



Presbyterian Aged Care

Home Care Reforms – Next Steps

Paul Sadler, CEO, Presbyterian Aged Care NSW & ACT
President, Aged & Community Services Australia
Chair, Home Support & Home Care Reform Advisory Groups,
National Aged Care Alliance
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Why reform?

- “It’s all too hard”
- “It won’t work”
- “Nothing ever really changes anyway”

So why are we bothering?

- HACCC system was fundamentally flawed and not client friendly
 - Multiple assessments
 - Multiple service providers
 - Inconsistent and unfair fees
- Relationship with Home Care Packages fractured
- Reviews over 20 years have recommended reform
- **We asked for it to change!**

Evolution or Revolution

- Aged care in Australia is undergoing a transformation
- Evolution not revolution
- Gradual shift towards
 - Individualised funding models
 - Increased user pays, with safety nets
 - Wellness and reablement focus

Aged Care: NDIS comparison

Aged Care	NDIS
Applies to people gaining disability aged 65+	Applies to people gaining disability before age 65
Individual budget only in HCP, with CDC budget handled by provider	Individual budget controlled by NDIA and person with a disability
Block funding remains in CHSP	Information, Linkages & Capacity Building (ILC) includes block funding
Residential care remains, but reducing as proportion of aged care	Transition away from institutional care
Substantial co-contribution required with use of home asset for residential care; government funds safety net from general taxation	No co-contributions but choice to pay for extra services; mainly funded via 0.5% Medicare Levy increase and general taxation
Assessments by My Aged Care (ACAT and RAS)	Assessments by NDIA

Current aged care reforms

Aged Care Reforms since 2012

- Creation of **My Aged Care** gateway
- Doubling of **Home Care packages**
- Expansion of **consumer directed care (CDC)** to all Home Care Packages
- Creation of **Commonwealth Home Support Program**, including stronger focus on reablement
- Continued growth (at a lower rate) in **residential care places** and creation of **Short-term Restorative Care Program**
- Ability to charge **refundable accommodation deposits** for all levels of residential care
- Improved government **accommodation supplement** for new or substantially refurbished residential care buildings
- Ability to extend, and charge for, **optional extra services** to residential care residents

Current reforms: Quality

- Aged Care Complaints Scheme
 - Reports to Aged Care Commissioner from January 2016
- Quality indicators
 - Voluntary National Aged Care Quality Indicators Program
 - Residential care: pressure injuries, unplanned weight loss, physical restraint and quality of life/consumer experience indicators
 - Home care: pilot focused on quality of life
- Consolidation of residential and home care standards
 - Single set of standards developed 2016
 - Consultation followed by pilot in 2017
 - Implementation 2018
- Aged Care Quality Advisory Council
- 2015 Budget announcements
 - Full fees for residential care accreditation from July 2016
 - Potential competitive market for accreditation in future

Current reforms: My Aged Care

- Key implications
 - Separation of assessment from service provision
 - Regional Assessment Service role for Home Support services from July 2015
 - Assessment
 - Short-term case management
 - Reablement
 - Aged Care Assessment Teams for Home Care and Residential Care services from February 2016
 - Electronic aged care client record
 - Service provider portal
 - Consumer portal
 - Assessor portal

Current reforms:

Commonwealth Home Support Programme

- Key implications
 - Consolidation of HACCP, NRCP, DTC and ACHA
 - Retention of block output funding – most contracts to 30 June 2018
 - Limit of service volume to less than Home Care Package
 - New restrictions on some services, e.g.
 - \$500 (max \$1,000) for equipment
 - \$10,000 for home modification
 - Flexibility of up to 20% of outputs within sub-programmes
 - Community & Home Support
 - Care Relationships
 - Assistance with Care & Housing
 - Service System Development
 - DSS Data Exchange replacing Minimum Data Set
 - Client contributions framework
 - No mandatory fees schedule – target of 15% of grant revenue
 - Greater transparency of user charges and gradual move to national consistency

New concepts

Concept	Description	Service responsible
Wellness	A philosophy or approach across all services	CHSP RAS HCP
Reablement	A time-limited, goal-oriented intervention	RAS
Restorative care	An intensive short-term program to make a functional gain, led by allied health workers	CHSP
Consumer directed care	Consumer choice and control	CHSP RAS
	CDC with individual budget	HCP

CHSP 2016 and beyond

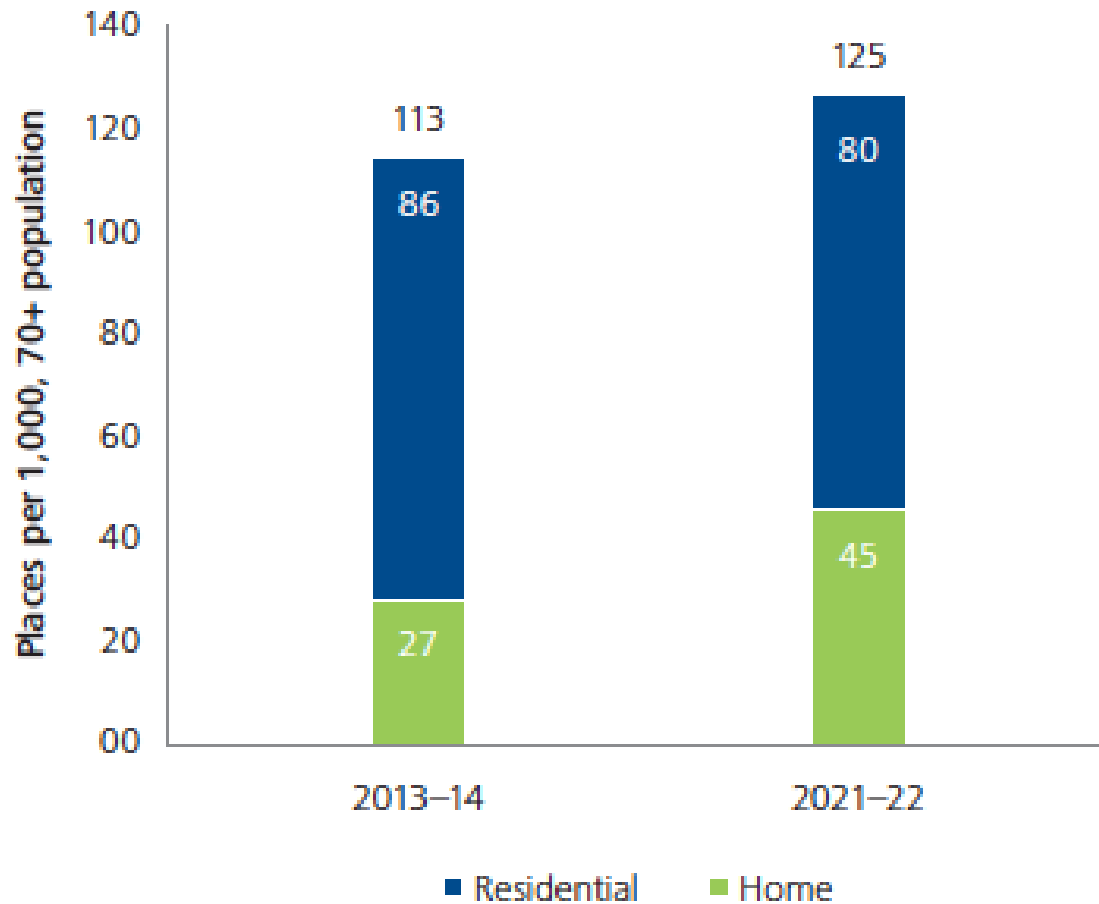
- Funding agreements finalised, except:
 - Mid 2016
 - Advocacy review
 - Carers programs with National Carer Gateway development
 - Mid 2017
 - Sector support and development
- Grandfathering arrangements
 - HCP clients forever
 - Former HACCC clients until termination of CHSP contract
- Wellness and reablement
 - Additional DoH initiatives in planning
- Further work on Guide to Client Contribution Framework
- Feedback to DoH via Home Support Advisory Group

Short-term Restorative Care Program

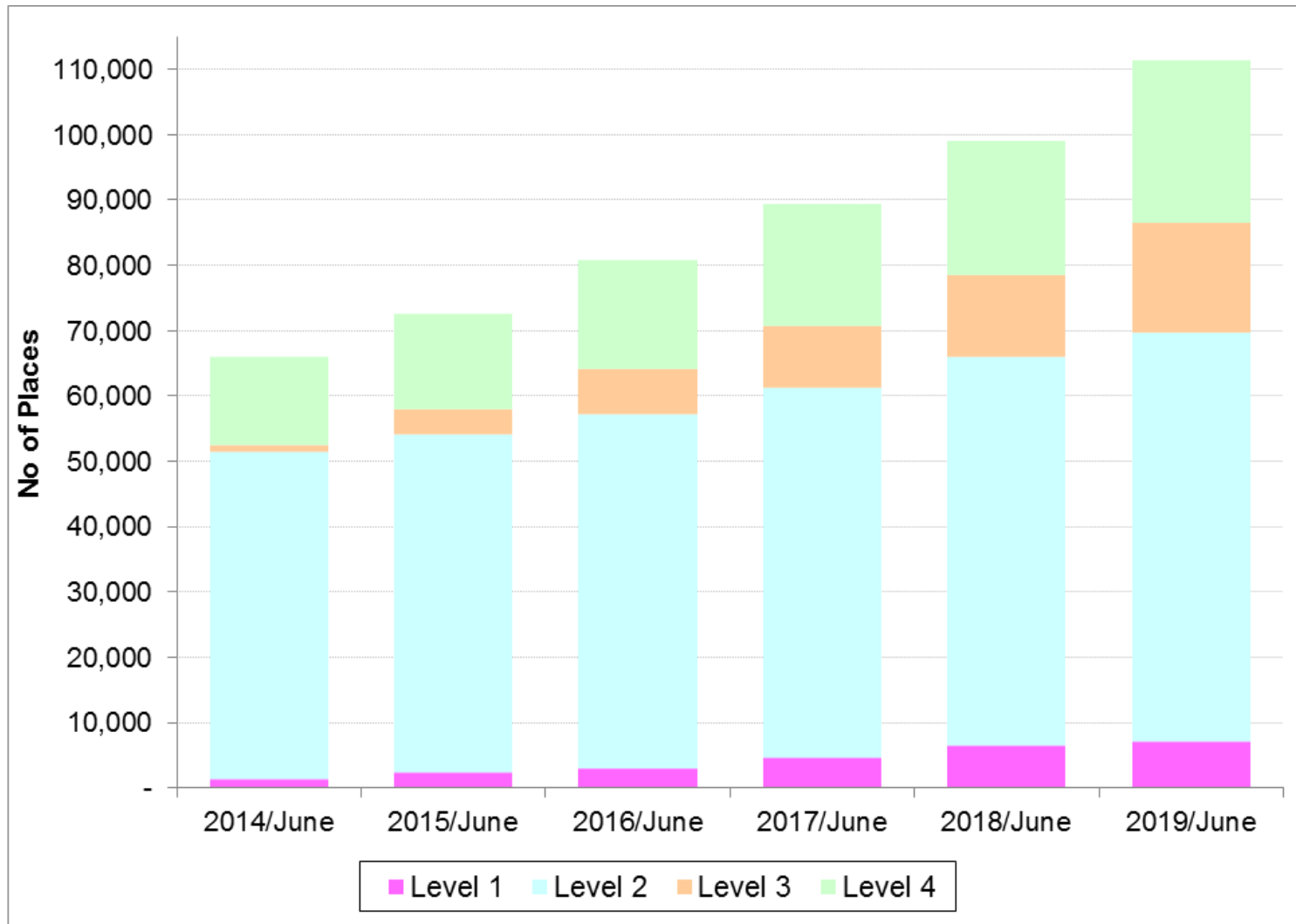
- Merging Transition Care Program into new expanded short-term restorative care program
- New program not only targeting people leaving hospital
- New planning ratios of aged care places per 1,000 people aged 70+:
 - Residential care – 78 (drop from 80)
 - Home care – 45
 - Restorative care – 2
- Places will be allocated via competitive process (probably ACAR)

Current reforms: Shift to Home Care

Chart ii: Aged care planning ratio targets, 2013-14 and 2021-22



Projected Growth in Home Care Places



Current reforms: Home Care Packages

- Key implications
 - 4 levels of Home Care Package
 - Dementia & Cognition Supplement
 - Veterans Supplement
 - Income tested fees
 - Annual cap of \$10,375.96
 - Lifetime cap of \$62,255.85
 - Income testing via Department of Human Services
 - Consumer Directed Care (CDC)
 - All existing HCPs became CDC from 1 July 2015
 - Transition for clients with services above HCP levels

Increasing Consumer Choice

- *Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016* passed Parliament on 3 March 2016
- On 27 February 2017 **Home Care Packages funding transfers to the consumer**
- National pool of HCPs with prioritisation process taking into account relative need and time waiting
 - No more HCPs allocated to approved providers
 - No more Aged Care Approvals Rounds for HCPs – packages allocated throughout year
 - ACATs will assess for specific HCP Level
- Consumers will choose provider, who in turn claims funding from government
- Packages/funding portable to another provider, including in another location

Aged Care Sector Committee

- Key formal Government consultative committee with sector
- Key outputs so far:
 - Aged Care Sector Statement of Principles
 - Red Tape Reduction Plan
 - <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/aged-care-sector-committee>
- Aged Care Sector Committee has developed roadmap for future reform
 - Submitted to Minister Ley in December 2015
 - Includes extension of individual consumer funding model to residential care
 - Legislated review of aged care reforms in 2017

How should aged care be reformed?

national AGED CARE alliance

The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.



Enhancing the quality of life of older people through better support and care

NACA Blueprint Series
June 2015



NACA Vision

Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them

This vision places aged care in the broader context of ageing, and seeks quality aged care services that are consumer-driven, have a wellness and reablement focus, are affordable for the community and individuals, sustainably provided, and are inclusive of the diversity of older people according to their needs

NACA: Implementing change

Initial Steps

1. Cross-party commitment to move to a consumer-led and demand-driven aged care system through a phased and transparent implementation process
2. Assessment of the fiscal and related risks of a demand-driven model and the identification of measures to manage risk

NACA: Implementing change

Next Steps

3. Incorporating individual funding across all aged care programs to provide the older person with choice and control
 - Integration of residential care, home care and home support into a single and equitable funding structure based on funding following the consumer
 - Effective safety nets for marginalised individuals and communities, and those who cannot meet the costs of care
 - Use of block funding or other mechanisms where an individual funding model does not work
4. Ensuring consumers are better informed

NACA: Implementing change

5. Developing financially sustainable aged care services
 - Reforming means testing to include full value of family home
 - Equitable care fees across residential care, home care and home support
6. Providing more appropriate care and support services for people with dementia
7. Delivering more appropriate palliative, end of life care and advance care planning for older people in the community and in residential care
8. Supporting informal carers

NACA: Implementing change

Broader Reform Steps

9. Ensuring an integrated approach to workforce planning and remuneration across health, aged care, disability and community service sectors
10. Reviewing and reforming retirement incomes
11. Aligning the interfaces between aged, health, disability, palliative care and community services
12. Securing access to affordable assistive technologies, aids and equipment
13. Preventing elder abuse
14. Improving access to appropriate housing for older people, within the broader context of liveable communities, including age friendly infrastructure and urban design

Consultation with NACA

- Government continues to consult with NACA as major sector representative group
- Home Support Advisory Group is continuing at least for first half of 2016
- 3 main NACA Advisory Groups over next 3 years
 - Quality & Compliance
 - Gateway (My Aged Care)
 - Home Care Reform [*Paul Sadler Chair*]
 - Both HCP to consumer Feb 2017 & integrated home care and support program by July 2018

What could an integrated care
at home program look like?

Integrating CHSP and Home Care

- Key features to keep
 - Focus on consumer choice and control
 - Focus on wellness and reablement
 - Mix of individualised and block funding
 - Engagement of local communities and volunteers (social capital)
 - Involvement of professionals (medical, nursing, allied health, social work)
 - Strong links with related sectors, e.g. health, housing, disability
 - Capacity for local flexibility

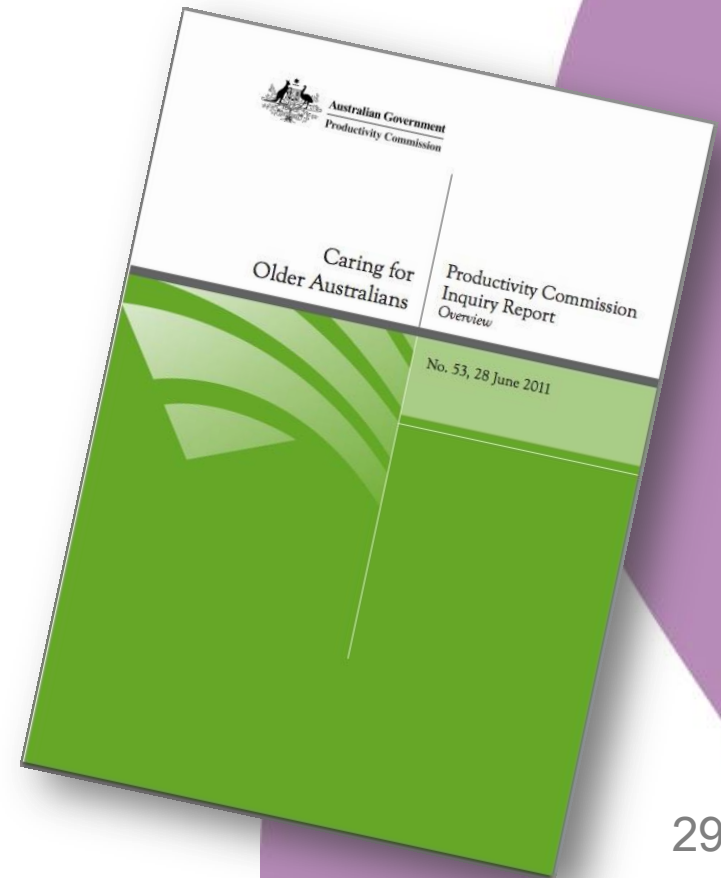
The Productivity Commission Report August 2011

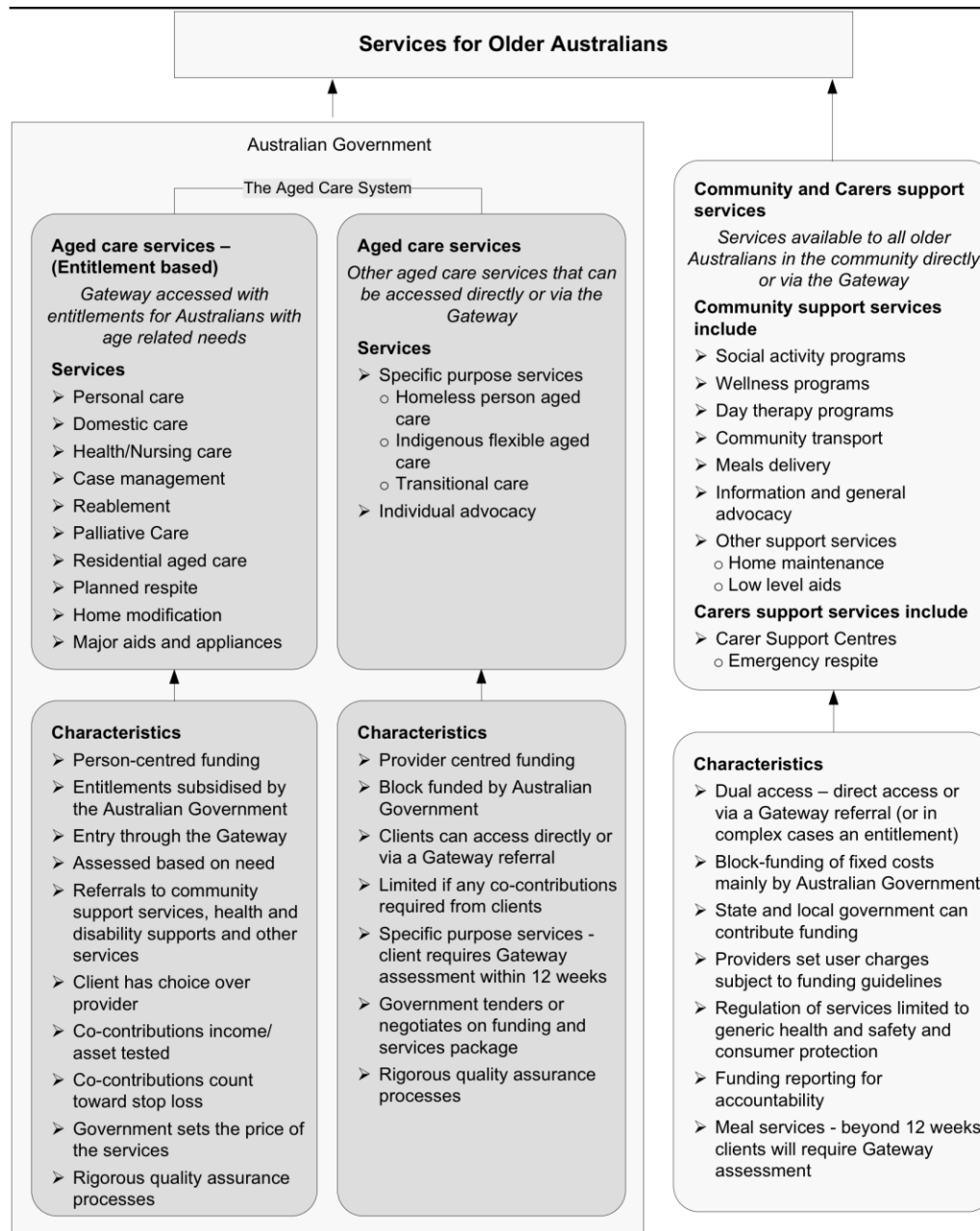
Focus:

Wellbeing of older Australians – promoting their independence, giving them choice and retaining their community engagement

Balance:

- Individual responsibility
- Affordability for taxpayers
- Safety net for those that need it





Characteristics

- Person-centred funding
- Entitlements subsidised by the Australian Government
- Entry through the Gateway
- Assessed based on need
- Referrals to community support services, health and disability supports and other services
- Client has choice over provider
- Co-contributions income/asset tested
- Co-contributions count toward stop loss
- Government sets the price of the services
- Rigorous quality assurance processes

Characteristics

- Provider centred funding
- Block funded by Australian Government
- Clients can access directly or via a Gateway referral
- Limited if any co-contributions required from clients
- Specific purpose services - client requires Gateway assessment within 12 weeks
- Government tenders or negotiates on funding and services package
- Rigorous quality assurance processes

Characteristics

- Dual access – direct access or via a Gateway referral (or in complex cases an entitlement)
- Block-funding of fixed costs mainly by Australian Government
- State and local government can contribute funding
- Providers set user charges subject to funding guidelines
- Regulation of services limited to generic health and safety and consumer protection
- Funding reporting for accountability
- Meal services - beyond 12 weeks clients will require Gateway assessment

PC Vision for Aged Care System

- Aged Care Gateway
 - Information and referral
 - Single assessment process
 - Entitlement to funding level based on assessment
- Aged Care Services only accessible through Gateway assessment and entitlement process
 - Personal and domestic care
 - Health and nursing care
 - Case management services
 - Reablement services
 - Major aids and appliances
 - Planned respite
 - Palliative and end-of-life care
 - Home modification services
 - Residential aged care services

PC Vision for Aged Care System

- Aged Care Services which can be accessed through the Gateway or directly:
 - Specific needs services that provide integrated aged services for particular client groups who would otherwise find it difficult to access appropriate aged care services. This includes specific services for homeless older people and Indigenous flexible care services. Gateway assessment will be needed for care beyond 12 weeks.
 - Transitional care services
 - Individual care advocacy services

PC Vision for Aged Care System

- Community Support Services which can be accessed directly or by the Gateway providing an entitlement or general referral:
 - Information and general advocacy services
 - Social activity programs
 - Wellness programs
 - Day therapy programs
 - Community transport
 - Meals delivery, initially directly accessible, but home delivered service for greater than 12 weeks referred for Gateway assessment
 - Home maintenance services

PC Vision for Aged Care System

- Carer Support Services which can be accessed through the Gateway or directly:
 - Carer Support Centres including carer counselling, training and education, peer support and emergency or unplanned respite.
 - Additional carer supports through other community service providers and support groups, including Carers Associations

Implications for home care / home support providers

- Block funding may well remain for some CHSP services, but ...
- Prepare for consumer control:
 - Know your costs
 - Market yourselves directly to older people and carers, as well as to other HCP providers
- Position yourselves for:
 - Increased competition from existing providers
 - New players in the market
- Take opportunities to deliver a greater range of services
 - CHSP 20% flexibility rule
 - CHSP growth round
 - Short-term Restorative Care Program

Conclusion

- **Be ready**
 - For the current CHSP changes
 - For the direction of future reform
- **Be engaged**
 - With older people and carers
 - With staff, volunteers and board
 - With your peak body
 - With ACSA and NACA
- **Be bold**
 - To advocate to government to get the future right
 - To make changes