to follow the schedule.	<b>No.</b> <b>Norma and family to pay</b>	I will <b>feel better</b> because I am doing <b>something that I love!</b>	
I can’t move about in the garden very well because of my eyesight. I’m worried I’ll fall over and hurt myself	Place a chair in the garden when the gardener comes so I can guide and supervise what they do.	<b>No</b>	I will be <b>connected to my community</b> by being involved in the Show.  I will get <b>more strength</b> in my hands now that I have <b>something to work towards.</b>	
I can probably do some basic pruning, but my hands are weak	Refer to an Occupational Therapist for assessment and recommendations.  Buy special secateurs for my arthritic hands.	<b>No</b>	I will be <b>getting outdoors</b> and giving myself something to <b>plan for and look forward to.</b>	

## 4. THE BUDGET AND YOUR FINANCIAL STATEMENT

### Managing your Home Care Package budget is a lot like managing a household budget.

You need to think about and write down:

- What are the **most important** priorities?
- How much does each item cost?
- Can you get it cheaper from somewhere else?
- Can you get it from another source altogether?

Sometimes we accept services for things just because that’s what everybody else is doing, but you really need to think carefully about getting the best value from your Home Care Package budget, so that it meets your **most important care and support needs**. You also need to know whether there are other ways to pay for certain services and support, so your Home Care Package funds can be re-directed towards other things.

Sometimes it does not cost anything to work towards your goals. Sometimes your family, friends, volunteers, other services or other funded programs can be involved in meeting your needs.

<p><b>Why are they done?</b></p>	<ul style="list-style-type: none"> <li>• To give you a clear picture of the funds you have available from the Commonwealth Government and what you are contributing.</li> <li>• To give you an up-to-date picture of what you have spent your funds on and what is remaining</li> <li>• To plan for how you will spend the package funds</li> </ul>
<p><b>What should you expect?</b></p>	<ul style="list-style-type: none"> <li>• An individualised budget to set out <b>projected</b> care package income and costs, as well as a statement of actual spending.</li> <li>• Complete transparency about funding income from the Commonwealth Government.</li> <li>• Complete transparency about the fees and charges your Care Package provider is taking from your package, and why.</li> <li>• To be able to clearly understand the budget information and financial statements (language and format).</li> <li>• To explore all the different ways to fund your care goals and support needs.</li> <li>• To be asked if you want to keep some Contingency funds aside for a ‘Rainy Day’. Though, this is not compulsory.</li> </ul>

**When should you  
speak up?**

- When you don't understand the information that is being provided to you
- When you feel your questions are not being answered to your satisfaction
- When your spending options are limited to an inflexible menu of services
- When your Case Manager has not explored other ways to fund your care goals and support needs where possible.
- When you have **no choice** over things like keeping a Contingency fund, or if you are told you will be charged extra if you want to choose your preferred care service provider.

**NORMA'S STORY** continued...

Norma identified the things that were most important to her living happily and safely at home. These were detailed in her Immediate Needs Care Plan and Spending Plan. Then Norma worked on the more Aspirational aspects of her life. Some of these Aspirational goals may have a cost to the Care Package and others may not.

All of the **income and expenditure** from Norma's care package needs to be detailed in a way that she can easily understand it. Below is an example of a comprehensive Spending Plan.

Some agencies may suggest you maintain Contingency Funds. This is where you keep some funds aside for a 'rainy day'. This is not compulsory however, it's up to you to decide...as long as you know that if something happens and you need additional services, you may need to pay for them yourself if you don't have enough in your Contingency Fund to cover.

## SPENDING PLAN summary

**Name:** Norma Harris

**HCP Level:** Level 2

**Date:** Sept 30, 2015

Your Annual Package Funds  
 Daily: \$ 38.99  
 Annually: \$ 14, 231.35

Your Annual Package Funds  
 (less Administration & Case Management costs) \$

**INCOME:**  
 \$ \_\_\_\_\_

Your Weekly Funds  
 \$

Your Client Fee Contribution  
 \$

Your 'Rainy Day' Funds (optional)  
 \$

Your Supplement (Dementia, Veterans, Enteral, Oxygen)  
 \$

**TOTAL:**  
 \$

**EXPENDITURE:**  
 \$ \_\_\_\_\_

Your Essential Care Plan Spending  
 \$ \_\_\_\_\_

Your Aspirational Goal Spending  
 \$ \_\_\_\_\_

**Funds remaining:**  
 \$ \_\_\_\_\_