

# Transition Care Program

This booklet gives you information about the Transition Care Program (TCP). It also explains your rights, responsibilities and what to expect.

**Contact us:**

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**Download this agreement to your computer**Scan the QR code 

To receive this document in another format email [TCP@health.vic.gov.au](mailto:TCP@health.vic.gov.au) [TCP@health.vic.gov.au](mailto:TCP@health.vic.gov.au)

The Transition Care Program Information and Agreement is available in 22 different languages from the Health Transitions website or via the following link: [Transition care program - client information and agreement (healthtranslations.vic.gov.au)](https://www.healthtranslations.vic.gov.au/resources/transition-care-program-client-information-and-agreement)



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Available at [health.vic.gov.au/publications/tcp-information-and-client-agreement-english](http://health.vic.gov.au/publications/tcp-information-and-client-agreement-english) [www.health.vic.gov.au/publications/tcp-information-and-client-agreement-english](http://www.health.vic.gov.au/publications/tcp-information-and-client-agreement-english)

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# What is the Transition Care Program (TCP)?

The TCP can help you recover after a hospital stay, gain independence, and connect you with the support you need.

### **How it works**

1. The Aged Care Assessment Service (ACAS) will confirm if you can get TCP services.
2. You will need to fill out and sign the TCP agreement.
3. The program starts as soon as you finish your hospital stay.
4. You can get support for up to **12 weeks** (84 days) as you recover at home or, for bed based care, in an aged care facility, where the treating TCP team are based.
5. You will have a care plan that will describe the types of services you will get.
6. You can move between different locations or types of care as your needs change.
7. You will get help with finding options for longer-term care if you need it.

### **In the program, there are two types of care you can get**

|  |  |  |
| --- | --- | --- |
| An icon of a house **Home based care** You will get care in your home.  Services could include:   * Nursing and in-home respite * Help with cleaning, meals or bathing * Setting up medical appointments * Travel to appointments or social activities * Therapy from allied health staff, such as a physiotherapist * Support equipment such as handrails, ramps or continence aids  **Fees** You will need to pay 17.5% of your current single aged pension per day.  You will also need to pay for any prescription medication you need from your pharmacy. |  | An icon of a bed **Bed based care** You will get care in a hospital or aged care facility.  Services could include:   * Nursing and on-call support * Medication assistance * Help with everyday tasks like bathing or walking * Dementia support * Setting up medical appointments * Therapy from allied health staff, such as a physiotherapist * Lifestyle activities  **Fees** You will need to pay 85% of your current single aged pension per day.  You will also need to pay for any prescription medication you need from the pharmacy providing service to the bed based TCP site. |

The program **does** **not** include services like:

✗ Pathology or radiology (like blood tests or x-rays)  
✗ Ambulance travel to or from hospital   
✗ Prescription medicine or pharmacy fees

✗ GP appointments

# What to expect in the Program

To make the most of the TCP, you will have different rights and responsibilities.

## What does my case manager do?

Your case manager is your key contact, supporter and advocate during the program.

A case manager can help you:

* Create a care plan and update it based on your needs
* Make decisions that affect your care
* Advocate for your needs and give you emotional support
* Share and action feedback about your care
* Plan your care in advance, including understanding your values and beliefs so your care team can make decisions on your behalf if you’re unable to
* Create a discharge plan and set up long-term support

Your case manager won’t make medical decisions about your care. You will work with the medical professionals in your care team to do this.

## How will my information be shared?

When you fill out and sign the agreement, you are giving permission for us to share your information with:

* Your GP, health professionals,   
  My Aged Care and other service providers so that we can meet your care needs
* The Commonwealth Department of Health and Aged Care, the Aged Care Quality and Safety Commission and the Victorian Department of Health so that they can fund and measure the success of the program

## What will I need to do?

You will have different responsibilities as part of the program. You will need to:

* Actively work towards your care plan goals
* Be responsible for your own actions and choices
* Tell your case manager what you need. If you need help with something, ask
* Tell your care team if you have a specific request (e.g. if you’d like to smoke, vape or drink alcohol)
* Treat your care team with respect, the way you’d like to be treated
* Provide your care team with a safe and healthy place to work if you’re recovering at home

## What are my rights?

All TCP clients have their rights protected under the:

* Charter of Aged Care Rights
* Commonwealth Aged Care Act 1997, Aged Care (Transitional Provisions) Act 1997 and the Principles made under the Acts
* Victorian Charter of Human Rights and Responsibilities Act 2006
* Victorian Privacy and Data Protection Act 2014
* Victorian Health Records Act 2001
* Commonwealth Privacy Act 1988

# Fees and payments

While the TCP is mostly funded by the government, you **will** need to pay a fee towards the cost of your care.

## What will I need to pay?

You will need to pay fees based on the type of care you will get:

|  |  |
| --- | --- |
| An icon of a home | For **home based care** If you are in the program at home, you will need to pay **17.5%** of your current single aged pension per day. |
|  |  |
| An icon of a bed | For **bed based care** If you are in the program at an aged care facility or hospital, you will need to pay **85%** of your current single aged pension per day.  You will also need to pay for any prescription medication you need from your chosen pharmacy. |

If you don’t have a pension, you will need to pay a *daily fee* that is equal to the percentage outlined above.

TCP is **not** covered by:

✗ Medicare  
✗ Private health insurance  
✗ Department of Veterans Affairs

## What if I can’t pay?

TCP fees can be flexible based on your unique circumstances. If you can’t pay the fee, you can still be part of the program.

You can talk to your case manager about different options, including reducing the cost, or asking for more time to pay.

## How will I pay?

You will get an invoice and more information about how to pay once you start the program.

This invoice will include a fee for each day you’re on the program, including days where you might not get care, such as a weekend.

You will receive invoices from the Eastern Health Patient Revenue Services team. Phone: 1300 020 276.

## What if I need to take a break?

You can take up to 7 days of leave, this can include time off for social activities or if you need to return to hospital. Taking leave will not change your program end date.

You can use this time as single days, or as a longer block. You will need to pay fees for days that you take a break from the program.

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# Where to get help

Your **case manager** is your key contact for the program, but you can also get in touch with other organisations for different kinds of support.

## For information and support with aged care services

**My Aged Care**

 1800 200 422

 8:00 am to 8:00 pm Monday to Friday   
 10:00 am to 2:00 pm on Saturday

* [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

**Eastern Health Aboriginal Health Team**

 03 5957 1100

 8:30 am to 5:00 pm Monday to Friday   
 Email: [AHTintake@easternhealth.org.au](mailto:AHTintake@easternhealth.org.au)

## For complaints, concerns or feedback about the program, contact your TCP Case Manager in the first instance. Otherwise you can contact:

**Eastern Health TCP Manager**

 03 9955 7585

Email: [Transition.Care@easternhealth.org.au](file:///\\ehfile01\MHGrpShare\Transition%20Care\FORMS%20IN%20CURRENT%20USE\New%20TCP%20Information%20Pack%20and%20Agreement%202018\Transition.Care@easternhealth.org.au)

Eastern Health Centre for Patient Experience

 1800 327 837

Email: [feedback@easternhealth.org.au](mailto:feedback@easternhealth.org.au)

**Office of the Health Complaints Commissioner**

 1300 582 113

 [hcc.vic.gov.au](https://hcc.vic.gov.au/)

**Aged Care Quality and Safety Commission**

 1800 951 822

 [www.agedcarequality.gov.au](http://www.agedcarequality.gov.au/)

## If you need advice or someone to speak on your behalf

**National Aged Care Advocacy Line**

1800 700 600

 [health.gov.au/our-work/national-aged-  
care-advocacy-program-nacap](https://www.health.gov.au/our-work/national-aged-care-advocacy-program-nacap)

**Elder Rights Advocacy**

 03 6902 3066

 [era.asn.au](https://era.asn.au/)

## For people who are deaf and/or find it hard hearing or speaking with people who use a phone

**National Relay Services (NRS)**

13 36 77



Charter of Aged Care Rights

All people receiving Australian Government funded residential care, home care or other aged care services in the community have rights.

I have the right to:

1. safe and high quality care and services;
2. be treated with dignity and respect;
3. have my identity, culture and diversity valued and supported;
4. live without abuse and neglect;
5. be informed about my care and services in a way I understand;
6. access all information about myself, including information about my rights, care and services;
7. have control over and make choices about my care, and personal and social life, including where the choices involve personal risk;
8. have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions;
9. my independence;
10. be listened to and understood;
11. have a person of my choice, including an aged care advocate, support me or speak on my behalf;
12. complain free from reprisal, and to have my complaints dealt with fairly and promptly;
13. personal privacy and to have my personal information protected;
14. exercise my rights without it adversely affecting the way I am treated.

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# Transition Care Program (TCP) Agreement Rights and responsibilities

##### TCP service details Fill out in block letters

|  |  |  |
| --- | --- | --- |
| Care recipient |  | TCP service provider |
| Bradma |  | Eastern Health Transition Care Program |

##### Type of care Check 🅇 one option only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **☐** An icon of a bed **Bed based care**   |  | | --- | | Eastern Health TCP bed based care is provided at the following sites. Please indicate preference/s: | | **□** Martin Luther Homes  **□** Regis Inala  **□** Vermont Aged Care | |  | **☐** An icon of a home **Home based care** |

##### The care recipient agrees that they: Read and check 🅇 every box. You can complete this as the care recipient, or as a representative on their behalf (e.g. carer, spouse).

☐ Will be part of the program  
This includes if they are waitlisted to start TCP

☐ Understand how their information will be shared  
Information will be shared with health professionals, My Aged Care and the government

☐ Know what their rights are  
This includes their rights under the Charter of Aged Care Rights (*see Page 6)*

☐ Know what their responsibilities are  
This includes working with the case manager to create a care plan and a discharge plan

☐ Understand that either they or their service provider can review this agreement to make changes  
Both the service provider and the care recipient must agree to any changes in writing

☐ Understand that either they or the service provider can end the program at any time  
If either they or their service provider choose to end the program, the case manager can provide other care options and ensure the notice period is met

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# Transition Care Program (TCP) Agreement Fees and payments

##### Fees and invoices

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| --- | --- | --- |
| Your daily care fee |  | Invoices will come from |
| $ |  | Eastern Health Patient Revenue Services team: 1300 020 276 |

##### Fees and payments agreement Read and check 🅇 every box to agree You can complete this as the care recipient, or as a representative on their behalf (e.g. carer, spouse).

☐ I am the person who will pay the TCP fees

☐ I understand that the daily fee includes weekends and days where I may not get services

☐ I know that I can ask the case manager to review the TCP fees at any time if I am unable to pay

☐ I understand that fees are not covered by Medicare, private health insurance or the Department of Veterans Affairs

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| **For bed based care only**  ☐ I will pay for any prescription medication needed  ☐ I agree to be contacted by the attending Pharmacy, which supplies medications to the TCP residential care facility that provides my care, to organise Direct Debit arrangements whilst in TCP bed based care.   |  | | --- | | Pharmacy name | | Boronia Discount Drug Store (Martin Luther Homes)  Gunn & McConville Pharmacy (Regis Inala)    Blooms the Chemist (Vermont Aged Care) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Bradma EH Horizontal Logo RGB - Primary.png  Transition Care Program (TCP) Agreement Final details and signature Fee payer’s details Fill out in block letters  |  | | --- | | Full name | |  |  |  | | --- | | Address | | Street address and Suburb | |  | | State, Postcode | |  |  |  |  |  | | --- | --- | --- | | Phone number |  | Email address | |  |  |  |  I’d like to get invoices from Eastern Health by: Check 🅇 one option only  |  |  |  | | --- | --- | --- | | **☐ Post** |  | **☐ Email** |  Sign and date You can sign as the care recipient, or as a representative on their behalf (e.g. carer, spouse)  |  |  |  | | --- | --- | --- | | Signature |  | Date | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Representatives only**   |  |  |  | | --- | --- | --- | | Why is the person who will get care unable to sign? |  | What is your relationship? (e.g. carer, spouse) | |  |  |  |  |  |  |  | | --- | --- | --- | | Witnessed by (signature) |  | Date | |  |  |  | |  |  | | --- | | Agreement completed with staff member (signature / designation / print name) | | |  | |