Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-004

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE COSTING AND EFFICIENCIES

Written Question on Notice

Senator Siewert asked:

What is the allocation of resources to measure that will fix the primary problems that cause poor quality - workforce skills and availability, increasing the amount of face to face time possible within funding envelope (maximum of 3.5 hours/day in high care), access to medical care, access to specialist behavioral management, rehabilitation, dementia care, palliative care?

Answer:

The level of basic subsidy payable in respect of a resident in an aged care home is determined by the resident's classification against the Aged Care Funding Instrument (ACFI). The ACFI has been designed to better match funding to the complex care needs of residents. It is a funding tool and measures those care elements that best distinguish the costs of care.

Aged care providers remain responsible for determining appropriate care interventions and treatments consistent with assessment and care planning. This is detailed in the Specified Care and Services under the Quality of Care Principles of the *Aged Care Act 1997* (the Act) and the Accreditation Standards under the Act.

The Act sets out the requirements of aged care providers in relation to staffing. In summary, approved providers must:

- maintain an adequate number of appropriately skilled staff to ensure that the care needs of residents are met;
- provide such care and services as are specified in the Quality of Care Principles; and
- meet certain accountability requirements in relation to the criminal history of their staff.

Aged care recipients retain the entitlement of all Australians to access health services including free public hospital care; affordable medical services subsidised through the Medicare Benefits Scheme; and affordable medicines subsidised through the Pharmaceutical Benefits Scheme.