

## National Aged Care Alliance – Issues and Questions to Department of Health in advance of the May 2017 Meeting

Topic	Question	Response
<b>Increasing Choice (including provider take up)</b>	The net number of Home Care Package (HCP) places currently occupied by consumers compared with the net number of occupied places on 26 February 2017 and the comparable occupation by State and Territory since 26 February 2017	<p>Public reporting on the program is expected to commence early in the second half of 2017, once the data is fully validated and stable.</p> <p>It is expected the first report for the period 27 February to 30 June 2017 will be published in late July. Thereafter, reports will be quarterly and will support providers to manage their businesses in a more market-based environment.</p>
	The average time a consumer is listed with the National Wait List for a HCP	
	The allocation of HCP places nationally, broken down by state and territory.	
	How many offered HCP places remain ‘pending response’ two weeks following an offer (noting people have the option of 56 days (+ extension of 28 days) before taking up a place that is offered to them)?	
	On how many occasions has the offer lapsed and how long does it take to then make an offer to another person on the wait list?	
	When roughly in the second half of 2017 reporting on the operation and allocation of HCP places will commence, the frequency of reporting and the data items that will be reported.	
<b>Increasing Choice</b>	Could the Department please provide a briefing on the implementation of the 27 February 2017 changes includes clarify the mechanism used to make an offer of a HCP	<p><i>My Aged Care system release</i></p> <p>Given the scale and complexity of the changes to home care introduced on 27 February 2017, the My Aged Care system has been working well. Consumers</p>

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<b>implementation</b>	<p>place i.e. is it only made by mail, if so what time on average is being taken for a mailed offer to be received, if so how/when does the department confirm an offer of a HCP place is actually received by the consumer?</p>	<p>have been adjusting to their new level of choice and control. Providers, assessors and the contact centre have also been rapidly adapting. The My Aged Care system release that was undertaken on 25-26 February, was also largely successful. Following implementation, the department identified a small proportion of clients in care who were unable to be assigned their home care package over the weekend of 25-26 February. This could be a result of a number of different factors such as:</p> <ul style="list-style-type: none"> <li>• inactive services for a provider in the portal, or</li> <li>• the client was missing key data that prevented them from being migrated over the go-live weekend, or</li> <li>• delay of receipt of Aged Care Entry Records (ACERs).</li> </ul> <p>Some level of manual data intervention was required. The department has been working closely with the Department of Human Services to ensure that packages are assigned to the rightful care recipients. The majority of these manual package assignments have now been completed. If providers are continuing to experience issues in relation to claiming for a care recipient, they can email the necessary details to the <a href="mailto:aged.care.liaison@humanservices.gov.au">aged.care.liaison@humanservices.gov.au</a> mailbox.</p> <p><i>Release of home care packages</i></p> <p>The department has commenced releasing home care packages through the new system. As of 30 April 2017, the department has released over 18,000 packages, with the majority released in March. Packages are now being released on a regular basis, usually weekly.</p> <p><i>Assignment and uptake of home care packages</i></p> <p>The majority of the home care packages released to date have been assigned to consumers who had never previously held a package. These consumers have been sent a letter by mail notifying that they have been assigned a package. Consumers will also receive an instant notification through their My Aged Care client portal. The department will examine the capability to email package assignment letters in the near future.</p> <p>Consumers have 56 days from the date their package has been assigned to find</p>
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		<p>a provider and enter into a Home Care Agreement. A reminder letter will be sent to consumers at 35 days from the date of their package assignment to prompt the take-up of their home care package.</p> <p>Following acceptance of the referral for service, providers are required to lodge an Aged Care Entry Record (ACER) with the Department of Human Services within 28 days of a consumer commencing their home care package. Information from the ACER will workflow through to the Department of Health to indicate that the consumer’s package has now been committed with a provider.</p> <p>The department is continuing to monitor and collect information in relation to client behaviour (both quantitative and qualitative) to better understand:</p> <ul style="list-style-type: none"> <li>• timing of home care package uptake;</li> <li>• referral behaviours (broadcast &amp; direct referrals); and</li> <li>• any barriers to taking action on the package assignment.</li> </ul> <p>Information collected on package uptake will be used to inform and refine the department’s future release of home care packages.</p>
	<p>In order to be ready for the 27 February 2017 changes, My Aged Care was shut down for migration and upgrade purposes. For one provider, this did not go to plan and resulted in a number of challenges, including:</p> <ul style="list-style-type: none"> <li>• Existing client data dropped off the My Aged Care portal</li> <li>• Some existing client data merged with other aged care provider clients</li> <li>• No new clients could be placed into care as the National Priority Register was not functioning</li> </ul> <p>Since the upgrade there have been some adjustments and a significant amount of work undertaken by the My Aged</p>	<p>The Department is aware that there were some data migration issues that occurred over the release weekend (25 and 26 February). These varied across the information that providers have set up in My Aged Care and the information that was migrated from Department of Human Services records for all people in Australia with a current home care package approval (going back to 2008).</p> <p>Most of these issues have been resolved successfully, however there are a few clients (less than 1000), that were in care prior to the new arrangements starting, where work continues to correct their records to ensure that a package assignment can occur and service entry information recorded in My Aged Care.</p> <p>Where client information appears to have ‘dropped off the portal’ this may be</p>

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	<p>Care system team to rectify most of these issues. However, it is of great concern that some aged care community providers are still not receiving any client referrals through My Aged Care, although they are receiving phone enquiries.</p> <p>We are interested in what actions are occurring in respect of these system errors and any further feedback the Department has on the matters raised.</p>	<p>because the provider's outlet information is not set up correctly in My Aged Care, or because the service that the client is in has not been linked properly to the outlet. These situations mean that the provider will not be able to view the client record in their portal.</p> <p>If a provider has identified that client records have become merged that should not be, they should log these with the service desk within My Aged Care for appropriate attention of the My Aged Care IT helpdesk. This will help us to fix any problems, or confirm for that provider that a merging of records was expected/intended.</p> <p>In relation to being able to place new clients into care, we can confirm that the national prioritisation system has been working as designed since the new arrangements started. Providers will not be able to commence delivery of services to a client until they have been assigned a home care package. If the provider can send through more information we are happy to look into any potential problems, but ongoing system monitoring supports confirmation that the prioritisation of clients and assignment of packages is occurring as expected, and as packages are released.</p> <p>Providers were advised of changes in the way referrals would work throughout the implementation of the changes, and there are a series of webinars that were delivered and can be viewed to provide more clarification (available on the Department's website: <a href="https://agedcare.health.gov.au/increasing-choice-in-home-care">https://agedcare.health.gov.au/increasing-choice-in-home-care</a>). As clients are assigned a home care package they will receive their unique referral code which allows them to take that code to any provider of their choice. Clients have 56 days to enter into care following the assignment of their package. Providers could receive referrals in two ways:</p> <ul style="list-style-type: none"><li>• Direct contact by a client (or their representative) who will give their referral code to the provider; or</li><li>• A system referral that has been sent on the client's behalf by an assessor or the contact centre.</li></ul> <p>This situation is not a system error; the ACATs are no longer issuing referrals immediately following assessment as the client must wait for a package</p>
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		<p>assignment.</p> <p>Information was published in the provider newsletter on this at the end of April, and this can be found online here: <a href="http://us10.campaign-archive2.com/?u=1108de8332cef333bc1956686&amp;id=5568db15a2">http://us10.campaign-archive2.com/?u=1108de8332cef333bc1956686&amp;id=5568db15a2</a></p>
<p><b>My Aged Care</b></p>	<p>The number of requests for assessments for the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP) that have been received by My Aged Care in the past year (or the latest available 12-month period)? How many people have been assessed and referred for services?</p>	<p>To be discussed during Department’s session</p>
	<p>As a follow up to the last NACA meeting in February, when the Department presented data on the number of service referrals issued via the My Aged Care system and the number of service referrals accepted, a breakdown of the data to show the types of service referrals that were rejected, the reasons for rejection of a referral (such as when a CHSP provider does not provide a requested service or have capacity to accept the referral), and the outcome of rejected referrals, i.e. whether they are followed up and actioned elsewhere.</p>	<p>To be discussed during Department’s session</p>

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### ACAT Assessments

Waiting times for ACAT/ACAS and RAS assessments, nationally and by state and territory. Alliance members have observed that wait times for an ACAT assessment can vary considerably with some people experiencing wait times of 4 weeks and others up to 12 months. Members have also reported that there is also a backlog associated with the My Aged Care Gateway, which slows down referrals to Regional Assessment Services. One Regional Assessment Service provider has reported operating at only 70% capacity due to this backlog.

Time from Assessment Referral Issued to Assessment Complete (ACAT)			
1 July 2016 to 31 December 2016	Average days (Median)		
State	High Priority	Medium Priority	Low Priority
New South Wales	4	4	22
Victoria	4	4	28
Queensland	2	5	28
South Australia	14	3	16
Western Australia	1	4	14
Tasmania	1	7	76
Northern Territory	6	9	18
Australian Capital Territory	1	5	14
<b>National</b>	<b>3</b>	<b>4</b>	<b>24</b>

Time from Assessment Referral Issued to Assessment Complete (RAS)			
1 July 2016 to 31 December 2016	Average days (Median)		
State	High Priority	Medium Priority	Low Priority
New South Wales	7	11	14
Victoria	9	13	14
Queensland	7	9	13
South Australia	7	11	14
Tasmania	9	12	16
Northern Territory	5.5	8	11
Australian Capital Territory	7	12	13
<b>National</b>	<b>7</b>	<b>11</b>	<b>14</b>

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	<p>The system or accountability measures in place to monitor wait times of people needing ACAT assessments, from date of referral to ACAT (from My Aged Care/RAS) to date of assessment completion. As part of its response, could the Department please indicate what it considers an acceptable (or target) wait period for ACAT assessment and how it will address the issue of longer wait times that are apparent in some areas. Anecdotal reasons for these delays provided by Alliance members include lack of resourcing/staffing levels; introduction of the electronic assessment form (NSAF) and length of assessment (increasing time taken to complete assessment). Also, the My Aged Care system can be slow and regularly has system issues, for example, data already entered by an assessing clinician not saving. This adds time delays and creates frustration for all assessors.</p>	<p>The department has agreements for the delivery of assessment services with the 13 RAS contractors, and 7 states and territories that contain KPI's and other quality and performance expectations.</p> <p>The Department of Health has met with every state and territory individually and as a group, in April and May 2017 to discuss performance in terms of quality and timeliness. Each jurisdiction is currently developing a strategy to improve timeliness of assessments.</p>
	<p>Procedures are in place to ensure equity of access to ACAT assessments for all eligible Australians, including rural and remote and Indigenous people. As part of its response, could the Department please provide data on how many ACAT/ACAS assessments have been done for ATSI people in the last 3 years (year to year) and how many packages have been taken up?</p>	<p>My Aged Care captures data on clients who identify as Aboriginal and Torres Strait Islander; clients are required to self-report this information. As a result, this data may not be a true representation of the total Aboriginal and Torres Strait Islander population who have been assigned a home care package since the commencement of the home care reforms. As at 5 May 2017, approximately 2 per cent of home care packages have been assigned to consumers who have self-identified as Aboriginal or Torres Strait Islander with My Aged Care.</p>
	<p>The evidence that informed the additional investment for ACAT/ACAS for linking services to June 2017</p>	<p>Funding was made available to the ACATs in each state and territory to undertake a time limited project supporting “vulnerable” clients approved prior to 27 February 2017 to transition into the new arrangements for home care.</p> <p>The project specifically sought to address anecdotal evidence that some vulnerable transition clients, particularly those without carers, may have difficulties in receiving or acting on letters explaining the new arrangements.</p>

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		<p>Funding recognised that identifying these vulnerable clients with older approvals required ACATs to undertake additional work that went beyond business-as-usual.</p> <p>On an ongoing basis, assessors will be able to identify new clients who need this additional assistance as part of assessment and utilise the ‘notify of home care correspondence’ indicator in the assessor portal if required.</p>
<p><b>Education</b></p>	<p>Advice on how the Department is addressing the need for public education about aged care reforms and any information the Department may have on the number and distribution of potential consumers who are unaware of the service changes and whose service access may be compromised</p>	<p>The department produces a range of information resources, including booklets and brochures for the sector to distribute to consumers to promote My Aged Care and its services. This includes new communication and information resources for home care package recipients.</p> <p>New information materials on accessing the Commonwealth Home Support Programme (CHSP) and Short-term Restorative Care (STRC) are currently being developed.</p> <p>We are also working on a number of targeted resources for individual special needs groups which we hope will be available soon, this includes fact sheets and case study videos. Once these have been finalised, they will be promoted to the sector so they can be shared with consumers.</p> <p>The Department also has promotional activities planned in GP surgeries to raise awareness of My Aged Care, including showing a short video and brochure and poster displays, through July to September 2017. The video will also be shown in staff rooms in GP surgeries.</p>
<p><b>Community Transport</b></p>	<p>Advice on the potential for streamlining referrals by My Aged Care where consumers only need low-level services such as community transport.</p>	<p>The Department has been working collaboratively with the sector on issues that have been raised regarding My Aged Care.</p> <p>This issue of streamlining assessment and referral for clients with a simple need or need for one service only, has been highlighted in both the:</p> <ul style="list-style-type: none"> <li>• co-design consultations held with the sector late last year; and</li> </ul>



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		<ul style="list-style-type: none"> <li>• in the submission/consultation process to the Legislated Review.</li> </ul> <p>We are aware that parts of the sector are concerned that clients may be over assessed or experience delays going through the My Aged Care process.</p> <p>While the intention is to have one single standardised, holistic assessment that commences at the contact centre and is added to at either the home support (RAS) assessment or comprehensive (ACAT) assessment, we understand that some consumers feel that the amount of information that is collected is more than would be necessary to determine eligibility for simple services.</p> <p>The Department is interested to receive information on any streamlined referral process that is being developed for transport clients, which could inform any future recommendations for changes to My Aged Care assessment and referral processes.</p>
<p><b>CHSP Growth Funding</b></p>	<p>The Minister recently announced growth funding for CHSP had been awarded to a number of providers throughout Australia. Could the Department please advise when the services will commence and how many providers have been offered and signed a contract?</p>	<p>On 10 March 2017, the Hon Ken Wyatt AM, Minister for Aged Care, announced that 245 organisations were approved to deliver priority home support services through the Commonwealth Home Support Programme (CHSP) growth funding round, to address existing service gaps.</p> <p>The Department is currently negotiating grant agreements with the successful organisations, all of which are expected to be executed by 30 June 2017.</p> <p>Allocated growth funding will be managed over the life of the grant agreement period, recognising that most of the funding will be spent and services delivered in 2017-18.</p> <p>The Department received 628 applications. Funding of up to \$115 million (GST exclusive) is available over two years from 2016-17 to 2017-18.</p>
<p><b>Home modifications, aids and equipment</b></p>	<p>Home modifications (both minor and major) and the provision of aids and equipment can significantly increase a person’s ability to remain living safely and independently at home. Some home modifications programs have</p>	<ol style="list-style-type: none"> <li>1. The department has a number of systems in place for monitoring and reporting purposes for the Commonwealth Home Support Programme (CHSP) and the Continuity of Support (CoS) Programme. These include</li> </ol>

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	<p>exhausted their 2016 budgets (evidence can be provided) and are unable to provide these services until 1 July 17. With the introduction of NDIS, some aids and equipment programs that have traditionally serviced all ages of people with disabilities are changing the way they operate. Also, people with HCPs often have little knowledge of the types of aids and equipment that could benefit their particular needs. These issues are causing concern about how access to aids and equipment will be provided for people with disability who are aged over 65. Could the Department please advise:</p> <ol style="list-style-type: none"><li>1. What systems are in place to monitor and ensure these programs are sustainable and targeting appropriate needs of people aged over 65?</li><li>2. What plans does the Department have to address this area of need and is it in negotiation with the states and territories to achieve consistent provision of aids and equipment across Australia?</li></ol>	<p>grant agreements, the data exchange reporting system and My Aged Care.</p> <p>In relation to CoS clients, state and territory governments have agreed to continue to deliver aids and equipment to people receiving state-administered disability services who are not eligible for the NDIS, including people aged 65 and over (and Indigenous people aged 50 and over).</p> <p>CoS clients should access aids and equipment through these existing programs in the first instance.</p> <p>In the case of clients with CoS Individual Support Packages (ISPs), where it is urgent, a state scheme does not supply the required aid or equipment or does not fully fund the purchase or purchase of aids and equipment is already included in a client's Service Agreement prior to transition to CoS, the client may use ISP funding to lease, purchase (or part purchase) the aids or equipment.</p> <p>In addition, the Australian Government occasionally provides growth funding to supplement various programs and these opportunities are advertised in the media and on the Department's Tenders and Grants webpage and the Aged Care site. Visit <a href="http://www.health.gov.au">www.health.gov.au</a>.</p> <p>Growth funding enables the sector to respond to the evolving needs of CHSP clients and to align with the growth in Australia's population.</p> <p>Growth funding is allocated on the basis of funding priorities as determined by the Australian government.</p> <ol style="list-style-type: none"><li>2. State and territory managed schemes remain the predominant providers of aids, equipment and assistive technology to older people in Australia.</li></ol> <p>Discussions have taken place through the Aged Care and Community Officials (ACCO) Committee to further understand the current landscape</p>
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		and to scope future work and next steps in this area.
<p><b>Single Quality Framework</b></p>	<p>As part of its presentation, could the Department please advise the timeframe on reporting on the consultation on the draft standards and the details of the proposed pilot process, in particular:</p> <ul style="list-style-type: none"> <li>• If the pilot will test the effectiveness of standards for special need groups such as rural and remote and CALD populations</li> <li>• How well the standards relate to Residential and Home Care program types included in the scope of the standards.</li> <li>• How the Department will approach the transition process to adoption of the single standards for each program type</li> </ul> <p>With regard to application of the existing quality standards for the Commonwealth Home Support Programme, could the Department please clarify if it is a requirement of the Quality Agency that proof of delivery be provided for community transport services, and if so to what level of proof is necessary, for example are run sheets (rather than individual client signatures) acceptable?</p>	<p><i>1. Advise the timeframe on reporting on the consultation on the draft standards</i></p> <p>Copies of the single quality framework submissions will be available on the department’s website shortly, where consent to do so was provided. Following analysis of the consultation feedback, the single quality framework will be refined and redrafted as necessary and a pilot conducted. Stakeholders will be kept informed of progress.</p> <p><i>2. Details of the proposed pilot process including if the pilot will test the effectiveness of standards for special need groups such as rural and remote and CALD populations</i></p> <p>The Australian Aged Care Quality Agency (Quality Agency) is leading the work on the pilot. Planning is underway for the pilot to be conducted in the second half of 2017. The intention is to include a range of providers representing diverse consumer groups.</p> <p><i>3. How well the standards relate to Residential and Home Care program types included in the scope of the standards.</i></p> <p>The single quality framework policy, including how the standards relate to each program type, is being developed by the department in consultation with relevant stakeholders. Guidance and educational material for the standards and new assessment processes will be developed by the Quality Agency, in consultation with the department. The material will provide the practical details for the operational application of the standards and to support provider compliance.</p> <p><i>4. How the Department will approach the transition process to adoption of</i></p>

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		<p><i>the single standards for each program type</i></p> <p>The department is working in partnership with the Quality Agency on the approach to transitional arrangements. Stakeholder feedback from the public consultation will be considered in developing the approach. Transitional support materials will be developed for the aged care sector.</p> <p>5. <i>With regard to application of the existing quality standards for the Commonwealth Home Support Programme, could the Department please clarify if it is a requirement of the Quality Agency that proof of delivery be provided for community transport services, and if so to what level of proof is necessary, for example are run sheets (rather than individual client signatures) acceptable?</i></p> <p>Specific details on the information services are required to collect with regards to service delivery forms part of individual grant agreements with the department. The level of proof required (ie. run sheets or signatures) depends on what is outlined in individual grant agreements.</p>
<p><b>ACFI Update</b></p>	<p>As part of its presentation, could the Department please clarify the timeframes for the release of the Rosewarne report, the consultation process and implementation of the report recommendations (to the extent the Government adopts them)?</p>	<p>The Department has contracted Applied Aged Care Solutions to undertake a comprehensive review of the ACFI and provide recommendations on potential modifications to the current tool, focussing on:</p> <ul style="list-style-type: none"> <li>• Adapting the tool to be suitable for an external assessment model;</li> <li>• Improvements to reduce subjectivity in relevant needs assessment questions; and</li> <li>• Improvements to bring the tool in line with contemporary care practices.</li> </ul> <p>This review is expected to report shortly and will also contribute to the Government’s consideration of longer-term residential aged care funding reform options. There will be further consultation with the broader aged care sector, before any decisions are made</p>

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	<p>Could the Department also please clarify the application of the new penalties associated with ACFI claims and the number of back penalty claims that have been applied beyond the 6-months previous limitation.</p>	<p>Under the <i>Aged Care Act 1997</i> (the Act) the Department of Health may issue a warning notice to an approved provider if the department identifies false, misleading or inaccurate information in an ACFI appraisal or reappraisal that results in a change to the ACFI classification.</p> <p>If within two years of the warning notice being issued, the Department detects false, misleading or inaccurate information a second time which results in a classification change, the Department may apply to the Federal Court to have a civil penalty imposed.</p> <p>The civil penalty can only be imposed once review rights in the form of Departmental reconsideration and review by the Administrative Appeals Tribunal have been exhausted. Any decision to impose a civil penalty is a matter for the Federal Court to decide.</p> <p>ACFI reviews that result in a classification change will adjust the subsidy back to the time of the incorrect or inaccurate appraisal.</p> <p>Of the 2,880 reviews finalised since 1 January 2017, 118 ACFI reviews resulted in a downgrade to an appraisal that was more than 6 months old.</p> <p>It should be noted that the Department does not apply a ‘back penalty’, it adjusts ACFI subsidy amounts when these have been upgraded or downgraded in an ACFI review and applies this adjustment to the date of the approved provider’s appraisal that was reviewed.</p>
<p><b>Increasing Choice Stage 2</b></p>	<p>Concern has been raised about the lack of information on the implementation of the Increasing Choice Stage 2 reforms from 1 July 2018. Could the Department please provide a briefing on current plans for implementing these reforms, including:</p> <ul style="list-style-type: none"> <li>• The proposed date on which department will release the reform details</li> <li>• The envisaged transition process, including the proposed steps and timing</li> </ul>	<p><b>The proposed date on which department will release the reform details</b></p> <p>A public discussion paper on future care at home reform is expected to be released over the coming weeks on the Department’s <a href="#">Consultation Hub</a>.</p> <p>The paper will seek the sector’s views on moving towards a more integrated care at home system.</p> <p>We will also work closely with a NACA advisory group on the next stage of reform.</p>

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- Whether block grant funding for all Commonwealth Home Support Programme services will cease and if so, at what stage in the transition process will this occur?
- Advice on consideration being given to the continued involvement of local government in the provision of services currently funded through a combination of CHSP funding, consumer co-payments and Council contributions.

### **The envisaged transition process, including the proposed steps and timing**

As with recent reforms, the Department intends to work closely with the sector, including NACA and peak bodies representing providers, consumers and carers, on implementation planning, engagement, communication and transition issues.

### **Whether block grant funding for all Commonwealth Home Support Programme services will cease and if so, at what stage in the transition process will this occur?**

The Government has [announced](#) in the Budget that funding arrangements for the Commonwealth Home Support Program (CHSP) will be extended until 30 June 2020.

This includes an extension of agreements with service providers and Regional Assessment Services (RAS), with new funding conditions to provide a greater focus on activities that support independence and wellness and provide more choice for consumers.

Details of the new funding conditions will be discussed with the sector over the coming months.

### **Advice on consideration being given to the continued involvement of local government in the provision of services currently funded through a combination of CHSP funding, consumer co-payments and Council contributions.**

There appear to be business decisions being made by local government to the ongoing role they will undertake in the provision of Home and Community Care (HACC) services in line with the rollout of the National Disability Insurance Scheme. These decisions may also flow across to broader Commonwealth Home Support Programme services. Providers who do not wish to continue delivering these services may relinquish their funding in line with the terms and conditions of their funding agreement. The Department

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		<p>will work with these providers to transition their existing services to alternative arrangements.</p> <p>The Department will continue to monitor the impacts as aged care moves toward a more market driven, consumer choice model.</p> <p>Local government providers may also wish to make a submission in response to the upcoming discussion paper.</p>
<p><b>Regional Carer Hubs</b></p>	<p>Concern has been raised that current uncertainty about the proposed Regional Carer Hubs is resulting in difficulty in retaining a skilled workforce. Could the Department please advise the status of the proposed Regional Carer Hubs (as part of delivering an integrated carer support service across Australia), including:</p> <ul style="list-style-type: none"> <li>• Finalisation of the model</li> <li>• Proposed tendering arrangements</li> <li>• Implementation timelines</li> </ul>	<p><b>Response provided by the Disability and Carer Policy Branch at the Department of Social Services. They can be contacted at <a href="mailto:CarerSupport@dss.gov.au">CarerSupport@dss.gov.au</a>.</b></p> <p>As you may be aware, the proposed new integrated carer support service system was not announced as part of the Government’s 2017-18 Budget.</p> <p>The Government is however firmly committed to continuing this important piece of work, and as the proposed integrated carer support service system represents significant reform, more work is necessary to ensure thorough consideration of all elements to deliver a sustainable and effective future carer support system.</p> <p>The work to finalise the delivery model will continue to be a co-design process, including consultation with key subject matter experts, carers and service providers.</p> <p>We understand that this process doesn’t provide certainty for carers and the carer support workforce. However, continuity of current carer support services is important while more work on the proposed new integrated carer support service system, is undertaken.</p> <p>Grant agreements for existing service providers are being extended to provide services until 30 June 2018. Advice on future arrangements will be made to the relevant organisations as soon as details become available.</p> <p>The Government is committed to bringing forward a package of services for</p>

## National Aged Care Alliance – Issues and Questions to Department of Health in advance of the May 2017 Meeting

		carers this year, and informing carers and the sector by the end of 2017.
<p><b>Red Tape Reduction Action Plan</b></p>	<p>The Aged Care Sector Committee (ACSC) has a red tape action plan (<a href="https://agedcare.health.gov.au/aged-care-reform/aged-care-sector-committee/red-tape-reduction-action-plan">https://agedcare.health.gov.au/aged-care-reform/aged-care-sector-committee/red-tape-reduction-action-plan</a>) and we understand one progress report has been made on its implementation to the ACSC.</p> <p>As the Department may be aware, the Alliance has its own Red Tape Working Group which has agreed to wait until the next progress report against the official action plan, before deciding its future. If there are to be ongoing status reports, the Alliance view is that there should be a NACA forum to help facilitate discussion within NACA for any future activity on reducing red tape.</p> <p>Could the Department please advise when the ACSC will next receive a red tape action plan status report (if there are to be future reports) and how frequently they will be provided?</p>	<ul style="list-style-type: none"> <li>• In terms of process, it is not intended that there will be any further formal updates to the red tape action plan;</li> <li>• Consideration of regulation impacts and issues will continue to be a key part of any future reform and discussed with the Sector Committee as needed in that context</li> </ul>