

Resident Handbook

Information for New Residents

An overview of the procedures, requirements, rights and responsibilities for Residents who have chosen to live at Mt Kooyong.





to
Mount Kooyong Nursing
Home

This is an information booklet about Mt. Kooyong Nursing Home.
It is yours to keep!

The booklet outlines the basic philosophy and attitudes of the Residents, Management and Staff towards living at the Home.

It also gives details for ascertaining further information and the admission requirements to the Home.

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GENERAL INTRODUCTION

Mt Kooyong Nursing Home is located in Julatten, a town at the northernmost end of the scenic Atherton Tablelands in Far North Queensland. Situated approximately 415 metres above sea level, the Julatten countryside is tropical rainforest; seasonal average temperatures range from 32°C in summer to 10°C in winter.

Mt Kooyong is a privately owned and operated Home, accommodating all races. The Home has operated under the present ownership since 1979 and is licensed by both the Department of Social Services and the Mareeba Shire Council. It is accredited by the Australian Aged Care Quality Agency.

Our licences are renewable, subject to compliance with Commonwealth, State and Local Government regulations. Officers from any of these Departments, in addition to those from the Australian Aged Care Quality Agency, can visit to conduct compliance audits at any time, thereby guaranteeing that the facilities and services provided at the Home comply with their strict standards.

Mt Kooyong Home offers 28 high care places which sustain full nursing care on a 24 hour/day, all year basis. The Home also offers six low care places; these are not funded by the Commonwealth Government and admission to these places does not require assessment by an Aged Care Assessment Team.

MISSION STATEMENT

To care for Residents in an atmosphere which promotes self esteem, dignity, and encourages independence whilst maintaining optimal health.

PHILOSOPHY

We aim to provide a secure and safe atmosphere for Residents so they can retain as much independence as possible.

We respect the right of our Residents to hold their own religious, political and cultural beliefs.

We treat all Residents with dignity, care and compassion, in an atmosphere of warmth, friendship and understanding.

We can achieve these philosophies by the recruitment and training of suitable staff. The attitude and knowledge of valued staff commits the Home to continual quality improvement in the care for our Residents.

GOALS

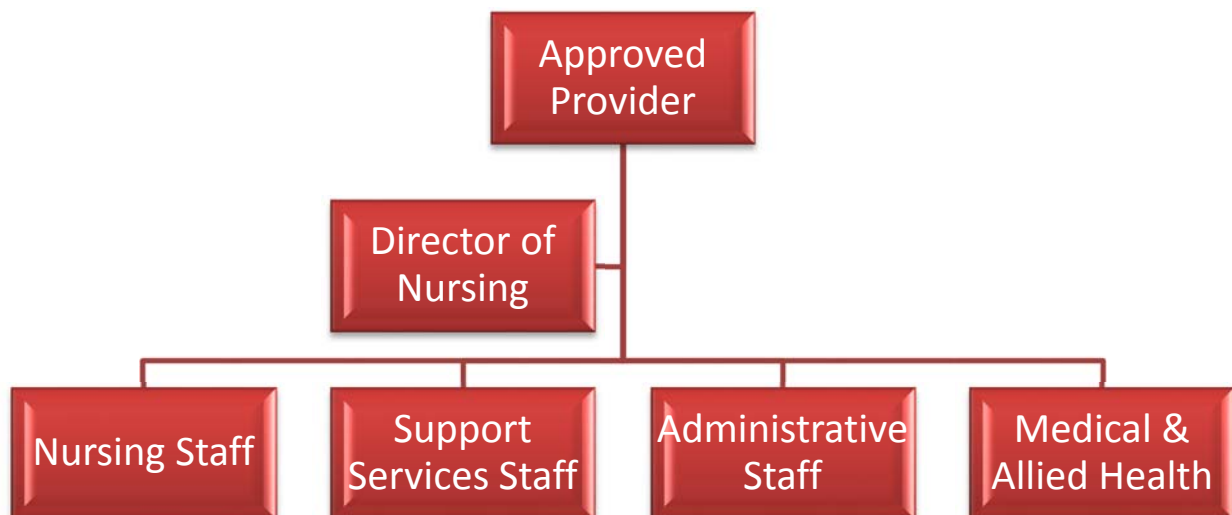
Mt Kooyong is committed to continuous quality improvement in our standard of care. We have specific goals to which we aspire:

- To provide an environment conducive to the holistic well-being of Residents;
- To provide Residents with an optimum standard of healthcare and emotional, spiritual and religious support;
- To ensure, by on-site training and supervision, that personnel are competent and experienced in the care of those living at the Home, always displaying tact, sympathy understanding and patience towards the Residents, their relatives and their own peers;
- To comfort the sick and the aged in acute and chronic illnesses;
- To provide an atmosphere of dignity and respect to the dying Resident and to assist the relatives and staff in the grief process.

MANAGEMENT

Mt. Kooyong is a privately owned Nursing Home. The proprietor is also the Approved Provider, licenced by the Dept of Social Services.

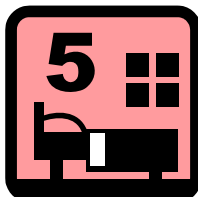
The Home is fully operational at all times and maintains a complete staff complement for Nursing, Domestic, Maintenance and Administration.



ADMISSIONS/RULES

Enquiries for admission to the Home should, initially, be made directly to the Home, either in writing or by phone. The Director of Nursing or the Manager will be pleased to inform you of the requirements of our facility.

There are five steps for admission to any residential care facility. There is an information package available which explains the how, when, where and why of admission to a care facility.



As residential care facilities are funded by the Department of Social Services, any admission must be approved by their assessment team (also called the Aged Care Assessment Team - ACAT). Contact numbers are listed in the phone book or your local GP will explain. Once ACAT have approved an admission and a vacancy becomes available, you will be invited to accept the placement.

A list of “Resident Requirements” is attached to the Mt. Kooyong application form. It recommends the type of clothing, personal items, photographs/mementoes etc. you should consider providing for your relative. Should you have difficulty with any of these, please telephone the Home for assistance.



Security of tenure (or your ‘place’ at the Home) is guaranteed upon acceptance as a Resident at the Home. This is formalised between the Resident (or agent) and the Nursing Home in the Agreement of Residency, in which the rights and obligations of the Resident and the Home are clearly defined. All new Residents are required to complete this legal document.



As Mt Kooyong is a small facility so preference for the ***type of room*** or accommodation is not always possible. A frail or acutely ill Resident may need to be located as close as possible to the Nurses’ station. If the medical condition of a Resident alters, the Resident may need to move to a different room. This will only be done after consultation with the Resident or relative, the attending Medical Officer and the Director of Nursing.

You are encouraged to peruse the Charter of Residents’ Rights and Responsibilities, a copy of which is Appendix 1 to this document.

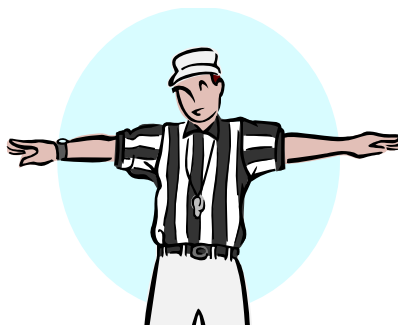
A decision by a Resident to leave the Home, or a decision by the Home to discharge a Resident, requires a minimum of seven days notice in writing from either party. Fees will be payable up to and including the actual day of departure.

A Resident may be asked to leave under the following circumstances:-

- * unsuitability of the Resident (physical or mental) for the type of care which is provided by the Home;
- * incompatibility of the Resident (beyond the normal level of diverse interpersonal relationships) with peers/fellow Residents to a disruptive extent;
- * failure to meet Nursing Home charges for a period not exceeding two months.

Any of the above will be discussed with the Resident in the first instance, and further discussion will be held with relatives, staff and medical personnel as appropriate.

Should any dispute arise concerning discharge, a Resident representative will meet with the Resident and the Management to discuss any differences. Failure to resolve any dispute at this level will require the intervention of a mutually-agreed mediator or direct referral to the Aged Care Complaints Scheme (information is available in brochure form in the foyer of the Home).



HEALTH SERVICES

Doctors are able to visit their patients at the Home at any time. It is encouraged to select your own GP but please ensure he/she will visit the Home regularly for consultations. At time of print, a local GP is available for consultations and visits regularly and on request. (Limited facilities are available to transport Residents to surgeries in Mossman or Mareeba when necessary. If a nursing escort is required for transportation to elective procedures, there is a direct charge for this service.)



Medications are ordered by the Resident's Doctor, and are administered and recorded by the registered Nursing Staff. Medications are usually supplied pre-packaged, from Anich's Pharmacy, Mossman. However, Residents are free to choose their own Pharmacist, should they so desire.



The in-house **therapy** Department consists of:



- Director of Nursing
- Registered Duty Sister
- Recreational/Diversional Therapist
- Physiotherapy assistants.

These are responsible for organising various activities on a regular basis i.e., music groups, games, BBQ/picnics, news items, bus trips, family days, school concerts and exercise groups. Visitors from indigenous communities have 'bush tucker' campfires in the grounds, on occasions.

In addition, the following **consultative therapy** staff are available on request, at the recommendation of the Resident's Doctor or the Director of Nursing:

- Physiotherapist (fortnightly visit)
- Occupational Therapist (on request)
- Speech Therapist (on request/referral)
- Podiatrist (fortnightly)
- Social Work (on request)
- Psychogeriatrician (on request)

DENTAL



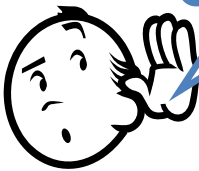
Both private and Queensland Health Dental Clinic facilities are available in the nearby towns of Mareeba and Mossman. Alternative arrangements will be made upon request.

OPTOMETRIST



Optometrical consultation is available through the Queensland Health system or privately. Mr. John Holme provides a consultative and treatment service privately at the Home. Alternatively, other private arrangements can be made upon request.

AUDIOMETRY



The National Acoustics Laboratory in Cairns provides this service. Transport to such facilities is available upon request, at no charge.

AMBULANCE



All residents in receipt of a pension do not need to have private subscription. The Home is serviced by the Queensland Ambulance Service in the Cairns district (which includes Mareeba and Mossman).

GENERAL SERVICES



Newspapers/Magazines - the local paper is delivered daily and a selection of magazines is provided regularly; specific newspapers and/or magazines are available on request, but must be purchased by the Resident.



Mail is delivered and posted daily. Postal address is:

PO Box 89a
Mt Molloy
QLD 4871



Telephone:

07 - 4094 1279
07 - 4094 1107
07 - 4094 1511 (Residents Direct Line)



Facsimile: 07 - 4094 1378



Email: admin@mtkooyong.com



Website: www.mtkooyong.com.au

General Enquiries



Office hours are: Monday – Friday 9:00am – 5:00pm
Appointments are taken for Residents or their relatives wishing to discuss any aspect of administration outside of these hours. Residents are free to speak with management at any time.

Fees



Australian Government

Fees are payable in advance. The amount payable for Nursing Home services is determined by the Department of Social Services and reviewed periodically. You will be advised by letter from the Department of the total fee payable – this is made up of the Resident amount and the Government amount. The information is also on the Departmental website, www.health.gov.au



A Residents meeting is held regularly to offer suggestions, make requests and/or discuss grievances. It is also the forum for showing appreciation to the Staff, Management and community groups who may have attended since the previous meeting.

BANKING/FINANCIAL

Full banking facilities are available at the nearby towns of Mareeba and Mossman.

To encourage Residents to manage their own financial affairs, transport to these facilities is made available at no charge.



Should a Resident not desire to manage his/her own financial affairs, an agency (ie. a relative, the Public Trustee, or the Nursing Home administration) shall be appointed to execute the same. In the absence of formalized arrangements, referral to the Adult Guardian may be initiated. Regardless of the agency appointed, the Home issues monthly statements determining the status of each Resident's account. As we are a small facility, it is asked that your account be paid promptly.

Residents' pensions may remain as per arrangement prior to admission; some Residents prefer, however, to have them paid direct to the Nursing Home account and the balance is then credited/debited as per monthly statements. Credit balances may be then transferred to a nominated account, the Resident may decide to accept the balance by cash refund or allow the funds to accumulate.

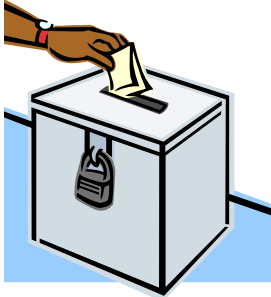
It is advised that the interest accruing from accumulated funds will be used for the general purpose of all Residents at the Home ie. to fund "special occasion" events (each Resident's birthday party), or to fund cost-incurring social visits outside the Home.

Surplus funds in a Resident's account may be used to purchase clothing, specific articles as requested by the Resident, or special toiletries etc as requested. These may also be purchased at the discretion of the relatives, on the advice of the Director of Nursing. The Resident or agent is free to alter this arrangement at will.

Authority for the Nursing Home to maintain any of the above procedures shall be endorsed via the appropriate proforma, with the consent of the Resident and/or relative.

ELECTORAL

Residents are encouraged to continue with their community commitments if they so desire. The specified divisions for the Home are:



Federal - Kennedy
State - Cook
Local - Mareeba Shire Council

FIRE PRECAUTIONS

The procedure to be observed if the fire/smoke alarms are activated is located throughout the building.

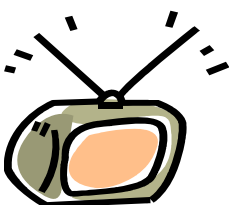
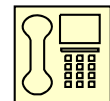


Fire equipment is maintained in accordance with the Queensland Government regulations and is inspected regularly.

Fire drills are held regularly (with full evacuation procedures every six months), and all Residents are requested to participate physically in drills if possible.

TELEPHONE/TELEVISION

A telephone is located in the Staff/Visitors' lounge. Residents may have their own phone connected upon request; however, all administration regarding private telephones must be undertaken by the Resident or relatives.



A wide-screen television and a DVD player are located in the main Residents' lounge. Viewing of programmes is by consensus. Connection to satellite television (pay TV) can be arranged at cost to the Resident. Residents may like to have their own sets installed if desired, but private sets must be equipped with ear phones for personal use only. Private sets must be electrically certified.

GENERAL SERVICES

You are asked to respect the **privacy** of your fellow Residents.



All personal effects eg. watches, spectacles, dentures, radio, television, walking and/or hearing aids, are requested to be clearly **marked** with the Resident's name.

It is **not recommended** that large amounts of **money** be kept by Residents in their possession. Residents are advised that the Nursing Home cannot accept responsibility for the safe-keeping of jewellery and valuables.



Residents are encouraged to have friends or relatives come to **visit**. There is no restriction on the time to visit, but you are asked to respect the other Residents at the Home by minimising disruption to the environment.

A **library** is maintained at the Home; please ask for assistance. In addition, the Julatten Public Library is available to all Residents. Large- print books and audio cassettes are available on request.

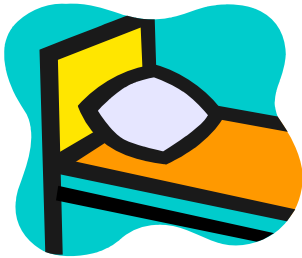


Cigarettes: **Smoking** is not permitted in any section of the main buildings. There are designated areas where smoking is permitted - the Residents' undercover smoking shed and the gardens. Please be aware of fire hazards. If you are a smoker; please request a copy of the Resident smoking policy for your information.

Alcohol: Alcoholic beverages may be consumed in moderation. Infringement of this rule, by way of excess, may result in the Resident being asked to find alternative accommodation. Where appropriate, alcoholic beverages are provided for "special occasion" events, eg., Christmas, New Year, Easter and Residents' birthdays.



ACCOMMODATION

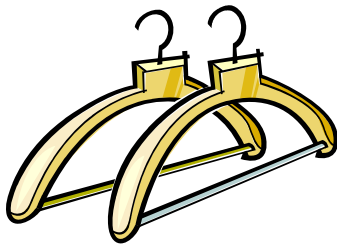


Every effort is made to accommodate Residents in appropriate rooms. Inevitably, a Resident's health and/or mental deterioration may necessitate some changes to accommodation. Whilst this may occur, it is only on the instruction of the Director of Nursing, after consultation with the Resident, relatives and medical personnel.

CLOTHING

Residents normally dress for daily living each day. It is the responsibility of the Resident/relative to ensure adequate supplies of clothing are provided and maintained in good condition.

It is requested that all clothing be "wash and wear" and clearly marked. The preferred method for marking clothes is to purchase the tags from the Nursing Home which has a labelling machine for clothing.



Personal laundry is done on-site and is included in the fee charge already set for a funded bed.

Items of clothing requiring special care should be taken home by relatives for dry-cleaning.

It is requested that out-of-season clothing be stored in a facility away from the Home.

FURNITURE

All rooms have fundamental furniture. Bedframes are specially designed for use by Residents and Nursing Staff – they can be adjusted for height and angle. This assists with compliance to occupational health & safety regulations.

Residents are encouraged to bring along a limited number of personal items eg., a favourite chair. Lockable cupboards/bedside lockers are available on request.



GRIEVANCES

Residents (or their relatives) are encouraged to comment on aspects of the Nursing Home if they are dissatisfied. Complaints should be in writing where possible, and sent to the Quality Improvement Committee and the Director of Nursing. Complaints will be dealt with promptly.

If there is something that I don't like, what can I do?

Mt Kooyong is required to have a system in place to deal with comments and complaints. Using our internal complaints system will generally be the best way to solve most problems. Remember, there is also the Residents' monthly meetings which can involve families and friends who can help to identify and resolve problems.

What if my problem is still not resolved?

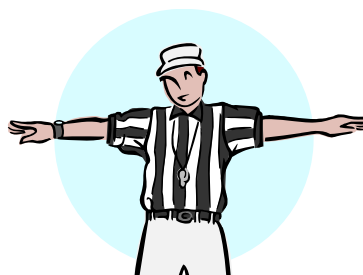
If a problem cannot be solved using our internal complaints system, the Aged Care Complaints Scheme (legislated in the *Complaints Principles 2011*) is available to assist people to make complaints and to find solutions. Run by the Department of Social Services, the Scheme provides a free and accessible complaint system.

Who can complain and what can they complain about?

You can make a complaint to the Scheme about anything that may be a breach of an approved provider's responsibilities under the Aged Care legislation **and** that affects a person who is, or was, receiving or eligible to receive Australian Government funded aged care services. If you are unsure about any aspects of the Scheme and how it operates you can discuss this with a Complaints Officer in the first instance.

Complaints can be made by telephone or in writing and you can request that your complaint be kept confidential or anonymous. Contact with the Scheme can be made either by telephoning **1800 550 552** or by writing to the

Aged Care Complaints Scheme
GPO Box 9848
BRISBANE QLD 4000



If I am not happy with the Scheme's handling of my complaint, what can I do?

An independent Aged Care Commission has powers to examine complaints about decisions of the Scheme or the Departments' handling of cases. As a first step, you are encouraged to take your concerns to the manager responsible for the Scheme in your state or territory. You can contact the Manager by telephoning **1800 550 552**.

If you prefer, or if you feel that the issue has not been resolved, you may wish to contact the Aged Care Commissioner by telephoning **1800 500 294**.

What if I need help to understand my rights or make a complaint?

Advocacy services help people to understand their rights and assist residents and their families or representatives who think that their rights are not being respected. Advocacy services will also help people who want someone to speak to a service manager or care provider on their behalf. There is an advocacy service in each State and Territory that can be contacted by phone on **1800 700 600**.



Where can I get further information?

Aged Care Information Line: **1800 500 853**.

The Aged Care Complaints Scheme: **1800 550 552**

Aged Care Commissioner: **1800 500 294**

National Advocacy Line: **1800 700 600**

Complaints Brochures are located in the foyer. The complaints procedures are outlined in these.

HAIRDRESSING



Hairdressing services are available in the nearby towns of Mareeba or Mossman. Transport facilities are available for those wishing to utilise this service. However, a hairdresser visits the Home regularly to conduct this service on-site. Hairdressing charges are the responsibility of the Resident.



PETS

Privately owned pets are not permitted at the Home.

VISITORS



Families and friends are encouraged to visit any time during the day or evening. The Home is also visited by volunteer workers/visitors, such as the CWA, service groups and school children, who provide entertainment and companionship.

It is requested that visitors consult with the Duty Sister before giving consumables (food, sweets, cigarettes, alcohol etc.) to any Resident.

Residents and their visitors are not encouraged to show their appreciation to staff by way of gifts or personal donations.

FOOD SERVICE



Meal times: Breakfast 8.00am
Lunch 12.00 midday
Dinner 5.00 pm

Please note: Residents may choose to take meals at an alternative time ie., at a time which may suit an individual preference better.

Outside of these times, **morning and afternoon teas** are served and suppers are provided at 6.30pm and again at 8.30pm.



Extra fluids and food are given routinely, particularly to the frail aged. Special diets are provided for specific conditions eg., ulcer, diabetic, fat-free and texture-modified diets etc.

RELIGIOUS SERVICES

The following Church services are held regularly at the Home:-

- * Roman Catholic
- * Uniting Church
- * Assembly of God



These visits are subject to change, depending on the Clergy. Other denominations will attend upon request.

All Residents are invited to attend any of the above services.

You are requested to supply information concerning your end-of-life wishes.

Please discuss with your family/friends, the need for:

1. an advanced health directive (which states your resuscitation preferences, in the event of an episode);
2. an enduring power of attorney (which gives legality to financial and other decisions)

We would like to record your preferences for any religious attendance at the terminal stage, your funeral arrangements and any special requests. While it is understood that these may be difficult decisions, it will assist us to provide the atmosphere you prefer and ensure a dignified transition.



CONCLUSION

Thank you for taking the time to read this booklet. Should you have any enquiries, please telephone the Home and ask for assistance.

It is suggested, before you make any decision regarding admission to the Home, that you come to visit us and meet with the staff and Residents.

You are encouraged to visit the Australian Aged Care Quality Agency website, which has our report on the standard of care provided at our Home. You are also encouraged to read the information in the 5-steps booklet, which is available from the Home.

We are delighted to welcome you to Mt. Kooyong!



APPENDIX 1 – THE CHARTER OF RESIDENTS’ RIGHTS & RESPONSIBILITIES

Your personal, civil, legal and consumer rights as a resident are the same as those of any other Australian. A Charter of Residents' Rights and Responsibilities has been developed by the Government to protect your rights. These rights are further protected by:

- resident agreements (contracts);
- an Aged Care Complaints Investigation Scheme; and
- support from advocacy services.

[Note: the term ‘residential care service’ means the same as ‘aged care home’]

A. Each resident of a residential care service has the right:

- to full and effective use of his or her personal, civil, legal and consumer rights;
- to quality care which is appropriate to his or her needs;
- to full information about his or her own state of health and about available treatments;
- to be treated with dignity and respect, and to live without exploitation, abuse or neglect;
- to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation;
- to personal privacy;
- to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction;
- to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect;
- to continue his or her cultural and religious practices and to retain the language of his or her choice, without discrimination;
- to select and maintain social and personal relationships with any other person without fear, criticism or restriction;
- to freedom of speech;
- to maintain his or her personal independence, which includes a recognition of personal responsibility for his or her own actions and choices, even though some actions may involve an element of risk which the resident has the right to accept, and that should then not be used to prevent or restrict those actions;
- to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions;
- to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service;
- to have access to services and activities which are available generally in the community;
- to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service;
- to have access to information about his or her rights, care, accommodation, and any other information which relates to him or her personally;
- to complain and to take action to resolve disputes;
- to have access to advocates and other avenues of redress; and
- to be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights.

B. Each resident of a residential care service has the responsibility:

- to respect the rights and needs of other people within the residential care service, and to respect the needs of the residential care service community as a whole;
- to respect the rights of staff and the proprietor to work in an environment which is free from harassment;
- to care for his or her own health and well-being, as far as he or she is capable; and
- to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and his or her current state of health.

APPENDIX 2 – THE 44 STANDARDS

Standard 1: Management Systems, Staffing & Organisational Development	Standard 2: Health and Personal Care	Standard 3: Resident Lifestyle	Standard 4: Physical Environment and Safe Systems
1.1 Continuous Improvement	2.1 Continuous Improvement	3.1 Continuous Improvement	4.1 Continuous Improvement
1.2 Regulatory Compliance	2.2 Regulatory Compliance	3.2 Regulatory Compliance	4.2 Regulatory Compliance
1.3 Education and Staff Development	2.3 Education and Staff Development	3.3 Education and Staff Development	4.3 Education and Staff Development
1.4 Comments and Complaints	2.4 Clinical Care	3.4 Emotional Support	4.4 Living Environment
1.5 Planning and Leadership	2.5 Specialised Nursing Care Needs	3.5 Independence	4.5 Occupational Health and safety
1.6 Human Resource Management	2.6 Other Health and Related Services	3.6 Privacy and Dignity	4.6 Fire, Security and Emergencies
1.7 Inventory and Equipment	2.7 Medication Management	3.7 Leisure Interests and Activities	4.7 Infection Control
1.8 Information Systems	2.8 Pain Management	3.8 Cultural and Spiritual Life	4.8 Catering, Cleaning and Laundry Services
1.9 External Services	2.9 Palliative Care	3.9 Choice and Decision Making	
	2.10 Nutrition and Hydration	3.10 Resident Security of Tenure and Responsibilities	
	2.11 Skin Care		
	2.12 Continence Management		
	2.13 Behavioural Management		
	2.14 Mobility, Dexterity and Rehabilitation		
	2.15 Oral and Dental Care		
	2.16 Sensory Loss		
	2.17 Sleep		

APPENDIX 3 – RESIDENTIAL CARE

Many mainstream residential aged care homes (for example, hostels and nursing homes) receive funding from the Australian Government. To live in one of these homes permanently, you will need to be assessed by an Aged Care Assessment Team to see whether you need either a high level or a low level of care.

If you live in an Australian Government subsidised aged care home, you may need to pay:

- an accommodation payment
- a basic daily care fee
- an income tested daily fee
- an additional fee if you are in an 'extra service place'.

An '**extra service place**' is where the home provides you with a higher standard of accommodation and services, which will cost you more. Extra service does not mean you will be provided with a higher level of care. The extra amount you pay for an extra service place varies from home to home.

Note: Some of the rules regarding aged care fees and accommodation payments may be different for residents who are moving from one residential aged care service to another when compared to the rules that apply to new residents entering aged care. To find out more about the different costs that aged care residents may need to pay, telephone the Aged Care Information line at the [Department of Social Services](#) on Freecall™ **1800 500 853**.

Accommodation Payments

There are 2 different types of accommodation payments, accommodation bonds and accommodation charges. Accommodation bonds are usually paid as a lump sum amount but they can also be paid in part or in full by periodic payments. Lump sum accommodation bonds are exempt assets for social security purposes. Accommodation charges are paid as a daily amount only.

The type of accommodation payment paid by new residents is based on both the level of care required at the time of entry to the aged care home and whether it is an extra service place.

If you need high level care you may need to pay an accommodation charge. If you need low level care, or are going into an extra service place, then you may need to pay an accommodation bond.

The amount of the accommodation payment depends on the value of your assets. Members of a couple are each considered to have half of the combined assets of both partners.

Since 1 July 2005 the value of assets for accommodation payment purposes has been assessed by Centrelink on behalf of the [Department of Social Services](#) if you receive a social security payment or you are a self funded retiree. This assessment and how it is worked out may be different from the way Centrelink works out asset values for social security purposes.

One of the main differences is that the value of a customer's home is counted as an asset for aged care accommodation payment purposes unless at the relevant time the customer's:

- partner or dependent child/student lives in it, or
- carer who is eligible to receive an Australian income support payment has been living in it for the past 2 years, or
- close relative who is eligible to receive an Australian income support payment has been living in it for the past 5 years.

To find out more about accommodation bonds and accommodation charges or to obtain an application form for a residential care assets assessment, telephone the Aged Care Information line at the [Department of Social Services](#) on Freecall™ **1800 500 853**.

For more information about Centrelink's residential care assets assessments telephone Freecall™ **1800 227 475**.

People receiving a Department of Veterans' Affairs means tested pension should contact the [Department of Veterans' Affairs](#) about residential care income and assets assessments and about how moving into an aged care home can affect their payment.

Basic Daily Care Fee

Basic daily care fees are for living expenses like meals, laundry, heating/cooling, and also your nursing or personal care. You can find out more about basic daily care fees from the [Department of Social Services](#).

Income Tested Daily Fee

You may also have to pay an income tested daily fee to your care service provider. You usually only have to pay this if you are a part-pensioner or a non-pensioner.

Note: If you are a non-income tested pensioner such as an age (blind) pensioner, and you have income above the pension income free threshold, you might also have to pay this income tested daily fee.

Even if you don't get a pension, how much you have to pay is based on your assessed income which is different to taxable income. If you are a member of a couple you will be assessed as having half of the combined income of both you and your partner. The assessment of income for aged care purposes is done in a similar way to how Centrelink works out income for social security purposes and includes the calculation of deemed income on financial assets and on money or assets gifted within the last 5 years.

Centrelink assesses residents' income on behalf of the [Department of Social Services](#) for both pensioners and non-pensioners. The [Department of Veterans' Affairs](#) assesses the income of people receiving a service pension or an income support supplement.

Payments Affected by Moving Into An Aged Care Home

If you receive a payment from Centrelink and you have a change in your circumstances, for example if you move into a residential aged care home or if you sell, gift away or rent out your home, you need to let Centrelink know within 14 days in case it affects your payment.

Many customers will keep on getting the same amount of pension when they move into an aged care home. However, in most cases rent assistance will no longer be paid. If you are a member of a couple, under a special rule called 'separated due to ill health', you may get a higher rate of pension.

A customer's home is exempt from the pension assets test while they live in it and it remains exempt for 2 years after they leave it to enter a care situation such as an aged care home. The date that the 2-year exemption period commences can vary if the customer is, or was, a member of a couple at the time that they entered the aged care home. However, unless an additional exemption such as the one outlined below applies, once the 2-year exemption period has ended the value of the customer's former home will be counted as an asset for the pension assets test and this can affect the rate of pension that is or may otherwise be payable.

Renting Your Home

If you are paying either an accommodation charge or an accommodation bond by periodic payments and at the same time you are renting out your former home that you left to enter care:

- the rental income from the former home is exempt in full for both the pension income test and aged care fees, and
- the value of the home is exempt from the pension assets test.

For more information about the income assessment for residential care fees telephone Centrelink on Freecall™ **1800 227 475**.

To find out more about the cost of residential care, telephone the Aged Care Information line at the Department of Social Services on Freecall™ **1800 500 853**.