

**National Aged Care Alliance –Questions submitted for the February 2017
meeting
Response document**

**For further clarification on any answers please email:
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NACA0001

Question: Can the department explain which funding streams should be used and are their different circumstances where either the ACFI or an MBS CDM should be used? What the process to raise these issues of interaction between ACFI and or MBS so there will not be a delay for people in residential care to access services?

Under Commonwealth law, approved providers of residential aged care are required to ensure they promote and achieve the care recipients' physical and mental health at optimum level, in partnership between each care recipient (or his or her representative) and the health care team. This includes:

- referring care recipients to appropriate health specialists (including psychologists) in accordance with the care recipient's needs and preferences; and
- ensuring each care recipient receives emotional support in adjusting to life in the new environment and on an ongoing basis.

GPs are able to contribute to care plans for RACF residents using the Chronic Disease Management Medicare Benefits Schedule (MBS) item 731. The resident's GP contributes to the care plan prepared by the facility and the resident may then be eligible for referral to allied health services, including services provided by psychologists, mental health workers and occupational therapists.

NACA0002

Question: How and when will the Wollongong of University Review and Recommendations on residential care funding be released? Please outline your process to ensure transparency of this important work to support whole of sector input into design of the new funding system.

The University of Wollongong provided its final report on alternative funding approaches for aged care to the Department on 3 February 2017.

The Government is currently considering the recommendations of the report, and how it will consult with the sector on the proposed funding reform options, including whether to publicly release the report in full.

The University consulted with the sector (particularly through the Aged Care Sector Committee) and the Department of Health while completing their work.

NACA0003

Question: Can the Department provide a written explanation of this policy decision, explaining the rationale for why access (to Mental Health) is denied?

NACA0004

Question: Can the Department provide reassurances that consumers continue to receive equitable levels of mental health services under the current policy decisions?

The Government acknowledges the concerns that have been raised by COTA.

Under Commonwealth law, approved providers of residential aged care are required to ensure they promote and achieve the care recipients' physical and mental health at optimum level, in partnership between each care recipient (or his or her representative) and the health care team. This includes referring care recipients to appropriate health specialists (including psychologists) in accordance with the care recipient's needs and preferences.

Providers are also required to ensure each care recipient receives emotional support in adjusting to life in the new environment and on an ongoing basis.

The Government is exploring the issues associated with accessibility to psychological therapy services for RACF residents.

Any amendments to MBS arrangements would need to be considered in a Budget context. MBS is a legislated Scheme and any changes would also need to consider legislative requirements.

NACA0005

Question: What is the relationship between the senior and junior minister?

As of 24 January 2017, Minister Wyatt was promoted and sworn in as the Minister for Aged Care and Minister for Indigenous Health. Minister Wyatt has responsibility for all Aged Care and Indigenous Health matters including Policy, Funding and Legislation. As Senior Minister of the Health Portfolio, Minister Hunt will take forward to Cabinet and Expenditure Review Committee items for consideration.

NACA0006

Question: What are the Government plans to enact its policy to combine CHSP/Home Care particularly in relation to the disincentives and access issues created by the current fees and assessment arrangements?

There will be further consultation with the sector on home care reform. The Department anticipates that a discussion paper will be released over the coming

months. The Legislated Review is also currently considering access issues, including fees and assessment arrangements across the aged care system.

NACA0007

Question: Can I ask whether the Department could provide a written update on the progress being made to open up the Aged Care Accreditation process to other accreditation providers?

The Government committed in the 2015-16 Budget to consult with the aged care sector on establishing a contestable market for accreditation services for residential aged care. Discussions with the sector and the NACA Quality Advisory Group (QAG) in early 2016 established a preference for the introduction of a contestable market for accreditation services to occur after implementation of the Single Quality Framework. The introduction of a contestable market for accreditation services will be deferred until after the implementation of the Single Quality Framework from July 2018. The department will continue to consult with the aged care sector on establishing a contestable market for accreditation services for residential aged care, taking into consideration the sequenced approach to reform suggested by NACA. The department continues to welcome comment and information from all NACA sub-groups.

NACA0008

Question: How will the My Aged Care system support this policy and if not why not? When will providers be able to promote themselves as being available in non-ACAR awarded regions and consumers able to get full service option information through My Aged Care?

The service finder will display updated information from 27 February 2017 as providers update their service information in their portals. Additional work has been done in relation to how information is presented and search results will be randomised each time a search is performed. Where a user adds a postcode area, this will return results of providers located nearest to them.

NACA0009

Question: Can the Department provide an update on its deliberations about this initiative?

The department is in the process of reviewing and updating content and improving navigation across the My Aged Care website as part of an overall content improvement project to improve the consumer experience. Updated content for eligibility for diverse needs (incorporating older people with disabilities) and caring for someone with a disability is currently being reviewed and is scheduled for completion in the coming months. Key stakeholders will have the opportunity to comment on the draft update before it is published.

NACA0010

Question: Can the Department provide an update of proposed actions and changes that will address the type of problem outlined below?

One of the accelerated design sprints developed potential solutions to improve the interaction between a My Aged Care assessment and where clients receive specialised assessments. One of the key scenarios reviewed was the interplay between Occupational Therapists (OTs) and home modification referrals. It was acknowledged that there may be interconnected and complex issues in this pathway. The main factors considered that drove the solutions, were: urgency for services, previous assessment within My Aged Care and if a specialist or a holistic assessment had already occurred outside of My Aged Care.

As a result of the sprint, there were a range of specific solutions proposed, including:

- communication and training to improve understanding of OT assessments,
- a pathway for clients with an urgent need for home modifications,
- a process to allow direct to service referrals for OT prescribed home modifications, where an OT has demonstrated a RAS assessment is not required, and
- ensuring OTs are able to upload and attach necessary files into the My Aged Care systems.

Specialised assessment and the interaction between My Aged Care and OTs were included in the Departments' co-design work late in 2017. The co-design process highlighted a range of challenges and possible solutions. The accelerated design tracker on the [Department's website](#) provides an update on the progress of each of the solutions.

NACA0011

Question: What processes are being considered by the Department to provide more comprehensive information for service providers and better and more streamlined access to this information?

Client information, including information from previous assessments completed through My Aged Care, is available in the Client Record. This can be viewed prior to, and following acceptance of a referral in the Provider Portal.

Details on how to access client information can be found within the Quick Reference Guide – Managing referrals using the My Aged Care Provider Portal found at:

<https://agedcare.health.gov.au/programs-services/my-aged-care/quick-reference-guide-manage-referrals-using-the-my-aged-care-provider-portal>

Recently the Department of Health held a series of co-design workshops that were attended by assessors, service providers, client and consumer advocates, contact centre representatives as well as department and State Government representatives. Feedback from participants was gathered, including feedback about the ease of access to information by providers, and prioritised by participants. The feedback from the co-

design workshops fed into an accelerated design process which looked at both policy and process changes, and system changed. Further information on the process and the outcomes of these workshops is available at <https://agedcare.health.gov.au/programs/my-aged-care/about-accelerated-design>

NACA0012

Question: What is the status of this work? What are the anticipated arrangements from 1 July 2017 for Victoria? Is it still anticipated that these arrangements become part of the national model?

The Department is currently working with the Victorian Department of Health and Human Services on a Data Project relating to the direct to service referral pathway for clients who require CHSP allied health and/or nursing services only and the referral is made by a Health Professional. The data project is anticipated to be completed in the coming months. The results of this work will provide information about this referral pathway which may further inform the national My Aged Care model.

NACA0013

Question: In the case of a client admitted for care in a health service, is there an option to leave the referral open and contact the referrer to assist in contacting the client prior to closing the referral?

The Department of Health has recently revised the client call back process to incorporate findings from the contact centre enhancement project. The contact centre will attempt to contact the client multiple times at different times/days to follow up the referral. If the client cannot be reached, the contact centre will attempt to contact the referrer. It is standard process to leave a voice message, where possible, which includes a request to call the contact centre back. Where both the client and referrer cannot be reached, the contact centre will cease attempting contact. For some urgent referrals, it is possible that a referral is progressed without contact to the client to ensure the best possible outcome for the client. In all cases, the client information and referral will remain open on My Aged Care, allowing it to be reactivated if a follow up referral or further contact is made regarding the client.

NACA0014

Question: What opportunities will allied health professionals have to genuinely contribute to the refinement of the NSAF tool, how the tool is applied, and the development of education programs for various stakeholders on how to use the revised tool?

The Department is currently determining the scope, approach and timing of a review of the NSAF. This work will provide the opportunity for a range of stakeholders to contribute to the review, including allied health professionals, assessors, providers and geriatricians.

NACA0015

Question: How is the Department monitoring the disparity between services agreed in the ‘care plan’ compared with the assessed need in the ‘support plan’? Is there any analysis being undertaken on why these differences are occurring and if so how will these issues be addressed?

The department does not directly monitor the services set out in the care plan established between the consumer and the home care package provider as part of the consumer’s Home Care Agreement, and the assessed needs listed in the support plan developed by the ACAT.

However, providers must inform consumers about the Charter of Care Recipients’ Rights and Responsibilities – Home Care and include it in the Home Care Agreement. This Charter states that consumers have the right to choose the care and services that best meet his or her goals and assessed needs and preferences, within the limits of the resources available. The care and services for home care services are set out in Schedule 3 of the Quality of Care Principles 2014. As an approved provider of home care services, the provider needs to deliver care and services in line with the Home Care Common Standards (Schedule 4 of the Quality of Care Principles 2014). Part 2 of the Home Care Common Standards focuses on appropriate access and service delivery, in particular that each service user participates in the development of a care plan that is based on assessed needs and is provided with care and/or services described in their plan. The Quality Agency reviews provider performance against the Home Care Common Standards.

NACA0016

Question: What is the evaluation framework and what information is available publicly (e.g. regular reports) to inform Government’s planning and funding of home care services? Will there be a publication of waiting lists by region and if so, from when and on what frequency?

The department will continue to publicly report on the home care packages program through a range of publications, including the Department’s Annual Report and Portfolio Budget Statements, the Report on the Operation of the Aged Care Act 1997, the Productivity Commission’s annual Report on Government Services; and the Aged Care Financing Authority’s (ACFA) Report on the Funding and Financing of the Aged Care Sector.

The department is also establishing an additional reporting framework for the new national home care packages system. This framework will enable both internal monitoring by the department and external reporting to the sector and broader public. Public reporting is expected to commence in the second half of 2017, once there is meaningful and reliable data. This will include reporting on measures of demand for home care packages and the supply of home care packages through the national system. Reporting at the regional level will be available to support providers

to manage their businesses to meet local demand in a more market-driven environment. Public reporting is likely to be available on a quarterly basis. The department has consulted with the NACA Home Care Reforms Advisory Group on this framework.

NACA0017

Question: Noting the current system issues, what provisions have been made to ensure that Home Care providers are not adversely affected by Feb/March 2017 changes? What is the risk management framework and what mitigation strategies are in place to ensure a smooth introduction of this initiative? How will lessons from past implementations be incorporated?

A significant amount of work has been delivered in order to better support all affected stakeholders to understand the changes being made to home care. The department has conducted consultations and co-design sessions to develop the system changes and support material for providers, including that changes to service information displayed in the service finder on My Aged Care.

Additionally, over the last six months comprehensive training programs have been delivered to ACAT assessors and delegates and to the staff within the My Aged Care contact centre to prepare them for the changes to and to support other stakeholders around them to understand the changes.

The department has a range of strategies in place to address any unforeseen consequences following the release, which includes steps to ensure that consumers currently receiving home care do not experience any gap in provision of their care-addressed through partnership with DHS in payment of subsidy to providers.

The transition support approach has been delivered in stages, with each stage culminating in a progress check. These checks reviewed the support delivered to that date and results have supported modification, tailoring of support and additional activities to best support those affected. This approach was developed as a direct result of lessons learned from previous releases, and better understanding of our stakeholder's needs.

NACA0018

Question: What work has been achieved or is underway to develop resources to support consumers who need assistance to access services within a consumer directed care framework, for example, people with communication or cognitive difficulties?

A range of resources is available to help consumers to understand home care arrangements, including the choices and rights available to them under the legislative changes. This material was co-designed with home care consumers and carers and has been well received so far.

Materials include a set of checklists and considerations available to consumers at various stages throughout their journey to home care, and a redeveloped guide to accessing home care package services. This material is available through ACATs, online, or can be ordered through the My Aged Care contact centre. Additionally it will all be available for direct download and print from the My Aged Care website and has been translated into the 18 most common languages other than English, with a specific focus to ensure colloquial translation has been completed, rather than a literal translation. We have worked in partnership with FECCA to complete these translations.

Consumers continue to have access to the Translation and Interpreting Service and the National Relay Service when interacting with My Aged Care.

ACATs will provide additional support to assist vulnerable consumers navigate the new home care system. This may include helping consumers to understand and respond to home care correspondence, and assisting consumers to find a suitable home care provider. ACATs will be provided with additional functionality within My Aged Care to support these arrangements.

NACA0019

Question: What is the Commonwealth government considering in terms of:

- **Ensuring equitable access to required aids and equipment for all Australians, irrespective of age and location,**
- **Streamlining processes for the prescription of aids and equipment; and**
- **Gaining a more robust understanding of the value and potential benefit of Smart Assistive technologies for the health and well-being of older people?**

Goods and equipment programs and services are currently provided by both the Commonwealth and state and territory governments. They are provided under a range of different portfolios, programs, legislation and funding processes across the health, aged care sector, disability, community services and education sectors.

State and territory managed schemes are the predominant providers of aids, equipment and assistive technology to older people in Australia.

Financial assistance to purchase aids and equipment is also provided for under Commonwealth funded aged care programs including the Commonwealth Home Support Programme (CHSP).

Goods, equipment and assistive technologies available under the CHSP include items that assist with mobility, communication and personal care. Clients who are unable to purchase items independently can access up to \$500 in total support per financial year. This cap can be increased to \$1000 per financial year if a CHSP service provider has assessed that this is necessary.

The CHSP is not designed to replace existing state and territory managed schemes and CHSP recipients are encouraged to access these programs where appropriate.

The state and territory governments have developed significant capability in the area of equipment and assistive technology, including: a skilled and specialised work force; purchasing power through arrangement with suppliers; and loans schemes which allow for refurbishing and re-cycling high cost equipment.

It is not the Commonwealth's intention, at this stage, to establish a national equipment scheme for older people, nor to take over management of the current state managed schemes.

NACA0020

Question: As this is a pilot (Data Exchange), does the department anticipate that this will become a compulsory ongoing survey and if so is the Department considering how it can be effectively integrated with existing consumer experience surveys to prevent duplication and unnecessary provider burden?

The Commonwealth Home Support Program (CHSP) performance reporting process is supported the Data Exchange. The Data Exchange is a Department of Social Services (DSS) data reporting system that is being used across government agencies, that was introduced in July 2014.

The Data Exchange provides client level data as opposed to aggregated data and will support better outcomes for clients in future.

CHSP service providers are contractually required to report program performance outcomes and outputs using the Data Exchange. Introducing the Data Exchange has reduced the amount of reporting.

Some CHSP service providers volunteered to participate in the Client Survey Pilot to support the co-design of the client survey and shape the client survey self-service reports. Full implementation of the Client Survey is expected to commence from April 2017 and CHSP organisations will be encouraged to participate.

The pilot phase we are in now, is looking at evaluating the current survey, and how it can be integrated into provider practices, and includes a number of CHSP organisations including Meals on Wheels.

Once the pilot is concluded it will become mandatory for all organisations to offer their clients the survey; however client participation will be voluntary.

DSS is looking at ways to better understand how funded services are meeting the needs of individuals and communities, with the client survey providing the opportunity for clients to provide their feedback on the impacts of services they use. The client survey includes outcomes measures that can be used across a range of services so that the impacts of service delivery can be highlighted and further explored.

Insights gained from the client survey will be shared back with service providers, who will be able to access aggregated information through a self-service report as part of the Data Exchange standard reporting suite and use this to inform planning and

service improvement activities. DSS will also be able to use this information to assist in future policy and program design.

NACA0021

Question: What statistics from the Department of Health are being collected to know if the Short-Term Restorative Care (STRC) program is on track?

The STRC program will commence in late February 2017. Data capture for STRC is modelled on that of the Transition Care program. The data captured for Transition Care enabled the Australian Institute of Health and Welfare (AIHW) to produce a series of reports evaluating the success of the Transition Care program. Statistics reported on by the AIHW included care recipient functional improvement and post Transition Care client pathways. The department is currently scoping reporting for the STRC program with engagement from the AIHW.

NACA0022

Question: How is complexity of need and intensity of service delivery being addressed in the implementation of Short Term Restorative Care?

The question of complexity of need and intensity of service delivery was addressed during the design of the program via the adoption of a two-step assessment process. Access to Short-Term Restorative Care requires an Aged Care Assessment Team (ACAT) assessment. ACAT assessments are comprehensive and holistic, independent, multi-disciplinary, multidimensional and client-focussed. The complexity of a person's need, and their suitability for the programme are assessed through this process. Where an ACAT delegate approves a person to receive STRC, their needs are assessed twice during the delivery phase - once to determine the composition of the multidisciplinary team, and again by the team as a whole to determine service delivery priorities and intensity.

NACA0023

Question: How are growth funding priorities determined because some priorities did not seem to address gaps in community services?

A total of 2,000 STRC places are scheduled to be released by the Government by 2021-22 as outlined in the 2015-16 Expansion of Flexible Care Initiative Budget measure.

These places will be released incrementally each financial year to ensure the Government reaches its target aged care provision ratio of 125 places per 1,000 people aged 70 years or older. This ratio of 125 places comprises of 78 residential aged care places, 45 home care places and two restorative care places. These new places have been built on the current 4,000 transition care places to provide 6,000 flexible care places by 2021-22, including 2,000 new (STRC) places.

When fully operational, around 12,000 people each year will benefit from these new places.

It is anticipated that the coverage of the program will increase significantly in the future as more places become available for release as the department works towards the target provision ratio of two restorative care places per 1,000 people aged 70 years and older.