
Submission

Discussion paper:

Future reform – an integrated care at home
program to support older Australians

Submissions close on 21 August 2017

Tell us about you

What is your full name?

First name Marcia

Last name Balzer

What is your organisation's name (if applicable)?

Baptist Care Australia

What stakeholder category/categories do you most identify with?

<input type="checkbox"/> Commonwealth Home Support Program ¹ service provider	<input type="checkbox"/> Peak body – consumer
<input type="checkbox"/> Home Care Package service provider	<input type="checkbox"/> Peak body – carers
<input type="checkbox"/> Flexible care provider	<input checked="" type="checkbox"/> Peak body – provider
<input type="checkbox"/> Residential aged care service provider	<input type="checkbox"/> Seniors membership association
<input type="checkbox"/> Aged care worker	<input type="checkbox"/> Professional organisation
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Disability support organisation
<input type="checkbox"/> Regional Assessment Service	<input type="checkbox"/> Financial services organisation
<input type="checkbox"/> Aged Care Assessment Team/Service	<input type="checkbox"/> Union
<input type="checkbox"/> Consumer	<input type="checkbox"/> Local government
<input type="checkbox"/> Carer or representative	<input type="checkbox"/> State government
<input type="checkbox"/> Advocacy organisation	<input type="checkbox"/> Federal government
	<input type="checkbox"/> Other <input type="text" value="Click here to enter text."/>

Where does your organisation operate (if applicable)? Otherwise, where do you live?

<input type="checkbox"/> NSW	<input type="checkbox"/> SA
<input type="checkbox"/> ACT	<input type="checkbox"/> WA
<input type="checkbox"/> Vic	<input type="checkbox"/> NT
<input type="checkbox"/> Qld	<input type="checkbox"/> Tas
<input checked="" type="checkbox"/> Nationally	

May we have your permission to publish parts of your response that are **not** personally identifiable?

Yes, publish all of my response

No, do not publish any part of my response

¹ Includes Home and Community Care Providers in Western Australia

Section 2. Reform context

2.3 Reforms to date

Comments

We would welcome your views and feedback on the February 2017 (*Increasing Choice*) reforms.

Refer to page 6 of the discussion paper

Baptist Care Australia recognises the importance of the *Increasing Choice* reforms to the aged care sector, and we acknowledge that consumers having the ability to exercise increased choice in services and providers is a positive change.

Baptist Care Australia does however recognise the impact of the reform process on the sector to date. There are still ongoing issues that both consumers and service providers are facing due to the limited consultations and fast implementation of these reforms. Particularly, there continues to be a lack of consumer understanding about how the home care packages work – particularly around the difference between package approval and package allocation. Our members have experienced an exhaustive number of customers who have misinterpreted the allocation process and who have not understood that receiving their ACAT approval letter does not mean that the packages are allocated straight away.

In addition, providers are spending an increasing amount of time helping customers navigate the system. Consumers seem to be struggling when faced with the number of provider options that are now available. Many are requesting extensions to their package take-up period in order to try and understand the system before making a choice.

There is also continued concern that the complexity of the MAC system puts some groups of the population at a disadvantage – particularly those with a low level of technological literacy, those from a CALD background, or people with cognitive impairment.

Section 3. What type of care at home program do we want in the future?

3.1 Policy objectives

Question

Are there any other key policy objectives that should be considered in a future care at home program?

Refer to page 9 of the discussion paper

An important consideration currently missing from the key policy objectives is the role of carers. The welfare and wellbeing of people caring for aged care consumers needs to be considered alongside the welfare and wellbeing of consumers. Carers have an important role to play in supporting older Australians at home for as long as possible. A carer's wellbeing is directly related to whether and when the consumer will need the higher level of care involved with residential aged care, especially in rural and regional areas. The former approach was to allocate support directly to the carer, and this may be one potential policy option. However the overall objective would be to allow carers to also be considered 'consumers' of aged care in their own right.

The principles highlight that financial sustainability for governments is important in the future care at home program. But it is also important that the new system offers value for money. This means that consumers and governments should be paying for efficient services and administrative systems to support them. If governments and consumers are not receiving value for money, this will limit the funding available for other older Australians.

Section 4. Reform options

4.2 An integrated assessment model

Question

What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

Refer to page 12 of the discussion paper

An independent integrated assessment workforce is an essential component of providing quality aged care. The current assessment system is not adequate and continues to make transitioning into the aged care system difficult for consumers.

A single assessment agency that can assess and approve the appropriate type of care for any individual is the only way to move forward. This would also hopefully reduce frustration for consumers who currently experience a repetitive assessment process when needing to be assessed by RAS and then ACAT.

There are also concerns around the timeliness of the current assessment arrangements, with individuals often having to wait for services, or receiving services that are not appropriate to their needs (both under and over servicing). There are duplications with two assessment teams, and this represents an unnecessary cost to government as well as an inconvenience to consumers.

Establishing a single assessment workforce should be a high priority in plans to transition to the new system, and could be commenced immediately. Having a well-functioning, skilled and consistent assessment workforce when the new home care system starts will mean a much smoother transition for clients and providers. Until the new system starts, greater consistency and skill in assessments will also assist in solving some of the current issues between the CHSP and HCP programs.

It is imperative that those completing the assessments are appropriately skilled and trained to understand the complexity of needs in the aged care space, in order for consumers to be matched to appropriate services and levels of care. This includes specialist training for assessors dealing with people from a CALD background, or people living with a disability. A multidisciplinary approach is also essential, including access to clinical expertise. There should be a much stronger focus on reablement. Ongoing training for assessors, as well as formal reviews of the practices of the assessors will ensure that their decision-making regarding recommended care is consistent with industry best practice and Departmental guidelines.

Baptist Care Australia sees this amalgamated assessment service as particularly important for those who live in regional and remote areas, as well as for carers, whose needs and support planning can be identified at an earlier stage in the assessment process.

4.3.1 New higher level home care package | 4.3.2 Changing the current mix of home care packages

Questions

Would you support the introduction of a new higher package level or other changes to the current package levels?

If so, how might these reforms be funded within the existing aged care funding envelope?

Refer to pages 12 – 14 of the discussion paper

Baptist Care Australia does not support the introduction of a new higher package level as a short term measure. The capacity of the home care industry to provide the required level of higher support to individuals, especially clinical and allied health support would need to be closely reviewed before a higher level package was introduced. Baptist Care Australia believes that there is greater need at present to address the significant gap that exists between the current Level 2 and Level 3 packages, leaving many consumers with a gap in services.

Our members have not identified many instances where a Level 4 package has not been appropriate in terms of funding for care provided, except in the circumstance where the individual requiring care is in need of a two person lift (usually required twice a day). Families in this situation are often paying additional funds for this service or a family member fills in as the second person. The bigger concern is that there is a large jump in funding between Level 2 and Level 3, and that people who are given a Level 2 package whilst on the waitlist for a Level 3 package are in some instances not receiving an appropriate level of funded care. This will often result in the family having no choice but to consider residential care if there is no capacity for additional family support or additional top up payments.

As a possible option for managing packages within the current funding envelope, Baptist Care Australia recommends a periodic review of customers on packages with high unspent funds, to ensure they are receiving a package that is appropriate to their care needs and not excess to their requirements. The large gap between Level 2 and Level 3 services often means that there are clients who are either over, or underserved. Some consumers have high levels of unspent funds sitting with providers which could be used to provide more care to others in need. One option might be to consider annual funding, where any funds remaining over a certain threshold are returned to the pool of funding to create more packages. There are also concerns that the guidelines around what constitutes legitimate uses of government funding are not clear enough. Our members are experiencing an increase in consumers with high banked funds requesting to make purchases and home maintenance that are not linked to their goals, quite often seeing the balance of their statements as money they can spend on whatever they may want. Previously, service providers would have been able to use this funding to support those with higher needs when funding was pooled, rather than consumers looking for reasons to spend the full package funding.

Another possible funding suggestion would be to eliminate Level 1 HCP packages, reduce the number of Level 2 packages and re-allocate this money to create more Level 3 and 4 packages and ideally a new package level in between Level 2 and 3. Providers are finding that Level 1 packages are not in demand as customers can get better priced care on the CHSP, with more service hours.

Baptist Care Australia believes that future reforms need to consider customer contributions to the cost of care, particularly as the number of people who will require aged care services will continue to grow. Those individuals who can afford to contribute to the cost of their care should do so. This would enable aged care funding to be more equitably split so that more care could be provided to more people (this is particularly relevant around the CHSP). The current system encourages service providers to not charge CHSP consumers and this is a disincentive for these customers to move onto a home care package when their care needs increase. At the same time, mechanisms need to be in place to ensure that consumers who are not able to contribute to the cost of their care are still given adequate levels of support and are not disadvantaged.

4.4.1 Changing the current mix of individualised and block funding

Question

Which types of services might be best suited to different funding models, and why?

What would be the impact on consumers and providers of moving to more individualised funding?

Are there other ways of funding particular services or assisting consumers with lower care or support needs, e.g. a combination of individualised funding and block funding, vouchers etc.?

Refer to pages 14 – 15 of the discussion paper

Baptist Care Australia supports the National Aged Care Alliance's recommendation that an Advisory Group is established to ensure that consumers, providers, health professionals and the broader aged care sector are engaged in the co-design and co-development of Increasing Choice Stage 2. Baptist Care Australia also supports the recommendation that a cost of care study be undertaken by the Productivity Commission to inform the issue of aged care funding.

Baptist Care Australia supports the move to individualised funding for services, based on the assessed needs and goals of the consumer and carer. The types of services available under this type of funding could include personal care, domestic assistance, nursing care, respite care, meals and allied health services. Baptist Care Australia is however conscious of the fact that a shift to an individualised funding model brings about issues that will need to be addressed for both consumers and service providers.

For consumers, there is a question around who will manage the greater administrative load which is placed upon them in an individualised funding system. Carers and families are frequently overburdened and the system needs to be easy to navigate. The success of individualised funding in a market-based system relies on consumers, their carers, and families having a reasonable level of system literacy, so they can appropriately access and understand the aged care system.

For providers, the system moving to an individualised funding model is a significant change from the existing model. Any changes will need to be implemented in a measured and prioritised way to ensure providers are able to keep up. In a market-based system, there also needs to be consideration around the regulatory costs that providers face in order for them to provide aged care services.

Baptist Care Australia also supports the continuation of block funding for specialised services (including access for older persons from a CALD background), offerings that involve expensive capital costs (such as day or overnight respite services), and home modifications. Additional funding should also be made available for those needing to access Aboriginal and Torres Strait Islander services and those who have barriers to access and entry (for example, mental health issues, dementia, language, or disability). Without block funding there is a risk of customers not being able to access these services as they are expensive to provide.

Baptist Care Australia is also conscious that there needs to be funding considerations around thin and niche markets to ensure that in a free market based system these services are still provided for people who are in need of support and care.

4.5.1 Refocussing assessment and referral for services

Questions

Should consumers receive short-term intensive restorative/re-ablement interventions before the need for ongoing support is assessed?

If so, what considerations need to be taken into account with this approach?

How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

Refer to page 16 of the discussion paper

Baptist Care Australia is strongly supportive of short term restorative and re-ablement interventions, and believes that these should be a feature of a single assessment process. Consumers who are assessed and would benefit from the program should be encouraged to participate, with a focus on increasing their function, independence and autonomy.

Programs of this nature would require significant funding enhancement to make them a viable option. The development of an allied health assistant workforce would be essential for this type of program of interventions to be successful.

Block funding should also be available for people who require short term, transitional restorative care programs. This would enable assessment services to determine the level of care required and whether a short term transitional restorative care arrangement could be put in place to reduce their dependence on ongoing care and return to independence at home.

The timely access to an ongoing support service is also imperative for those participating in a short term restorative program, and is why it is crucial to have a well-functioning assessment system.

A wellness and independence philosophy is embedded as a critical component of the Aged Care Roadmap, and we fully support this. Wellness and independence philosophy should be introduced at first contact with people seeking service to help them understand that aged care is about enablement and not a system that diminishes independence.

Baptist Care Australia recognises this is a work in progress, and there is still much work to be done culturally to ensure those who are authorising and delivering these services understand the importance of wellness and independence.

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Questions

How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible?

For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

How do we maximise the flexibility of care and support so that the diverse needs of older people, including those with disability, are met?

Refer to pages 16 - 17 of the discussion paper

An outcomes based assessment process will help to ensure that funding is being used to maximise a person's ability to live at home. Outcomes need to be measurable and created at an individual level based on the person's level of need. The assessment needs to be conducted by an appropriately qualified professional taking a multi-disciplinary approach to what services best support their ability to stay at home.

The assessment process will need to include a holistic assessment especially during times when the individual's function is declining or they have medical issues that have precipitated a functional decline. Individual case management is essential for keeping people from transitioning to residential aged care. They play a pivotal role in assisting the consumer and their family to consider all options to be maintained at home.

Maximising care and support for the needs of all older people could be achieved by ensuring flexible program guidelines are released providing clarity about what cannot be funded through the package and allowing broad choice outside of this. The current guidelines remain somewhat ambiguous in this respect.

Providers can only offer services that are appropriately funded. This is particularly important for day respite and community connection services, which can be difficult to keep viable where there is highly variable demand, and in the absence of block funding. Without appropriate funding, these services are at risk of not continuing.

4.6.2 Accessing services under different programs

Question

Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

Refer to page 17 of the discussion paper

The issue of access to both programs must be addressed as part of long-term reforms. There is intrinsic inequality between the two programs where some individuals are required to pay more, wait longer or travel further to access care.

Until an integrated care at home program is introduced, it would ideal for providers if the concept of 'short term' care were more clearly defined, as currently the application is at the discretion of a service provider (which contributes to greater inequality, as some providers refuse to service those in the short term or maintain services indefinitely). Options to consider could include specifying a number of sessions, or a specific time frame. For example, three months within which it is allowable for HCP consumers to simultaneously access CHSP services. This would enable those who are currently on the waitlist for a higher level package to still access services like day respite and allied health services.

4.8.1 Supporting specific population groups

Question

How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

Refer to page 19 of the discussion paper

Baptist Care Australia strongly believes that the aged care system must be designed so that no section of the Australian population is put at a disadvantage to access quality and appropriate aged care services.

Baptist Care Australia members who provide services in rural and remote Australia see the collaboration between providers, particularly allied health and clinical staff as essential, and many are working together to co-design services that best meet the needs of the individual requiring care. These multi-provider networks are the only way that many people living in rural and remote areas can receive adequate care.

There is some concern amongst our members, however, about who is going to help people who are at a disadvantage to navigate My Aged Care and the services available (particularly those from a CALD background, Aboriginal and Torres Strait Islander people, and those homeless or at risk of homelessness). Ideally, independent advocates or navigators would provide this service. Currently,

providers are performing this service for clients and potential clients who may contact them, but this is not going to help those who don't know where to start to seek support. Many people will also prefer to seek support in person rather than online or via the phone. In the spirit of consumer-directed care, those who are at a disadvantage in accessing services should be provided with those opportunities in a way and format that they are comfortable with.

4.8.2 Supporting informed choice for consumers who may require additional support

Question

What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

Refer to page 19 of the discussion paper

Baptist Care Australia supports the National Aged Care Alliance's recommendations as outlined in their January 2017 ***Ensuring equity of access & outcomes in the future aged care system***.

4.10 Other suggestions for reform

Question

Do you have other suggestions for care at home reform, or views on how changes might be progressively introduced or sequenced?

Refer to page 20 of the discussion paper

Baptist Care Australia would like to emphasise the importance of sector involvement in the collaboration and design of any reforms. Appropriate timelines for implementation need to be set to allow service providers time to adapt to any changes.

In a consumer market, the consumer carries some of the risk. At this point in the development of aged care reforms, high regulatory burdens are forcing providers to bear almost all the risk of service delivery. While no one wants older people to be taken advantage of, high compliance costs can make it difficult to provide services that are competitive. The balance between regulation and risk needs to be considered in the design of the new care at home system, and changes incorporated into plans for the transition to the new system.

Section 5. Major structural reform

5.2 What would be needed to give effect to these structural reforms?

Question

Are there other structural reforms that could be pursued in the longer-term?

Refer to page 21 of the discussion paper

The National Disability Insurance Scheme (NDIS) is already reasonable ways down the path of offering participants the ability to self-manage funds or have a third party provider do this for them. It would seem prudent to monitor the success of this model and any issues that may arise before embarking on a similar model in aged care. A key consideration will be the development of an appropriate pricing framework which continues to be a struggle for the NDIS.

Section 6. Broader aged care reform

6.1.1 Informal carers

Question

How might we better recognise and support informal carers of older people through future care at home reforms?

Refer to page 22 of the discussion paper

Future reforms need to acknowledge the important role of informal carers, and provide a system that is responsive and sensitive to their needs. Baptist Care Australia would support reforms that see the carer as a consumer for respite services. A key component of this would be to build respite into HCP's or expend it through the CHSP. At the current level of funding, packages are not enough to meet all the care requirements for the individual, as well as provide funding for respite for carers. This would encourage carers to 'take a break', and would reduce the number of individuals having to move to residential care due to the fact they cannot get adequate support at home. In addition, current access to regular respite services is quite limited and this is again a limitation to people being able to stay at home. This is particularly true for people living in rural and remote regions as well as people with complex and changing needs.

6.1.2 Technology and innovation

Question

How can we best encourage innovation and technology in supporting older Australians to remain living at home?

What are the existing barriers, and how could they be overcome?

Refer to page 22 of the discussion paper

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6.1.3 Rural and Remote areas

Question

How can we address the unique challenges associated with service delivery in rural and remote areas?

What other service delivery and funding models could we consider for providing care at home services to consumers living in rural and remote areas, including examples of innovative local community models?

Refer to page 22 of the discussion paper

There are significant challenges for both service providers and individuals living in rural and remote Australia. For service providers, the additional costs for travel and staffing means that some providers are not able to sustainably offer services in these regions. For individuals, there is a huge inequity in the services available, depending on where you live. Access to allied health and specialist services can be limited and expensive.

Due to these costs, in a free market system it is likely that there will be a thinning of services available for individuals in rural and remote regions. Government will need to work with providers to ensure that service provision remains viable.

Options to utilise technology for professional consultation has been trialled in some areas with some success. This could be further investigated, possibly through offering specific funding for such consults rather than being costed to an individual's package.

In addition, review of the current viability supplement is required as a number of consumers continue to be disadvantaged as a result of travel costs.

6.1.4 Regulation

Question

How can we further reduce regulation to allow for innovation while ensuring that essential safeguards remain in place?

Refer to page 23 of the discussion paper

The impacts of legislative reforms are being felt by all service providers. The impact of the regulatory burden is particularly significant for smaller providers – which could eventually reduce the number of smaller more niche providers in the market due to their inability to meet the costs that come with regulatory compliance. This would be to the detriment of consumers.

Baptist Care Australia believes that safeguards need to be considered to ensure all providers of services (including those who choose to not become an approved provider under the current definition) can be measured and assessed. This will allow for more innovation in the aged care space whilst ensuring that providers meet a level of standard service quality.

6.1.5 Aged care and health systems

Question

What are some examples of current gaps or duplication across the aged care and health systems, and how could these be addressed?

Refer to page 23 of the discussion paper

Currently, the Transitional Care Program (TCP) and the Short Term Restorative Care Program (STRCP) share similar philosophies and goals. It is worth considering whether the integration of these services would be of benefit.

Any further comments?

Other comments

Do you have any general comments or feedback?

Baptist Care Australia is an active member of the National Aged Care Alliance, and fully supports its submission to this consultation process. This submission contains additional information that particularly emphasises the practical operational experience of Baptist Care Australia members in delivering aged care home services.