# FINANCIAL MANAGEMENT POLICY AND PROCEDURE

**Version 2.0: June 2026**

## FINANCIAL MANAGEMENT POLICY AND PROCEDURE

### Purpose and Scope

This policy and procedure establishes Bilingual Care's framework for sound financial governance, management and compliance, including the claiming and administration of Support at Home funding. The purpose of this policy is to ensure that:

- Bilingual Care's financial resources are managed responsibly, transparently and sustainably
- appropriate financial governance, oversight and internal controls are in place to safeguard Bilingual Care's financial sustainability
- all financial practices are compliant with applicable legislation, the *Aged Care Act 2024 (Cth)*, Support at Home program requirements, and relevant Standards
- pricing, budgeting and financial decision-making support efficient service delivery and continuity of care, and
- claiming, payment and reporting processes are accurate, timely, and supported by clear evidence.

This policy also ensures that Bilingual Care maintains the financial capacity to:

- meet its operational obligations, including delivery of services prior to receiving payment (retrospective claiming), and
- support ongoing service delivery in line with duty of care and continuity of care obligations.

It describes processes for all Support at Home funding activities, including:

- pricing and cost recovery
- claiming and payment processes
- invoicing of consumer contributions
- evidence requirements, and
- financial recordkeeping and reporting.

For guidance on the development of Individualised Budgets for consumers, see the *Consumer Budget Management Policy and Procedure*.

This policy and procedure applies to Bilingual Care's Leadership Team and all staff with financial, operational or compliance responsibilities. It covers all financial management activities of Bilingual Care and meets relevant legislation, regulations and Standards.

### Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Individual*
- *Standard 2. The Organisation*
- *Standard 3. The Care and Services*
- *Standard 5. Clinical Care*

## Definitions

***Assets*** - non-consumable items of tangible property (including fixtures) that have a service life greater than one year. Assets can include, but not limited to:

- equipment or aids to support consumers
- electronic equipment (such as computers)
- furniture and
- motor vehicles.

***Care Management*** - the coordination and oversight of a person's aged care services under the Support at Home program. It includes developing and reviewing Care Plans, monitoring changing needs, liaising with service providers and health professionals, and supporting the person's goals for independence and wellbeing. Care Management does not include clinical care or general administration unrelated to individual care.

***Care Management Fee*** - the amount charged for the delivery of Care Management services. This fee covers the time spent by the Care Partner in planning, coordinating, and reviewing the person's care. The fee is calculated based on the level of support required up to a maximum of 10% of the consumer's individual budget. The fee must be disclosed transparently and agreed upon before services commence. As Care Management is classified as a clinical service (see *Funded Aged Care Services* definition), the individual contribution rate does not apply to care management.

***Corruption*** - dishonest activity where a person engaged by a business acts in a way that is contrary to the interests of the business and abuses their position to achieve a personal gain or advantage for themselves or others.[1]

***Common pricing*** - the price that has been most frequently charged to consumers, evaluated over a 2-month reporting period.

***Fee Transparency*** - the obligation of providers to clearly disclose all service costs, including labour, travel, and administrative components, in a way that consumers can understand.

***Financial Governance*** – the systems, policies and processes that govern how finances are managed in an organisation to ensure financial stability and performance, ethical financial management and compliance with relevant laws and regulations. Key aspects of financial governance include:

- having policies and procedures for managing cash flows, investments, expenditures, accounting, reporting and auditing
- internal controls to ensure accuracy and prevent fraud (such as separation of duties, approval processes and reconciliations)
- undertaking regular internal and external audits to detect potential fraud or errors
- oversight and accountability for finances by the governing body
- having clear communication and transparency with financial reporting to stakeholders
- financial risk management processes to proactively identify current and potential financial risks, and
- regular training for staff in financial procedures and compliance requirements.[2]

***Fraud*** - dishonest activity causing actual or potential financial loss to any person or business,

[1] AS 8001:2008 Fraud and Corruption Control
[2] Australian Institute of Company Directors (AICD) n.d., The Importance of Financial Governance, AICD, viewed 15 May 2026, <https://www.aicd.com.au/finance-governance.html>

including theft. Fraud also includes the deliberate falsification, concealment, destruction or use of falsified documentation or the improper use of information or position for financial benefit.[3]

***Funded Aged Care Services*** - services that are subsidised by the Australian Government under the Support at Home program, including clinical, independence, and everyday living supports. Funded Supports fall into 3 ongoing categories:

- ***Clinical Supports*** - Services such as nursing care and allied health therapies that are fully funded by the government and typically do not require an individual contribution.
- ***Independence Supports*** - Services that help maintain a person's independence, such as personal care and assistive technology. These may require a financial contribution based on the person's Individual Contribution Rate.
- ***Everyday Living Supports*** - Services that assist with daily activities, such as domestic assistance and meal preparation. These typically require a higher Individual Contribution.

***Goods and Services Tax (GST)*** - a tax applied to taxable supplies under the A New Tax System (Goods and Services Tax) Act 1999 (Cth). Where applicable, GST is included in the total fees charged. Care services delivered under support at home funding is typically GST-free.

***Home Care Package (HCP)*** **Program** – the previous government program that provided funding to help older Australians access tailored care and coordinated support services prior to 01 November 2025.

***Home Care Package (HCP) Unspent Funds*** - if a consumer has been previously approved for HCP funding and that funding has accumulated either intentionally or unintentionally in their account at the time of commencement of the Support at Home program. There are 2 types of HCP unspent funds:

- ***Government-held (Commonwealth-held)*** - accumulated HCP subsidy, paid by the Commonwealth and managed by Services Australia in the consumer's Home Care Account.
- ***Provider-held:*** accumulated HCP subsidy, paid by the government to the provider, where the recipient was receiving an HCP prior to September 2021.

Any unspent funds from HCPs remain available to the consumer until exhausted.

***Individual Contribution / Individual Contribution Rate*** - the percentage of the cost of services that a person is required to pay, as determined by Services Australia through an Income and Means Assessment.

***Liquidity*** – a measure of a business's ability to pay all its bills and financial commitments within the coming 12 months. It compares current liabilities (how much is owed) against current assets (how much the business has in cash, payments due in receivables, inventory and assets that could be sold quickly)[4].

***Monthly Statement*** – a detailed financial statement provided each month to consumers to allow them to track their spending, any fees charged and remaining available funding.

***Price Cap*** - a maximum allowable charge for a service under Support at Home funding, to be introduced by the Australian Government in the future, ensuring affordability and consistency across providers.

[3] AS 8001:2008 Fraud and Corruption Control
[4] Xero (n.d.) *Liquidity*, accessed 08 May 2026, https://www.xero.com/au/glossary/liquidity/

***Service List*** - a defined list of services outlining included and excluded services available to consumers under the Support at Home program.

- ***In-Scope Services*** – services that are eligible for government funding under the Support at Home program, as listed in the *Aged Care Rules 2025*.
- ***Out of Scope Services*** – services that are not eligible (excluded) from funding under the Support at Home program, as listed in the *Aged Care Rules 2025*.

***Service Reduction Fee –*** the adjusted amount a person is required to pay toward their aged care services under the Support at Home program, following approval for financial hardship assistance by Services Australia. It reflects a reduction in their individual contribution rate due to financial circumstances beyond their control.

***Support Plan Review*** - a reassessment conducted by an aged care needs assessor to determine if a participant qualifies for additional funding, such as for repairs or maintenance of assistive technology.

***Unit of Service*** - a measurable quantity of service delivery, such as per hour, per visit, or per item (e.g. one meal, one continence pad), used for calculating fees and contributions.

***Unspent Funds*** - any unused portion of a person's allocated funding within a quarter, which may be rolled over or used for one-off expenses, subject to Support at Home program rules.

## Policy

Bilingual Care maintains financial management and accounting systems that:

- are transparent, accountable and support sound financial governance
- allow for full and accurate recordkeeping, including individual consumer financial records
- support realistic budgeting, forecasting and accurate financial reporting at both the organisational and consumer level
- ensure consumer budgets and expenditure are justifiable, and are managed in accordance with approved pricing schedules, the Support at Home program requirements and agreed *Service Agreements* and *Care Plans*
- support the clear and transparent communication of financial information to consumers, including fees, charges, *Individual Budgets* and statements
- meet applicable Australian Accounting Standards, the *Aged Care Act 2024 (Cth)*, *Aged Care Rules* and Support at Home requirements,
- support all relevant financial compliance and reporting requirements, and
- promote value for money, financial sustainability, and the protection of consumer rights.

All financial transactions, including receipts and payments related to aged care service delivery, are clearly identifiable and easily tracked within Bilingual Care's financial system, Quickbooks.

Bilingual Care complies with the *Australian Accounting Standards* issued by the Australian Accounting Standards Board.

## Procedures

### Roles and Responsibilities

The Board is responsible for:

- ensuring sound financial governance is established, in place and regularly reviewed to provide long term financial stability
- reviewing and approving financial budgets
- approving and overseeing financial delegations of authority
- monitoring Bilingual Care's financial performance against budget and strategic objectives

The Leadership Team is responsible for:

- overseeing financial systems to identify and mitigate financial risks, including fraud and corruption, liquidity risk and misuse of consumer funds
- ensuring there are clear pricing structures (that are published on MyAgedCare) and transparent monthly reports and *Service Agreements* given to consumers
- encouraging consumers, staff and other stakeholders to use feedback and complaints processes which are genuinely reflected upon to establish a continuous improvement culture and
- ensuring compliance with regulatory requirements, including the *Aged Care Act 2024 (Cth)* and *Aged Care Rules*, and financial reporting obligations for Support at Home providers

The Managing Director is responsible for:

- overseeing day-to-day financial management, including accounts payable, accounts receivable and payroll
- ensuring accurate and timely financial reporting, including monthly budget reports and annual financial statements
- preparing budgets and financial forecasts to support long term financial sustainability
- setting consumer pricing that is in alignment with Support at Home requirements and applicable price capping, to be endorsed by the Leadership Team
- publishing approved common services pricing on Bilingual Care's website and entering Bilingual Care's service pricing in the *My Aged Care Service and Support Portal*
- ensuring consumer's *Individual Budgets* are developed, managed, and reviewed in compliance with applicable pricing requirements, are transparent and clearly communicated to consumers
- ensuring all funding claims are accurate, supported by service delivery evidence and submitted in line with Support at Home program rules
- conducting regular internal audits to detect errors, fraud risks and unusual transactions
- maintaining complete and auditable financial records in accordance with relevant retention periods, and
- monitoring financial performance and reporting on variances and potential risks to the Leadership Team

The Managing Director is responsible for:

- processing invoices, payments and claims accurately and in a timely manner based on services delivered
- preparing and issuing monthly consumer statements
- responding to financial queries from staff and consumers in a clear, professional and transparent manner
- completing regular reconciliations (banking, consumer accounts, and general ledger)

and promptly investigating and resolving discrepancies
- assisting with financial reporting processes by providing accurate data and documentation to support budget monitoring and decision-making
- adhering to internal controls, delegations, and financial procedures
- identifying and escalating risks such as errors, duplicate payments, or potential fraud to the Managing Director, and
- contributing to continuous improvement of financial systems and processes to enhance accuracy, efficiency, and compliance.

## General

Bilingual Care's Managing Director:

- uses Quickbooks to support Bilingual Care's financial management
- maintains accurate and up-to-date records of the business' Bank Accounts and Chart of Accounts
- monitors Bilingual Care's financial position to minimise the risk of fraud or becoming insolvent, and
- ensures expenditure complies with the budget, is accounted for correctly, and is properly authorised prior to expenditure being incurred.

The Managing Director will report any potential financial risks to the Leadership Team as soon as possible.

### Banking

Business Debit cards are held by the Managing Director.

The signatories for Bilingual Care's bank accounts are Bilingual Care's Managing Director and Director. The Managing Director and Director also have online access to Bilingual Care's bank accounts. Access is controlled by unique user IDs and passwords, which must remain confidential, and under no circumstances be divulged to anyone else.

The bank accounts are reconciled fortnightly.

### Business-related Expenses

Business-related expenses under $100 may be paid for by the Managing Director and Director using their Debit cards or online banking without the approval of other senior managers. Purchases over $100 must be agreed by the Managing Director.

All purchases must be reconciled in Quickbooks. Receipts for all expenditure must be provided to the Managing Director.

The Managing Director is responsible for authorising and reimbursing payments for work-related expenses incurred by staff, where appropriate.

The Managing Director is also responsible for ensuring all debts incurred by Bilingual Care are settled by their due date or arranging extensions for payment where this is necessary.

## Assets

Details of all assets owned by Bilingual Care are recorded in an *Asset Register*. When an asset is sold or otherwise disposed of, the details of the disposal (such as sale proceeds) are recorded in both Quickbooks and the *Asset Register*.

Where an asset is lost, damaged, or destroyed, Bilingual Care will repair or replace the asset if it is still required. Asset depreciation will be recorded in accordance with the *Australian Accounting Standards.*

## Insurance

The Managing Director is responsible for ensuring all people and equipment associated with Bilingual Care's operations are covered by all necessary insurances, including professional indemnity, public liability, and accident insurance. Insurances are recorded in an *Insurances Register*, which includes the type of insurance, policy name and number, annual premium, and expiry date of each policy.

Insurance policies must be renewed no less than 14 days before their expiry and reflect the business' requirements as well as market conditions.

## Budget Processes and Financial Planning

The Managing Director prepares annual itemised budgets for Bilingual Care for each financial year in consultation with Bilingual Care's independent accountant. Budget development considers the current and previous year's income and expenditure, any known changes to funding arrangements and expected cost changes.

As part of financial planning and preparing the budget, the Managing Director will record all important assumptions, develop a break-even analysis, and prepare a projected profit and loss report.

As part of preparing the budget, the Managing Director is responsible for ensuring that processes are in place and there are funds available to pay for operational and overhead expenses, including:

- staff wages and salaries
- lease and/or loan payments
- utilities such as electricity, water, internet and phone costs
- insurances, registration renewal and audit costs
- long service leave, sick leave and accumulated annual leave entitlements
- adequate working capital to cover upfront service delivery costs, given that payments are claimed retrospectively and services must continue despite any delays in reimbursement
- equipment and other assets
- training and development
- maintenance and
- unexpected expenses.

Annual budgets for each financial year must be endorsed by the Leadership Team by no later than the July of that financial year.

## Payroll

Payroll is processed fortnightly by the Managing Director. Employees receiving wages based on the number of hours they work must submit a timesheet to the Managing Director by the Friday before payroll is processed.

All salary sacrifice and superannuation payments for each pay period are paid at the time payroll is processed.

All payroll records are kept in Ezihealth.

## Internal Reporting

The Managing Director prepares quarterly financial reports for review by the Leadership Team.

Financial statements for submission to funding bodies are prepared by the Managing Director at the intervals specified in funding contracts. These are also endorsed by the Leadership Team prior to submission.

In each new financial year, the Managing Director will ensure that the previous year's financials are documented, archived, and labelled.

### *Quarterly Reporting*

As part of quarterly Leadership Team meetings, financial reports will be generated and reviewed using Quickbooks. Reports will include a:

- Profit and Loss Statement (Year-to-date, Month-to-date)
- Balance Sheet (Year-to-date)
- Liquidity Ratio, and
- Cash flow (13 week).

Financial reporting will also include reviewing performance against set KPIs, including:

- the number of new consumers vs target
- consumer expenditure vs consumer *Individual Budgets*
- operating costs vs budget
- supplier costs vs budget and
- payroll costs vs budget.

Financial reports will be prepared and overseen by the Managing Director.

## External Reporting

The Managing Director is responsible for reconciling Bilingual Care's accounts at the end of each financial quarter in consultation with the independent accountant and submitting Business Activity Statements to the Australian Tax Office (ATO) within the required timeframe.

The Managing Director is also responsible for reporting Superannuation and Pay As You Go (PAYG) tax withholding amounts to the ATO. Ezihealth has Single Touch Payroll (STP) functionality that allows Bilingual Care to report tax and super information for all staff to the ATO as payroll is processed.

All Superannuation must be paid to the correct super funds fortnightly with payroll. BAS and

PAYG amounts must be paid to the ATO by their due date. The Managing Director must contact the ATO should Bilingual Care be unable to make any of these payments on time.

## Capital Expenditure

The Leadership Team will make all final decisions regarding capital expenditure, including investments to manage short-term and other securities. As part of the decision-making process, the Leadership Team will evaluate the risk of return of capital expenditure, by assessing the payback period and internal rate of return (or similar). They will also ensure that proposed purchases/projects match Bilingual Care's Vision, Mission, and objectives.

## Record Keeping

All financial records must be kept for at least 7 years to evidence delivery of Support at Home services. If Bilingual Care has any depreciating assets or capital gains tax assets, generally records must be kept for at least 5 years from the date it is sold or otherwise disposed of.

The retention and disposal of all records will also comply with all relevant statutes, regulations, by-laws and requirements of any Commonwealth, State or Local Authority, as per Bilingual Care's *Records and Information Management Policy and Procedure*.

## Fraud and Corruption

The Board's Chairperson is responsible for ensuring members of the Board are aware of and understand what fraudulent practices are, how to identify potential fraud and how to report fraud. Fraudulent or corrupt activity involving members of the Board must be reported to the Chairperson (unless that person may be implicated) or to the Police.

Bilingual Care's Managing Director is responsible for ensuring staff are trained in and understand what fraudulent practices are, how to identify potential fraud and how to report fraud.

Where a staff member, consumer or other stakeholder identifies suspected fraud or corruption, they should make an initial report:

- to the Managing Director (unless that person may be implicated)
- a member of the Leadership Team or
- to the Police, or
- as per Bilingual Care's *Whistleblower Policy and Procedure*.

All reports of fraud or corruption must be treated confidentially and referred to the Leadership Team. The Managing Director will record all reports of actual and suspected fraud or corruption, noting the nature of the report, the time received, and remedial actions planned and taken. A copy of these records must be made available to relevant authorities upon request.

Any internal discipline or misconduct investigations relating to staff because of a fraud or corruption allegation must be conducted in accordance with Bilingual Care's *Performance Management Policy and Procedure*.

If, during a disciplinary investigation, it is determined that a criminal offence such as fraud or corruption may have been committed, a report must be made to the police. To ensure that a criminal investigation is not compromised, clearance may need to be sought from the police for Bilingual Care to:

- continue the disciplinary investigation

- notify the staff member of misconduct allegations
- interview witnesses to inform a disciplinary investigation and
- release information to the staff member or their representative.

## Support at Home Considerations

Bilingual Care's Managing Director will ensure Bilingual Care's financial arrangements regarding aged care service delivery comply with all relevant Commonwealth and State legislation and other requirements, including the *Aged Care Act 2024 (Cth)*, *Aged Care Rules*, *Strengthened Aged Care Quality Standards*, and the *Support at Home Manual*.

Support at Home funding is consumer-based and claimed retrospectively. This means that services must always be delivered first before submitting a claim to Services Australia to receive payment.

### Support at Home Pricing[5] [6]

The Managing Director will develop and maintain up to date pricing for Bilingual Care's services that takes into account:

- the *Aged Care Act 2024 (Cth)* and associated *Aged Care Rules*
- Support at Home program requirements and guidance, including unit-based pricing
- pricing transparency, consumer law, and disclosure obligations, including publication of prices on My Aged Care and Bilingual Care's website
- government pricing guidance and indicative price ranges, ensuring pricing is reasonable, cost-reflective, and represents value for money
- applicable individual contributions as determined by Services Australia
- any applicable government price caps for Support at Home services (once in effect), and
- the requirement that all prices reflect the full cost of delivering services, including labour, administration, overheads, and travel, with no separate or hidden fees.

Pricing can be set according to the type of service that is being delivered and what is most appropriate to the way in which it is delivered. For example, pricing can be charged:

- in units of time (e.g. 15mins, 30mins, 1 hour, 2 hours, sleepover shift or 24 hours)
- at different rates based on when the service is provided (e.g. normal business hours or outside of business hours, weekends and public holidays)
- at different rates depending on the location (to reflect travel times, e.g. city vs rural and remote)
- as a set price, such as for meals or assistive technology (e.g. mobility equipment)
- as a price range for Direct Transport services (taking into account length of trip – distance and/or time, consumer requirements such as mobility assistance, and any other relevant costs). Note that a price range is only permissible for the Direct Transport service. The price range must only be quoted on a per trip basis and can only be charged as a single price for delivering a unit (one trip).

When calculating the costs of delivering services to determine pricing, the full cost of delivering the service should be factored in. This can include:

[5] Department of Health, Disability and Ageing (2025), *Prices for Support at Home participants*, Australian Government, accessed 12 May 2026, https://www.health.gov.au/our-work/support-at-home/charging-for-support-at-home-services/prices-for-support-at-home-participants?language=en

[6] Department of Health and Aged Care (2025), *Support at Home pricing resources*, Australian Government, accessed 16 May 2026, https://www.health.gov.au/resources/collections/support-at-home-pricing-resources?language=en

- direct wages / labour costs for the actual services
- indirect wages / labour costs for things like training and professional development, recruitment and onboarding, supervision
- administration costs e.g. rostering and scheduling resources, payroll, finance and billing services, quality and compliance costs, IT systems / software, rent, utilities, office equipment
- consumables and equipment, e.g. gloves, masks, first aid equipment
- travel e.g. staff travel time and vehicle costs
- sub-contracting, if applicable, e.g. associated provider costs, payments to external providers
- a margin to cover the cost of capital used in delivering the service

Pricing will not include Care Management costs, which can be charged up to a maximum of 10% of the consumer's Support at Home budget.

When setting prices, the Managing Director will refer to the guidance material provided by the *Department of Health, Disability and Ageing: Support at Home Pricing Resources* website.

**Endorsement and Evidence Requirements**

Final pricing must be endorsed by the Leadership Team before being published or discussed and agreed with consumers.

Once pricing has been agreed and endorsed, the Managing Director will coordinate for pricing to be updated:

- in Bilingual Care's Ezihealth
- in Bilingual Care's *Pricing Schedule*
- on the *My Aged Care Service and Support Portal*
- on Bilingual Care's website, and
- with consumers (if they are existing consumers and their pricing has changed). Note that if consumers agree to the new pricing, a new *Service Agreement* and *Individualised Budget* will be required as per Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure*.

The Managing Director must maintain clean and auditable records that show how Bilingual Care's service prices have been calculated, including the underlying cost assumptions and inputs. Bilingual Care must be able to demonstrate that all pricing is reasonable, transparent and reflects the full cost of delivering the services.

**Publishing Pricing**

The Managing Director is responsible for ensuring Bilingual Care's pricing information is accurately published and maintained within the *My Aged Care Service and Support Portal* which is made publicly available via the My Aged Care (Find a Provider tool) website. The published pricing information must be **checked every 2 months**, and include:

- a complete and current list of the services Bilingual Care provides. Any services that are not offered are to be marked as 'Offline'.
- the unit price for each service (e.g. hourly, per visit, per activity, or per item) during standard business hours
- service delivery areas, and

- outlet names and description[7].

The Managing Director is responsible for updating Bilingual Care's published pricing on its website. Bilingual Care's website must include details of the common pricing for:

- all services delivered currently and over the last 12 months, and
- all times services are delivered, including standard hours, non-standard hours, weekends and public holidays.

**Service Agreements**

Consumers are the ultimate decision makers regarding the management of their finances (including their Support at Home funding) and this is reflected in their *Service Agreement* with Bilingual Care.

*Service Agreements* are used to formalise the supports Bilingual Care provides consumers.

As per the *Initial Assessment and Care Planning Policy and Procedure*, Bilingual Care will work collaboratively with consumers and their representatives to develop their *Service Agreement*, ensuring they understand any fees and costs associated with receiving care as well as their individual contributions, if applicable.

Bilingual Care will declare prices to all consumers before providing services via its *Pricing Schedule* and include all fees in *Service Agreements* (within the *Individualised Budget*) along with detailed information about the supports to be provided. Fees charged will not exceed any price caps set by the Department of Health, Disability and Ageing.

*Service Agreements* will be consistent with the requirements of the *A New Tax System (Goods and Service Tax) Act 1999* regarding the application of the GST. Care services delivered under support at home funding is typically GST-free.

**Individual Contributions**

When consumers have an Individual Contribution percentage determined by Services Australia, Bilingual Care will ensure that this information is explained to the consumer and is included in their *Service Agreement* and *Individualised Budget* as part of care planning processes.

Fees are to be paid by Direct Debit, however Bilingual Care will work with each consumer to ensure they are not disadvantaged based on Bilingual Care's fee payment preferences.

Cash will not be kept on Bilingual Care's premises for safety reasons and Bilingual Care will not accept cash payments unless under exceptional circumstance or where it has been approved by a member of the Leadership Team in advance.

Where a consumer has difficulty paying their fees due to reasons beyond their control, Bilingual Care's Managing Director will offer them the option of applying for financial hardship assistance with Services Australia (via an *Aged Care Claim for Financial Hardship Assistance Form (SA462)*). Until the consumer's financial hardship application is determined, Bilingual Care will not pursue payment for the outstanding individual contribution amount and will continue to provide the care and services as per the consumer's agreed *Care Plan*.

[7] Department of Health, Disability and Ageing (2025), *Prices for Support at Home participants*, Australian Government, accessed 12 May 2026, https://www.health.gov.au/our-work/support-at-home/charging-for-support-at-home-services/prices-for-support-at-home-participants

If the consumer is not applying for financial hardship but is still having difficulty paying the agreed fees, Bilingual Care will work with the consumer and their family/supporters/representatives so a mutually acceptable payment arrangement is put in place.

**Support at Home Claiming and Payment**[8] [9] [10]

Support at Home claims must be submitted after services have been delivered and be supported by accurate records (evidence) to ensure payments are valid and paid on time. Detailed guidance for claiming is outlined in the sections below, but the steps are summarised as:

Step 1: Confirm Eligibility to Claim
Step 2: Prepare the Claim
Step 3: Select the Correct Funding Source
Step 4: Submit the Claim
Step 5: Claim Validation (Services Australia)
Step 6: Payment Processing (Services Australia)
Step 7: Reconcile
Step 8: Invoice Individual Contributions

Bilingual Care's Managing Director is responsible for the following in relation to Support at Home claiming:

- ensuring all consumers entering a *Service Agreement* with Bilingual Care have been allocated Support at Home funding and have agreed to receive care and services in accordance with their *Service Agreement*
- accessing the *Aged Care Provider Portal* to accept and manage new consumers prior to commencing services and claiming
- ensuring all required consumer entry and service information is completed accurately and maintained in the *Aged Care Provider Portal* prior to submitting claims, and
- undertaking any ongoing administrative requirements in the *Aged Care Provider Portal*, including regular claiming within required timeframes, monitoring and reconciling claim submissions and payment statements, and meeting all reporting and compliance obligations associated with Support at Home funding.

Bilingual Care will submit Support at Home claims weekly.

To initiate a claim in the Services Australia *Aged Care Provider Portal (ACPP)*, the Managing Director will:

***Step 1: Confirm Eligibility to Claim***

Before submitting a claim, check that the service is:

[8] Department of Health, Disability and Ageing (2026), *Provider payment arrangements for Support at Home*, Australian Government, accessed 12 May 2026, https://www.health.gov.au/our-work/support-at-home/managing-support-at-home-services/provider-payment-arrangements-for-support-at-home?language=en
[9] Services Australia (2026), *Aged Care Provider Portal (ACPP) – Support at Home, Health Professional Education Resources*, Australian Government, accessed 12 May 2026, https://hpe.servicesaustralia.gov.au/ACPP_support.html
[10] Department of Health, Disability and Ageing (2025), *Support at Home provider training: Module 4 – Claiming and payment arrangements*, Australian Government, accessed 12 May 2026, https://www.health.gov.au/sites/default/files/2025-07/support-at-home-provider-training-module-4-claiming-and-payment-arrangements.pdf

- is an approved service (as per the consumer's Notice of Decision from Services Australia)
- the consumer has allocated funding for the quarter
- a valid service that Bilingual Care is registered to deliver
- is included in the consumer's *Care Plan*
- has been agreed in their *Service Agreement*
- has been delivered in full while the consumer was actively receiving care.

Deadlines for Claiming

Claims must be submitted no later than **60 days after the last day of the quarter**. The quarterly deadlines are:
**30 May** – for the January to March quarter
**29 August** – for the April to June quarter
**29 November** – for the July to September quarter
**28 February** – for the October to December quarter.

Claims for the **AT-HM scheme, Restorative Care Pathway and End-of-Life Pathway** must be submitted no later than **60 days after the end of the episode or allocation period**.

For **AT-HM Home Modifications**, claims may be submitted more than 60 days after the due date if the consumer dies unexpectedly or if they have significant health deterioration and enter residential aged care in the middle of the build (to allow for remaining works to be completed). In these circumstances, home modification claims must still be finalised within the tier timeframe i.e. 12 months + 60 days or 24 months + 60 days at the latest.
Note: the home modifications account will close after the final claim is submitted even if the consumer has entered residential care.

Claims for **care management** must be submitted **no later than 60 days after the last day of the previous financial year** (i.e. 29 August).

If a consumer is **exiting Support at Home**, claims must be submitted **no later than 60 days after the exit date**.

In **exceptional circumstances**, such as due to technical/system issues, staff shortages/leave, late invoices from third parties, cyber security or data breach, unforeseen, unusual or extenuating First Nations business for Aboriginal and Torres Strait Islander consumers, emergencies and disaster events, the Managing Director may **request an extension** to the deadline from Services Australia (phone 1800 195 206) after the deadline has passed (i.e. day 61).

Evidence must be retained as to why the exception is required under any specific circumstances listed above. If the extension relates to Aboriginal and Torres Strait Islander cultural leave and any extenuating circumstances regarding Aboriginal and Torres Strait Islander individuals, evidence does not have to be kept to request claiming exceptions.

### *Step 2: Prepare the Claim*

Compile details of all services delivered during the claim period, including:
- direct services (including restorative care or end of life services, if applicable)
- care management
- assistive technology and home modifications, if applicable, and
- evidence of all services and purchases delivered, including by third parties.

Calculate the claim amount based on:

- agreed unit price
- actual units delivered

Claims must reflect the agreed unit price and total delivered service units, regardless of remaining budget balance.

Evidence

While not required to be uploaded at the point of claiming, evidence and records must be kept that support claims and ensure compliance with Support at Home guidelines.

The exception for claiming is **high-tiered AT-HM** in which case **evidence must be submitted with the claim**. The type of acceptable evidence includes:

- an invoice or receipt
- a prescription for assistive technology, if applicable, and all home modifications items and
- a quote for items claimed under home modifications products if 'first payment for this item' is indicated in the claim.

Acceptable evidence of service delivery may include, but is not limited to:

- signed agreement with the consumer confirming the services required, including *Service Agreement*, *Care Plan* and *Individualised Budget*
- case notes, progress notes, clinical records or reports with details of the services provided
- photos (with the consumer's consent) for delivered equipment or completed tasks like gardening or home maintenance
- verified records of worker sign-in and out, either electronic or handwritten (e.g. timesheets)
- sign-in book or QR code record used at the consumer's home
- itemised invoices confirming the date of service, consumer's details, and unit cost
- for **allied health** – invoices, progress notes, clinical records and/or reports of individual episodes of care at the end of the treatment period
- for **transport services** – itemised logbooks/timesheets with the date, exact time and distance travelled; receipts or proof of payment for road tolls, parking fees, or public transport fares incurred; invoices/receipts from taxi or ride share companies that clearly state the date, pick-up/drop-off locations, and cost; confirmation such as a signed or stamped document from the doctor or clinic that the appointment was attended to which the travel relates.
- for **meal delivery services** – invoices, progress notes that evidence communication with the consumer to confirm meals have been delivered and are meeting their nutritional needs
- for **third-party services** - itemised invoices confirming the date of service, consumer's details, and unit cost

For all **AT-HM items (low or high-tiered)**, evidence must include an invoice plus at least one additional piece of documentation to demonstrate confirmation of delivery. This could include:

- case notes confirming delivery of AT-HM items to the consumer
- clinician records after the delivery of AT-HM items that confirm the item has been received
- signature of the consumer, their supporter/representative on a delivery slip, receipt or invoice (or in an electronic application) confirming delivery of AT-HM items

- photos or videos of installed assistive technology and completed home modifications (with the consumer's consent)
- records created by an electronic system that demonstrate delivery and show details of items, the consumer's name and address, details of delivery (including date and time) and photos of the AT-HM item at participant's address (with the consumer's consent).

See also Bilingual Care's *Assistive Technology and Home Modifications (AT-HM) Policy and Procedure* for further guidance.

### *Step 3: Select the Correct Funding Source*

Claims must be submitted against the appropriate consumer funding account. These are:

- Home support ongoing (quarterly funding)
- Restorative Care pathway
- End-of-Life pathway
- Assistive technology
- Assistive technology – specified needs
- Home modifications
- Care management
- Home Care Packages (HCP) Commonwealth unspent funds
- Home Care Packages (HCP) home care account

**Care management** should be claimed against the individual consumer's budget at the agreed rate (must not exceed 10% of the allocated budget). Care management activities under the Restorative Care Pathway or End-of-Life Pathway are to be claimed from the specific relevant Pathway (not the care management account). The Restorative Care Pathway and End-of-Life Pathway does not have a cap on claims for care management services, however, the claim must be proportionate and in the best interests of the consumer. For more information about care management services, see Bilingual Care's *Care Management Policy and Procedur*e and *Restorative Care Management Policy and Procedure*.

If the consumer is receiving **both ongoing Support at Home funding and Restorative Care funding**, select the consumer's ongoing Support at Home quarterly budget for claiming services as part of the ongoing classification and select the Restorative Care Pathway account for claiming services as part of the restorative care classification. There is no separate care management account available for the Restorative Care Pathway.

If a consumer was previously approved for a **Home Care Package (HCP) and has unspent funds**, claims must be applied to a consumer's transitioned HCP unspent funds in the following order:

For **ongoing services, Restorative Care Pathway and End-of-Life Pathway**:

1. consumer's quarterly budget, Restorative Care Pathways account and End-of-Life Pathways account
2. provider-held portion (may apply to HCP consumers from before 1 September 2021). In this case, Services Australia will validate the claim.
3. government-held portion (in the home care account held by Services Australia).

For **Assistive Technology and Home Modifications**:

1. provider-held portion (may apply to HCP consumers from before 1 September 2021). In this case, Services Australia will validate the claim.
2. government-held portion (in the home care account held by Services Australia).
3. consumer's Assistive Technology and Home Modifications Scheme funding account

Check the accuracy of all claim data ensuring that claims are made against the correct National Approved Provider System Service ID.

### *Step 4: Submit the Claim*

Claims must be submitted through the Services Australia *Aged Care Provider Portal (ACPP)* or Ezihealth. Login to ACPP via Provider Digital Access (PRODA) and *Create Invoice*.

Claims can be submitted for individual consumers or as a bulk upload. Complete all actions, including mandatory data (e.g. participant identifier, provider identifier, third party details and identifiers, and service details), and upload evidence documents (e.g. receipts, log-books, care notes).

If there is an issue with the claim, the ACPP will give an error message which will need to be corrected before the claim can be submitted.

### *Step 5: Claim Validation (Services Australia)*

Once the claim is submitted, Services Australia will check and validate the claim, confirm eligibility, accuracy, and funding availability. Claims will be processed as:

- approved
- adjusted or
- rejected if non-compliant.

The validation process will include:

- calculating any individual contribution
- deducting the government-funded amount and any individual contribution from the consumer's budget
- paying the government-funded amount from the relevant account to Bilingual Care
- confirming the individual contribution amount that is due (if any) so Bilingual Care can invoice the consumer directly.

### *Step 6: Payment Processing (Services Australia)*

Once validated, Services Australia will process the payment and pay the claim to the nominated bank account within 7 days.

Services Australia will also deduct the government funded amount and the individual contribution rate from the consumer's budget.

<u>Care Management</u>

Care management funding will be credited on the first day of each quarter to Bilingual Care's account.

For care management activities, 10% will be deducted from each consumer's quarterly budget. The total amount for care management (and any care management supplement, if applicable) across all consumers will be credited to the relevant service delivery branch care management account.

Care management claims for each consumer will be deducted from the service delivery branch care management account.

### *Step 7: Reconcile*

The Managing Director will check the Payment Statement to reconcile the processed claims and determine any discrepancies in what has been claimed vs adjustments or rejections.

Any adjustments or rejections must be investigated to determine whether the issue is an internal processing error or other changes are required to the consumer's budget or services. Any changes impacting the consumer's budget or services must be communicated and agreed with the consumer and their supporter/representative as soon as possible.

Where there is an internal processing error impacting on consumer/s, the discussion will be open and transparent, acknowledging the issue, offering an apology, and discussing how it will be rectified and steps Bilingual Care will take to prevent it happening again. See Bilingual Care's *Open Disclosure Policy and Procedure* for further guidance.

Varying a Claim

If it is identified that a claim needs to be amended or varied (e.g. if a data entry error has occurred), the claim can be varied by selecting the item previously claimed and paid in the ACPP. The claim will need to be re-submitted with the correct information and Services Australia will calculate and process the subsidy payable or recoverable (the difference), based on the variation.

Overspend

If the consumer's budget has been overspent, the overspent amount must not be carried over to the next quarter.

The Managing Director will need to determine whether:

- the overspent amount will be absorbed by Bilingual Care, or
- the consumer will need to be invoiced for the overspend amount (only if this has been agreed in advance with the consumer and their agreement is documented).

### *Step 7: Invoice Individual Contributions*

Once the claim has been processed and reconciled, the consumer can be invoiced for any applicable individual contributions. The individual contribution amount can only be charged where it has been assessed by Services Australia and has been agreed with the consumer in their *Service Agreement*.

If the consumer is waiting on the outcome of a hardship application, the individual contributions (if applicable) must not be charged until that has been resolved. See Bilingual Care's *Consumer Budget Management Policy and Procedure* for further details.

**Unspent Funds**

Any unspent funds will be managed in accordance with Bilingual Care's *Consumer Budget Policy and Procedure* and *Service Exit Policy and Procedure.*

**Monthly Statements**[11]

[11] Department of Health, Disability and Ageing 2025, *Monthly statements for Support at Home services*, Australian Government, accessed 12 May 2026, https://www.health.gov.au/our-work/support-at-home/managing-support-at-home-services/monthly-statements-for-support-at-home-services?language=en

As per the *Consumer Budget Management Policy and Procedure*, Bilingual Care will provide consumers with a *Monthly Statement* that clearly outlines:

- the government funded amount available for the quarter and at the start of the calendar month
- the cost of each service
- an itemised list of all services and products received during the month, showing the date and type of service, the quantity (in hours/units) and who delivered the services (e.g. third-party worker or organisation/supplier)
- any cancellations or missed services (no-shows)
- total care management services delivered and subsidy received
- any individual contributions charged
- individual contribution payments received and/or owing
- any supplements received
- unspent funds and rollover amounts (if applicable)
- adjustments or variations made to the budget
- funding available and used for Assistive Technology or Home Modifications (AT-HM), including what has been allocated to be spent from the AT-HM budget
- the expiry date for AT-HM funding, including any funding that expired during the calendar month for AT-HM
- funding available and used for the Restorative Care Pathway and End-of-Life Pathway, if applicable, and
- the closing balance of their budget at the end of the month (the remaining quarterly budget).

The consumer must still receive a *Monthly Statement* even if no services were delivered during the month, e.g. if they were in hospital for the period.

The Managing Director will coordinate the distribution of consumer's *Monthly Statements*, ensuring they are provided by **no later than the last day of the following calendar month**. For example, for services received in April, the statement must be provided by 31 May.

Bilingual Care must establish each consumer's preference regarding how they wish to receive their *Monthly Statement* based on several options, such as paper or post, email, or online/web-based. The *Monthly Statement* must be easy to understand and explained to consumers and their supporters/representatives in a way that meets their needs and preferences. This includes explaining services charged, available funds and remaining funds for the quarter.

**Other Payment Arrangements**

Where a consumer is accessing services privately, Bilingual Care will charge them on a fee for service basis, as per the arrangements agreed in their *Service Agreement*.

**Record Keeping Requirements**

The Managing Director must maintain full and accurate accounts and financial records of the supports delivered to Support at Home consumers, along with records of all *Service Agreements*. Bilingual Care's accounts and financial records must be maintained on a regular basis and in such detail that the Department of Health, Disability and Ageing and other relevant government bodies are able to accurately ascertain the quantity, type, and duration of support delivered as evidence for claims.

## Debtor Management

Where someone has difficulty paying fees, they are encouraged to discuss this with Bilingual Care so that mutually acceptable payment arrangements can be put in place, and if needed, an application for financial hardship may be made. See Bilingual Care's *Consumer Budget Management Policy and Procedure* for financial hardship processes.

Outstanding debts are reviewed monthly by the Managing Director, who contacts people who have fees that are 45 days overdue. The following approach will be taken at each point:

- 14 days – courtesy reminder phone call and follow up email or letter
- 21 days – courtesy reminder phone call and follow up urgent payment required email or letter. The Managing Director will consider terminating services based on the outcome
- 28 days - courtesy reminder phone call and follow up email or letter. The Managing Director will consider terminating services based on the outcome
- 45 days – courtesy reminder phone call and follow up final demand email or letter. The Managing Director will decide further action (for example, debt collection or writing off the debt) based on the outcome and
- 60 days - The Managing Director will decide further action (for example, debt collection or writing off the debt) based on the outcome.

All contacts relating to outstanding debts, payments that are made and extensions or payment plan arrangements put in place must be recorded in Ezihealth. All agreements made with debtors or decisions made by the Managing Director must also be communicated in writing to the debtor after verbal contact.

Prior to referring a debt to a debt collection agency or process, the Managing Director must first determine whether this is a financially worthwhile option for Bilingual Care.

## Feedback, Complaints and Whistleblowing

Consumers, their supporters, and other stakeholders have access to Bilingual Care's feedback and complaints processes and can raise issues about the business' financial management processes without fear of retribution. See Bilingual Care's *Feedback and Complaints Management Policy and Procedure* for how feedback and complaints can be raised.

Consumers, their supporters and other stakeholders may also access and use Bilingual Care's whistleblower reporting mechanisms to confidentially or anonymously report any serious concerns, suspected misconducted or breaches related to financial management. All disclosures will be managed in accordance with Bilingual Care's *Whistleblower Policy and Procedure,* ensuring appropriate protections for the whistleblower.

# Supporting Documents

Documents relevant to this policy and procedure include:

- *Assistive Technology and Home Modifications (AT-HM) Policy and Procedure*
- *Care Management Policy and Procedure*
- *Consumer Budget Management Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Performance Management Policy and Procedure*

- *Records and Information Management Policy and Procedure*
- *Restorative Care Management Policy and Procedure*
- *Service Exit Policy and Procedure*
- *Whistleblower Policy and Procedure*
- *Quickbooks*
- *Asset Register*
- *Insurances Register*
- *Financial Reports*
- *Bilingual Care's Pricing Schedule*
- *Service Agreements*
- *Individualised Budgets*
- *Services Australia Aged Care Claim for Financial Hardship Assistance Form (SA462)*
- *Monthly Statements*

## Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Leadership Team. This will include reviews of:

- payment and debtor arrangements
- consumer files, to ensure documented processes align with actual practice, and
- feedback from consumers and their supporters/representatives on their satisfaction with Bilingual Care's financial management and the control they have over their financial arrangements with Bilingual Care.

Reviews will incorporate staff, consumer, and other stakeholder feedback, where relevant.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

## DOCUMENT CONTROL

| **Version No.** | **Issue Date** | **Document Owner** |
|---|---|---|
| **2.0** | **26/06/2026** | **MD** |
| **Version History** | | |
| **Version No.** | **Reviewed Date** | **Revision Description** |
| | | |
| | | |