

9. HACC Fees Policy

9.1 Introduction

This section has been reproduced from the document Fees Policy for Community Health Program, Home and Community Care Program, Aged Care District/Visiting Nursing and Allied Health, Aged Care Branch, Department of Human Services, July 1998. Only those sections relating to fees for HACC services have been reproduced.

HACC fees and income thresholds were indexed in 2002-2003 and are indexed annually.

Refer to Sub-Section 8.5.5 for information on use of income from fees.

9.2 National HACC Program Fees Policy

A National HACC Program Fees Policy has been developed to provide a consistent framework for the collection of fees which is included in the HACC National Guidelines.

The Victorian HACC Fees Policy provides more detailed guidance on applying the principles and broad guidelines of the National HACC Fees Policy. All Victorian HACC agencies are required to operate within the principles of both policies.

Approval for alternative systems of fee collection may be sought from the Department. Such approval will only be granted if the alternative systems are consistent with this policy.

All agencies need to operate within the Victorian Fees Policy Principles in Section 9.3 below.

In addition, the following principles also apply:

- all consumers assessed as having capacity to pay are to be charged fees. this should be done in accordance with a scale of fees appropriate to the consumer's level of income, amount of services used, and individual circumstances
- for the purposes of this policy, solicited donations for services are equivalent to fees and are subject to all provisions of this policy. The implementation of this policy cannot be avoided by using the terms *payments* or *donations* instead of fees'.

The National HACC Program Fees Policy includes a number of guidelines for services. These guidelines are incorporated in this Victorian policy. The National guidelines anticipate that each State will develop a specific fees policy. The Victorian policy fulfils this purpose.

The fees policy is an integrated approach to setting fees for consumers and service providers. It is to be implemented and viewed as whole and

not as individual components. For example, income is only one factor to be used in determining the fee.

Services which only use income to determine fees are in breach of the policy and must remedy the situation.

9.3 Victorian Fees Policy Principles

These principles provide a consistent framework within which all service providers are to operate. This framework will ensure a consistent approach to charging for consumers using a range of services funded from different funding sources. The principles are:

- Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.
- For some services it is not appropriate to charge a fee, due to the nature of the service. (*See below for details.*)
- Where fees are to be charged, it should be done in accordance with a scale of fees appropriate to the consumer's level of income, amount of services used, and any change in circumstances affecting ability to pay.
- All agencies should charge the full cost of the service where consumers are receiving (or have received) compensation payments intended to cover the cost of care.
- Consumers with similar levels of income and service usage patterns should be charged equivalent fees for equivalent services.
- Consumers with high and/or multiple needs are not to be charged more than a specified maximum amount in a given period, irrespective of actual amounts of services used.
- Fees charged should not exceed the actual direct cost of service provision. Generally, the fee charged for a service should be all-inclusive and cover all materials used in delivery of the service. Where there is a significant additional cost for material utilised in the provision of a service, a separate fee can be charged.
- Fee collection should be administered efficiently and the cost of administration should be less than the income received from fees.
- The revenue from fees is to be used to enhance or expand services.
- Procedures for the determination of fees, including assessment criteria, should be clearly documented and publicly available.
- Procedures for determination and collection of fees should take into account the situation of special needs groups.
- Assessment of a person's capacity to pay fees should be simple and unobtrusive, with any information obtained treated confidentially.
- Consumers and their advocates have the right of appeal against a given fee determination.

9.4 Agency Fees Policy

HACC-funded agencies should establish a written statement about the fee to be charged for any service provided by the agency. All consumers are to be informed of the fees charged for a service at the time of assessment or on commencement of the service.

9.5 The Charging System

9.5.1 Key Considerations

The charging system operates on the basis of two key considerations:

- income level of the consumer receiving a service.
- ability to pay (note: this may be affected by additional costs associated with disability or other factors).

A fee can only be determined after considering both the consumer's income and factors which affect the consumer's ability to pay the fee.

Fees are always charged per hour or session of service. Where a couple, or family, receive an hour of service they should not be separately charged (that is, charged for two hours of service, when the couple received only one hour between them).

9.5.2 Income Levels

The income level is the starting point for determining the fee a consumer will pay.

The charging system has three tiers:

- Low Rate
- Medium Rate, and
- High Rate.

The income levels relevant to each of these tiers are described over the page.

A. Low Rate

The low rate of fees applies to:

- people receiving a full or part pension
- people with a health care card
- single people with a before-tax income of under \$23,029.50
- couples with a before-tax income of under \$38,512.50
- families with one child with a before-tax income of under \$42,146.00 (plus an additional \$3,633.50 for each extra dependent child)

- Any of the above consumers with additional costs (due to disability or other factors) reducing their income to this level.

See below for details of additional factors that should be taken into account.

B. Medium Rate

The Medium Rate of fees applies to:

- single people with a before-tax income greater than \$23,029.50 but less than \$51,524.00
- couples with a before-tax income greater than \$38,512.50 but less than \$68,907.30
- families with one child with a before-tax income greater than \$42,146.00 (plus an additional \$3,633.50 for each extra dependent child) but less than \$72,535.10 (plus an additional \$3,633.50 for each extra dependent child)
- any of the above consumers with additional costs (due to disability or other factors) reducing income to this level.

C. High Rate

The High Rate of fees applies to:

- single people with a before-tax income of more than \$51,524.00
- couples with a before-tax income of more than \$68,907.30
- families with one child with a before tax income of more than \$72,535.10 (plus an additional \$3,633.50 for each extra dependent child)
- consumers who receive compensation payments intended to cover the cost of care.

While financially disadvantaged persons are a special needs group in the HACC Program, it is not the intention to restrict access for people on higher incomes. If a person is eligible on the basis of assessed need, services should be provided (subject to availability and demand) and fees charged appropriate to the income level of the individual.

9.5.3 Whose Income and What Income is Assessed?

For the purpose of setting fees, income includes the Aged Pension, Disability Support Pension and the Department of Veterans' Affairs Pension.

In order to determine which income level applies, it is important to clearly identify whose income is assessed:

- Where a person is living alone, that person's income is assessed.

- Where a couple are both consumers, their combined income is assessed.
- Where one member of a couple is the consumer, the decision regarding whose income is assessed depends on the nature of that income. For example, joint pensioners are assessed at the level of their joint pension income.

Australian Taxation Office rules on supplementary income payments such as the Child Disability Allowance and Family Payments should be applied. These two supplementary payments are not taxable income, and therefore should not be included in income assessment calculations. A range of other payments are also deemed not taxable and should be dealt with in the same way.

However, where the income is the primary income, such as the Age Pension and the Disability Support Pension, it should be included in the income assessment process.

Different family groupings should be assessed as follows:

- Where an older person is living with a family or carer (who are not themselves HACC consumers), only the older person's income is assessed.
- Where there is a family with a child or children with a disability under age 16, the family's income is assessed.
- Where there is a family with an adolescent or adult with a disability aged 16 years or over, that person's individual income is assessed.
- Where there is a household of three or more unrelated people living together, the income of the person requiring HACC services is assessed. Services should be provided only to support that person (for example, housework is restricted to personal space and property, not communal living areas).

9.5.4 Lump Sum Compensation Payments

Where a consumer has received a substantial lump sum compensation payment, the fee for HACC services should be set at the Full Cost Recovery rate *Refer to Section 2 for further details*. If the lump sum is not considered substantial, or if a periodic payment has been granted, then subsidies and fee reductions can be applied in accordance with the outcome of an assessment of the consumer's ability to pay and in accordance with the Fees Policy.

9.5.5 Determining the Income Level

Income level is determined as part of the initial assessment process, prior to services being provided. Consumers may require or elect to use

an advocate during this process and any subsequent discussions on capacity to pay, fee reduction or waiver. Written information should clearly state the consumer's right to an advocate.

Consumers are asked to declare their income level on a self-declaration form. The self-declaration form also provides information about how consumers can request a reduction or waiver of fees, particularly where their income is close to the next lowest income level.

People with pensioner cards, such as the health care card, will pay 'low rate' fees. However, other factors may affect their ability to pay and result in these fees being reduced or waived. To obtain a reduction or waiver, a self-declaration form must be completed.

A sample information package for consumers is included at the end of this section. It includes a self declaration form, information on factors to consider when determining fees, plus the current recommended fee range. Agencies are encouraged to use this package.

Service providers should ensure that the self-declaration form can be easily understood. The form may need to be made available in languages other than English and in other formats, such as braille or audio tape.

If consumers refuse to declare their income level, service providers are entitled to charge fees at the high rate.

It is important to note that no person can be denied a service because they are not able to pay fees.

Even if a consumer has declared that they are in a particular income level, mitigating circumstances may affect the consumer's ability to pay a fee. In these cases, consumers have the right to have the fee reduced or waived to ensure they can obtain the services they need.

9.5.6 Fee Reduction/Waiver

It is every service provider's responsibility to offer consumers the option to have fees reduced or waived. In determining whether a reduction or waiver of fees applies, service providers need to check that the consumer is receiving all financial assistance available to them (for example, Rent Assistance, Health Care Card concessions on utilities, carer's allowance).

Fees may still be reduced or waived where a consumer who receives all relevant assistance experiences hardship in paying fees.

Refer to Section 9.9 below for factors that could affect a consumer's ability to pay fees.

Particular local factors or individual circumstances may also need to be considered and the list should be tailored as appropriate for the area in which services are being provided.

The first step in reducing or waiving fees is to offer the next lowest fee range to the consumer:

- A high fee rate consumer may be charged the medium fee rate.
- A medium fee rate consumer may be charged the low fee rate.
- A low fee rate consumer may have fees waived. If the person still wants to contribute to the cost of the service, the funded agency can choose to accept a payment from the consumer of any amount they wish to make.

Fees may also be waived for high rate or medium rate consumers. Similarly, a high rate consumer may be charged the low fee rate. The appropriate rate needs to be negotiated with the individual consumer.

Monitoring the consumer's ability to pay the fee is part of the formal and informal review. Renegotiation of fees should occur where a person's financial circumstances have changed.

Both consumers and service providers are able to initiate a review of fees. Consumers may need to initiate a fee review (outside timelines set for a review by the service provider), and these requests should be responded to promptly.

If a fee is reduced or waived, consumers must not be treated any differently and must be afforded all the rights that other consumers have.

9.5.7 Fees Cap

Consumers who have high use of one service or who use a range of services may have difficulty paying for all of the services. While each individual charge may be reasonable, the total charge may create financial difficulty.

If one agency delivers all the HACC services to a consumer, then a fees cap needs to be implemented. Some agencies already have a fee cap mechanism in place and these should be retained and be consistent with this policy.

Where the services to one consumer are delivered by a range of different organisations, it is still possible for a fees cap to be introduced. Local agencies should develop protocols to support a fees cap for common consumers. The amount of any fees cap needs to be negotiated with the consumer to ensure it is affordable.

Fees caps are not service caps. Consumers should receive the level of service they are assessed as requiring regardless of whether or not their fees are capped.

It should be noted that Linkages packages already operate fees caps and this practice should continue.

9.5.8 Fee Collection and Non Payment of Fees

The cost of administering and collecting fees should be significantly less than the value of the total fees collected. Fee collection should reflect

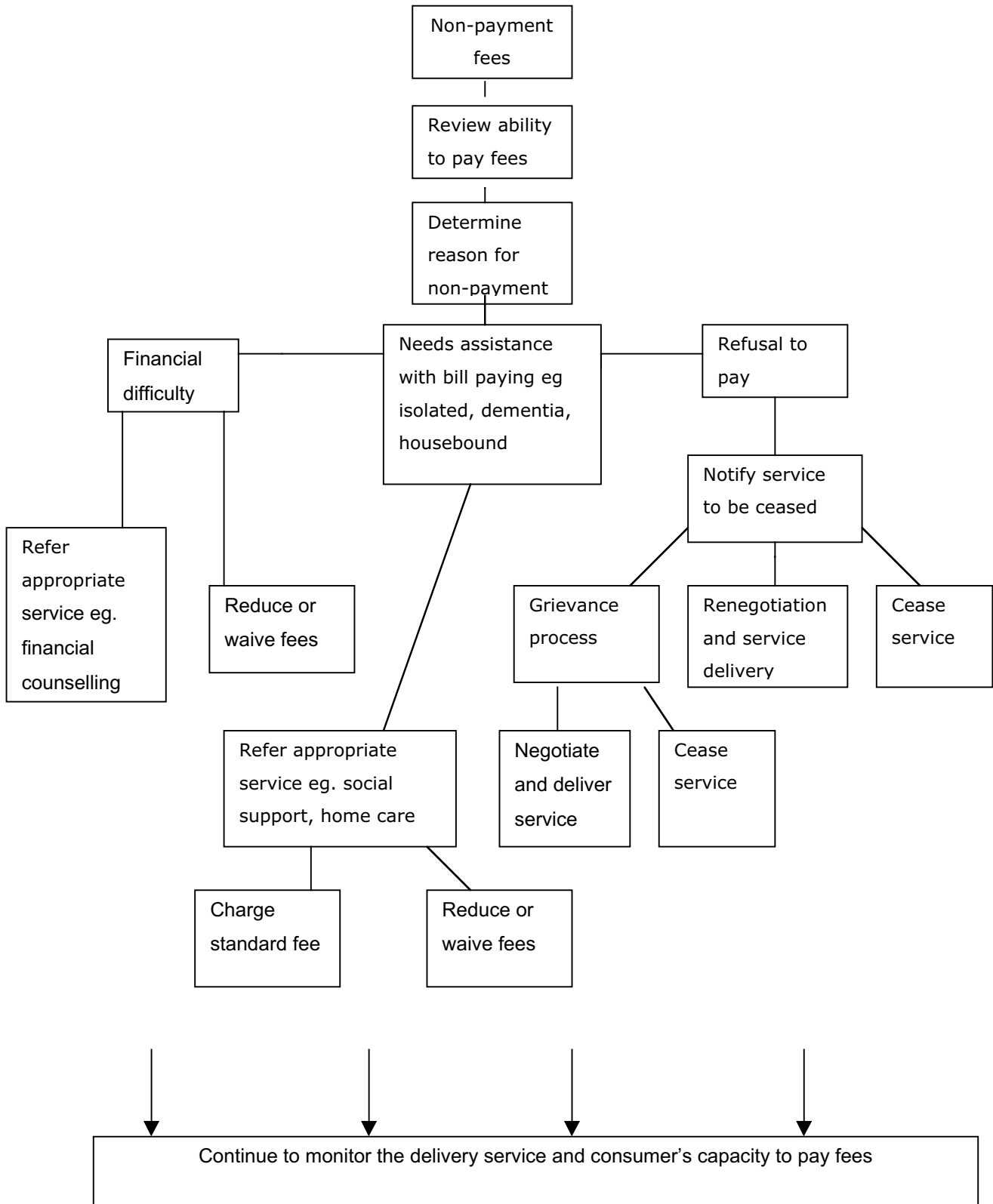
local arrangements among agencies. Where a fees cap is in place, it may be appropriate that only one service provider collects fees on behalf of all service providers.

Systems which are easy for the consumer to use, and which provide a measure of confidentiality, should be encouraged, such as paying bills at bank outlets.

If an individual is not paying the required fee, the organisation should review the person's ability to pay and make any adjustments. If ability to pay is not an issue, the organisation may notify the person of withdrawal of service. If payment is still not made, the organisation may decide to cease provision.

Figure 1, on the following page illustrates the process.

Figure 1: Non-Payment of Fees



9.6 Grievance Procedure on Fees

All consumers have the right to complain about the fee charged if they believe it is unfair or not affordable. They may do this at any time they are receiving services.

The following process applies:

- Consumers may require or elect to use an advocate in the grievance process. Clear written information is required to ensure consumers are aware of this right to an advocate.
- Complaints must be dealt with fairly, promptly, confidentially and without retribution.
- To assist consumers to make complaints and gain resolution, service providers should have a grievance process and policy that is publicly available for consumers.

As part of resolving fee complaints it is important for organisations to check whether:

- The assessment process has established the consumer's correct income level.
- The consumer has significant additional cost affecting their ability to pay for services, and whether the assessor has taken this into account and applied a reduction or waiver of fees.
- 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 who should be involved in the fee process.

Initially a consumer may complain to the organisation providing the service. If this does not resolve the grievance, the consumer should be referred to a second tier grievance process.

The consumer also may decide to complain directly to the second tier grievance process, if they are uncomfortable or concerned about raising the complaint directly with the organisation.

Note: The HACC National Service Standards require all consumers to be informed about complaints and grievance procedures.

Refer to Sub-Section 3.6 for further details on complaints

9.7 Information for Consumers

Organisations are required to provide information to all consumers about the fees policy, the process they use to determine fees, and the review and appeals process.

9.8 Recommended Fees for HACC Activities

9.8.1 Fee Range

The table on the following page provides details of the recommended fee range for each HACC activity.

HACC Program fees and income thresholds are indexed annually.

Table 9: Recommended Fees for HACC Program Activities

HACC Activity	Low Fee Range	Medium Fee Range	High Fee Range*
Personal Care	\$1.10–\$3.30 per hour	\$4.40–\$6.60 per hour	\$27.26 per hour
Respite Home and Community	\$1.10–\$2.20 per hour	\$2.20–\$3.30 per hour	\$24.64 per hour
Respite Overnight	\$5.50–\$11.00 per 10 hour block	\$13.15–\$16.45 per 10 hour block	\$115.03 per 10 hour block
Home Care	\$3.30–\$4.40 per hour	\$5.50–\$11.00 per hour	\$23.84 per hour
Property Maintenance**	\$4.40–\$8.80 per hour	\$9.90–\$13.15 per hour	\$34.68 per hour
Nursing	\$2.50–\$2.75 per visit	\$22.00–\$24.20 per visit	\$61.33 per hour
Bush Nursing	Subscription	Subscription	Subscription
Allied Health	\$6.50–\$7.15 per consultation	\$10.00–\$11.00 per consultation	\$70.02 per hour
Delivered Meals	\$3.30–\$6.60 per meal	\$3.30–\$6.60 per meal	Full Cost Recovery
Planned Activity Group Core***	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$9.69 per hour plus cost of meal if bought from another source
Planned Activity Group High***	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$13.66 per hour plus cost of meal if bought from another source
Linkages	As per services being purchased. <i>Refer Linkages section 7.12</i>	As per services being purchased. <i>Refer Linkages section 7.12</i>	As per services being purchased. <i>Refer Linkages section 7.12</i>

* The 'High Fee Range' is set at the current HACC unit price or funding rate which may change from these rates after 2002–2003.

** Property Maintenance: the cost of materials must be added to the fee.

*** Where sessional or part day services are provided, the fee should be pro rata to the period of service provision.

NB: HACC Program fees and income thresholds are indexed annually.

9.8.2 Volunteer Coordination

Where an agency is funded for volunteer coordination, no fee should be charged for services provided by volunteers.

9.8.3 Assessment and Care Management

No fees are charged for Assessment and Care Management.

9.8.4 Service System Resourcing

Individual consumers cannot be charged a fee. Service System Resourcing can however be provided to organisations on a full fee basis where there is no subsidised service provided.

Refer to Section 2 for information on Full Cost Recovery.

9.8.5 Flexible Service Response

Where a service provider has developed a model of service provision that does not fit into any of the HACC activities, the service may be funded under the activity called Flexible Service Response. There are no recommended fees for these services. Fees are to be negotiated with consumers and service providers and are to operate within the principles articulated within this policy. Fees would most appropriately be set to cover activity costs associated with the service as described below.

9.8.6 Incidental Costs Associated with Providing Services

Where a consumer participates in an event such as an outing, it could reasonably be expected that the individual would meet the associated cost. This will most likely be applicable to Respite and Planned Activity Groups.

However, where a consumer is unable to participate in the outing due to inability to pay the cost of the outing, the agency should take this into account and plan only activities which are of no cost to participants.

9.9 Reducing or Waiving Fees

9.9.1 Factors to Consider

Service providers should carefully consider the following factors when making decisions regarding reducing or waiving fees:

- Do fees need to be reduced or waived according to the consumer's circumstances in any of the three income levels?
- Does the consumer incur any significant additional costs affecting their capacity to pay the set fee?

- What is the effect of the items listed below on the consumer's individual income and does it affect their ability to pay the set income level?
- What fee, if any, is the consumer able to pay?

Specific Factors Affecting Ability to Pay

Additional costs due to disability:

- Pharmaceutical or medication costs
- Aids and equipment (including continence products)
- Specialist care
- Additional school costs
- Special foods
- Temporary care/respite
- Special clothing
- Utilities (including telephone, water, power, gas) where there is a higher usage due to a disability
- Medical supplies.

Additional costs related to location:

- Increased property costs related to a disability (for example, you modify your house, move location to access services, replace carpets or bedding)
- Increased transport costs due to a disability (for example, you cannot use your own car or public transport)
- Specialist care or related costs (such as accommodation when travelling to see a specialist in another location).

Other Similar Factors:

- Health insurance where you experience increased costs due to disability.
- The cost of non-HACC services, when there is no flexibility in the fee being charged.
- High cost of accommodation for people on low income living in private hotels, boarding houses and Supported Residential Services. This may also be a factor for low-income households living in private rental accommodation.

9.9.2 Determining Fees for Supported Residential Service (SRS) Residents

SRS residents are eligible to receive all health and community support services that are not the responsibility of the SRS to provide. Services for which SRS residents are eligible include Nursing, Allied Health and Planned Activity Group.

In determining an SRS resident's income, and thus the level of fee to be charged, service providers must take into account certain costs which reduce the person's income level. It should be noted that SRS residents whose only income is the pension are paying virtually all of this income for the full board and personal care services provided by the SRS. There is no flexibility in this fee, and when other costs are taken into consideration (for example, pharmaceutical or medication costs, continence products and transport) the resident's disposable income is often reduced to zero. It is quite clear that these residents should not be charged a fee.

SRS residents whose only income is the pension should have their fees automatically waived for the services listed above.

Even when the resident has some additional income above the pension, after taking into account their SRS fee as well as all additional costs relating to their disability, many of these residents will also be eligible to have their fees waived.

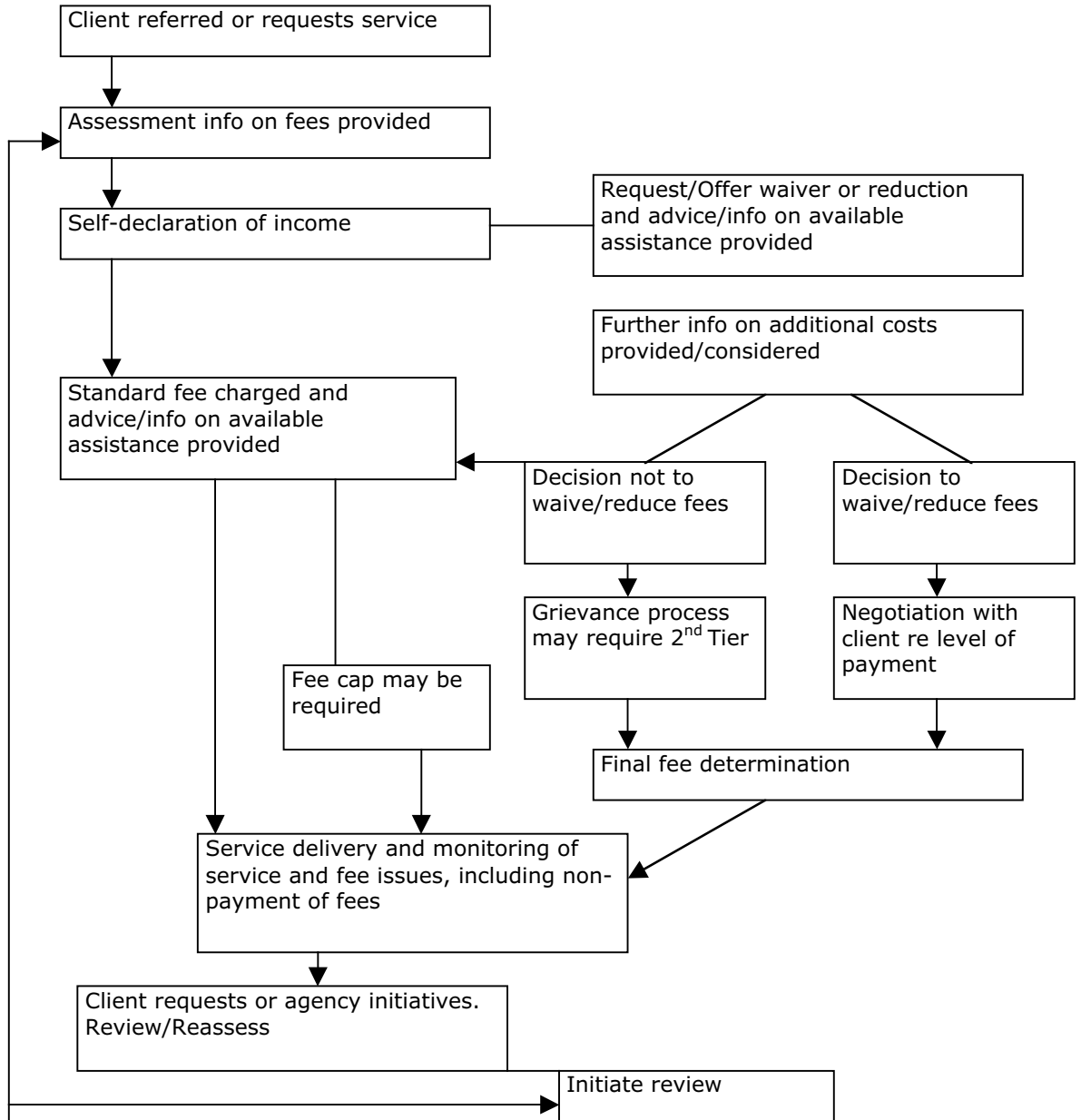
Although a pension-only SRS proprietor may negotiate fees on behalf of a resident, or even pay them out of their own pocket, in fact this is not the proprietor's responsibility. The HACC service provider should negotiate directly with the resident. If this proves difficult, it may be appropriate to involve the resident's caseworker (if they have one). If an administrator has been appointed to handle the resident's financial affairs, the service provider should contact the administrator (in many cases this will be the State Trustees) in order to verify the resident's financial status. The SRS proprietor should be able to provide contacts to any caseworker or administrator.

It is the HACC agency's responsibility to ensure that the fee charged does not deny eligible SRS residents access to their service. Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.

9.10 Fees Policy in Action

Figure 2, over the page, illustrates the steps to be taken in determining and reviewing fees.

Figure 2: Fees Policy in Action



9.11 Consumer Self Declaration Form and Information Package

The following sections provide a sample Consumer Self-Declaration Form, a step by step guide for assessing income plus information on fees for consumers.

These pages can be photocopied and used as a resource by HACC funded agencies and their consumers.

HACC Fees Policy Information Package

This package has three parts:

Part 1: Information about Fees Policy.

Part 2: Income Self-Declaration Form.

Part 3: Recommended Fees for Income Levels.

Part 1: Information about Fees Policy

This form is used by service providers (*the name of the organisations could be inserted here*) to determine what fee to charge you for the service/s (*service names/types could be inserted here*) that you receive.

Fees are calculated as follows:

Step 1: Calculate your income level.

Your income level is based on Centrelink definitions and income level determinations. Your income level is only one indicator of how much you can afford to pay for services.

Step 2: Subtract additional costs of disability or other factors affecting your ability to pay.

The fees policy outlines your right to seek a fee reduction or waiver if you have any difficulties in paying the proposed fee. If you are concerned that you cannot afford the fee, please talk to (individual service provider detail to be inserted here) and we may be able to reduce your fee or provide a free service.

Step 3: Level of fee determined.

A fee can only be determined after steps 1 and 2 have been completed.

Fee Review

Because your financial situation or service requirements may change

.....
(*Insert organisation name*) will review the fees you are charged as part of a review of your service.

However, at any time you can ask us to review the fees you are paying.

Step 1: Calculating your income level

Low Level

You are assessed as having a low level income if your income is in the following group:

- You receive a full or part pension.
- You have a health care card.
- You are single and your before tax income is less than \$23,029.50 per year.
- You are a couple and your before tax income is less than \$38,512.50 per year.
- You are a family with one child and your before tax income is less than \$42,146.00 (for each extra dependent child, add an additional \$3,633.50).
- You are single, a couple or a family who face additional costs due to disability or other factors which reduces your income to this level.

Medium Level

You are assessed as having a medium level income if your income is in the following group:

- You are single and your before tax income is more than \$23,029.50 but less than \$51,524.00.
- You are a couple and your before tax income is more than \$38,512.50 but less than \$68,907.30.
- You are a family (with one child) and your before tax income is more than \$42,146.00 but less than \$72,535.10 (for each extra dependent child, add an additional \$3,633.50).
- You are single, a couple or a family who face additional costs due to disability or other factors which reduces your income to this level.

High Level

You are assessed as having a high level income if your income is in the following group:

- You are single and your before tax income is more than \$51,524.00.
- You are a couple and your before tax income is more than \$68,907.30.
- You are a family with one child and your before tax income is more than \$72,535.10 (for each extra dependent child, add an additional \$3,633.50).

Determining your income level is the first step in setting the fee you will be charged for services. Once this has occurred Step 2 occurs.

Step 2: Subtract additional costs or other factors affecting ability to pay

Once you have identified your income level, any additional costs of disability or other factors affecting your ability to pay are subtracted.

The range of disability-related costs, or other factors affecting ability to pay are listed below. This list is a guide only, individuals and families may have other costs or related factors that should also be considered.

Any of the following costs may affect your ability to pay fees:

Additional costs due to disability

- pharmaceutical or medication costs.
- aids and equipment (including continence products)
- specialist care (for example, therapy)
- additional school costs
- special foods
- temporary care/respite
- special clothing
- utilities (including telephone, water, power, gas) where there is higher usage due to a disability. For example, people using pumps overnight don't get a concession on utility bills
- medical supplies

Location related costs:

- increased property costs where this is related to a disability (eg. you have modified your house, moved location to access services, replace carpets or bedding)
- transport due to a disability (eg. you are unable to use a car or public transport)
- specialist care or related costs (for example, accommodation when travelling to see a specialist at another location).

Other Similar Factors:

- health or medical insurance, where costs increased due to disability
- the cost of services, other than this service providers being provided, when there is no flexibility in the fee being charged
- high accommodation costs for people on low income living in private hotels, boarding houses or supported residential services. This may also be a factor for low income households paying rent.

There are a range of payments and supports from Centrelink and other services that may help meet some of your costs. Your HACC service provider can provide you with information on these services.

Part 2: Income Self-Declaration Form (Template)

Please talk to your service provider (*the name of the service could be inserted here*) because fees may be reduced or provided free if you have difficulty in paying.

The attached self-declaration form enables you to state whether you wish to be considered for a waiver or reduction of fees, due to any additional costs you face.

Your Name:.....

Your Address:.....

Your Telephone Number:.....

Your Income Level

Please indicate your income level before tax by ticking the correct box.

Income source	Low	Medium	Full Fee: Un-subsidised	Tick below
Pension				
Health Care Card				
Single				
Couple				
Family and one child				
Single, couple or family	With additional costs reducing income to above	With additional costs reducing income to above		

Identifying factors affecting your ability to pay fees for HACC services

Do any of the costs below reduce your income level?	Tick if yes	Is this a short-term or ongoing cost?
Pharmaceutical or medication costs		
Aids and equipment, inc. continence products		
Specialist care		
Additional school costs		
Special foods		
Temporary care/respite		
Special clothing		
Utilities (including telephone, water, power, gas) if higher usage is due to a disability, eg. using pumps overnight, do not get a concession on utilities bills.		
Medical supplies		
Increased property costs due to a disability (eg. if you modified your house)		
Move location to access services		
Transport costs due to a disability (eg, you cannot drive or use public transport)		
Specialist care or related costs (eg. travel and accommodation costs to see a specialist at another location)		
Health or medical insurance costs due to disability		
The cost of services, other than HACC services		

I agree that this information can be used to set fees for the service/s I receive. I acknowledge that the fee I am charged will be reviewed from time to time at either my, or
(the name of the organisation could be inserted here) the HACC service providers request.

Your Signature:.....

Date:.....

The attached list (*individual service providers need to develop the list for the services it provides*) shows you the fees you will be charged on your income level if there are no additional costs, experienced due to a disability or other factors.

Part 3: Recommended Fees for Income Levels

Table 9: Recommended Fees for HACC Program Activities

HACC Activity	Low Fee Range	Medium Fee Range	High Fee Range*
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Respite Overnight	\$5.50–\$11.00 per 10 hour block	\$13.15–\$16.45 per 10 hour block	\$115.03 per 10 hour block
Home Care	\$3.30–\$4.40 per hour	\$5.50–\$11.00 per hour	\$23.84 per hour
Property Maintenance**	\$4.40–\$8.80 per hour	\$9.90–\$13.15 per hour	\$34.68 per hour
Nursing	\$2.50–\$2.75 per visit	\$22.00–\$24.20 per visit	\$61.33 per hour
Bush Nursing	Subscription	Subscription	Subscription
Allied Health	\$6.50–\$7.15 per consultation	\$10.00–\$11.00 per consultation	\$70.02 per hour
Delivered Meals	\$3.30–\$6.60 per meal	\$3.30–\$6.60 per meal	Full Cost Recovery
Planned Activity Group Core***	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$9.69 per hour plus cost of meal if bought from another source
Planned Activity Group High***	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$3.30–\$5.50 per day plus cost of meal if bought from another source	\$13.66 per hour plus cost of meal if bought from another source
Linkages	As per services being purchased. Refer <i>Linkages section 7.12</i>	As per services being purchased. Refer <i>Linkages section 7.12</i>	As per services being purchased. Refer <i>Linkages section 7.12</i>

* The 'High Fee Range' is set at the current HACC unit price or funding rate which may change from these rates after 2002–2003.

** Property Maintenance: the cost of materials must be added to the fee.

*** Where sessional or part day services are provided, the fee should be pro rata to the period of service provision.

NB: HACC Program fees and income thresholds are indexed annually.