

PYRENEES COMMUNITY CARE

BROKERED SERVICES FEE SCHEDULE 2021-2022

SERVICE	UNIT	FEE NOT INCLUSIVE OF GST
Home Environment Safety Check (if not provided by agency. Must be updated Annually)	Per Check	\$59.09
In Home Services		
Domestic Assistance/Respite Care/Personal Care - Core Hours*	Per Hour	\$59.09
Domestic Assistance/Respite Care/Personal Care - After Hours**	Per Hour	\$118.18
Social Support Services ***		
Community Meal	Per Meal	\$22.73
Social Support Group – Short Day	Per Session	\$55.45
Social Support Group – Long Day Lunch included	Per Session	\$80.91
Transportation		
Transport	Per Hour	\$59.09
Travel	Per Kilometre	\$1.40
Staff Travel Fee		
Travel	Per Kilometre	\$1.40
Meal Services		
Full Meal	Per Unit	\$12.50
Soup	Per Unit	\$1.50
Main	Per Unit	\$8.50
Dessert	Per Unit	\$2.50
Light meal (Soup, sandwich and dessert)	Per Unit	\$8.00
Delivery Fee for Frozen Meals (if outside of scheduled service delivery)	Per Delivery	\$11.00

PLEASE NOTE:

- Documentation required for each service prior to service commencement included overleaf.
- Services on weekends and public holidays will be invoiced at a **minimum of one hour** per shift (plus travel).
- *Core Hours – services provided Monday to Friday between the hours of 7am-7pm.
- **After Hours – services provided Monday to Friday between the hours of 7pm-7am, Weekends and Public Holidays. **NB:** Overnight services can be organised, please contact Pyrenees Community Care to request fee schedule for overnight services.

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DOCUMENTATION REQUIRED FROM BROKERAGE AGENCIES

MEAL SERVICES	<ol style="list-style-type: none"> 1. Service Request 2. Care Plan <i>** alternatively, please include client goal/s on Service Request and/or task list/s</i> 3. Nutritional Assessment 4. Home Environment Safety Checklist
DOMESTIC SUPPORT	<ol style="list-style-type: none"> 1. Service Request 2. Care Plan <i>** alternatively, please include client goal/s on Service Request and/or task list/</i> 3. Home Environment Safety Checklist 4. Domestic Task List
PERSONAL CARE	<ol style="list-style-type: none"> 1. Service Request 2. Care Plan <i>** alternatively, please include client goal/s on Service Request and/or task list/</i> 3. Home Environment Safety Checklist 4. Personal Care Task List 5. Hygiene Assessment
RESPITE	<ol style="list-style-type: none"> 1. Service Request 2. Care Plan <i>** alternatively, please include client goal/s on Service Request and/or task list/</i> 3. Home Environment Safety Checklist 4. Respite task list 5. Health Plan – including dietary requirements
SOCIAL SUPPORT GROUP	<ol style="list-style-type: none"> 1. Service Request 2. Care Plan <i>** alternatively, please include client goal/s on Service Request and/or task list/</i> 3. Nutritional Assessment
TRANSPORT	<ol style="list-style-type: none"> 1. Service Request 2. Care Plan <i>** alternatively, please include client goal/s on Service Request and/or task list/</i> 3. Home environment safety checklist

PLEASE NOTE:

- Documentation must be **current** and **relevant** to service provision.
- For auditing and compliance purposes, documentation must also be updated annually, or earlier if required.