



Australian Government

Department of Health and Aged Care

Reforming in-home aged care webinar

Dr Nick Hartland

First Assistant Secretary – Home and Residential Division



Acknowledgement of Country

I would like to acknowledge the Traditional Owners and Custodians of the lands on which we meet today and pay my respects to Elders past, present and emerging.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today.



Who you will be hearing from today

Nick Morgan

Assistant Secretary – Support at Home Reform Branch

Russell Herald

Assistant Secretary – Home Support Operations Branch

Julia Atkinson

A/g Assistant Secretary – Home Care & Assessments Branch

Mel Metz

Assistant Secretary – Legislative Reform Branch

Caroline Turnour

A/g Assistant Secretary – Harmonisation and Regulatory Strategy Branch



Housekeeping

- Live captioning for this webinar can be viewed here: <https://escribelivecaptions.1capapp.com/index>
- The webinar will be recorded and uploaded to the department's website within 7 days



In-home Aged Care

Nick Morgan
Assistant Secretary,
Support at Home Reform Branch

1. Discussion paper – overview
2. Submissions and feedback
3. Next steps

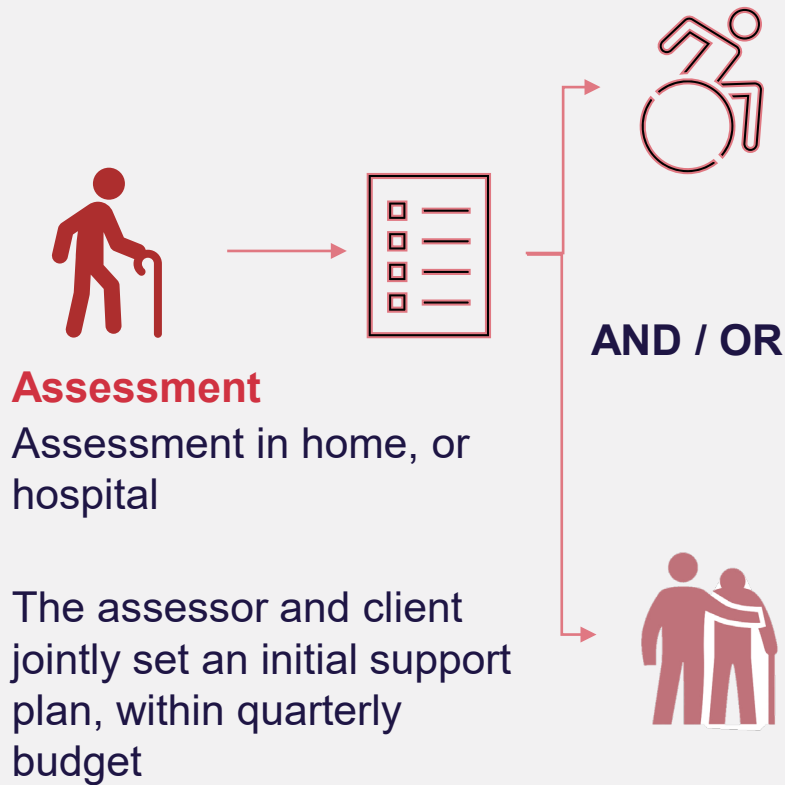


Discussion paper

- Released 18 October 2022.
- Outlined a proposed model for the new in-home aged care program.
- Included changes to the model consulted on earlier in the year.
- Submissions closed 25 November.



Clients



Short Term Support for Independence

- Goods, equipment and assistive technology (including loan scheme)
- Home modifications
- Short term allied health
- Specialised support services

Ongoing supports at home

- One provider or multiple
- Can adjust services within a quarterly budget
- Clinical care partners
- Access to extra services for temporary needs
- Client contributions set by capacity to pay
- Regular reports on services & budget

Providers

Short term support for Independence

- Goods, Equipment & Assistive Technology and Home Modifications Scheme
 - Separate funding
 - Loan scheme
 - National procurements
- Grants for specialised support services
- Allied health and restorative care

Mixed funding model for ongoing support

- Activity based funding
- Supplementary grants as for:
 - Transport, cottage & centre-based respite, meals, social support group
 - Providers who operate in thin or niche markets
- Funding pool for additional client services (set at 25% of client budgets each quarter)
- Client contributions by capacity to pay
- Monthly or more frequent payments with automatic data capture

* Consulting on alternative First Nations model

Areas of focus

1

Self-managing
across multiple
providers.

2

Ensuring care
partners are
available when
needed.

3

Funding model to
ensure services
are available and
delivering value
for money.

4

Providing
flexibility to meet
changing needs.

5

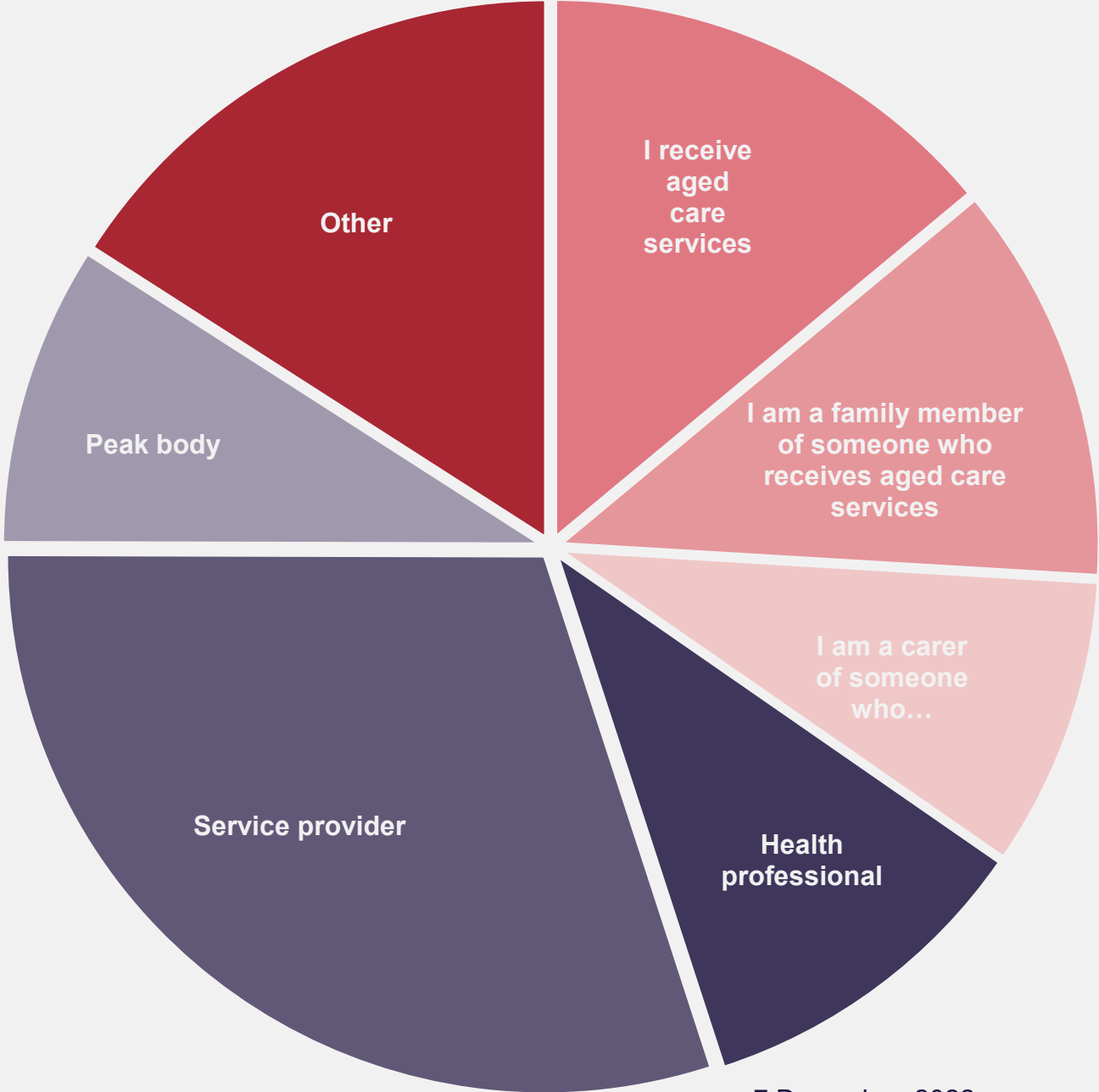
Fostering
innovation and
investment.



Feedback on the model

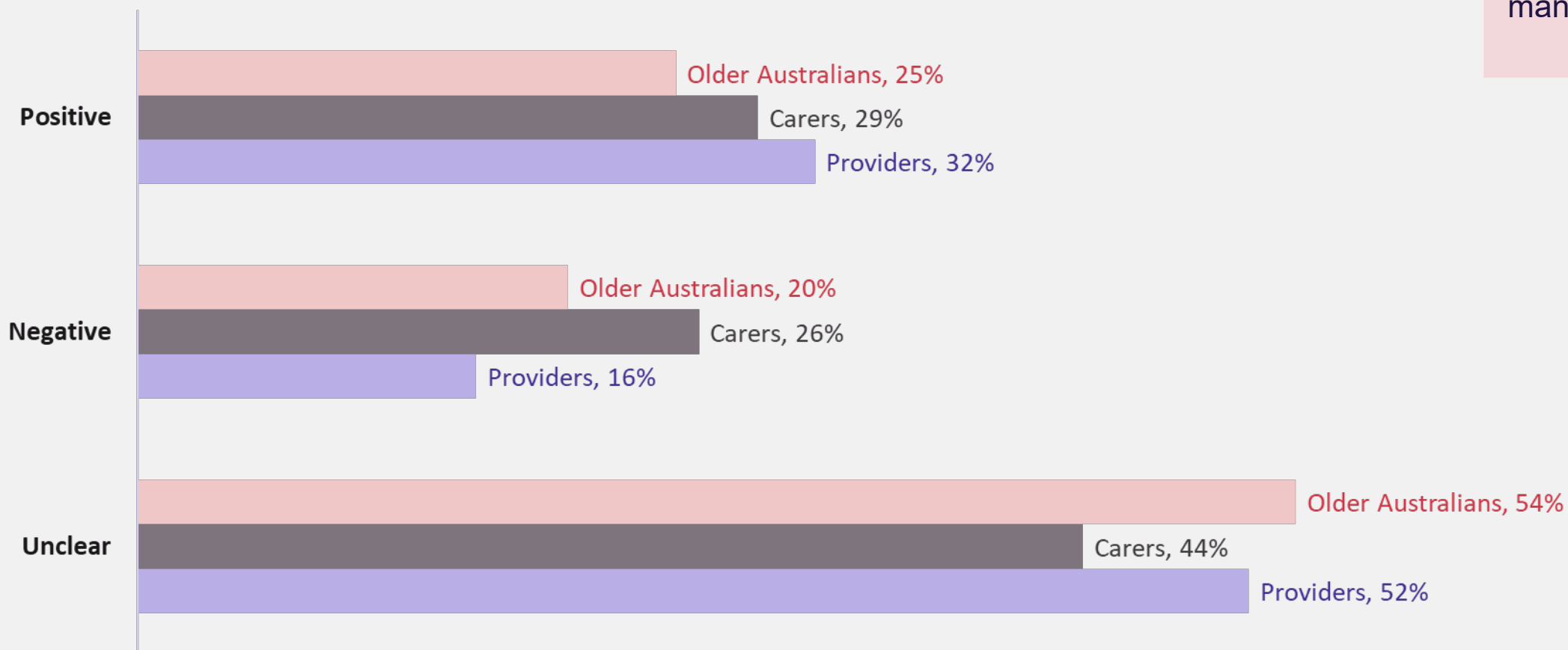
511 Submissions*: who we heard from

Older Australians receiving aged care services	14%
Carers	9%
Family members	12%
Health professionals (nursing, allied health, medical, other)	10%
Service providers	30%
Peak bodies	9%
Other (local government, researchers, general public)	16%



**511 submissions reviewed as at 2 December 2022 (final number received was 528)*

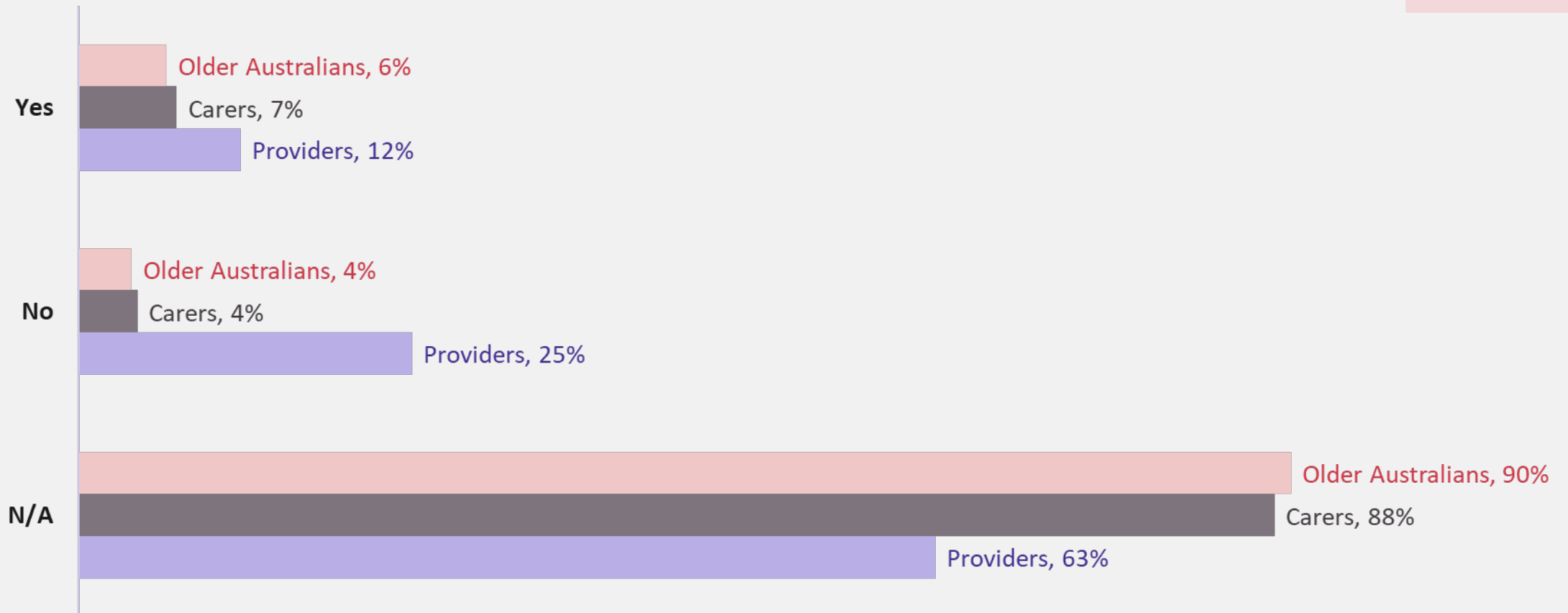
Sentiment towards having multiple providers



Should older Australians who self manage be responsible for keeping within budget?

1

Self-
management



Feedback on self-management



Older Australians & Carers

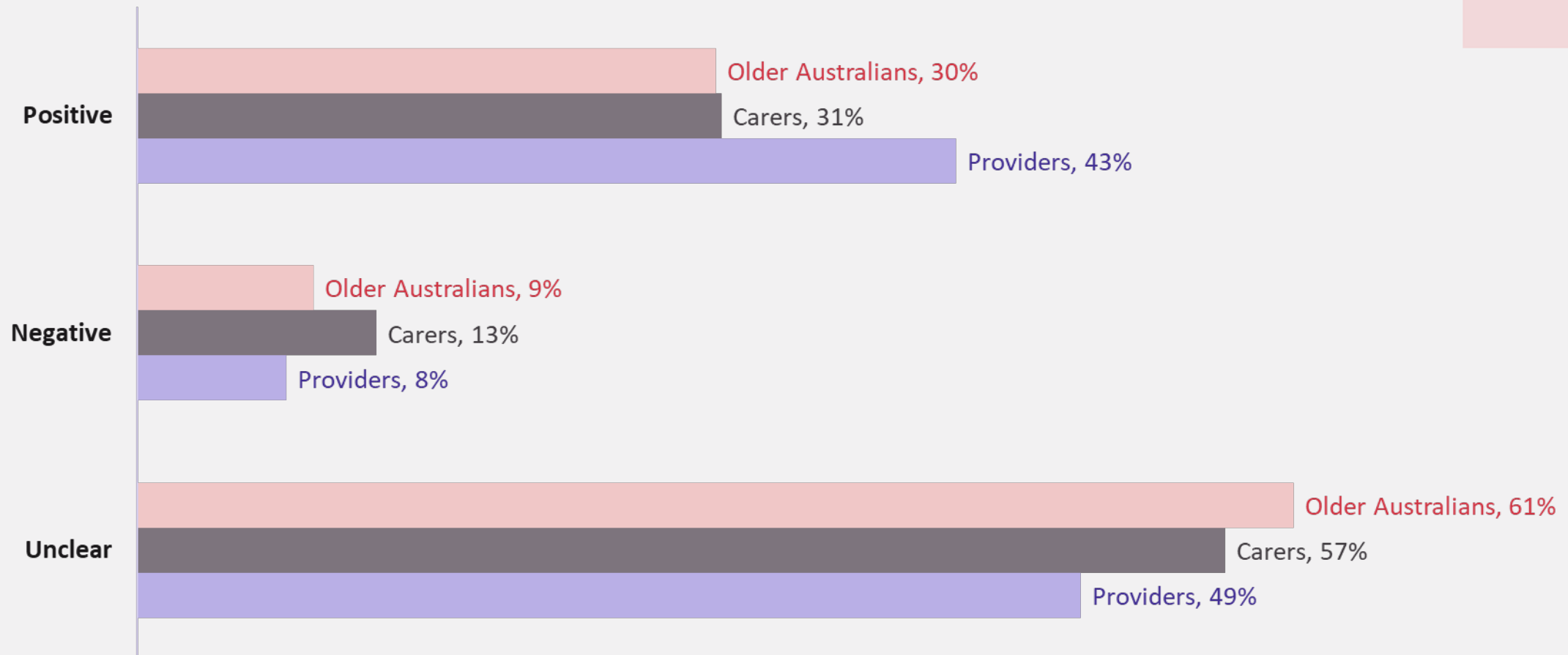
- Want to keep the ability for reimbursement
- Worried about losing access to workers who don't register
- Some like idea of multiple providers, others prefer to retain a lead provider
- Concern about how the quarterly budget would work



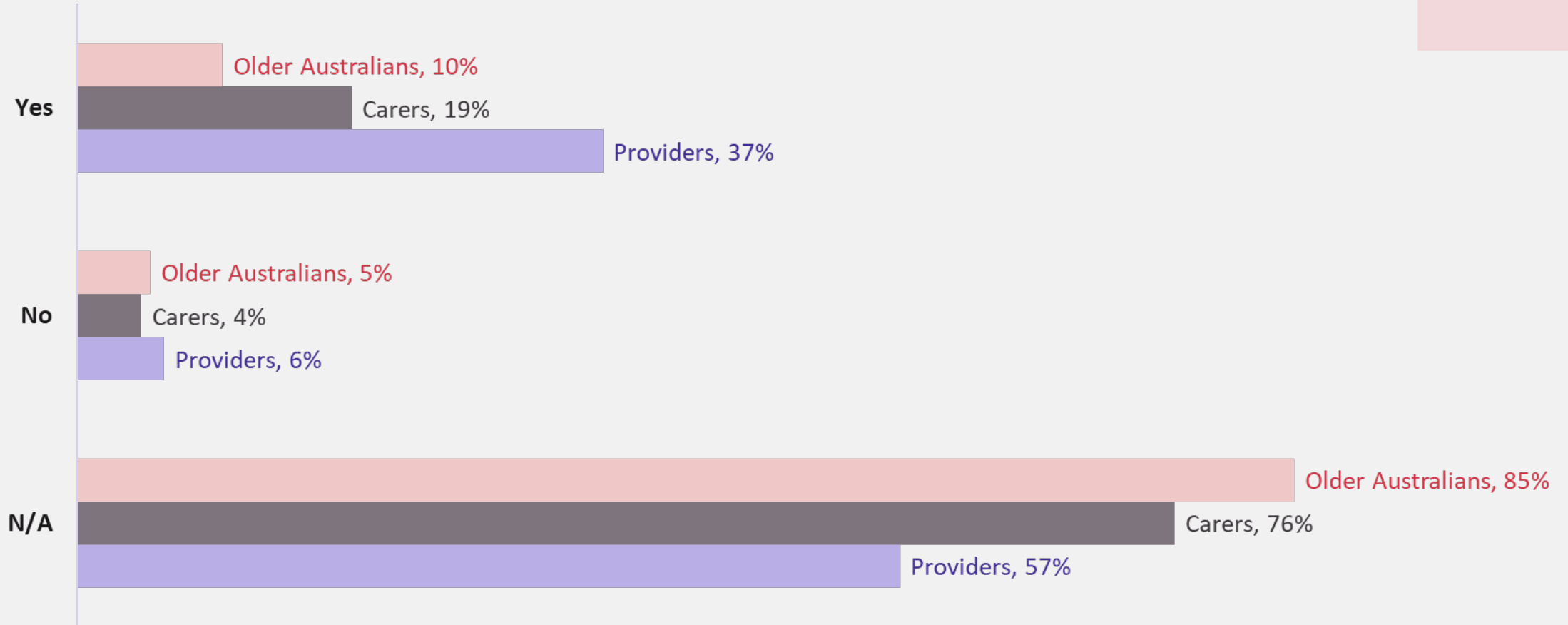
Service Providers

- Concerned about people over-booking leaving no budget to pay invoices
- Want clarity about accountability for client outcomes if multiple providers

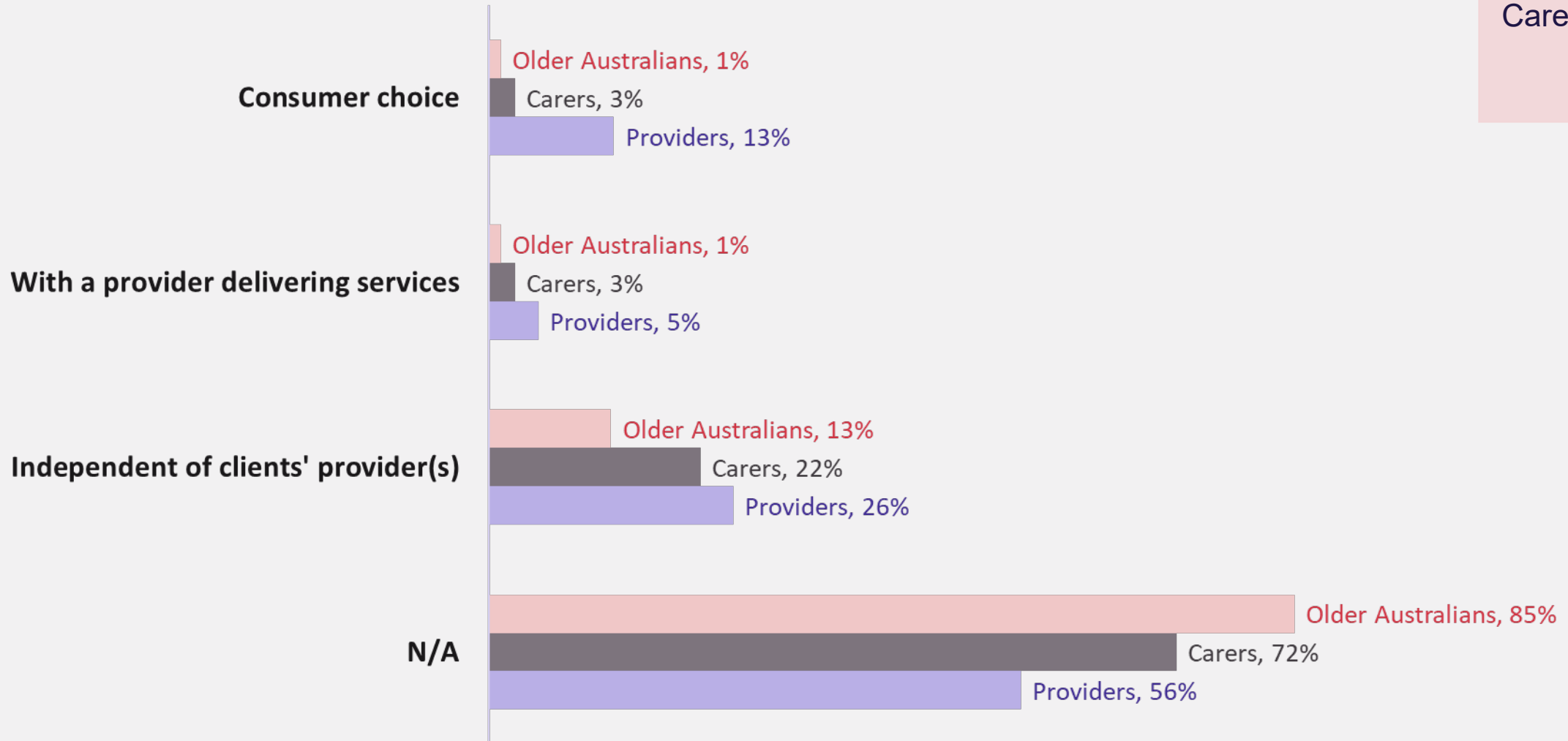
Sentiment towards Care Partners



Should Care Partners monitor outcomes



Where should the care partner sit?



Feedback on care management



Older Australians and Carers

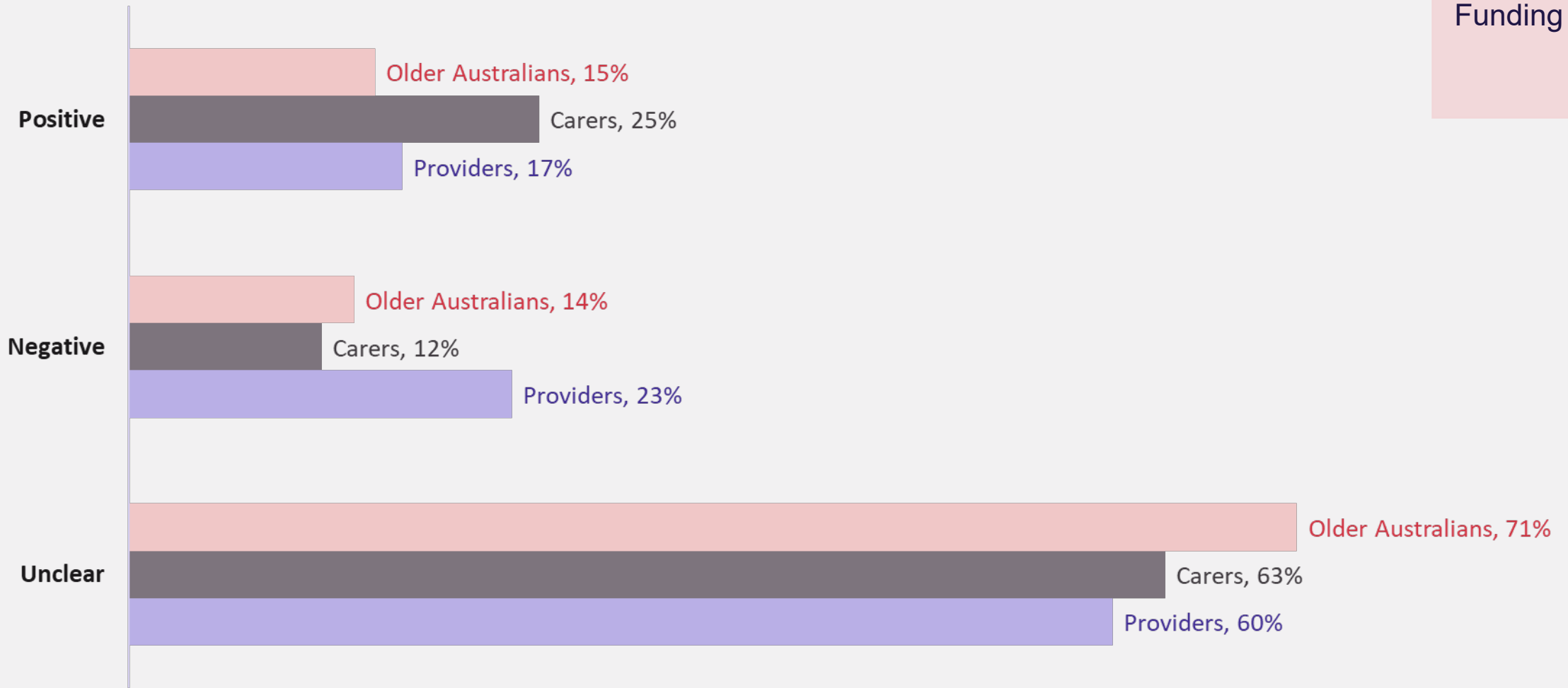
- Care partners must support people and not make decisions for them
- Help needs to be available when needed
- Don't want expensive fees for care management services they don't receive
- Some have strong view that care partners should be independent of service providers



Service Providers

- Concerned about accountability where client has multiple providers
- Want clarity on what functions are included in care management and how episodic support will be funded.
- Do care partners have to have clinical qualifications?
- How will care management work for low-level clients and single service providers?

Sentiment towards funding model



Feedback on Funding model



Older Australians and Carers

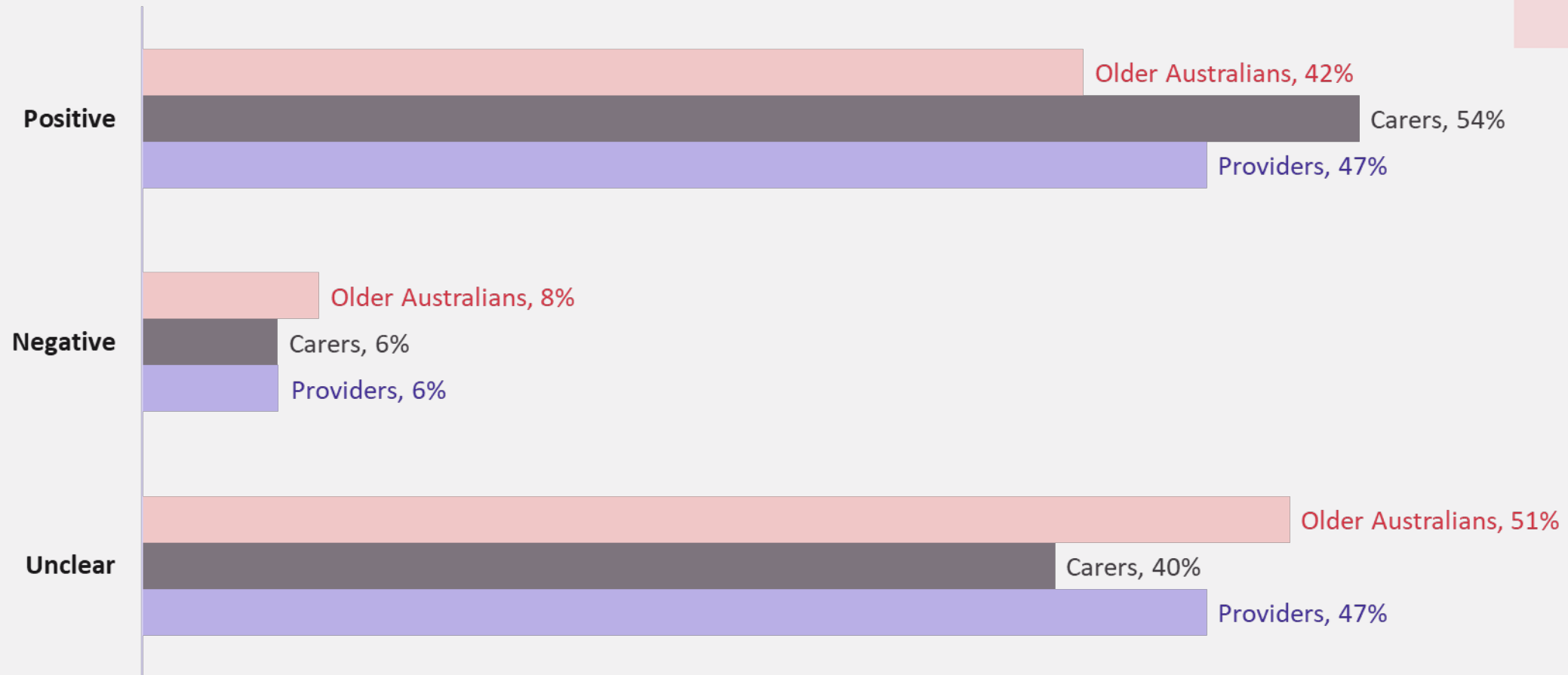
- Like the idea of having a budget but worried about it being quarterly.
- Support prices and management fees being set by Government
- Those who self manage would prefer price ranges so they can shop around.
- Support new providers being able to offer their services.



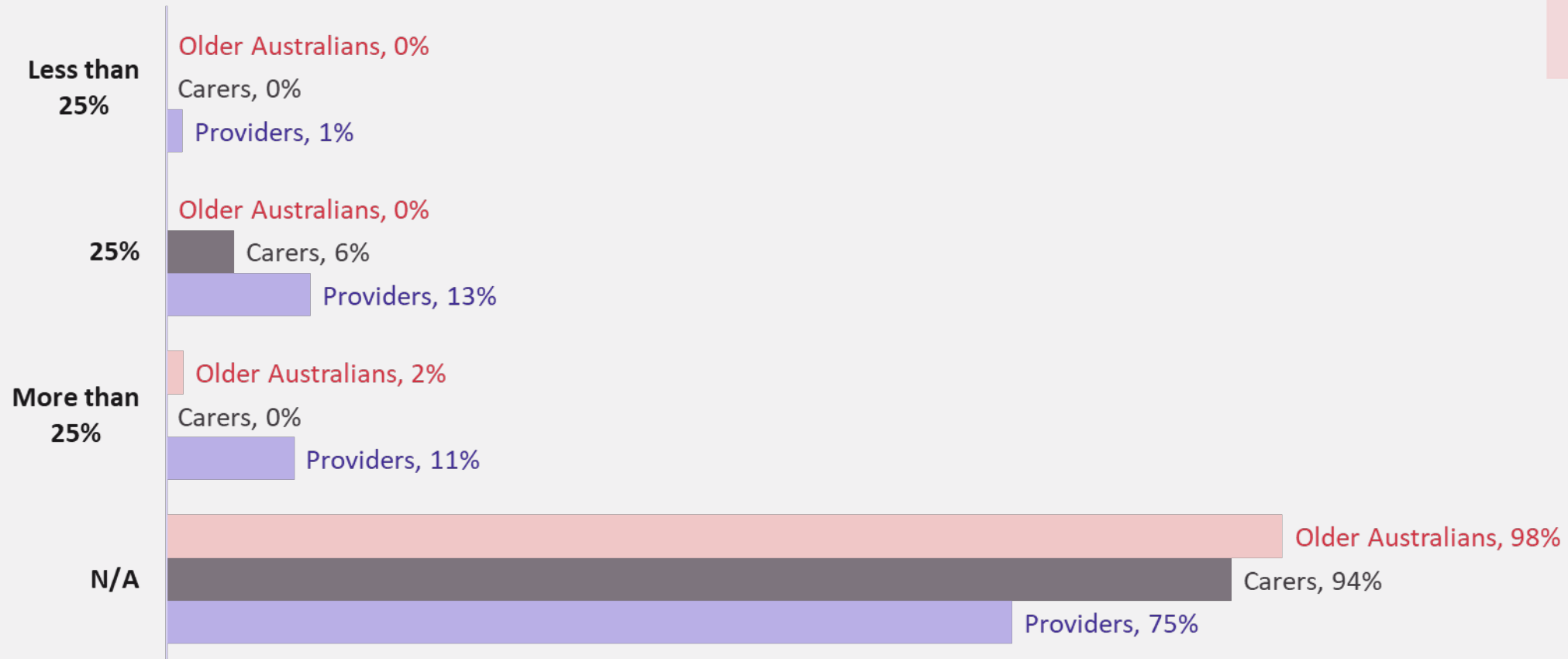
Service Providers

- Concern that prices will be too low
- Some argue for alternative approaches (eg retain full grant funding, case mix)
- Support supplementary grants for different service types and thin markets, but want details, particularly diversity groups (eg homeless, CALD)
- Some feel model is too complex or too transactional
- Concerned about transition

Sentiment towards flexibility for changing needs



Size of flexible funding pool



Feedback on flexibility to meet changing needs



Older Australians and Carers

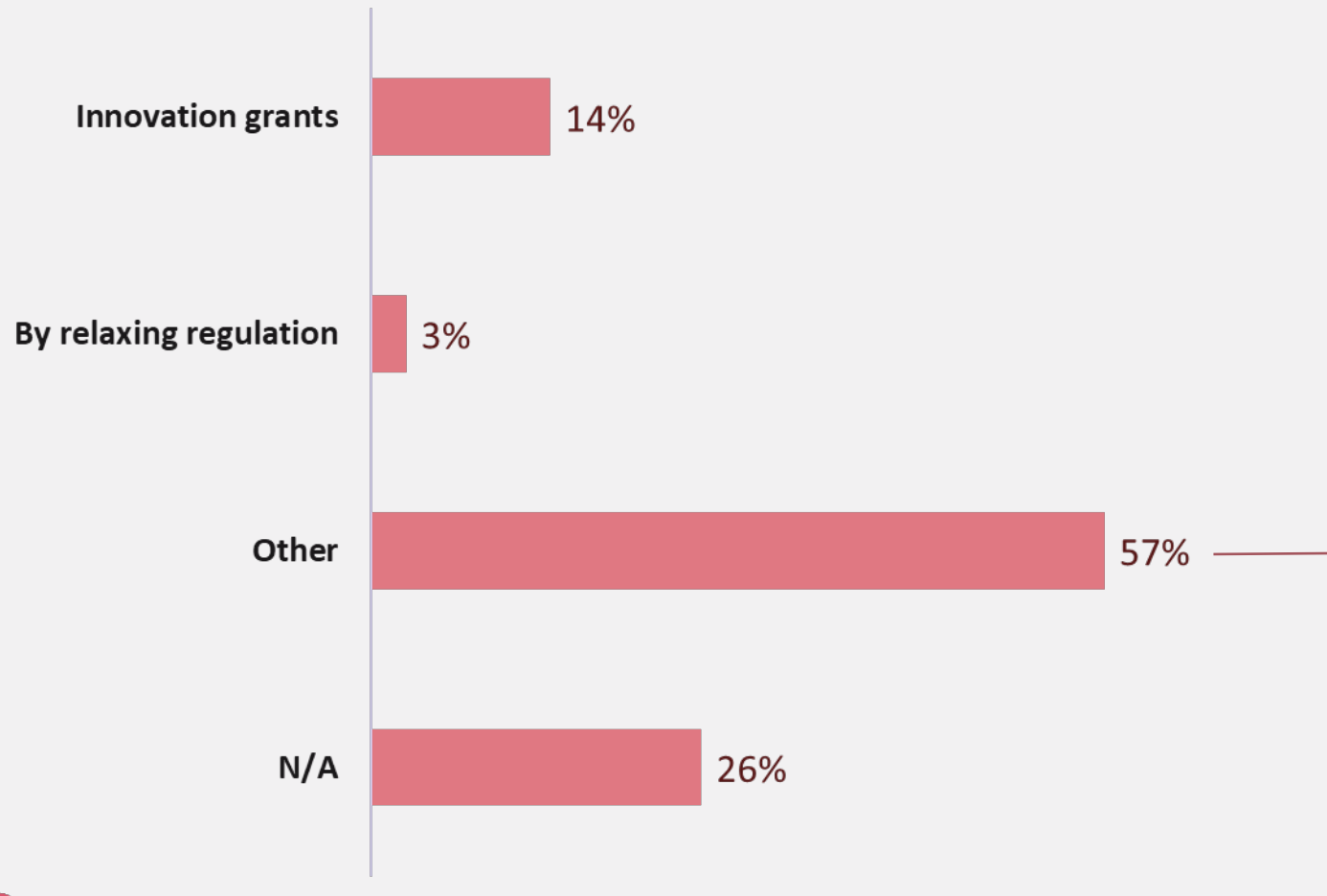
- Like the concept of access to additional services when needed, but are concerned about providers controlling access
- Support having a budget but want details about the service list it can be used with
- Support concept of a goods and equipment and home modifications scheme to get timely access to supports



Service Providers

- Support the idea of a flexible fund
- Want to know the rules for how the flexible fund can be used

How can innovation be fostered



Examples:

- Greater focus on technology
- Allow providers set higher prices for higher quality
- Simple star rating system
- Not having fee for service
- Collaboration with universities
- Sharing innovative practice through government and provider peaks

Feedback on Innovation



Older Australians and Carers

- Some interest in how support in congregate settings could work
- Interest in home sharing model



Service Providers

- Concern about the proposed system being too transactional, limiting innovation by community organisations
- Concern that innovation is stymied if prices are set by Government
- Some looking for a greater focus on client outcomes and quality

Feedback on what is missing from the paper



Older Australians and Carers

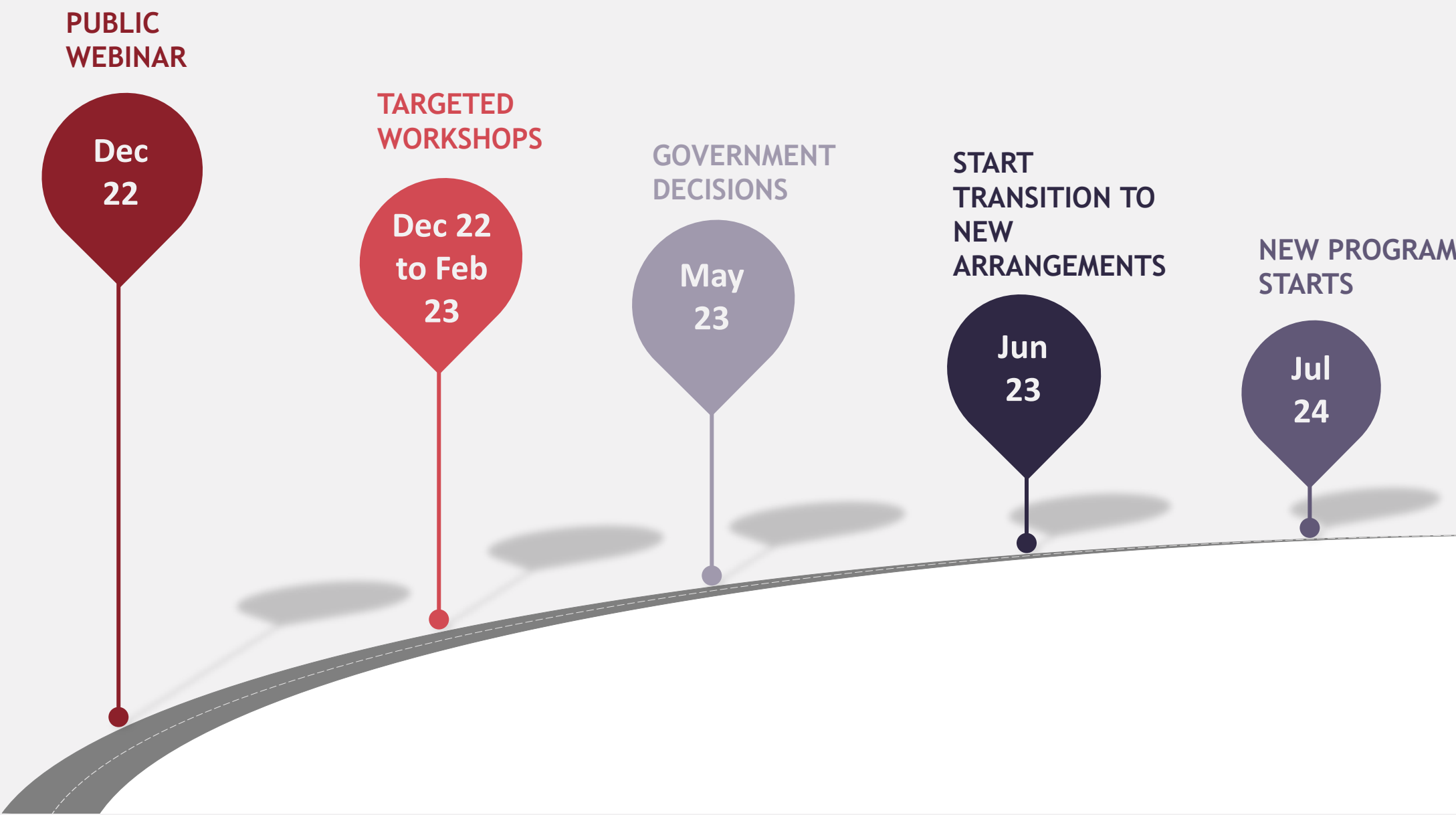
- People want more information on the assessment and classification arrangements
- Carers are very concerned about access to respite under the model
- Diversity groups have raised concerns about a lack of information (eg translation services)
- More detail is sought on the proposed goods, equipment and assistive technology and home modifications scheme



Service Providers

- Focussed on implementation and transition timeframes and details.
- Seeking more information on regulatory requirements under the new program.
- Major concerns about workforce constraints, and competition for staff with other sectors (eg NDIS, DVA).

Next Steps



Thank you

- For more information, please contact the Department of Health and Aged Care
 - Email: SAH.implementation@health.gov.au
 - Website: [Reforming in-home aged care | Australian Government Department of Health and Aged Care](#)



Update on the Commonwealth Home Support Programme

Russell Herald
Assistant Secretary,
Home Support Operations Branch

1. CHSP extension 2023-2024
2. CHSP program changes and updates
3. Impact of the Fair Work Commission's direction on wage increase
4. Serious Incident Response Scheme and CHSP



CHSP extension through 2023-2024

- Funding for CHSP has been extended for a further 12 months, until 30 June 2024
- Providers will retain grant agreements similar to current arrangements, noting:
 - Nationally consistent unit price ranges -- except Assistance with Caring and Housing (ACH), Sector Support and Development (SSD), Home Modifications and Goods Equipment and Assistive Technology (GEAT)
 - Increase in unit prices for 2023-24 financial year.
 - Continued fixed monthly payments in arrears and monthly reporting (except SSD providers)
 - Continuation of 100% flexibility provisions and client contributions



- A survey was open to CHSP providers to help inform the department around the costs of staffing in preparation for the Fair Work Commission ruling in 2023
 - The early responses have given strong insights to the breadth of exposure for recent and possible future Fair Work Commission decisions.
 - Providers may be eligible for this award increase pending a final decision expected in 2023.
- Ahead of the new program, we are asking providers to update My Aged Care client records
- CHSP provider fact sheet and updated 2022-23 CHSP Manual is now available under CHSP Resources



CHSP update and changes

- **Specialised Support Services**
 - Following extensive consultations, Specialised Support Services is being refined to ensure a greater alignment with the intent of the CHSP service type.
 - The new definition will come into effect from 1 July 2023.
- **Sector Support and Development**
 - Community of Practice for Sector Support and Development providers to connect.
 - SSD activities now focus on supporting CHSP providers to prepare for future in-home aged care reforms.
- **Assistance with Care and Housing**
 - Care finder program commences 1 January 2023.
 - Hoarding and squalor services remain in the CHSP.



CHSP update and changes cont.

- **Goods, equipment and assistive technology expansion**
 - Home Care Package (HCP) care recipients, including people on the National Priority System, can access urgent GEAT through the CHSP.
 - The amount of GEAT available for HCP recipients is up to \$2,500 per year in total in recognition of their higher support needs compared to CHSP clients.
- **Grant Opportunity GO5672**
 - Up to \$15 million is available for CHSP providers to:
 - respond to unforeseen and exceptional circumstances, including COVID
 - address gaps in service delivery
 - implement new and innovative service delivery models in the 2022-23.
 - Applications are open until 30 April 2023.



CHSP and the Serious Incident Response Scheme

- Will be extended to in-home care from 1 December 2022
- In-home care services includes:
 - Home care
 - Flexible care delivered in home and community settings
 - Grant funded services provided through NATSIFACP and CHSP
- Key resources on the Aged Care Quality and Safety Commission (ACQSC) website (www.agedcarequality.gov.au), including recordings for 26 September, 3 November and 16 November webinars
- Contact: SIRS@agedcarequality.gov.au



Thank you

- For more information, please contact the Department of Health and Aged Care
 - Email: chspprogram@health.gov.au
 - Website: www.health.gov.au



Update on Home Care Packages

Julia Atkinson
A/g Assistant Secretary,
Home Care and Assessment Branch

1. Overview of changes
2. Care and Package Management
3. Charging for care and package management
4. What do these changes mean for you
5. Key Benefits
6. What care recipients can do



Overview of changes

From 1 January 2023, changes are being made to:

- Care management – 20%
- Package management – 15%
- Package management – no service, no charge*
- Exit charges - abolished
- Third party services charges – integrated pricing

*if no service is provided in a month, except for the first month. Providers still able to charge care management.



Care management

Care management is a mandatory service and providers must:

- regularly assess the needs, goals and preferences of your care recipient
- review their home care agreement and care plan
- ensure their care and services align with other supports
- partner with them and their family or carers about their care
- ensure their care and services are culturally safe
- identify and address risks to their safety, health and well-being.



Package management

Package management is a service that supports delivery of a HCP, and can cover administrative activities that a provider must do, such as:

- establishing and managing home care budgets
- coordinating and scheduling services and workers
- preparing invoices and monthly statements
- ensuring completion of compliance, regulatory and assurance activities.



Charging for care and package management

- Providers must set reasonable and justifiable prices
- Prices must be:
 - Value for money
 - Clear, understandable and transparent
 - In line with program requirements and legislation
- From 1 January 2023, even if the care recipient requests or agrees to it, providers cannot charge more than the maximum amount for care and package management or a separate charge for third party services.



What do these changes mean for you?

Example - Mary

Current prices	<ul style="list-style-type: none">• Mary has a level 1 package• Care management \$75 (above caps)• Package management \$40 (below caps)• Third-party gardening \$57 p/h plus \$7 for sub-contracting (not inclusive)
What needs to change?	<ul style="list-style-type: none">• Reduce care management to below the cap• Reasonably adjust prices• Make third-party prices all-inclusive

Example continued - Mary

Pre 1 January 2023

Propose new prices

- CM changes to \$70 (below caps)
- PM changes to \$45 (below caps)
- Third party \$60 p/h (all-inclusive & reasonable)

Discuss & agree

- Explain, discuss & negotiate
- Mary & provider agree

Document

- Home Care Agreement
- Pricing schedule
- Individualised budget
- Monthly statement

1 January 2023

Charge:

- no more than caps
- all-inclusive third-party prices
- only reasonable, agreed prices



Key Benefits

Reduce excessive charges

Improve pricing transparency

Care recipients know what to expect

Providers do the right thing

Improved pricing data



What care recipients can do

If you have concerns about changes to prices, you can:

- Talk to your provider
- Learn more by visiting '[Agreeing to a Home Care Package](#)' on the My Aged Care website or call the My Aged Care contact centre on **1800 200 422**.
- Compare your provider to others in your area using the '[Find a Provider](#)' tool.
- Contact the Australia-wide Older Persons Advocacy Network (OPAN) on **1800 700 600** or visit [opan.org.au](https://www.opan.org.au)
- Contact the Aged Care Quality and Safety Commission on **1800 951 822** or visit www.agedcarequality.gov.au.



Thank you

- For more information, please contact the Department of Health and Aged Care
 - Email: homecarepolicy@health.gov.au
 - Website: <https://www.health.gov.au/news/newsletters/home-care-packages-program-update-november-2022>



Update on Legislation Reform

Mel Metz
Assistant Secretary
Legislative Reform Branch

1. Update on the new Aged Care Act
2. Proposed Nominees and Supported Decision-Making under the new Act



Update on new Aged Care Act

The new Aged Care Act and its subordinate legislation are in development

- Engaging advisory forums, including the Council of Elders and National Aged Care Advisory Council
- *Aged Care Amendment (Implementing Care Reform) Act 2022* received Royal Assent
 - delivers on 3 Government commitments
 - responds to 2 Royal Commission recommendations
- Finalising subordinate legislation for interim amendments:
 - 13 instruments completed
 - 3 instruments in progress



What is a nominee?

- Nominee processes exist under other laws including NDIS, Social Security, Family Assistance and the National Redress Scheme
- Administrative process to appoint a person as a nominee
- Aged care law does not currently have any formal nominee arrangements

What's wrong with the current arrangements?

- Inconsistent and confusing terms and definitions
- No laws for appointment of a nominee
- Supported decision-making not considered

***A person
nominated to
represent or
support another
person due to
some form of
inability or need for
or want of help***



Proposed types of nominees

Supporter	Representative
<ul style="list-style-type: none">• Intended to help the person receiving (or seeking to receive) aged care to navigate the aged care system• Support the person to make decisions on their own• Not authorised to make decisions on person's behalf• Able to access information, receive notices etc.• Appointed at request of person	<ul style="list-style-type: none">• Authorised to take action and make decisions on behalf of person receiving (or seeking to receive) aged care• Only able to take actions/make decisions as a <u>last resort</u> where person is not able to be supported to make decisions themselves, or wants the representative to make the decision• May be appointed where person does not have capacity to make decision, does not want to make decisions, or in case their capacity to make decisions declines later* <p>*A person receiving aged care does not forfeit their decision-making ability if they have a representative appointed</p>



Supported decision-making

“a diagnosis of dementia or cognitive impairment does not mean a person is incapable of making decisions – and instead means that the person requires support to help them understand information, make decisions, and communicate those decisions”

- p.9, Vol 3A, RC Final Report

1

If known, the representative must ensure person's **wishes and preferences be given effect**.

2

Where the person's current wishes and preferences cannot be determined, the representative **must give effect to what the person would likely want**, based on all information available (including through consultation).

3

If it is not possible to determine what the person would likely want, the representative must act to **promote and uphold the person's human rights** and act in a way least restrictive to those rights.

Decision-making principles

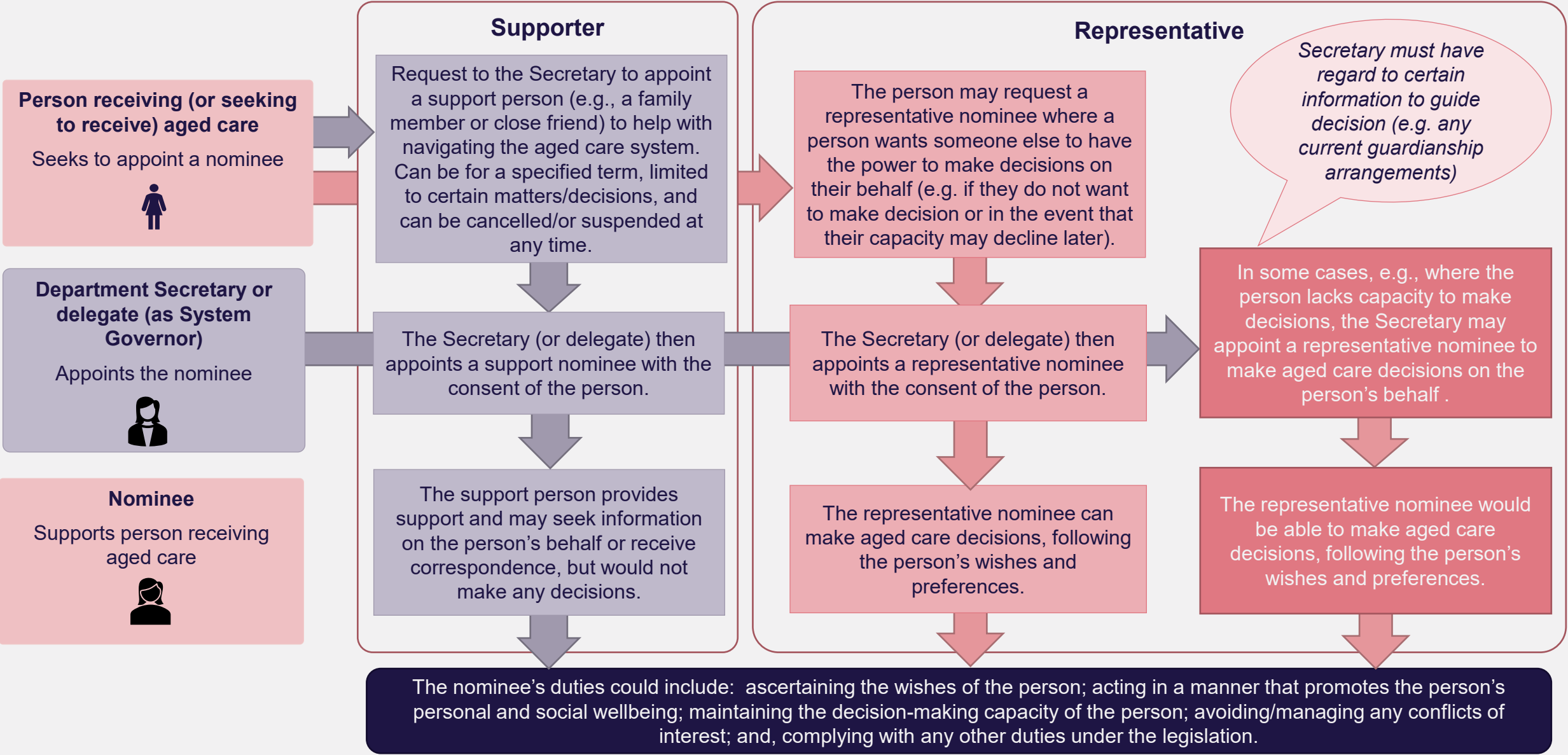
- Duty to maintain the capacity of a person to make their own decisions
- A representative must not act or make a decision, unless:
 - it is not possible for the person to do, or be supported to do, that act or make a decision themselves, or
 - where it is possible for a person to do the act or make the decision, but they want the representative to do it for them

Based on recommendations of the Australian Law Reform Commission, it is proposed that a representative have a duty to work through specified decision-making principles in 'last resort' circumstances, where they must act, or make a decision, on a person's receiving aged care's behalf.

Note: a representative may override the person's wishes and preferences only where necessary to prevent harm.



Steps for making a proposed nominee arrangement under the new Aged Care Act



Thank you

- For more information, please contact the Department of Health and Aged Care at:
 - Email: agedcarelegislativereform@health.gov.au
 - Website: <https://www.health.gov.au/initiatives-and-programs/aged-care-reforms/aged-care-legislative-reform>



A New Model for Regulating Aged Care

Caroline Turnour
A/g Assistant Secretary,
Harmonisation and Regulatory Strategy Branch

1. Overview of model & key changes
2. What we've heard
3. Registration categories and provider obligations
4. Developing the detail



Overview of new model and key changes

- Supports the new Aged Care Act and in-home aged care reforms
- Commences on 1 July 2024 with the new Act

Current framework	New model
Provider-centred One-size-fits all	Person-centred Rights-based Risk proportionate Supports continuous improvement
Approved providers	Registration - single entry point for all providers of Commonwealth subsidised services
Corporations only	Sole traders, partnerships, corporations, other business types
Pass or fail assessments against standards	Graded assessment against standards



What we've heard

- 40 submissions and 108 completed questionnaires
- Broad support but need more detail on risk proportionate approach and registration
- Preference for term "sector" not "market"
- Informed choice for older Australians – balancing risk and autonomy
- Avoid regulatory duplication and improve alignment e.g. worker screening
- Improve complaints process
- Strengthen capacity of regulator – collaborative engagement as well as enforcement
- Integrate with other aged care reforms.



Registration categories and provider obligations

- Registration categories will be based on grouping services with similar characteristics and risks in delivery of the service.
- Provider obligations will be attached to categories
- Core obligations for all providers (e.g. Code of conduct), category specific obligations and specific obligations applied by regulator.

Examples of registration categories

Registration category	Service types
Category 1	<ul style="list-style-type: none">• Domestic assistance• Home maintenance• Assistance with care and housing• Meal delivery
Category 5	<ul style="list-style-type: none">• Allied health• Care management• Specialised supports



Developing the detail

- Targeted consultation to develop detail
 - Establishing the right grouping of services into categories
 - Ensuring obligations are proportionate and effectively manage the risks associated with services
 - Flexibility to accommodate new services in future
 - Providers supplying services in multiple categories
 - Multiple sites and locations
- Further public consultation planned in early 2023.



Thank you

- For more information, please contact the Department of Health and Aged Care
 - Email: Harmonisation and Regulatory Strategy Branch AgedCareRegModel@Health.gov.au
 - Website: [Designing a new approach to regulating aged care](#)



Questions?

You can submit a question through the Q&A function on the lower right-hand corner of your screen

Simply type in your question and hit enter

Thank you

- For more information, please contact the Department of Health and Aged Care
 - Email us: SAH.implementation@health.gov.au
 - Go to the Ageing and Aged Care Engagement Hub: www.agedcareengagement.health.gov.au
 - Visit the My Aged Care website www.myagedcare.gov.au or call **1800 200 422**

