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Summary of feedback

# Consultation forums: Alternative models for allocating residential aged care places

## Background

During the submission period for the public discussion paper, face-to-face consultation forums (3‑hour sessions) were also held in each Australian capital city to provide an opportunity for stakeholders to hear about the models, provide their views, discuss potential implications, and ask questions. In addition, there were two teleconferences (1.5 hour sessions) with non‑metropolitan stakeholders and others who were unable to attend a forum.

The alternative allocation models considered were:

1. improve the Aged Care Approvals Round (ACAR) and places management arrangements
2. assign the place to consumers, rather than to providers through the ACAR

The forums were facilitated by the independent project leads, Professor Michael Woods (University of Technology Sydney) and Grant Corderoy (StewartBrown).

A total of 244 stakeholders attended the forums and teleconferences - across aged care (providers, consumers and workforce), health and finance sectors, and state/territory/local government.

## Key messages

* Almost all attendees did not support the ACAR in its current form.
* There was strong support for a more consumer-focused approach but division as to whether that should be via the proposed Model 1 or Model 2 (or variations to each).
* Stakeholders emphasised that any changes to, or removal of, ACAR would need to recognise, and be integrated into, other changes to aged care. There was agreement that appropriate sequencing with other structural reforms in aged care would be paramount to the success of reform of the place allocation model.

## Views on the alternative allocation models

Neither of the proposed models emerged as the clear ‘preferred option’.

Model 1 – improve the ACAR and places management

* There was a ‘neutral to somewhat positive’ reception from stakeholders for Model 1.
* It was seen to offer incremental improvements to operational flexibility and responsiveness to consumer demand while preserving a level of certainty and stability for providers.
* Some providers expressed the view that the ACAR is not fully broken and can be fixed through changes such as those proposed under this model.
* Given that Model 1 does not propose structural change, some stakeholders considered that it offered little by way of significant improvement for consumers.

Model 2 – assign the place to the consumer

* Model 2 was the more polarising of the two models among stakeholders, due in part to it being the more significant reform.
* Some stakeholders who were strongly supportive cited the potential opportunities for consumers and providers afforded by discontinuing the ACAR, but emphasised the need for appropriate sequencing with complementary reforms as well as safeguards for vulnerable consumer groups and thin markets.
* Other stakeholders were less convinced the potential opportunities of Model 2 would outweigh the potential disruption.
* The most contentious aspect of Model 2 was a possible prioritisation arrangement that may be required if demand for residential aged care exceeds the number of funded assignable places.