

# Fees Policy and Schedule



## 1. Purpose

The purpose of our fees policy is to:

- Provide clarity and transparency for our customers and employees on the fees charged for our broad range of services
- Comply with our contractual obligations, including Commonwealth funding agreements which are subject to legislative requirements
- Ensure that our services are financially viable

## 2. Principles

We are a not-for-profit organisation with a mission 'to deliver sustainable quality services that meet the needs of customers'.

A person-centred approach in our service provision means that all aspects of a person, including their ability to financially contribute to services, is taken into consideration. This will ensure that our services are accessible and inclusive of people from a range of financial positions, so we can support all people with a vision-impairment to remain independent and an integral part of the community in which they live.

We undertake fundraising activities and can set aside a portion of funds raised to offset our fees in cases where a customer is experiencing financial hardship. Financial hardship arrangements are discussed later in this policy.

In addition to providing services to individuals and organisations on a fee-for-service based arrangement, we operate within the requirements of Government funded programs such as the:

- National Disability Insurance Scheme, which eligible people receive a funded package of assistance
- Commonwealth Home Support Programme, which provides grant funding to approved service providers such as RSB to provide approved types of services to eligible people over 65 years (or 50 years for Aboriginal or Torres Strait Islander)
- Disability Employment Services, which funds eligible people with a disability to seek prescribed employment services from approved service providers
- Department of Veterans Affairs, which eligible people receive funding for pre-approved services and products

Further information relating to specific Government funded programs is provided later in this policy.

### **3. Fee structure**

Our fee structure for all programs is based on how much it costs us to provide a specific service, including salaries and overheads like insurance. This is often called a unit cost. It becomes our hourly rate, or a bundled fixed price. Consideration is also given to market rates for specific services.

Where possible we will provide certainty to our customers concerning fee increases and changes with as much notice as possible, with a minimum of 14 days' notice of any changes to the Fee Schedule. Services available under each funding source is described in Appendix 1.

Except where prescribed under legislation (such as the National Disability Insurance Act), our fees will appear in a Fees Schedule, which is an attachment to this policy and can stand alone as a separate document that is updated as required. The Fees Schedule will show the effective date. All staff will be informed when the Fees Schedule or this policy is updated.

### **4. Services provided on a fee-for-service basis to self-funded customers or organisations**

Our customers may not be eligible for Commonwealth Government funded programs or may choose to pay directly for services they receive from the RSB. In some instances, these customers may be able to claim a Medicare rebate or utilise their Private Health Fund cover for eligible services.

#### **4.1 Hourly Rates**

Hourly rates will be based on the full cost recovery of a worker providing the service including consideration of the available hours, being an expectation of the number of direct client contact hours, salary on-costs, organisational overhead costs and a profit margin.

The hourly rate for a service will apply across all programs unless otherwise specified within this document.

#### **4.2 Travel and Transport Charges**

4.2.1 Where services are being provided by an employee at a location other than an RSB site, the travel time for the return trip to and from the RSB site to the requested customer location will be charged at the same hourly rate for the service being provided.

Except in circumstances where a combined travel and service fee is negotiated and charged, the fee for travel time will be shown as a separate item on the customer invoice.

4.2.2 Where transportation is being provided by RSB volunteers as a separate service for a self-funded customer, the fee will be based on the anticipated travel distance for each trip and include a component of organisational overhead costs, including the volunteer management program. The transport fee will be for a fixed rate per trip however extended distances across multiple metropolitan or regional areas will be quoted individually.

## 4.3 Services attracting a Medicare rebate

### 4.3.1 Optometry Services

Customers accessing Optometry Services for an initial consultation, which attracts a Medicare rebate, will not be charged a gap payment, for services received during the consultation visit.

### 4.3.2 Allied health services

Customers with a vision-impairment and in receipt of a GP Management Plan for occupational therapy may access this service from the RSB.

A customer with a GP Management Plan will also have a Team Care Arrangement (TCA), which allows a GP to refer to an allied health professional. If the RSB is included on the TCA plan, the customer is eligible to receive a maximum of six services per year.

Customers requesting allied health services attracting a Medicare rebate will be charged a fee, being the difference between the Medicare rebate and the hourly rate referred to in 4.1. The amount may be reduced further if the customer is eligible to claim a rebate from their private health fund.

## 4.4 Services attracting a private health fund rebate

Customers seeking services from an RSB allied health profession such as an occupational therapist may be eligible to claim a rebate from their private health fund. RSB will need to register with the individual Health Fund first. It is the customer's responsibility to be aware of the amount of cover their private health fund provides for this type of service. Customers will be charged the difference between the private health fund rebate and the hourly rate referred to in 4.1.

## 5. National disability insurance scheme (ndis)

Fees charged for clients with an NDIS Plan will be at the rates shown in the latest NDIS Price Guide covering South Australia and can be accessed via the RSB website.

The NDIS **Price Guide** is updated in July each year and provides a summary of NDIS price limits and associated arrangements (price controls).

The NDIS Price Guide should be read in conjunction with the NDIS **Terms of Business for Registered Support Providers** (the 'Terms of Business').

The NDIS Price Guide also specifies requirements regarding:

- special pricing and extra charges
- travel and transport
- cancellations and 'no-shows' for some scheduled supports
- Medicare and insurance
- prepayments
- co-payments for capital items including assistive technology
- other fees (Commissions, establishment and exit fees).

## 6. Commonwealth aged care programs

Commonwealth aged care programs are available for eligible people aged 65 years and older (or 50 years and older for Aboriginal or Torres Strait Islander people).

### 6.1 Commonwealth Home Support Program (CHSP)

The Commonwealth Home Support Program (CHSP) is available to eligible people who have registered with My Aged Care and in most cases, assessed by the Regional Assessment Service as requiring entry-level support at home.

The RSB is an approved service provider directly funded for specific service types via a grant agreement with the Commonwealth Department of Health and Ageing. The **CHSP Manual** outlines the requirements supporting the delivery and management of the CHSP, which commenced on 1 July 2015.

In October 2015, a principles-based **Client Contribution Framework** was introduced for the CHSP. CHSP providers are governed by this principles-based approach to the charging, collecting and reporting of client contributions.

The principles, as stated in the CHSP Manual are:

**Consistency:** All clients who can afford to contribute to the cost of their care should do so. Client contributions should not exceed the actual cost of service provision.

**Transparency:** Client contribution policies should include information in an accessible format and be publicly available, given to, and explained to, all new and existing clients.

**Hardship:** Individual policies should include arrangements for those who are unable to pay the requested contribution.

**Reporting:** Grant agreement obligations include a requirement for providers to report the dollar amount collected from client contributions.

**Fairness:** The Client Contribution Framework should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, service providers need to take into account partnered clients, clients in receipt of compensation payments and bundling of services.

**Sustainability:** Revenue from client contributions should be used to support ongoing service delivery and expand the services providers are currently funded to deliver.

A co-contribution payment in the form of a service fee will occur for each service occasion for each individual, and a fee for attendance at each group session, will be charged to CHSP customers. This fee will be advised to all new CHSP customers when they make enquiries about services and before commencement of services.

A co-contribution fee will also apply to issue of CHSP Goods, Equipment and Assistive Technology, totalling more than \$150.00 in a given 12 month period. Refer to Goods Equipment and Assistive Technology Policy for more details including eligibility and funded regions.

Existing CHSP customers will be informed of the requirement for RSB to introduce a co-contribution payment, in the form of the fee, by relevant communication source and when existing eligible CHSP customers make contact to request a service funded by the CHSP program. CHSP customers who are mid-service provision at the time of introduction of this Policy will not be asked to pay the fee.

At the introduction of this policy, existing CHSP customers engaging in regular RSB activities such as social support groups and social support – individual (accompanied activities, visiting, telephone/web support) will receive information about the introduction of the fee. Transition arrangements may be introduced for our customers who are regular group attendees.

CHSP customers who indicate they cannot afford to pay the fee will be advised of the Financial Hardship process shown at 9. below. Services will not be withheld from eligible CHSP customers who cannot afford to pay the fee.

Services requested by existing or prospective customers in receipt of a compensation payment intended to cover some or all the costs of home-based care and services will be provided with a quote on a fee-for-service basis (see 4. above) for acceptance before service commencement.

Once an eligible CHSP or Continuity of Support (COS) customer starts receiving aged care services (being a home care package or residential aged care recipient) permanently, they are considered to have left the CHSP or COS program. Some CHSP services may continue, subject to section '4.1.1 Interaction with specific programs and services' in the current CHSP Manual. An example is a CHSP or COS customer who attends a social support group can continue to attend groups after commencing services under a Home Care Package. The CHSP co-contribution fee will be charged.

### **6.1.1. Continuity of Support (COS) Program**

The Continuity of Support (COS) program was developed by the Australian Government Department of Health to support older people with disability who were previously accessing state-managed specialist disability services and were not eligible for the NDIS.

#### *Eligibility*

People aged 65 years and over when the NDIS started implementation in their region, and:

- have not been assessed as eligible for the NDIS under the Scheme's 'becoming a participant rules', or
- are an Aboriginal and Torres Strait Islander person aged 50-64 years at the time the NDIS starts implementation in their region and have been assessed as being ineligible for the NDIS, and
- were a person with a disability receiving state-managed specialist disability services when COS starts in their region.

This included people with disability who received state-managed services within 12 months prior to when COS started in the person's region.

It also included people with disability who were not getting services yet but had a booking with a service provider at the time COS started in their region.

As the NDIS has completed its rollout, there can be no new entrants to COS or change from COS-Community to COS-Residential status.

**COS-Community and COS-Residential clients are identified with that description in RSB's CRM Aged Care Status field.**

COS funding was rolled into RSB's CHSP grant allocation from 2018-2019 financial year onwards. This means that, as COS eligible customers exit our CHSP funded services permanently, RSB can allocate the funding to other eligible CHSP customers.

An eligible COS customer will continue to receive services from us without being asked to contribute a fee while they are receiving the same level of service. This is because RSB did not charge fees before the COS implementation.

## **6.2 Home Care Packages (HCP) Program**

The Home Care Packages (HCP) Program is available to eligible people who have been assessed by the Aged Care Assessment Team (ACAT) as requiring more complex support to continue living independently in their own homes with assistance. A Home Care Package for the appropriate level will be allocated to the individual to determine which service provider will manage the funds of the Home Care Package on their behalf and at their direction.

The RSB does not manage Home Care Package funds on behalf of Home Care Package recipients.

Services requested by HCP recipients will be quoted and provided on a fee for service basis (see 4. above).

In some instances, a Home Care Package client may be referred through My Aged Care for RSB CHSP funded services. Refer to section '4.1.1 Interaction with specific programs and services' in the current CHSP Manual. In these instances, only the My Aged Care referral services will be provided for the short-term service request and the CHSP co-contribution fee will be charged.

## **6.3 Residential Aged Care**

Services requested for residents of residential aged care facilities (previously called nursing homes) will be quoted and provided on a fee-for-service basis (see 4. above). The only exception is clients with an Aged Care Status showing COS-Residential.

## **6.4 Transition Care Program (TCP)**

The Transition Care Program (TCP) provides short-term, goal oriented and therapy-focused care for older people after hospital stay either in a home or community setting or in a residential aged care setting.

Services requested by the TCP provider for TCP recipients will be quoted and provided on a fee-for-service basis (see 4. above).

## **6.5 Short-Term Restorative Care (STRC) Program**

The Short-Term Restorative Care (STRC) Program is an early intervention program that aims to reverse and/or slow 'functional decline' in older people and improve wellbeing through the delivery of a time-limited (up to 56 paid days), goal oriented, multi-disciplinary and coordinated range of services designed for, and approved by, the client. STRC services may be delivered in a home care setting, a residential care setting, or a combination of both.

Services requested by the STRC provider for STRC recipients will be quoted and provided on a fee-for-service basis (see 4. above).

## 7. Disability Employment Services

Service Fees and Outcome Fees are determined under the Disability Employment Services (DES) Deed. DES is a demand driven employment program and eligible job seekers registered with Centrelink can access the service. Services include employment assistance including job placement support, post placement support and ongoing support.

Services delivered under the DES funded program will not replicate those provided under an NDIS Plan.

National Panel of Assessors (NPA) referrals for services and equipment are included in this section.

Eligible DES NPA participants are not subject to a co-contribution charge or 'gap' fee

## 8. Veterans' Affairs

A range of support programs are available through the Department of Veterans' Affairs (DVA) to eligible members of the veterans' community. These include the Veterans' Home Care Program, Gold Card (for all health conditions) and White Card (for an 'accepted' disability, i.e. an injury or diseases accepted by DVA as caused by war or service).

Payment for health care services is based on DVA's Schedule of Fees relevant to the profession, and the date treatment was provided. An entitled person must first be assessed as requiring treatment and be issued a referral before seeing an allied health provider.

The DVA issues Schedules of Fees for Occupational Therapists, Social Workers and Exercise Physiologists. Some items require a GP referral and prior financial authorisation from DVA.

A Pricing Schedule for Visual Aids includes Schedule 3 – Low Vision Aids. Upper limits apply to fee-by-negotiation items.

Further to this RSB is an approved provider of Psychiatric Assistance Dogs to Veterans with Post Traumatic Stress Disorder. Pre-approval and invoicing will occur in accordance with the DVA contracted arrangements.

## 9. Exclusions to the fees schedule

Grandfathered services related to Guide Dogs and Assistance Dogs on occasion may be excluded from fees. Business or individual customers of Industrial Services Print Alternative Services and Digital Library Services will be subject to fees negotiated outside of this Fees Policy.

## 10. Collection of fees

Fees for an individual customer will be invoiced monthly for each occasion of service unless other prior arrangements are negotiated upon the intake of service.

If a customer who has previously agreed to pay fees for a service, and refuses to pay when requested upon invoicing, the customer will be required to pay the fee unless the customer says they are experiencing financial hardship. In those circumstances, the customer will be advised of the financial hardship application process and invited to apply.

## **11. Financial hardship arrangements**

As a not-for-profit charity the RSB has an obligation to support people to access the services they need at the time they require them. The RSB is committed to treating customers with integrity and compassion, and when required, assist them to identify appropriate financial solutions to enable access to services. The RSB holds a policy to support people who are experiencing financial hardship.

## **12. Cancellation**

Fees attributed to cancellations will be determined by the type of service cancelled and the funding arrangements in place. Any service cancelled under an NDIS or Fee For Service funding arrangement will be charged in accordance with the NDIS cancellation policy.

## **13. Non-payment of fees**

When an account has not been paid and is more than 60 days overdue no further services are to be delivered until the account is paid. Note that CHSP funded services cannot be withheld for non-payment of CHSP co-contribution charges. An alert will be activated by Finance to inform service delivery staff via CRM not to schedule services. Finance will continue to follow up the outstanding account with the individual client or plan manager.

## Appendix A – Funding and service types

### CHSP Funding – Current Grant Agreement Expires 30/06/2022

CHSP is grant funded through Australian Department of Health. Commonwealth Home Support Program (CHSP) can be accessed by customers who are 65 and over and were 'grandfathered' as CHSP, COS-Community or COS-Residential in 2018 or have been referred for CHSP services under the My Aged Care portal. Customers receiving CHSP funded services and not 'grandfathered' as COS will be required to pay a co-contribution towards their service as per the fees schedule.

Funding for Goods, Equipment and Assistive Technology is also available for customers under CHSP arrangements. See Goods, Equipment and Assistive Technology procedure.

### Continuity of Support (COS) Eligibility

People aged 65 years and over when the NDIS started implementation in their region, and:

- have not been assessed as eligible for the NDIS under the Scheme's 'becoming a participant rules', or
- are an Aboriginal and Torres Strait Islander person aged 50-64 years at the time the NDIS starts implementation in their region and have been assessed as being ineligible for the NDIS, and
- were a person with a disability receiving state-managed specialist disability services when COS started in their region.

Any person under COS arrangements will NEVER be required to pay a CHSP co-contribution charge when accessing services while they remain eligible (living in the community and not receiving Home Care Package funded services).

CHSP Funding Types	Services	Eligibility
CHSP Specialised Support Services (SSS) – Vision Services	Occupational Therapy Adaptive Technology	<ul style="list-style-type: none"><li>• 65 and over</li><li>• Has a referral through My Aged Care</li></ul>
CHSP Social Support Individual (SSI)	Orientation and Mobility Optometry Counselling RSB GADS – Training and Assessment Volunteers Social support individual – Accompanied Activities, Telephone/Web support and Visiting	<ul style="list-style-type: none"><li>• Has received an eligible service from RSB since 1 July 2015</li><li>• Identified as<ul style="list-style-type: none"><li>» COS Community</li><li>» COS Residential</li><li>» CHSP-old referral</li><li>» CHSP-My Aged Care referral</li><li>» My Aged Care ref-HCP client (for SSS only)</li></ul></li></ul>

CHSP Funding Types	Services	Eligibility
CHSP Goods, Equipment and Assistive Technology	Funding of low vision aids and equipment via an assessment and prescription of items	
CHSP Social Support Groups	Social support groups	
CHSP Transport	Individual or bus transport for social support group attendance (recorded as one-way trips)	

### Home Care Packages

Home care packages are funded through the Australian Department of Health and are determined through an Aged Care Assessment. Customers who have Home Care Packages and access services from RSB are usually referred through their Home Care Package Provider. The provider is responsible for managing the funds within the Home Care Package and would generally require a quote prior to service delivery.

Home Care Package	Services	Eligibility
Home Care Package Level 1-4	Occupational Therapy Adaptative Technology Orientation and Mobility Counselling RSB GADS – Training and Assessment	Determined via Aged Care Assessment Team (ACAT). All services provided on a Fee for service basis. Exception being new Home Care Package clients can continue to attend Social Support Groups under CHSP funding. Co-contribution payable.

### Transition Care Program (TCP) & Short-Term Restorative Care Program (STRC)

These programs are short-term goal based programs to assist a person either transition from a hospital stay back into their community setting, home, or residential aged care setting. The STRC program is an early intervention program that aims to reverse any functional decline experienced by an individual.

TCP & STRC	Services	Eligibility
	Occupational Therapy Adaptative Technology Orientation and Mobility Counselling	Determined by ACAT assessment and referral from TCP/STRC Provider to RSB.

## NDIS Funding (National Disability Insurance Scheme)

Access to NDIS funding is determined by the NDIS and based on the NDIS eligibility criteria under the NDIS act 2013. Once determined eligible each participant under the NDIS will be provided with a plan with individual budget lines for service access. The participant can have funds managed through the NDIS the following ways:

- NDIS Managed – All funds for services provide are claimed through the NDIS portal
- Plan Managed – All funds for services provided are claimed through a plan manager
- Self Managed – All funds for services provided are claimed via the participant

<b>NDIS (Refer to the NDIS Price Guide for all NDIS support categories)</b>	<b>Services</b>	<b>Eligibility</b>
Improved Daily living <i>(individual Assessment therapy and or training)</i>	Occupational Therapy Assessment and Training  Adaptive technology Assessment and Training  Orientation and Mobility Training  Guide Dog Instruction- Assessment and Training	Eligibility is determined by the NDIA.
Assistance with Daily life <i>(Increased social and community Participation)</i>	Volunteer Coordination Support Worker	Eligibility is determined by the NDIA.
Assistive Technology	Equipment  Guide Dog and Guide Dog ongoing costs	Eligibility is determined by the NDIA.
Improved Health and Wellbeing	Counselling individual  Counselling in a group	Eligibility is determined by the NDIA.
Support coordination	Support Coordination/ Support connection	Eligibility is determined by the NDIA.
Finding and Keeping a Job	Employment Services and Supported Employment	Eligibility is determined by the NDIA.

## DVA Funding

Veterans have access to funded supports and equipment through the DVA scheme. Holders of a DVA gold card will have access to services and equipment identified under the DVA equipment catalogue at no additional cost.

DVA	Services	Eligibility
	Occupational Therapy	Eligible for Low vision services and approved equipment if holder of a DVA Gold Card
	Optometry Services	
	Equipment	
	Psychiatric Dog – Assessment and Training	Eligible for services with approval letter from GP
		Approved Referral from DVA

## Medicare

Customers are able to access Optometry services directly through Medicare without referral. All other services to be claimed through Medicare require a GP referral aligned with a health care plan. Staff can provide services under Medicare funding, to do this will require a Medicare provider number. Occupational Therapists hold a Medicare provider number and can deliver services as outlined above.

Medicare	Services	Eligibility
	Optometry Services	Holder of a current a Medicare card
	Occupational Therapy	

Fee for Service	Services	Eligibility
	Occupational Therapy	Not eligible for or does not wish to pursue any other funding subsidy including Medicare
	Orientation and Mobility	
	Guide Dog and Services	
	Adaptive Technology Services	
	Health and Wellness Services	
	Counselling	
	Optometry Services	

## Disability Employment National Panel of Assessors – Expires 30/06/2023

The RSB is an approved provider under the Disability Employment National Panel of Assessors. Employment Service providers can refer individuals to the RSB for worksite assessments, equipment prescription and training.

<b>National Panel of Assessors</b>	<b>Services</b>	<b>Eligibility</b>
	Occupational Therapy Training and Assessment  Assistive Technology Training and Assessment	Referral via registered Disability Employment Provider
<b>DES Block Agreement BAVI (Blind &amp; Vision Impaired)</b>	<b>Services</b>	<b>Eligibility</b>
	Pre-Employment Support  Post Placement	Determined by Employment Services Team
<b>Job Access</b>	<b>Services</b>	<b>Eligibility</b>
	Occupational Therapy Training and Assessment  Assistive Technology Training and Assessment	Initial assessment delivered under DES BAVI with recommendations  Approved by Job Access

## Appendix B – Fees Schedule

### Effective Date: 1/11/2020

Eligible job seekers funded under the Disability Employment Services program will not be charged a 'gap' fee for services related to employment.

Customers funded by the Department for Veterans' Affairs Programs will not be charged a 'gap' fee.

Fees charged for customers with an NDIS Plan will be at the rates

shown in the latest NDIS Price Guide covering South Australia and will not be charged a 'gap' fee.

Service Type	Cost
<b>Co-contribution fees for eligible Commonwealth Home Support Program (CHSP) customers:</b>	
• For each occasion of service delivery	\$5.00
• For each social support service	\$5.00
• For each social group (up to 2 hours)	\$5.00
• For each social group (1/2 day – up to 4 hours)	\$10.00
• For each social group (full day - 4 hours min)	\$20.00
• For transport provided to attend a group (one or two way trip) – per group attendance	\$5.00
• For Goods, Equipment & Assistive Technology totalling \$150.00 or more (in a 12 month period)	\$15.00
<b>Fee for Service:</b>	
• For social group attendance (up to 2 hours)	\$15.00
• For social group attendance (1/2 day up to 4 hours)	\$25.00
• For social group attendance (full day - 4 hours min)	\$30.00
• For Specific Need/Skills-focussed groups	\$50.00
Up to 2 hours – per group	\$60.00
Per half day outing (up to 4 hours)	\$70.00
Per full day outing (4 hours or longer)	

- For transport with a volunteer to and from group (per one-way trip)
 

Up to 10 kms distance one-way	\$5.00
10 to 19 kms distance one-way	\$10.00
20 to 29 kms distance one-way	\$20.00
30 to 39 kms distance one-way	\$30.00
Distance of 40 kms or more	Call for quote
- Transport by a Volunteer (not group related) Call for quote

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Orientation & Mobility Instructor, Occupational Therapy and AT Specialist at an hourly rate of:	\$193.39
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Counselling Services at an hourly rate of:	\$156.16
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Support Worker Services	Call for quote
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Digital Library Services	Call for quote
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Print Alternative Services	Call for quote
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Guide Dogs and Assistance Dogs	Call for quote
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Industrial Services	Call for quote
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Products and equipment pricing is available through the products and equipment list.