



Submission Template

Increasing Choice in Home Care – Stage 1

Discussion Paper

Please upload completed submissions by **5pm, Tuesday 27 October 2015** to
engage.dss.gov.au

Instructions for completing the Submission Template

- Download and save a copy of the template to your computer.
- You **do not** need to respond to all of the questions.
- Please keep your answers concise and relevant to the topic being addressed.

Name (first name and surname): Anne Muldowney

Name of organisation: Carers Australia

Stakeholder Category: Peak body

State/Territory: ACT

Contact email address: anne.muldowney@carersvictoria.org.au



General questions (see section 4 of the Discussion Paper)

Question a) Overall, what do you believe will be the impact of the proposed changes in Stage 1 on consumers and providers?

Carers Australia believes the overall impact on consumers and their carers will be positive as the proposed changes will start to address issues currently experienced by consumers and their carers in the following ways:

Reduction in lengthy waiting times for consumers who have particular needs and/or provider preferences, e.g. mental health needs, high support needs, LGBTI friendly or ethno-specific providers, or providers with demonstrated responsiveness to the needs of the care relationship (carer friendly practices).

Addressing the frequent lack of continuity of provider and care staff when moving from the Commonwealth Home Support Program (CHSP) to home care packages.

Opportunity to reduce the very high overhead costs charged by providers, diminishing the amount of funds in the home care package that can be used to purchase care and services for the consumer.

Question b) What type of information and support will consumers and providers require in moving to the new arrangements?

Carers Australia's position is that there is a pressing need for multiple information and support channels beyond My Aged Care (MAC), including information and support provided in plain language that consumers and carers can understand through a range of different communication channels besides online.

Special consideration needs to be given to addressing the communication needs of consumers and carers who speak languages other than English. This is always a challenge for culturally appropriate service provision, but becomes more critical as home care packages move further towards consumer choice and direction.

Capacity building programs such as Home Care Today which provide access to face-to-face peer support and online learning formats need to be expanded so that more consumers and carers are able to access more personalised support and assistance within the system. Carers have repeatedly advised that they prefer to receive information in face to face format at times of significant changes to services or arrangements. The inclusion of case study formats helps consumers and carers to relate to situations similar to their own and provides a starting point to thinking about how their own needs could be effectively supported by a home care package.

Consumer and carer information and support needs include plain language explanations of:



How to choose - your provider, services that will meet your needs, etc.

How providers, consumers and carers can work together

How brokerage can purchase care and services not currently offered by your chosen provider

How a package allocated to an individual consumer can also support the care relationship

How the financial arrangements for a package actually work in practice

Question c) What additional information and support will the assessment workforce require in the lead up to February 2017?

Carers Australia considers the ACAT workforce should be better resourced in order to ensure timely access to assessment as well as assessment that is genuinely carer-inclusive as this may involve several and/or separate conversations to ensure that carer's capacity and willingness to continue to support the consumer informs their eligibility and priority for a home care package.

Specific questions (see identified sections of the Discussion Paper)

Question at 3.2.1 Your feedback is sought on the proposed national approach for making packages available to consumers based on individual needs. This would replace the current system of planning and allocating home care places to providers at the regional level.

Carers Australia is concerned that the proposed national 'pool' of available packages could result in greater access to home care packages in geographical areas where the waiting time for an ACAT assessment is shorter, or by consumers and carers who are better able to articulate and advocate for their needs.

An alternative to a national pool would be a nominal allocation of packages per state and territory based on current ACAT funding agreements and relevant data on population and need for assistance. A framework for managing this allocation, including accounting for portability of packages across jurisdictions, could be modelled on the bilateral agreement between the Commonwealth and Victoria to jointly agree a specification for a Service Development and Planning Framework for CHSP. This type of framework for agreement would also contribute to the larger task involved in Stage 2 of the home care reforms.

Question at 3.2.5 Where there is a limited number of home care packages available, what factors do you believe should be taken into account in prioritising consumers to access a package?



Carers Australia believes that the prioritisation process requires professional judgement and interpretation of complex consumer and carer circumstances, and should therefore be conducted by ACAT professional staff, not MAC contact centre staff. However MAC staff should routinely and proactively contact consumers on the waitlist in order to determine if their priority has changed. Consumers should be offered genuine choice in how this communication takes place – such as via the consumer’s carer and whether it is via phone, email, letter, etc. There is also a need to consider priority of access to care coordination by consumers and their carers while waiting for a package and how information from this support would feed back into the package prioritisation process.

Carers Australia is particularly concerned that any process of prioritisation for access to packages does not result in consumers who have the support of a carer being automatically allocated a lower priority than those who do not have a carer. We recommend that the department review the National Ageing Research Institute (NARI) Priority of Access (POA) Guidelines and Tool V.5 as these have been extensively tested with community aged care service users:

http://www.nari.net.au/files/files/documents/poa5_guidelines_march_2014.pdf

http://www.nari.net.au/files/files/documents/poa5_june_2013.pdf

Question at 3.2.6 (first question) Feedback is sought on whether there should be a specified timeframe for the consumer to commence care once they are notified that a package has been assigned to them, and if so, what types of circumstances might extend this period.

Carers Australia believes that consumers and their carers need time and space to come to terms with changed life circumstances that result in the need for a home care package. Based on consumers and carers negative experiences with having to select residential aged care under time pressure, often following a lengthy hospitalisation, we wish to minimise the chances that entry to home care is also experienced as a crisis situation. Feeling under pressure to find a compatible provider and commence a package quickly could contribute to missing important information and to subsequent miscommunication and poor relationships between providers, consumers and carers.

However, we recognise that with a limited ‘pool’ of packages, if too many pre-approved consumers ultimately decide not to take up a package, this could further impact on waiting times for other consumers. This may need to be addressed through the priority of access process to ensure that consumers who change their mind can be re-assigned to a package at the same level of priority when they do subsequently decide the time is right for them to commence on a package.

Given that consumers will have the choice to subsequently change providers if they feel they have made the wrong choice, a timeframe of up to 12 weeks is probably reasonable for most consumers and their carers. This timeframe would enable consumers, carers and provider to have the necessary discussions about the emotional, practical and financial aspects of home care and reach a decision. This timeframe should be able to be extended by the ACAT if the consumer has been hospitalised or participated in either the Transition Care or the new Short Term Restorative Care (STRC) programs during this time.



Question at 3.2.6 (second question) The Department is seeking feedback on how interim care arrangements should be addressed from February 2017 where the consumer's approved level of package is not available. For example, where a consumer has been approved as eligible for a specific package level, should My Aged Care assign a package to the consumer at a lower level as an interim arrangement?

Carers Australia is concerned that in the situation where demand for higher level packages continues to exceed supply, allocation of a lower level package could result in a consumer subsequently being rated at a lower level of priority for access to a higher level package. The risk arises where the consumer who receives 'some' services could be seen as a lower priority than a consumer who receives 'no' services. Acceptance of a lower level of care also risks placing undue pressure on carers to continue to provide informal care at an unsustainable level and at risk to their own health, wellbeing and financial circumstances. Please also refer to our response to Q.3.2.5 above.

We recommend that if interim care arrangements are approved based on priority of access, that assignment of a lower level package should only be to one 'step' lower than the approved level i.e. Level 4 could access Level 3, but not Level 2 and so forth. In addition, consumers on a lower level of care should be able to 'top up' their package with CHSP services to their assessed care level until such a time as the appropriate package becomes available.

Question at 3.3.2.1 Feedback is sought on the proposed approach to the treatment of unspent funds when a consumer moves to another home care provider.

Carers Australia recommends that the unspent funds of a consumer changing home care providers be transferred as soon as possible to the new provider. Any delay in this transfer risks interrupting service delivery to the consumer and their carer and could potentially increase the requirement for a carer to provide informal care

Question at 3.3.2.2 Feedback is sought on whether there is a preferred approach for the treatment of unspent funds when a consumer leaves subsidised home care.

Carers Australia believes that providers should be allowed to retain any unspent government subsidy when a consumer leaves subsidised home care, as long as these funds are required to be reinvested in services supporting other home care consumers. The provider should not be able to profit from unspent funds. This approach would be administratively the easiest option for providers and minimise any red tape, while potentially improving outcomes for all home care consumers and their carers. However, safeguards may be required to ensure that this does not contribute to perverse incentives for the acceptance into home care or transition into residential care of consumers who may be more likely to have unspent funds.



Question at 3.3.3 What types of circumstances might need to be considered in developing the approach and legal framework for dealing with unspent funds? For example, should there be different considerations where there is a deceased estate?

Feedback is also sought on what might be reasonable timeframes for providers to action the transfer of unspent funds.

Carers Australia believes that where there is a deceased estate, service providers should be allowed to keep unspent government subsidy as long as they are reinvested in care services (see response to Q.3.3.2.2 above). However, any unspent funds and fees, for example private contingency funds, fees paid in advance, or payments by the consumer or their family to purchase ‘top up’ care services, should be duly returned to the estate.

It is beyond Carers Australia’s scope to comment on the legal framework and requirements; however, we believe that four weeks would be a reasonable timeframe to action the transfer of unspent funds.

Question at 3.5.2 How might the criteria relating to the assessment of approved providers (Section 8-3 of the *Aged Care Act 1997* and the *Approved Provider Principles 2014*) be adjusted to better reflect expectations around the suitability of an organisation to provide aged care?

Feedback is also sought on the other proposed changes to approved provider arrangements, particularly those affecting residential and flexible care providers.

Carers Australia believes that there should be scope to include criteria relating to demonstrated capacity to cater to particular types of consumers e.g. people with psychological and behavioural symptoms of dementia, and particular preferences e.g. providers that are responsive to the needs of both consumers and carers in line with the principles of the Carer Recognition Act (2010).

Other comments

General comments or feedback on other issues

Please note under 3.6.2 there is reference to meeting a consumer’s requests for services or specific *carers*. This sentence should read “*care workers*”.



Thank you for the opportunity to provide feedback on this important policy change. Carers Australia looks forward to continuing the discussion about how individualised funding packages may be more effectively employed in supporting people in care relationships.