

Bayside Health

Campus: Caulfield Hospital

Unit: TCP

TRANSITION CARE PROGRAM (TCP) CLIENT SERVICE AGREEMENT

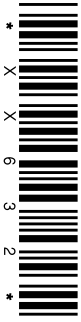
MRN	<input type="text"/>
Last name	<input type="text"/>
First name/s	<input type="text"/>
Date of birth	<input type="text"/>
Sex at birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another term

To be able to access funded aged care services, a person must enter into a **Client Service Agreement** with their registered aged care provider.

This Client Service Agreement is to be developed and negotiated in partnership with **your Transition Care Program (TCP) registered provider, yourself and, if requested, your supporter, family member, carer, advocate or other significant person.**

It is to be written in plain language that is easy for you to understand. As your Transition Care registered provider, we will also help to explain all the details and any terms outlined in this agreement.

1. Client details (Bradma)	
Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Date of birth	<input type="text"/>
2. Provider details	
Transition Care Registered Provider	Bayside Health Transition Care Program
Approved Transition Care service/s which will be providing your Transition Care services	Residential Aged Care setting <input type="checkbox"/> Hammond Care, 294 Kooyong Road, Caulfield, Vic., 3162 <input type="checkbox"/> Coppin Centre, 45 Moubay Street, Melbourne, Vic., 3001 Home / Community setting <input type="checkbox"/> Kanda, Level 6, William Street, Melbourne, Vic., 3000
Service Provider Address	Caulfield Hospital, Ground floor building 17a, 260 Kooyong Road, Caulfield, Vic., 3162
Service Provider Phone	03 9076 6301
Service Provider Email	tcp@alfred.org.au
3. Making sure you are involved in decisions about your care	
<p>How your Transition Care provider will involve you, and if you request it, your supporter, a family member or carer, in decisions about how, when and by whom your transition care services are delivered:</p> <ul style="list-style-type: none"> • Regular liaison with your TCP Case Manager • Discussions about your TCP Care and Service Plan and progression • Fortnightly interdisciplinary team discussion regarding your care, to be updated by your TCP Case Manager • Provision of relevant documentation 	



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4. Services to be delivered		
<p>Transition Care Access Approval (ACAS approval)</p>	<p>Date Transition Care Access Approval received: / /</p> <p>Your Transition Care Access Approval is provided as part of your approved aged care assessment.</p>	<p><input type="checkbox"/> I consent to my provider accessing a copy of my Transition Care Access Approval</p>
<p>Services to be Delivered</p>	<p>You have been approved for care through the TCP. Transition Care is a short-term program of no more than 12-weeks, which is designed to improve your health following a hospital episode. The package of care and services you will receive will be a mixture of low intensity therapy services, nursing support, and personal care supports, tailored to meet the restorative care goals identified in your Access Approval.</p> <p>We will explain to you in detail the identified services and supports that will be delivered to you. These are to be based on your assessed restorative goals and needs, and also what care setting you are to receive Transition Care in.</p> <p>The specific types and levels of services you are to receive will be outlined in your individual detailed client Care and Services Plan (see below for more information) which we will develop in consultation with yourself.</p> <p>Your supports and services may vary over the course of your Transition Care episode, depending on what is best suited to meet your needs.</p>	<p><input type="checkbox"/> I understand the types of care and services I am to receive</p>
<p>Client Care and Services Plan</p>	<p>An initial client Care and Services Plan is to be developed by your care team in consultation with you, on or before the start date of your Transition Care episode.</p> <p>It will detail the specific services and therapeutic supports you will receive to help you achieve the goals outlined in your Access Approval.</p> <p>Your initial client Care and Services Plan will continue to be developed and finalised by our care team in consultation with you, when we have further assessed how to best meet your needs once you have commenced your care episode.</p> <p>It will also be subject to review as you progress through your time in Transition Care. An amended copy will be made available to you whenever it is updated.</p> <p>Importantly, your client Care and Services Plan will also include information about your ongoing care needs and options, once your Transition Care episode concludes.</p>	<p><input type="checkbox"/> I consent to my client Care and Services Plan being attached to this Service Agreement</p>

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Care Delivery Setting	<p>To begin with, your Transition Care episode will commence and you will receive services and supports in the following care delivery setting:</p> <p><input type="checkbox"/> Transition Care to be delivered in a residential aged care setting</p> <p><input type="checkbox"/> Transition Care to be delivered in a home or community setting</p> <p>We may deliver Transition Care services to you using a combination of both home/community and residential aged care settings, as needed.</p> <p>Further details about your care delivery setting arrangements will be outlined in your Care and Services Plan.</p>	<p><input type="checkbox"/> I understand what care setting/s I am to receive Transition Care services in</p>
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5. When Transition Care services will start and end	
Start date of Transition Care episode	<input type="text"/>
Expected end date of Transition Care Episode (noting this may vary depending on your recovery)	<input type="text"/>
Extensions to Transition Care episode (where agreement to be updated if any extensions are subsequently applied for and approved)	Date of extension request: Date extension approved: Reason for extension request:

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6. What you must pay – applicable client program fees

<p>Client fees</p>	<p><input type="checkbox"/> No daily client Transition Care fees to be charged (Qualifies for financial hardship criteria as per Bayside Health Aged Care Services Client Contribution and Financial Hardship Guideline)</p> <p><input type="checkbox"/> Daily Client Transition Care fees to be charged by Bayside Health Billing Department.</p> <p>Client fee rate: Transition Care in a residential care setting</p> <p style="text-align: center;">\$ <input type="text"/> per day</p> <p>Client fee rate: Transition Care in a home/community setting</p> <p style="text-align: center;">\$ <input type="text"/> per day</p> <p>The maximum client fee amount that can be charged for the provision of Transition Care under the <i>Aged Care Act 2024</i> is:</p> <ul style="list-style-type: none"> ○ in a residential care setting = 85% of the basic age pension amount (worked out on a per day basis); or ○ in a community/home care setting = 17.5% of the basic age pension amount (worked out on a per day basis). <p>Transition Care fees may increase every year in line with changes to the basic aged care pension.</p> <p>By signing this Client Service Agreement, you agree to pay the above contributions.</p> <p>I have been informed and understand that I will be responsible for the cost of my medications as supplied and invoiced by the applicable pharmacy that supplies the TCP facility I am admitted to:</p> <p><input type="checkbox"/> Hammond Care Priceline Pharmacy 788 Glenhuntly Road, Caulfield, Vic., 3162 Ph: 9523 5314 Email: exactagedcareservices@cpcaulfield.com.au</p> <p><input type="checkbox"/> Coppin Centre Quality Pharmacy 26 Burwood Hwy, Burwood East, Vic., 3151 Ph: 9808 9962 Email: burwoodeastagedcare@qualitypharmacy.com.au</p> <p><input type="checkbox"/> My own pharmacy: (add details)</p>	<p><input type="checkbox"/> I have read and agreed to the information about client fees</p> <p><input type="checkbox"/> I understand that the daily fee includes weekends and days where I may not get services</p> <p><input type="checkbox"/> I know that I can ask the case manager to review the TCP fees at any time if I am unable to pay</p> <p><input type="checkbox"/> I understand that fees are not covered by Medicare, private health insurance or the Department of Veterans Affairs</p> <p><input type="checkbox"/> I will pay for any prescription medication needed. I will be sent invoices by the Pharmacy that I choose for my prescription medication while in the program</p> <p><input type="checkbox"/> I understand that the cost of medication will be set by the pharmacy that I choose</p> <p><input type="checkbox"/> If I choose to use my own pharmacy I understand that I am responsible to: - arrange the weekly delivery of my packed regular medications - arrange prompt delivery of any changes to my medications as prescribed by the GP</p>
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7. Cooling off period

There is a cooling off period where you may withdraw from this agreement by notifying us verbally or in writing **within 14 days of signing**. You can withdraw if we have not started delivering Transition Care services to you.

If you decide to withdraw from this agreement during the cooling off period, the Client Service Agreement will have no effect.

(See detail under 'Terminating Your Service Agreement' below if you decide you want to end this agreement once your Transition Care episode has already commenced).

8. Varying your agreement

You can approach us to vary this agreement at any time. There may also be times when we request a variation. We will only vary the agreement if we both agree.

Any variations must comply with the *Aged Care Act 2024* and *A New Tax System (Goods and Services Tax) Act 1999*.

We may also vary this agreement where this is necessary so that it complies with the *A New Tax System (Goods and Services Tax) Act 1999*. When this occurs, we will provide you with reasonable notice in writing.

9. Terminating this agreement

You can terminate this agreement if you notify us in writing that: I no longer wish to receive TCP services.

We can terminate this agreement if we notify you in writing that:

- Your TCP Goals have been met
- You no longer require TCP services
- TCP is unable to provide a safe environment for you or others

10. Third Party Authority: People we can contact about your Client Service Agreement

Contact person/registered supporter/guardian #1	Name	<input type="text"/>
	Address	<input type="text"/>
	Phone	<input type="text"/>
	Email	<input type="text"/>
	Relationship	<input type="text"/>
	Registered Supporter	Is this person registered in My Aged Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Authority Detail	Date authority to commence: What matters they can be contacted for:
Contact person/registered supporter/guardian #2 (where applicable)	Name	<input type="text"/>
	Address	<input type="text"/>
	Phone	<input type="text"/>
	Email	<input type="text"/>
	Relationship	<input type="text"/>
	Registered Supporter	Is this person registered in My Aged Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Authority Detail	Date authority to commence: What matters they can be contacted for:

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11. Further information and support / Complaints																	
Further information and Support	<p>You can ask for assistance from a registered supporter or an unregistered friend or family member.</p> <p>In addition, you can seek legal and financial advice or seek the services of the Older Persons Advocacy Network on 1800 700 600 or by visiting www.opan.org.au.</p>																
Complaints	<p>If you have a complaint that you have not been able to work through with your Transition Care provider, you are able to raise it with:</p> <ul style="list-style-type: none"> The Aged Care Quality and Safety Commission phone: 1800 951 822 or via their website at What to do if you have a complaint Aged Care Quality and Safety Commission Or Office of the Health Complaints Commissioner (Victoria) phone: 1300 582 113 or via their website at hcc.vic.gov.au. <p>Interpreting available via TIS National 131 450 and relayservice.gov.au</p>																
12. Important information you need to understand about your care																	
<p>I have been provided a copy of key documents related to my care and I understand what my rights are</p> <p> <input type="checkbox"/> a copy of the Statement of Rights and information about my rights <input type="checkbox"/> a copy of the Aged Care Code of Conduct <input type="checkbox"/> information about how I can make a complaint or provide feedback <input type="checkbox"/> information about how my personal information will be protected <input type="checkbox"/> information about any 'policies or protocols' that are relevant to the individual, eg. Whistle Blower Policy. <input type="checkbox"/> information relating to client fees and financial hardship policies. </p>																	
13. Development of this agreement																	
<p>This agreement has been developed in partnership with me, and I understand all parts of the agreement</p> <p> <input type="checkbox"/> I agree that this Client Service Agreement has been developed following discussion and in partnership. I have had opportunity to ask questions, and I understand what I am agreeing to. <input type="checkbox"/> I understand this agreement is not complete until it is countersigned by the Transition Care Program Registered Provider. </p> <p> <input type="checkbox"/> I prefer to receive invoices by <input type="checkbox"/> Post <input type="checkbox"/> Email </p> <p>Fees will be paid by:</p>																	
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name of person paying Transition Care fees, and pharmacy invoices (print clearly)</td> <td><input type="text"/></td> </tr> <tr> <td>Address</td> <td><input type="text"/></td> </tr> <tr> <td>Telephone number</td> <td><input type="text"/></td> </tr> <tr> <td>Signature</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td><input type="text"/></td> </tr> </table>		Name of person paying Transition Care fees, and pharmacy invoices (print clearly)	<input type="text"/>	Address	<input type="text"/>	Telephone number	<input type="text"/>	Signature	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
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Signing section

Sign below if:

- you would like to access the Transition Care Program services as outlined;
- you agree, to the best of your knowledge, that the above information is accurate; and
- you agree to the conditions in this document.

As your Transition Care provider, we will also sign this agreement.

You may wish to obtain independent legal or financial advice before signing. You can also seek assistance from:

- a supporter, family member, carer, advocate, or other significant person; and/or
- a translation service if needed (the Translating and Interpreting Service (TIS) National is a free service provided by the Australian Government for immediate phone interpreting relating to Australian Government funded aged care programs, available 24 hours a day, and can be contacted on 1300 655 820 for general enquiries, or 131 450 for immediate phone interpreting).

Transition Care Program Client Service Agreement

Date this Client Service Agreement will commence	<input type="text"/>		
Date first service will be delivered	<input type="text"/>		
Cessation date	<input type="text"/>		
Name of person to receive Transition Care (print)	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

If signing on behalf of the person to receive Transition Care (e.g. spouse, power of attorney) complete the following

Name of representative who has signed	<input type="text"/>		
What is your relationship and your authority to sign for the person	<input type="text"/>	If signing under authorised powers, such as a power of attorney, provide a complete copy of the authorised document and advise the date it was enacted:	

Witnessed by name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Witness role / designation (social work / clinician)	<input type="text"/>				
Transition Care Provider Manager name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
TCP registered Provider Case Manager name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

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Confirmation and Variations
<p>Date:</p> <p>Details of discussion:</p> <p>Changes:</p> <p>Agreed and signed: Name and signature of client/representative:</p> <p>Name and signature of Provider representative:</p>
<p>Date:</p> <p>Details of discussion:</p> <p>Changes:</p> <p>Agreed and signed: Name and signature of client/representative:</p> <p>Name and Signature of Provider representative:</p>
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