



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 vast lands on which we meet today and pay my respects to Elders past, present and emerging. I am presenting to you from Ngunnawal country.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples joining us 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

Assistant Secretary – Harmonisation and Regulatory Strategy Branch

Joshua Maldon

Assistant Secretary – Choice and Transparency 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 in 1 to 2 weeks.



Reforming in-home aged care

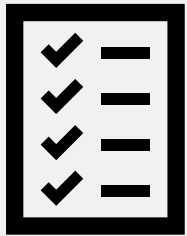
Nick Morgan

Assistant Secretary

Support at Home Branch



A commitment to reforming in-home aged care



The single assessment system will commence in July 2024



The Support at Home Program will commence in July 2025

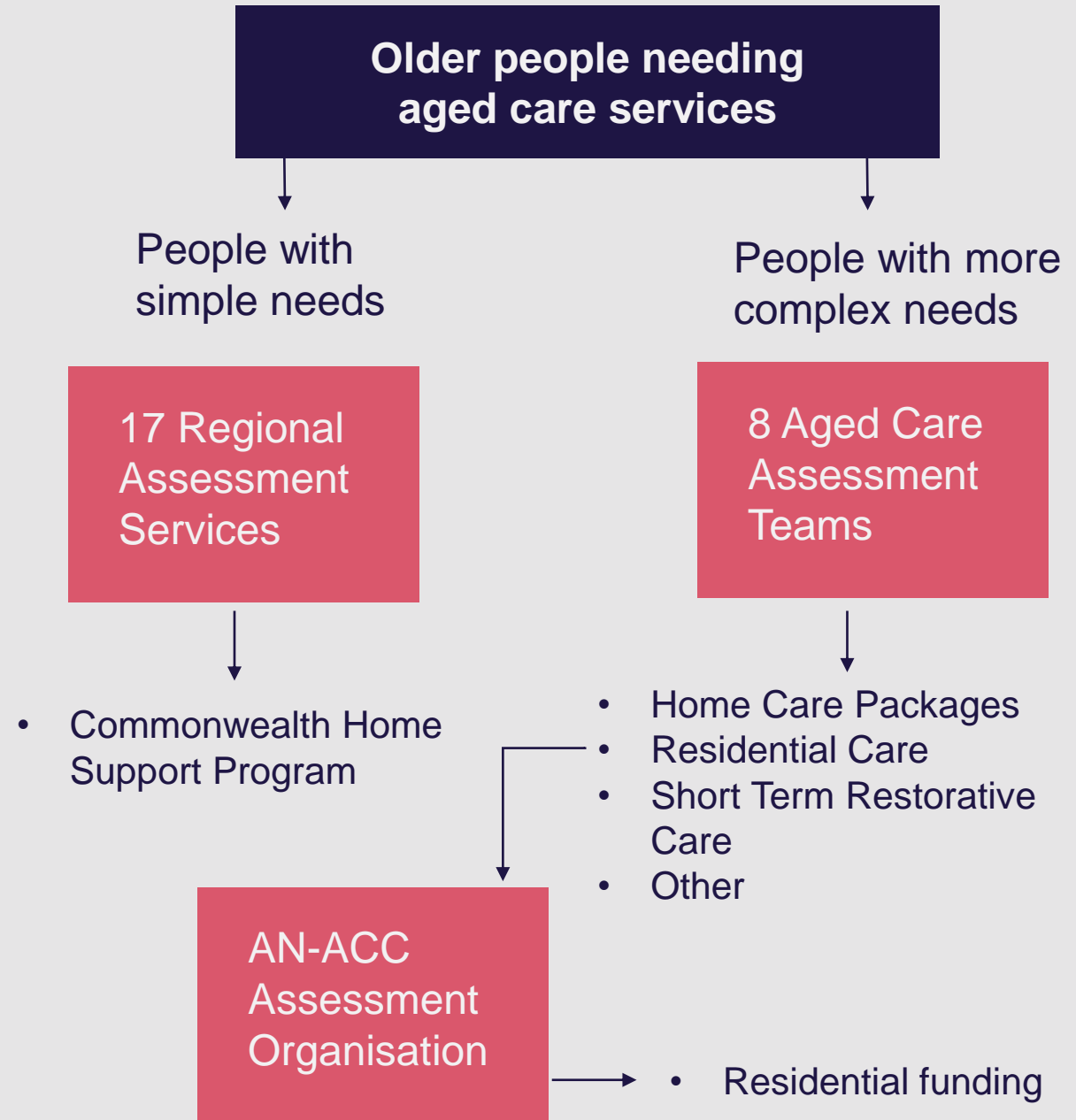


A single assessment system

From July 2024



Current assessment arrangements need to be streamlined



Single assessment system



Assessment workforce composition

1. **ACATs:** negotiation with states and territories
2. **RAS & AN-ACC:** limited tender
3. **New First Nations assessment organisations:** approach to market

Starting with existing home care programs

- July 2024 start date for single assessment system
- A new Integrated Assessment Tool will assess into existing programs
- The tool will be updated to assess for Support at Home from July 2025

A new tool for assessment

- An Integrated Assessment Tool (IAT) to assess for all aged care services
- Collects scores from validated assessment instruments

Process to develop the prototype

- Started with National Screening and Assessment Form
- Review of assessment instruments
- Assessment working group
- Data collection study (over 2000 people)
- Initial prototype refined after data study
- Refined further after trial in 2022



What does the tool look like?

18 sections in the prototype		
1 Assessment details	7 Physical & personal health	13 Home and personal safety
2 Reason for assessment	8 Frailty	14 Financial and legal
3 Carer profile	9 Cognition	15 Support considerations
4 Social	10 Behaviour	16 Current access to services
5 Function	11 Psychological	17 Goal setting
6 Medications	12 Medical	18 Assessor recommendations



Function questions

18 sections in the prototype

5 Function

- Getting to places out of walking distance
- Undertaking housework
- Going shopping
- Preparing meals
- Taking medicine
- Handle money
- Using the telephone
- Using online services
- Walking
- Climbing stairs
- Taking bath or shower
- Dressing
- Eating
- Transfers
- Toileting



Frailty questions

18 sections in the prototype

8 Frailty

- Recent falls
- Unintentional weight loss
- Difficulty walking around the block or 300m
- Illness (e.g. diabetes, cancer, arthritis, chronic lung disease etc.)
- Other – communication difficulties, driving, oral health (incl swallowing), mini-nutritional assessment, skin conditions, pain

Goal setting questions

18 sections in the prototype

- What are your goals?
- Areas of concern
- Activities where support is needed to achieve the goal
- How important is it to achieve the goal?

17 Goal setting

IAT Live Trial data collection

- April – July 2023
- All ACAT and RAS
- 20% of assessments (around 20,000)
- Data collected in IAT, transferred to NSAF to complete assessment
- Opportunity for assessors to give feedback on IAT

Support at Home

Commencing 1 July 2025



Support at Home to start in July 2025

- The Support at Home model to continue to be refined over the next 12 months
- Final details available to stakeholders by June 2024
- The new program will commence from July 2025

Why postpone?

- To provide time to settle details so service providers have the information needed ahead of transition.
- This will allow for further expert advice, trials and consultation.

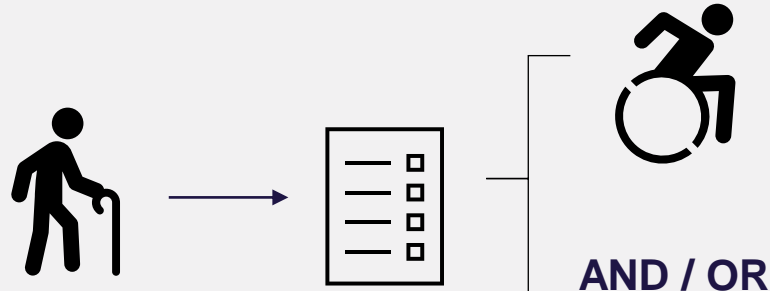
Support at Home objectives

- Equitable access to supports to meet assessed aged care needs
- Timely access to high-quality support
- An efficient system that adds social value
- A responsive system, which is easy to navigate
- A financially sustainable system

**Support for older
people to stay
independent in
their homes**



Program model



Assessment

Assessment in home, or hospital to determine:

- a support plan with a referral for short term services and/or
- 1 a quarterly budget for ongoing support.

Short Term support for independence

- 2 Assistive Technology & Home Modifications
- 3 Short term & restorative services
 - Specialised support services (e.g. dementia and vision advice)

Quarantined funding for short term supports

Ongoing supports at home

- **Services** such as nursing, personal care, allied health, domestic assistance, respite, social support, meals, transport, home maintenance.
- **Care partner** to check how things are going and provide clinical and service advice when needed.

Mixed funding model for ongoing services (payments per unit of service and grants)



1. Quarterly Budgets that align to classifications

- 11 Draft Classifications
- Group people with similar assessment outcomes
- Split by physical, cognitive and complexity
- Complexity score
 - Frailty
 - Social
 - Medical
 - Living alone

Draft Classifications	%
11 Cognitive & Physical issues, high complexity	4%
10 Cognitive & Physical issues with mid complexity	2%
9 Cognitive and Physical issues with low complexity	2%
8 Major physical issues with high complexity	3%
7 Major physical issues with mid complexity	1%
6 Major physical issues with low complexity	2%
5 Moderate physical issues with high complexity	8%
4 Moderate physical issues with mid complexity	6%
3 Moderate physical issues with low complexity	6%
2 Minor physical issues	29%
1 Minimal physical issues	39%

Further analysis being undertaken

- Clinical validation of classifications
- Review “complexity” score
- Review the importance of service frequency
- Treatment of cognitive for low physical needs

Draft Classifications	%
11 Cognitive & Physical issues, high complexity	4%
10 Cognitive & Physical issues with mid complexity	2%
9 Cognitive and Physical issues with low complexity	2%
8 Major physical issues with high complexity	3%
7 Major physical issues with mid complexity	1%
6 Major physical issues with low complexity	2%
5 Moderate physical issues with high complexity	8%
4 Moderate physical issues with mid complexity	6%
3 Moderate physical issues with low complexity	6%
2 Minor physical issues	29%
1 Minimal physical issues	39%

2. Assistive technology and home modifications scheme

Loans program	Up front access
<ul style="list-style-type: none">• Delivered through states and territories• Supports for people with a progressive condition• A more sustainable approach to reduce costs and waste	<ul style="list-style-type: none">• Upfront access to AT-HM items and associated services following assessment
Wrap around services	Inclusions List
<ul style="list-style-type: none">• Equipment trials• Installation and set up• Training• Follow-ups, and maintenance	<ul style="list-style-type: none">• Comprehensive inclusions and exclusions lists• Exceptions process• Reviewed over time

3. Short term pathways

Early intervention to increase independence and autonomy

Holistic, person-centred, strengths-based approach

Meets needs whilst being financially sustainable

Reduce reliance on long-term aged care services

- 1. Restorative care services** to restore/regain function and wellbeing:
 - Restorative coordinator to support
 - Up to 12 weeks
 - Goal oriented, multi-disciplinary programs
- 2. Time-limited home support services** where needs are temporary:
 - Services may only be needed for a short period following an event.

Work plan to finalise the Support at Home program design



New Aged Care Taskforce

- Review aged care funding arrangements and develop options to make the system fair and equitable for all Australians
- Expected to report to Government ahead of the end of 2023 and provide further advice ahead of Budget 2024-25.
- The Taskforce will consider issues including:
 - Funding arrangements to support innovation
 - Consumer contributions in aged care
 - Service list for Support at Home



Studies to improve program design

- **Prices:** pricing study by Independent Health and Aged Care Pricing Authority (IHACPA)
- **AT Service List:** develop an inclusions/exclusions list for an assistive technology and home modification scheme
- **Higher levels of care:** a study into the provision of higher levels of care in the home
- **Classifications:** clinical review of personas in classifications

Trials to improve program design

- **AT Loan Scheme:** A trial of an assistive technologies loan program with states and territories, to inform development of a national loans program
- **Integrated Assessment Tool:** Live trial of the new assessment tool, incorporating up to 20,000 older people as they enter into aged care

Continued consultation on program details

Program design:

- Care management
- Self-management
- Flexibility for temporary needs
- Short term restorative pathway
- The funding model and payment arrangements
- Arrangements for congregate settings

Targeted Stakeholder groups:

- Older people
- First Nations
- Cohorts with diverse needs

We will be updating consultation opportunities on the department's Consultation Hub in coming weeks.

Thank you

For more information, you can contact:

- Email: SAH.implementation@health.gov.au
- Website: [Reforming in-home aged care](#)

Visit the
website



Commonwealth Home Support Programme

Russell Herald

Assistant Secretary

Home Support Operations



2023-2024 grant agreements

- 1,300 existing CHSP providers are currently being re-contracted for 2023-24.
 - This process is close to being finalised.
- A revised CHSP program manual will be released in June - updates include:
 - greater clarity of the use of the 100% flexibility provisions
 - amendments to Assistance with Care and Housing (ACH), Sector Support and Development (SSD) and Specialised Support Services (SSS)
- All unspent 2022-23 unspent funds must be returned through a DTI and will be recovered in 2023-24 FY
 - Exception is prior approval from the department for ad hoc funding during the 2022-23 FY
- CHSP providers are reminded to keep their My Aged Care service availability information accurate and up to date

Fair Work Commission wage increase

- CHSP providers will receive a funding boost to increase award wages.
- A new grant opportunity will be opened to allow providers to apply for funding to cover the cost of meeting new wage requirements.
- The grant includes a one-off injection of funds to address leave liability provisions, as well as the ongoing impact to wage bills.
- Grant applications will be based on a provider's wage bill and leave liabilities for in-scope awards as of 29 June 2023 - the day before the increase takes effect.
- The grant round is expected to be opened in July, with funding for 2023-24 to be available by the end of 2023.

Fair Work Commission wage increase (cont.)

- In recognition of the immediate impact to CHSP providers from 30 June 2023, the monthly payment in arrears model will be temporarily amended, with 6 months of funding made in advance before reverting to monthly payment in arrears at the start of 2024.
- Further details are expected to be made available in the coming weeks.

CHSP extended until 30 June 2025

- Following the May 2023 Budget, CHSP has been extended for a further one year from 1 July 2024 to 30 June 2025.
- The next extension process is expected to operate in the same way as the current extension process.
- However, the department is considering a range of options to respond to system wide supply and pricing issues, including:
 - options to broaden the CHSP provider market
 - trialling alternative pricing models for some service types
 - providing more national consistency across some service types
- More information will be available in the coming months.

Thank you

For more information, you can contact:

- Email: chspprogram@health.gov.au
- Website: [Commonwealth Home Support Programme](#)

Visit the
website



Home Care Packages

Julia Atkinson

Assistant Secretary

Home Care & Assessment Branch



Updates to Home Care Package (HCP) Program

- Inclusions/exclusions
- Fair Work Commission wage subsidy increase
- 9,500 additional places in 2023-24

Communications

Recent

- HCP Community of Practice
- January 2023 – Updates to the HCP Program Operational Manuals
- 4 April 2023 – HCP provider webinar on inclusion and exclusions
- 6 April 2023 – Frequently Asked Questions for providers on inclusions and exclusions
- 18 April 2023 – OPAN webinar for care recipients

Upcoming

- Additional fact sheets, web updates, manual updates, webinars in the coming months



Fair Work Commission wage increase

- \$2.2 billion over four years to increase the subsidy and some supplements. This is on top of annual indexation.
- The wage increase will be paid in the July 2023 claim.
- Small grant to cover shortfall for those care recipients whose labour costs exceed subsidy increase.
- More information to be released soon.

Additional places in 2023-24

- There will be an additional 9,500 HCP places in 2023-24 to support older people to stay in their homes for longer
- This will benefit those who are currently waiting for a package in line with their assessed care need
- Updated wait times are available on the My Aged Care website

Next steps

- If you have questions:
 - Leave your questions in the Slido
 - Email us on hcpmanualsfeedback@health.gov.au
- Read and share resources from [Home Care Packages](#)
- Stay up to date through aged care newsletters

Visit the
website



Legislation Reform

Mel Metz

Assistant Secretary

Legislative Reform Branch



Updates to legislation reform

1. Proposed definition for “high-quality care” under the new Act
2. Proposed arrangements for whistle-blower protections under the new Act

High quality care

- The Royal Commission recommended ‘high quality’ care be defined in the new Act (Recommendation 13).
- Regulatory model consultation paper with draft definition
- **Question** - What does ‘high quality care’ mean to you?

Draft definition

Delivery of aged care services to a person in a manner that prioritises:

- delivery of services with compassion and respect for the individuality, life experiences, self-determination and dignity of a person accessing care, and their quality of life
- providing services that are trauma aware and healing informed and responsive to the person’s expressed personal needs, aspirations, and their preferences regarding how services are delivered to them
- facilitating regular clinical and non-clinical reviews to ensure that the services delivered continue to reflect their individual needs
- supporting the person to enhance their physical and cognitive capacities and mental health where possible



Embedding high quality care in the new Act

Concept of high quality care central to the new Act	<ul style="list-style-type: none"> term defined in the new Act, reflecting care that puts older people first concept expected to be referenced in the Objects of the Act and Statement of Principles
Rights clearly outlined and mapped to practical outcomes for older people	<ul style="list-style-type: none"> new Statement of Rights included in the Act and rights upheld through pathways in the Act
New registration models to ensure professional service delivery	<ul style="list-style-type: none"> new national provider registration scheme and worker screening/registration arrangements
Robust obligations on registered providers & aged care workers to ensure expected standards are upheld and surpassed	<ul style="list-style-type: none"> new Code of Conduct to apply to all registered providers and workers revised provider obligations, including robust Quality, as well as Financial and Prudential, Standards new obligation to demonstrate commitment to ongoing business improvement and the capability to deliver high quality care
Pro-active regulation with a focus on ongoing sector improvement and effective enforcement options available	<ul style="list-style-type: none"> new regulatory model facilitates a pro-active and risk-proportionate approach to regulation new robust enforcement powers, which allow strong action to be taken where substandard care is delivered
Older people have visibility of quality outcomes and can seek redress where harm is caused	<ul style="list-style-type: none"> new complaints commissioner and revised complaints processes new restorative justice outcomes being explored compensation pathways being explored for where serious non-compliance causes harm/damage star ratings published to allow older people and their families to make informed decisions

Royal Commission on whistle-blower protections

“Comprehensive whistle-blower protection provisions should be implemented in aged care legislation to protect people who make complaints or report suspected breaches of legislative requirements to the Quality Regulator, the Inspector-General of Aged Care or key personnel of an approved provider.”

- Vol. 3B, p.g. 520, Royal Commission Final Report

Proposed changes to requirements for providing a qualifying disclosure

Disclosures made by	<ul style="list-style-type: none">• an officer or employee of a provider,• member of a committee of management,• person who has a contract for the supply of goods or services to or on behalf of a provider,• is in a partnership with someone who has a contract for the supply of goods or services,• is a volunteer, care recipient, carer, representative or nominee of the person receiving care,• is a family member or significant other (or another person who is significant to the recipient) of the person receiving care, or• an advocate (including an independent advocate) of the person receiving care.
Disclosures made to	<ul style="list-style-type: none">• staff of the Aged Care Quality and Safety Commission,• staff of the Department of Health and Aged Care,• a staff member of the aged care provider,• a volunteer providing aged care,• another person authorised by the aged care provider to receive disclosures qualifying for protection,• a police officer, or• if the disclosure is reported to another person in accordance with the rules – that person.
Other requirements	<ul style="list-style-type: none">• Discloser informs the person to whom the disclosure is made of their name before making it• Reasonable grounds to suspect that the information indicates an aged care provider, aged care worker, volunteer or contractor has, or may have, contravened a provision of aged care legislation• Disclosure made in good faith.

Protections Available

- Civil liability
 - Anti-Victimisation, a civil offence to engage in conduct that causes detriment (or threatens to cause detriment) to a discloser because of their (or another person's) disclosure.
- Contractual or other remedy
- Administrative liability
- Criminal liability

Obligation of aged care providers

- Obligation for aged care providers:
 - to ensure informants are not victimised and to protect their identity.
- The form of this obligation and how it would be upheld by providers will form part of the ongoing updates to policy guidelines.
- Failure to maintain confidentiality would be a breach of this provision, which may then result in enforcement action by the Regulator.

Current Aged Care Act provisions:

Subsection 54-8(1): ensuring staff members are not victimised

Subsections 54-8(2) and (3): approved provider to take reasonable measures to ensure that the informants' identity is protected

Confidentiality of Whistle-Blowers' Identity

A whistle-blowers' identity may be disclosed to:

- the Commission, the department, or any other body with a legislated function concerning the investigation of information provided by the discloser to the extent necessary for them to perform their function,
- one of the providers' key personnel,
- a legal practitioner for the purposes of obtaining legal advice,
- where the disclosure is necessary to lessen or prevent a serious threat to the safety, health or well-being of an aged care consumer,
- with express or implied consent of the discloser, or
- to a person or body prescribed in the Rules.

Thank you

For more information, you can contact:

- Email: agedcarelegislativereforms@health.gov.au
- Website: [Aged care legislative reform](#)

Visit the
website



A new model for regulating aged care

Caroline Turnour

Assistant Secretary

Harmonisation and Regulatory Strategy
Branch



Updates to regulatory model for aged care

- Overview of the new regulatory model
- Consultation Paper No.2 – details on the proposed new model

What is regulation?

When regulation works well, we don't even notice it.



Raising the quality of aged care

To deliver consistent, high quality care to older people, the model will:

- drive cultural change across the sector
- adopt relationship-based regulation to build
 - stronger working relationships
 - deeper trust
 - more transparency in the sector

To facilitate high quality care and strengthen and enhance the protections, rights and the delivery of services provided to older people in Australia

Objective



Regulatory safeguards



Regulatory functions and tools



Supporting quality care

Education and engagement
(providers and workers)

Information sharing and data

Information for older people, their families and carers

Audit

Becoming a provider

Registration model

Responsibilities of a provider

Obligations

Provider reporting

Holding providers accountable

Compliance, monitoring and enforcement

Complaints and incidents

Sector oversight

Regulatory intelligence

Proactive regulatory action through preventing, detecting and correcting risk

Registration categories for providers

Provider Registration Category	Service Types
Category 1: Home and community services	<ul style="list-style-type: none"> • Domestic assistance • Home maintenance and repairs • Meals • Transport
Category 2: Assistive technology and home modifications	<ul style="list-style-type: none"> • Digital technologies • Digital monitoring, education and support • Goods, equipment and assistive technologies (non-digital) • Home modifications
Category 3: Social support	<ul style="list-style-type: none"> • Social support
Category 4: Clinical and specialised supports	<ul style="list-style-type: none"> • Personal care • Care management • Transition care services in the home • Specialised supports • Assistance with care and housing (hoarding and squalor support) • Nursing • Allied health
Category 5: Home or community-based respite	<ul style="list-style-type: none"> • Respite (home and community based)
Category 6: Residential care	<ul style="list-style-type: none"> • Accommodation Services • Residential respite • Care and services • Transition care services (residential) • Transition care support services (residential)



Meeting the needs of older people and lifting aged care quality and safety in Australia through registration and obligations on providers

Provider registration categories

Registration Category 1 Home and Community Service	Registration Category 2 Assistive technology and home modifications	Registration Category 3 Social Support	Registration Category 4 Clinical and specialised supports	Registration Category 5 Home or Community based respite	Registration Category 6 Residential care
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Registration requirements

Provider registration					
✓	✓	✓	✓	✓	✓

Standard registration period					
3 years	3 years	3 years	3 years	3 years	3 years

Registration / re-registration process					
Digital declaration			Quality assessment		

Obligations architecture

Conditions that apply to all providers (e.g. the Code of Conduct for Aged Care)					
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Conditions that apply to all providers — specific requirements and evidential requirements vary					
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Category-specific conditions	Category-specific conditions	Category-specific conditions	Category-specific conditions	Category-specific conditions	Category-specific conditions
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			Quality Standards 1–4		
			Quality Standards (Clinical Care)	Quality Standards (Clinical Care)	Quality Standards (Clinical Care; Food & Nutrition; The Residential Community)

Conditions applied to address provider-specific risks (e.g. additional reporting requirements imposed to address an identified risk)					
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Risk-based monitoring to confirm a provider's ongoing suitability to deliver aged care services (including complaints and other regulatory intelligence)

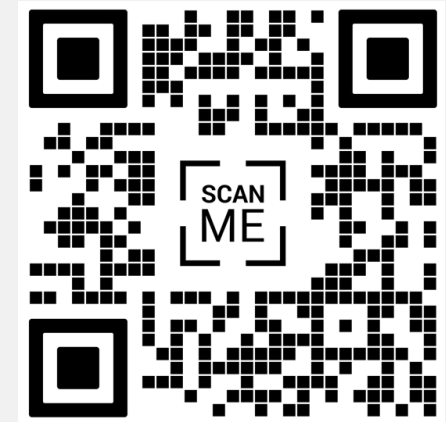
Transitioning to the new model

- To commence when the new Act commences
- Existing providers of Commonwealth subsidised aged care programs to be
 - automatically granted an initial registration period
 - consulted on their relevant registration categories
- Transition arrangements to ensure continuity of care for older people and minimise impact on providers

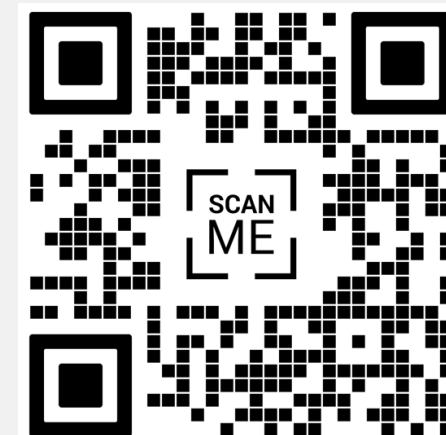
How to provide feedback

- Visit the [Aged Care Engagement Hub](#) to provide feedback by 23 June 2023
- Options include:
 - a quick 15-minute survey
 - a detailed survey to answer questions in the paper
 - email a written submission to agedcareregmodel@health.gov.au
 - mail a written submission to the department
- Register for [workshops](#)

Take the survey



Register for workshops



Aged Care Quality Standards Review update

Joshua Malden

Assistant Secretary

Choice and Transparency Branch



Updates to regulatory model for aged care

1. Review overview
2. Consultation process
3. Feedback snapshot
4. Next steps

Review overview

- In 2021, urgent review announced with focus on:
 - governance
 - diversity
 - dementia
 - food and nutrition
 - clinical care
- Aim of review - more detail and objective measurements
- The Australian Commission on Safety and Quality in Health Care is responsible for the clinical care components
- Designed to align with broader reforms in the aged care sector
- Significant consultations undertaken

Consultation process

- Independent review:
 - 1,377 survey responses
 - 35 focus groups, 323 participants
- Codesign:
 - 15 targeted focus groups with experts
- Testing with:
 - Community Reference Group
 - Sector Reference Group
 - National Age Care Advisory Council
 - Council of Elders
- Public consultation:
 - 18 focus groups, 916 participants
 - 873 survey responses
 - 119 written submissions

*"thanks for the
opportunity to
offer my thoughts
and ideas"*

*"great
consultation
process"*

*"Thanks very much...
It is a great
improvement on what
has happened in the
past."*

Feedback snapshot - positive

- Supported new structure
- Rights-based and person-centred
- Greater clarity and easy to understand
- Good focus on cultural safety
- Active engagement with older people
- Addresses focus areas
- Choice, autonomy, dignity of risk

Feedback snapshot – areas for greater focus

- Role of carers and family
- Multidisciplinary teams
- Reablement, independence and quality of life
- Food and nutrition in home care
- Promoting mental health and wellbeing
- Application to in-home aged care

Response to feedback

Addressing gaps

- Refined language
- Add glossary of terms
- Ensure alignment with Support at Home Program
- Detailed guidance materials

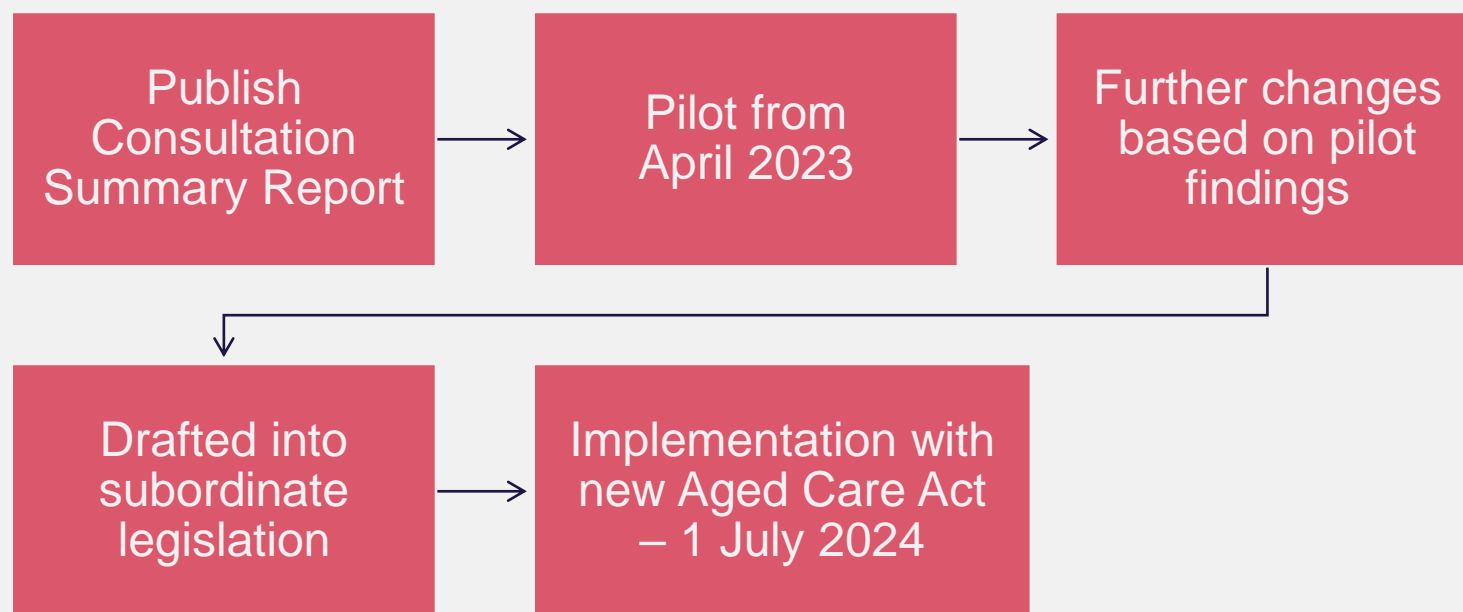
Application to home care

- Pilot commenced April 2023
- Sampling 40 providers
- Testing:
 - how the standards apply
 - updated audit methodology

Application to home care

- Further work underway to explore options
- Potential registration requirements for meal delivery
- Further consultation will occur

Next steps



Questions?

- You can submit a question through the Q&A function in the Slido on the right-hand side of your screen
- Simply type in your question and hit enter

Volunteer in aged care survey

- Do you volunteer or work with volunteers in the aged care sector?
- Take part in our volunteering survey.
 - www.consultations.health.gov.au/aged-care-division/volunteers-in-aged-care/
 - Survey closes 26 May 2023





Thank you for joining us



agedcareengagement.health.gov.au



1800 200 422 (My Aged Care's free call phone line)



SAH.implementation@health.gov.au