



Senate Community Affairs Reference Committee: Aged Care service delivery inquiry 2025

Prepared by
COTA Australia

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About COTA Australia

COTA Australia is the leading national peak body supporting and advocating for older Australians since 1958. COTA (Council on the Ageing) promotes the rights, interests and good futures of older Australians over 50.

Our broad agenda is focussed on challenging ageism, respecting diversity, and empowering people to live their best life as we age.

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Introduction

This submission is informed by evidence provided by older Australians to COTA Australia in a recent survey about their experiences in waiting for home care services. The survey responses highlighted the following themes:

- Long waiting times and delays from initial assessment to service commencement. These delays frequently result in deteriorating health, increased stress, and, in some cases, individuals giving up on seeking support altogether.
- Inadequate service availability and access due to provider shortages, lack of available staff, or being told services are 'booked out.' Essential services like cleaning, physiotherapy, gardening, and respite care were not available and referral codes and approvals frequently do not translate into real support, leaving needs unmet.
- Challenges with communication and system navigation with many older people describing a lack of clear information about processes, eligibility, timelines, and next steps.
- Concerns about the quality and appropriateness of assessments, including assessments conducted over the phone, lack of medical input, and assessors lacking understanding of individual needs.
- Financial and systemic barriers including high service fees, insufficient funding, complex eligibility rules and procedures, lack of support for renters, affordability concerns, and privacy breaches.
- Importance of individual advocacy and navigational support for vulnerable groups including those with cognitive impairment or limited family support.
- The emotional toll of waiting for services with many expressing frustrations, anxiety, and a sense of being let down by the system.

COTA Australia supported the delay of the Aged Care Act until 1 November 2025 acknowledging that more time was needed to inform older people as well as giving the Federal Government and aged care providers more time for implementation.

Critical to implementation is that Services Australia commences, as soon as possible, the process of providing older Australians with the critical financial information they need. The delay in time must be used wisely to address implementation issues and ensure that the new system prioritises older people.

While supporting the delay of the new Act, COTA Australia was clear that the provision of more home care packages should continue advocating that 20,000 be made available during the four-month delay.

The number of people on the waiting list and the times they are waiting demand urgent and ongoing action. Worsening health conditions and increased social isolation are but two of the impacts of people waiting for support. There are Departmental reports, obtained under Freedom of Information requests, that indicate about 10,000 older people die each

year whilst waiting for services. No older person should be waiting more than 30 days to receive home care services.

My health suffered as I had to forego the services and assistance I needed. It was financially impossible to pay for the services I needed being on an Aged Care Pension. I suffered severe and permanent injury from continuous accidents in the dangerous bathroom of my retirement unit whilst suffering chronic and debilitating illnesses and pain including severe arthritis which made life very difficult. (Female, Victoria, 80-84 years)

Aged care services rang about 10 weeks after James died. They apologized for the delay. I attended a local Aged Care Seminar and told them our story. I was told we were let down by the system which I believe to be true. (Female, South Australia, 85-89 years)

The rhetoric around care at home is lovely but in practise it doesn't happen. The problems start with the assessment and continue to dealing with service providers and the system. If you are single you have to be your own strong advocate as well as being the person needing the care. It is exhausting and easier to manage alone for as long as possible (Female, Victoria, 85 – 89 years)

My experience with HCP's is that providers do not deliver the services they are paid for and on the whole are not consistent especially with the dramatic and varying interpretations of what is available which differs widely causing great pain and hardship to the recipients of the packages. (Female, Victoria, 85 – 89 years)

In addition to responding to the Inquiry terms of reference, this submission argues strongly for more comprehensive data and reporting on waiting times from initial registration through to service commencement. For waiting times to be reduced more comprehensive data is needed.

The impact of the delay on older Australians waiting for support at home, including unmet care needs and the wellbeing of seniors and carers

Waiting period reports

Waiting lists and waiting times are too long. The latest official Home Care Packages Program data¹, as of 31 March 2025, showed:

- 289,481 people currently using a HCP (16,784 of whom are in a lower-level package than they were approved as needing),
- a further 10,284 people have been allocated a package and are currently considering whether to take up the offer, and
- 35,613 HCPs were released during the March 2025 quarter.
- 87,597 people are waiting for their aged care package (including 70,223 who have never been offered any level of HCP aged care services).

While the report also notes 99% of people waiting have also been offered CHSP codes, there is no measurement of how many of these people can receive CHSP services in their local area.

The report² also shows that as of 30 April 2025 the **estimated wait times between 6-15 months** depending on HCP level, with **actual average waiting time** for a high priority at less than 1 month whereas a medium priority ranges **between 6 and 13 months** depending on the package level including:

- Level 1 HCP: 6-9 months estimated wait time (with actual allocations in the reporting period being high priority <1-month, medium priority 8 months)
- Level 2 HCP: 6-9 months estimated wait time (with actual allocations in the reporting period being high priority <1-month, medium priority 9 months)
- Level 3 HCP: 9-12 months estimated wait time (with actual allocations in the reporting period being high priority <1-month, medium priority 11 months)
- Level 4 HCP: 12-15 months estimated wait time (with actual allocations in the reporting period being high priority <1-month, medium priority 13 months).

There has been a **184 percent increase** in the number of people waiting over the two years between March 2023 and March 2025. At the end of the March quarter 2025, there were 87,597 people waiting in the National Priority System (NPS) for an HCP at their approved level compared with 30,839 people in March 2023.³ Significant investment in HCPs resulted in a substantive decline in the waiting list from 68,429 people in December 2021 to 28,665 people in June 2023.

¹ Department of Health, Disability and Ageing (2025) *Home Care Packages Program: Data Report 3rd Quarter 2024-25 (1 January – 31 March 2025)*, pg 9 All reports available at: <https://www.qen-agedcaredata.gov.au/resources/publications/2017/september/home-care-packages-report>

² Ibid, Tables 10 and 11, pg 11.

³ Ibid, Tables 10 and 11, pg 11.

The 2025 Report on Government Services (ROGS)⁴ reports ‘Indicator results’ data from the financial year 2023/24, **at the 90th percentile**, older people **could wait up to 424 days** for a Home Care Package made up of:

- 138 days – Time between referral for an aged care assessment and ACAT approval⁵
- 216 days – Time between ACAT approval and assignment of a home care package⁶
- 70 days – Time between assignment to service commencement date⁷

At the **50th percentile**, the 2023/24 ‘Indicator results’ data from the 2025 Report on Government Services shows the **median wait time of 132 days** for a Home Care Package:

- 22 days – Time between referral for an aged care assessment and ACAT approval⁸
- 78 days – Time between ACAT approval and assignment of a home care package⁹
- 32 days – Time between assignment to service commencement date¹⁰

I think the system is designed so that you give up after a while. You cannot constantly follow up on services who do not get back to you and or constantly contact My Aged Care. (Female, Victoria, 75-79 years)

Impact of delay

Waiting for home care impacts on the health and health costs of older people.

I live independently, use walking aids, have no family to help me, and in addition to my usual ageing difficulties I fell and broke my right wrist. I receive Age Pension from Centrelink. Whilst waiting for assessment I have needed to pay privately for occupational therapist, showering, home care, meals, taxis, physiotherapy, hand therapy, handrails etc. My doctor and I sent all relevant information of my difficulties and urgent need for

⁴ Productivity Commission. (2025, January 30). *Report on Government Services 2025: Community Services — Aged Care Services (Part F, Section 14)*. Canberra: Productivity Commission. Retrieved from <https://www.pc.gov.au/ongoing/report-on-government-services/2025/community-services/aged-care-services> [pc.gov.au](https://www.pc.gov.au)

⁵ Ibid, Figure 14.4a

⁶ Ibid, Figure 14.4b

⁷ Ibid, Figure 14.4b

⁸ Ibid, Figure 14.4a

⁹ Ibid, Figure 14.4b

¹⁰ Ibid, Figure 14.4b

assessment. I have followed up by phone. No response is very disheartening. (Female, South Australia, 80-84 years)

When it introduced the Aged Care Act 2024 the Government's announced it would target a 3 month wait time by 1 July 2027. COTA Australia's target is that no one should wait more than 30 days. However, the Government target is welcome as it represents a significant step forward towards providing timely care. But it should only be seen as a first step with the aim of a further reduction to 30 days needed for all, not just those with high priority.

The *Aged Care and Other Legislation Amendment Bill 2025* proposes to extend the commencement date to reach the 3-month wait time from 1 July to 1 November 2027 in 93-14(b)(ii) of the Rules. This should be amended either in legislation, or the Rules to reflect the original 1 July 2027 commitment. While the deferral of the commencement of the Act was necessary, there is no reason why efforts cannot be accelerated to meet the 1 July 2027 deadline over a 20 month, rather than 24-month period. In the Bill a "target average wait time" is set allowing the Minister to assess progress towards the target when allocating packages. Extending the 90 days by 4 months (and into the new financial year) means it could be argued that less packages are required in 2026/27 pushing relief for people on the waiting list out even further.

In planning for the implementation of the Support at Home program, providers will increase their prices particularly in the period before price caps are introduced. As a result, it is likely that the numbers of hours of support than can be purchased by participants within their package will decline. More older people and/or their families are using privately funded care services to meet gaps in care and/or while they wait for the allocation of a package. Some older people may decide not to take up funded home care services because of the increased co-contribution rates. This will need to be monitored to ensure that Support at Home is affordable and accessible for older people.

Still waiting for the starters gun (Male, 80, WA)

The people I speak to on the phone are always lovely and supportive then I wait. They tell me maybe 8 to 10 weeks, then my next phone call, maybe 4 weeks. The latest is "August" - it is now August 8th. Sigh, still waiting. :)

(Female, mid 70s, Victoria)

Ensuring 1 July 2025 timeframes are maintained, including for introduction of multiple providers

A fundamental principle of the new Aged Care Act is for older people to be able to choose the services they receive. In home support this could mean a participant could choose to

receive domestic assistance from one provider and nursing from another provider. The Support at Home program should enable participants to choose and receive support from multiple providers and not be compelled to receive all their assessed service from one provider. This is vitally important when price caps are introduced, for example a physiotherapist's price should be set without the requirement for it to be priced via a primary funds holding provider.

It is also important due to the legislated "associate provider" provisions that make the registered provider accountable for all services delivered by their subcontractors, even if the subcontractor is themselves a registered provider. Under the current 2025 version of the program, we are receiving numerous reports of participants unable to select their provider of choice due to this provision.

The Government has indicated the program would evolve by July 2027 to allow multiple providers. This is a critical step to ensure an appropriate balance for older people and providers that should not be further delayed.

The capacity of the Commonwealth Home Support Programme to meet increased demand for support at home prior to 1 November 2025

There are many challenges with the current CHSP sector including:

- long waiting times with CHSP clients waiting approximately twice as long as HCP clients once their service is approved before they commence their services (303-341 days for CHSP compared with 14-161 days for HCP)¹¹,
- under representation of usage of the services by diverse populations -
- Unmet significant demand for allied health services with 1 in 4 unable to offer services and a seeming downgrade of importance of it as a service type
- navigation of services a big barrier for access and inconsistent outcomes for people in different regions and between service types.

A COTA Australia analysis of home support data has found that significant numbers of CHSP providers indicate they have no availability or wait lists available for services with only 32.9% of service outlets reporting availability for new clients. This is a deeply concerning and growing problem, particularly with the extension of CHSP until 2027.

CSHP services are not geographically distributed according to need in the community with some providers at full capacity managing waiting lists. In addition, not all services available through the CHSP are funded in all areas.

¹¹ COTA Australia analysis of estimate responses, along with Dept of Health response to Senate Question on Notice 2845

I have rung numerous service providers for Domestic and garden maintenance help since mid-May and to no avail. Lot of service providers don't update on their web page, and it says they have vacancies but when I ring up then they say they are full. Some say they are waiting for new funding. My aged care experience has been unsatisfactory and dragging on for the last few months, way too long waiting times.

(Female, New South Wales, 70-74 years)

Can't find service providers. All the listed providers say they don't have any capacity left. The system needs more providers by area.

(Male, New South Wales, 70-74 years)

Over the last 5-8 years I have PHONED My Aged Care regularly, only to be given more names of Providers of CHSP, all to no avail - the response from CHSP PROVIDERS has always been - NO VACANCIES AND NO WAITING LISTS!!! So, I have given up now as it was too time consuming and depressing for me, the Carer. (Female, Queensland, 85-89 years)

Appendix 2 demonstrates our analysis of the Aged Care Service Information December 2022's waitlist and availability of CHSP provider data. Sadly, this data is no longer regularly published.

I am currently under commonwealth care program but still not getting gardening and cleaning services for the last 4 years even though I have been given referrals and the list of providers, but no one can provide services in my area. (Male, Queensland, 70-74 years)

I was initially assessed for CHSP in March 2019. In March 2024 I was reassessed and advised that I was eligible for cleaning fortnightly, home maintenance, gardening, meals, exercise physiology and an OT assessment. From then until early August 2025, I received monthly cleaning due to a long waiting list in my area. In June 2024 I received 12 weeks of exercise physiology. That was appreciated but is needed on an ongoing basis as I live with arthritis and osteopenia. I was advised that gardening and home maintenance are not available in my area. I am still waiting to see an OT. The help I get is minimal due to staffing shortages and lack of face-to-face assessment. (Female, Victoria, 80-84 years)

It is unlikely that the legislated waitlist report will cover CHSP services as they are considered a specialist aged care service under the Act. They will be regulated under a new framework until they transition to the new Support at Home program on 1 July 2027. The only data insights into access barriers for these clients during the 2-year transition period will be the same as now – inadequate indications of ‘availability’ and ‘ability to join a waitlist’ on the My Aged Care database which often don't reflect the real situation on the ground. Service availability and service generated wait lists on MAC should be real time and monitored to understand and respond to service gaps and community/participant needs.

Regional Stewardship

The Australian Government should ensure effective regional stewardship occurs in aged care with robust data and reporting processes providing regional and local service information detailing service gaps and informing service planning. There used to be regionally based HACC committees, which despite their faults and inherent conflicts of interest, did at least provide good intelligence on local needs that is now missing in the system.

Currently there are 8 PHN “regional stewards” sites being trialled. Further and alternative models for regional stewardship should be undertaken to improve local service availability and need.

Support at Home funding considerations

As part of a more productive care economy, funding approaches for Support at Home also need to support delivery of accessible services and meet community demand. The Aged Care Royal Commission recommended that grant funding for support services to be funded through a combination of bloc and activity-based funding. Block and activity-based grants that should be adopted for social supports (which included transport and meals), respite, and assistive technology and home modifications were not implemented by Government across the board. How these areas of CHSP are migrated into the Support at Home program should be a core consideration for implementation in 2027.

COTA Australia is cautious about reforms that shift commissioning toward block or capitated funding models. While we acknowledge the need for, and support the development of, long-term, trusted provider relationships, commissioning needs to occur in a transparent way that continues to support older people to have control over the services they receive.

Recommendations

Recommendation 1: That 20,000 home care packages be released immediately to address the waiting list and waiting times

- Recommendation 2:** Ensure robust monitoring of the availability of CHSP providers during the 2-year transition to the Home Support Program
- Recommendation 3:** Ensure social supports, transport, meals, respite, assistive technology and home modifications that previously received block and activity-based funding in the Commonwealth Home Support Programme (CHSP) are effectively implemented as part of the new Support at Home program in 2027
- Recommendation 4:** Expand the trialling of regional stewardship to alternative models beyond the current 8 trial locations, with a focus on increasing improvements between health and aged care systems.
- Recommendation 5:** Ensure the development of a clear plan for the transition of CHSP into the Support at Home program no later than the 2026 Federal Budget

The impacts on aged care service providers, including on their workforce

The delay in the implementation of the new Act and Support at Home Program should enable providers to be prepared to transition existing participants to the program. This includes new service agreements with billing information so the individual's financial contributions to assessed services are clear and transparent.

The allocation of new packages would enable providers to prepare to meet demand by recruiting additional staff and expanding the hours of current staff.

In June 2025 several providers commenced recruitment in anticipation of the Aged Care Act's 1 July start date. The subsequent deferral to 1 November 2025 has unfortunately resulted in some of those staff being let go. While workforce disruption is an inevitable consequence of changing commencement dates, there are practical steps that can mitigate the impacts.

A key issue is the lack of a clear timetable for the release of places. To date, the Government has not provided certainty on when places will be made available. Without this clarity, the sector risks a delayed ramp-up, with the 1 November start date falling so close to the Christmas period.

Providing a transparent schedule for the release of places would give providers the confidence to proceed with recruitment prior to Christmas, at a time when workforce availability is already constrained. This would minimise disruption, ensure momentum is not lost, and support a smoother transition to the new arrangements.

While there has been a range of welcome and important workforce initiatives, including funded pay rises and specific home care recruitment program, there isn't a clear

overarching plan and strategy to build the workforce of the future. Such a plan is needed to build the overall workforce and address the workforce challenges in rural and remote such as dispersed populations over a large area and significant travel times.

The impacts on hospitals and health system and state and territory health systems

There is a systemic relationship between aged care, hospital and state and territory health systems. Long waiting times for home care packages have an impact on the severity and complexity of health issues experienced by older people. This may result in increased usage of state and territory health care services. In addition, the lack of affordable and timely primary health care also contributes to more people being admitted to hospital.

There are numerous challenges for older people entering hospitals and health care, whether they are aged care participants or not, including:

- affordability of and waiting times for GPs,
- older people having to accept treatment without understanding the ramifications due to a lack of support,
- hospitals not accessing a patient's Advance Care Plan or Directive, and
- older patients being stranded in hospitals for long periods of time when requiring ongoing care.

Australia's public health system, particularly in hospital and acute care settings, is well-equipped to manage urgent and short-term health issues¹². This crisis-oriented model is effective for treating life-threatening conditions that require immediate and intensive intervention.

Older people need to access these services and should be able to for the short period they are needed. However, it is not well suited to the ongoing, complex health needs of older people.¹³ The pressure to discharge patients quickly, especially when older people are waiting for residential aged care placements or home support services, can intensify existing health and social disadvantages¹⁴ and lead to poor outcomes not sought by older people and their families.

The lack of options for people needing to exit hospitals requiring ongoing health care support results in older people being 'stranded' in hospitals. Patients can access an ACAT assessment from hospital with no waiting time (currently up to 6 months for non-

¹² Health systems and services: the role of acute care Bull World Health Organ. 2013 May 1; 91(5): 386–388. Access at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3646345/>

¹³ Zhou Y., Ma L. Intrinsic Capacity in Older Adults: Recent Advances. Aging Dis. 2022 Apr; 13(2): 353–359. Access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8947834/> (Viewed, Aug.'22)

¹⁴ Australian Institute of Health and Welfare (2023). *Older people in hospital*. Retrieved from <https://www.health.vic.gov.au/older-people-in-hospital/print-all>

hospitalised people) leading to longer waiting periods for many people. Older people have told us that they feel pressured into going to residential care following an ACAT assessment undertaken in hospital rather than given the option to go home or receive transition care.

Some older people who have received hospital treatment may require an exit to residential aged care, but it should not be assumed or be a default position. A clear referral pathway for hospital to care at home supports needs to be developed and implemented. For most older people discharge from an acute hospital episode should be to home, or if home is inappropriate, to Transition Care.

To enhance outcomes for older Australians, the health system must adopt more timely, flexible, and person-centred approaches early in the care journey. This includes greater access to step-up and step-down services, such as sub-acute or transitional care, which have been shown to improve functional outcomes through rehabilitation and individualised care planning¹⁵. Achieving this requires decentralising decision-making and empowering healthcare professionals to work in multidisciplinary settings designed to support holistic recovery and ongoing health management

There is also broader and ongoing work to improve the health and aged care interface as outlined by the Aged Care Royal Commission. Reform on these improvements has been slow and piecemeal with no clear roadmap. The joint statement of February 2024 to clarify the roles and responsibilities of the Commonwealth and the States and Territories for the delivery of health care for people receiving aged care services did not provide a plan for improving the health and aged care interface.

All levels of government should accept the principle that older Australians have the same right to access medical services in the community and in hospitals as all other citizens of any age. However, system design should not assume that aged care is the only solution for an older person to all pressure points in the health care system.

*My story goes back 2 years when my husband became ill. He was referred for an ACAT in every hospital he was admitted to in 2023. He had a seizure in February 2023 and had a short admission to our local Hospital in our country town. ... He was discharged and after waiting a long time for a pharmacy script for pain medication we left and arrived home at around 3 a.m. on the Saturday morning. ... he was (again) admitted to hospital, had 5 days radiation and a spinal biopsy and again referred for an ACAT. **He could not come home without services.** He was then sent for Rehab. He*

¹⁵ Haines et al. (2023). Effectiveness of sub-acute care models in improving functional outcomes. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC9793724/>

was in great pain, never controlled properly, and again an ACAT was requested. 2 weeks later he was transferred to our local hospital. No treatment but not allowed to be discharged without services. Another referral. Meantime he was totally dependent on all personal care including being fed. I visited twice daily and fed and helped with toileting and hygiene during that time. (Female, South Australia, 85-89 years)

If home medical services, like hospital in the home, were available, there would be a greater capacity to reduce hospital admissions for older patients and to discharge older patients from hospital to their home to be supported by hospital-in-the-home type programs.

Hospital in the Home (HITH) care has the potential to offer significant cost savings for the health system and improve patient care. International evidence (including Australia) indicates that Hospital at home programs reduce the cost of care by more than 30 percent.¹⁶ Implementation of HITH programs is often prevented by the medical practitioner concerns about patient safety and legal risk. The private health insurance industry is also reluctant to support and provide coverage for this type of care.¹⁷

Trialling a geriatrician-led, multi-disciplinary team that is targeted to support people avoid hospital should be developed to identify non-nursing home solutions for these long-stay patients. Part of this trial should consider how home support packages may be expedited for individuals that would otherwise become long term hospital patients waiting for nursing home beds.

Recommendation

Recommendation 6: Trial a geriatrician-led, multi-disciplinary teams' admissions avoidance hospital-at-home scheme.

The feasibility of achieving the Government's target to reduce waiting times for Home Care Packages

As stated above, we welcomed the Government's announcement when introducing the Aged Care Act that it would target a 3 month wait time by 1 July 2027. While this is longer than COTA Australia's target of no one waiting more than 30 days, it represents a significant step forward towards providing timely care.

It's disappointing that item 93-14(b)(ii) of the Rules changes the Government's target date from 1 July 2027 to 1 November 2027. This should be amended either in legislation, or the Rules, to reflect the original 1 July 2027 commitment. While the deferral of the

¹⁶ Commonwealth Fund (2024) "Hospital at Home" Programs Improve Outcomes, Lower Costs but Face Resistance from Providers and Payers

¹⁷ Kara, J (2024) Why home is better than hospital (Australian Financial Review)

commencement of the Act was necessary, there is no reason why efforts cannot be accelerated to meet the 1 July 2027 deadline over a 20 month, rather than 24-month period.

The adequacy of the governance, assurance and accountability frameworks supporting the digital transformation projects

Whilst we don't have oversight of these frameworks, we would encourage the Department to engage with aged care participants. Such engagement could include the establishment of a Participant Reference Group for their IT program and the development of participant facing tools.

Investment in Business to Government IT infrastructure is necessary but more work will be needed to develop effective Government to Consumer infrastructure. For example, ensuring that all care plans developed by a provider has the ability to assign specific items on the care plan to different providers in advance of 2027's inclusion of multiple providers. Older people who self-manage should be able to interact with these assignments in the system directly and see the services that they have been approved for, a real time live environment of their latest care plan and the service provider (and allocated budget) for each service.

The greater investment of business to government IT connections must also lead to real time availability of service providers within a particular area, for a particular service. The development of this functionality must be prioritised. Without it, the system will continue to overwhelm older people with the burden of having to search high and low for the provider with availability in their area.

The implementation of the single assessment system and its readiness to support people to access a timely assessment

A single well-resourced assessment system is a critical to improving access to the aged care system. The intent of aged care reform and the new Aged Care Act is that older people should have an entitlement to all forms of support and care which they are assessed as needing. This means receiving the type and number of services needed in a timely way following an assessment.

Many older people seeking to enter the aged care system experience difficulties and challenges in accessing assessment appointments. We have heard examples of poor communication in booking/arranging assessment appointments and long waiting times without follow up. There are many verified examples of wait times that exceed Departmental outlier maximum times.

People applying for and seeking entry to the aged care system should be viewed as aged care participants and be able to make complaints about their experience in accessing an assessment. A rights-based aged care system should enable decisions made during the assessment allocation process to be reviewable.

Other concerns about SAS include that:

- The quality and volume of assessments being done by phone, rather than in person. Whilst phone assessments are necessary and effective in some cases face to face assessment, preferably in the persons home, should be the standard approach. Phone assessments can lead to incorrect and incomplete information being recorded. Many older people find it hard to articulate their care needs or are hesitant in describing their home environment.
- Wait times are longer in the community than the hospital. The quickest route to an aged care assessment should not be via a hospital visit.

Waited six months for occupational therapists to assess me. All I wanted was a \$300 wheelie walker. I made numerous phone calls and finally got OT appointment. She visited me for half an hour at home and 10 minutes at shop and approved. My package was charged over \$600 for report.

(Female, Queensland, 75-79 years)

It is critical that the single assessment system is an individualised person-centred approach enabling support and care and is not driven by financial considerations. It should ensure that:

- Participant decision making is central to assessment and planning. When undertaking the aged care needs assessment, the assessor must consider the individual's right to independence, autonomy, empowerment and freedom of choice.
- Assessors develop a service plan. Service plans should be developed independently from the views of providers and allow for the distinction between what an assessment identified as a person needs, and what a person agrees in their service plan to receive. Until the 2027 introduction of multiple providers enable care management independent of providers the assessment process must be designed to be more independent and outcome focussed.
- The system is not blocked up by reassessment issues and there is provision for reasonable changes in agreements between participants and providers that respond to changing needs.

Recommendations

Recommendation 7: Ensure there is a 6-month single assessment service monitoring report in Departmental aged care data reporting.

Recommendation 8: Encourage more active oversight of the single assessment service in the workplan of the Inspector General of Aged Care.

Any other related matters – Insufficient, Out of Date and Opaque Data

A quarterly waiting list, by region, for all service groups and service types with data reported from aged care system registration to service commencement is needed. Transparency would drive investment and system improvements and keep the focus firmly on supporting people who need support.

Transparency would also address discrepancy between what the Federal Government estimates is the average waiting time and data collated in other reports such as Anglicare's Life on the Wait List report and the Australian Productivity Commission's Report on Government Services. For examples, in September 2024, the Government reported an average wait time of 9-12 months. This contrasted with the Anglicare report that stated a waiting time of more than 15 months. The University of Sydney Ageing Research Collaborative has found 'hidden' delays are not published by the government or included in estimates. Our analysis of CHSP data found that only 1 in 3 home support providers have availability for new clients.

The reporting on aged care commencement timings is complex and opaque, derived from sources often not published by Government unless requested and with inconsistent approaches. The new Aged Care Act 2024 legislates that a quarterly waiting list report will be developed which is welcome. This report legislates and strengthens current data reporting focused on the time between the application for services and commencement for services. However, it does not cover the full waiting time from initial registration to the system usually through My Aged Care, assessment, allocation of services and commencement of services.

For full transparency and comprehensive analysis, it is necessary to monitor the period between initial registration through to service commencement. This would provide more comprehensive data to drive down waiting times across the country and to meet the Government's stated 3-month target. It would enable a more substantive understanding of factors impacting on waiting times including:

- if a particular region's assessment team is taking longer than other regions, or
- if a particular service is unavailable in a particular region in a timely fashion.

COTA Australia's long-standing view is that the wait period should be no more than 30 days from system registration to service commencement.

Accurate and transparent wait time from the start of the older persons engagement, through seeking an assessment to receiving services, should drive improved access to services for individual. Having accurate, transparent and publicly reported data should keep focus and investment on target.

Improved data collection of all stages of the aged care wait period and the consistent public reporting of this data will also provide evidence to drive more consistent assessment outcomes

The quarterly waiting list report, by region, for all service groups and service types (all priority groups, medium and high) should include the following key process dates and data points:

Application (Screening and eligibility)

- Date registered/screened
- Date assessment referral made

Assessment

- Date assessment referral accepted
- Date Assessment triage completed
- Assessment date booked
- Date assessment conducted
- Date assessment completed
- Date service plan developed – and list of each service approved

Place allocation

- Date interim place allocated
- Date full place allocated

Onboarding and care planning

- Date service referral accepted
- Date Care Plan developed – confirming which services are agreed to be delivered

Service commencement

- Date service commence - for each service on the service plan and care plan

See Appendix 1 for further details of this model and current estimates under the HCP system where available.

The 2025-26 budget papers indicate KPI's for assessments may take up to 28 days depending on the individual's circumstances and this forms part of the 90-day target period. A month for an assessment is simply too long and delays older people receiving services they often urgently need.

Annual increases in home care packages should be informed by changes in the older population, particularly a comparison ratio of how many packages/classifications are available per 1,000 people of the relevant eligible population (65 years and older, 50+ for ATSI and homelessness). This will ensure year on year comparisons that do not just look at the total number of packages, but whether the allocation of the number of packages is

keeping pace with population changes. This would support the Government reaching its 90-day waiting time target.

One of the top 3 complaints older people make about accessing home care services is that there isn't real time data that tells you what services are available from which provider in your area. There is an opportunity to ensure that the IT currently being built for the operation of the Support at Home program mandates real time data being built into the system now to be fully operational by 2027.

Home support or CHSP data is often out of date. Older people regularly report (to COTA Australia) that often when they contact a service listed as having availability, they are informed there is no service available wasting time and energy. Real time availability is a critical component to creating effective navigation and access to aged care services.

Currently CHSP data provides a regional level overview rather than at the more helpful service outlet level., Data at a service outlet level should be easy for My Aged Care to do given it can already link each service outlet to the areas they operate within. Such an approach would address the frustration older people tell us of contacting services who can't help them. It would also clearly show areas where some CHSP service types are simply not available.

Improved and more substantive data on both home care packages and home support services that is publicly reported should inform government investment to meet service need and provide greater transparency and accountability.

Recommendations

Recommendation 9: The new Aged Care quarterly waiting list report must include:

- data by region, for all service groups and service types from system registration to service commencement. This should include key service process timeframes including screening and eligibility, assessment and approval, place/service allocation, referral acceptance period and service commencement.
- a population-based ratio of places is published to inform the allocation of packages relative to the eligible population.

Recommendation 10: By July 2027, develop Business to Government IT functionality that provides real time data on service availability in the operation of the Support at Home program.

Appendix 1: Wait times against aged care entry stages

The below data is aggregated from a series of sources including the Department of Health and Aged Care’s appearance in October 2023 before Senate Estimates and their response to Senate Question on Notice 2845 on 29 January 2024¹⁸.

AGED CARE COMMENCEMENT STAGES		Screening & Eligibility	Assessment (incl. Approval)	Place/Service Allocation	Service Referral Accepted	Service Commencement
MAC Stages, Responsibilities and whether included in current HCP report	MY AGED CARE Approx Status Codes ¹⁹	Registration– Eligibility Screening – Assessment Referral Accepted	Assessment Referral Accepted – Assessment Completed	Assessment Completed – Place Allocated	Services Approved – Service Referral Accepted	Service Referral Accepted – 1st Service commenced
	Who should be responsible	My Aged Care	Assessment Team	Dept of Health	Aged Care Provider ²⁰	Aged Care Provider
	Included in current ²¹ report?	No	No	Yes	No	No
Stated current timeframe Department		~6-13 months (median of ~1-11 months), depending on the service(s) required by an individual ¹⁸				
What is known as at Jan 24:						
CHSP		RAS: 16.5 days	RAS: 341 days ²³	ACAT: 303 days		13 to 46 days ²⁴
HCP	MAC/RAS: <3 days	ACAT: 35 days	14-161 days ^{23,25}			28 days
Residential		(Range of different locations is 4 –94.8 day) ²²	2 -273 days ^{23,26}			
Transition Care	MAC/ACAT: <1.9 days		Unknown			Unknown

¹⁸ Response by Department of Health and Aged Care to Senate Question 2845 (29 January 2024). Available from: <https://www.aph.gov.au/SenateQON> Attachments to responses include an indication of times by ACPR.

¹⁹ Data should, in the future, be driven by clear status codes out of My Aged Care – a clear list of statuses in MAC and how they associate to the report should be published.

²⁰ In October 2023 Estimates Mr Herald responded to a question identifying “when they are assigned their package, they have 56 days to find a provider to take up those services. Obviously, that comes down to their ability to find a provider”. No data on actual timeframes were identified. Data supplied to Senate QoN 2845 did not break down between Place Allocation and Service Referral Accepted.

²¹ See [Home Care Packages Report](#), Transcript to October 2023 Estimates and Senate QoN 2845.

²² Attachment F to QoN 2845 indicates that different assessment outlet locations have a range of 4-94.8 days

²³ The Department advises in response to Senate QoN 2845 that “The term ‘elapsed time’ is sometimes used instead of ‘wait time’, as there are other factors that come into play such as client choice, which impacts on the time between certain stages of the client journey. This is especially the case from the point of when an approval for Commonwealth subsidised care is provided. Often clients are approved for many forms of care, and it is up to them to decide the best form of care they take up to suit their situation and care needs.” (response to question 3b)

²⁴ Current system limitations about how long between CHSP service referrals being accepted in My Aged Care and the first service commences remain. A proxy indicator using data mapping algorithms to match information stored in the Department of Social Services’ Data Exchange (DEX) system with the My Aged Care assessment information was developed

²⁵ Depending on priority and package level.

²⁶ 2022-23 Report on the Operation of the *Aged Care Act 1997* (ROACA) indicates “≤ 2 days (1.4%); ≤ 7 days (4.3%); ≤ 1 month (17.4%); ≤ 3 months (42.6%); ≤ 9 months (60.8%)”

Appendix 2: Analysis of My Aged Care CHSP Waitlist and Availability by service outlet

The table below analyses [Aged Care Service Information December 2022](#) published on My Aged Care. A limitation of the available data is the ability to map the location of the service outlet, with the regions that outlet provides services within. Such an analysis would be easy for My Aged Care given their ability to link each service outlet with the areas they operate within. Such an approach would quantify the increasing reports COTA Australia receives that some CHSP service types are simply not available in some parts of the country.

Table No1: CHSP Service Type by Availability Status

CHSP Service Type	Not Available	Maybe Available (Waitlist)	Available
ALL SERVICES	30.1%	36.9%	32.9%
MEALS	13.2%	34.8%	52.0%
ALLIED HEALTH	26.6%	48.1%	25.3%
CARE MANAGEMENT	14.3%	0.0%	85.7%
NURSING	13.0%	42.1%	44.9%
DOMESTIC ASSISTANCE	59.1%	20.7%	20.2%
TRANSPORT	32.9%	30.9%	36.2%
SOCIAL SUPPORT (GROUP & INDIVIDUAL)	26.5%	39.0%	34.5%
GOODS, EQUIPMENT AND ASSISTIVE TECHNOLOGY	22.4%	61.6%	16.0%

More detail on the CHSP Service Availability can be found in Page 87 & 88 of our submission to the Aged Care Act 2024 inquiry- available at <https://cota.org.au/submission/aged-care-act-2024-submission-to-the-community-affairs-committee-inquiry/>