



Summary of A New Program for In-Home Aged Care

Discussion Paper

In-home aged care supports about 1 million older Australians. These services range from transport and house cleaning to clinical care, such as nursing and allied health.

Most people want to stay in their homes for as long as possible. It is vital that services are accessible and effective in supporting their independence.

The current in-home aged care system includes 4 government-funded programs:

1. [Commonwealth Home Support Programme](#) (CHSP) provides entry-level services to support older Australians with daily living.
2. [Home Care Packages](#) (HCP) assists older Australians with more complex care needs to live independently and safely at home.
3. [Short-term Restorative Care](#) (STRC) helps older Australians to manage and adapt to their changing aged care needs.
4. [Residential respite](#) enables older Australians to stay at an aged care home for a short time. Respite can be organised in advance and available in unexpected situations.

As outlined by the Royal Commission into Aged Care Quality and Safety (the Royal Commission), the current in-home aged care system needs improvement.

Issues raised include:

- Wait times for care are too long.
- Program arrangements are confusing.
- Administration fees are too high.
- Services are not always well targeted.
- Older Australians do not always get the help they need to support their independence.

Have your say on the new program for in-home aged care.

Submissions are open until 25 November 2022, online or over the phone.

Early submissions received by 31 October will be used to shape further consultation in November 2022.

How is the Government responding?

The Australian Government is committed to resolving issues in the current aged care programs. This starts with listening to the people who use and deliver these services.

In line with the Royal Commission's recommendation, the Government is developing a new in-home aged care program, which will begin on 1 July 2024.

The new in-home aged care program should:

- Be simple to access and understand, with one assessment process.
- Give people timely access to the safe and high-quality services they need.
- Give people real choice and control in determining the services they receive.
- Have fair and transparent fees that direct funds to delivering high quality care.

The Government committed that people supported through existing Commonwealth-funded aged-care programs will not lose any existing services under the new program.

About this consultation

The Department of Health and Aged Care (the department) has prepared a [discussion paper](#) to seek your feedback on reforms to the in-home aged care system.

The discussion paper outlines:

- The 5 main areas of focus for the design.
- Questions to help inform your feedback.
- An indicative model for what the new in-home aged care program could look like.

Snapshot of the discussion paper

1. Make it simple and easy for older Australians to self-manage their own care

Simplify access to in-home aged care

Many older Australians have trouble navigating the in-home aged care system. One reason is different organisations are responsible for assessing people for different programs. This is confusing and can lead to many assessments to get a person into the right program.

It can also be confusing to navigate the three different in-home aged care programs, especially as care needs change. For example, people who receive entry-level services under CHSP often have to change providers when they transition to HCP when their aged care needs increase.

To make it easier to access care, reforms will create one program with one assessment process.

More choice and control over services

Under the current HCP program, older Australians must use a single provider to deliver all of their in-home aged care services. This can present many challenges. For example, some providers may not offer the same level of quality and value for money across all the service types they deliver.

The new program should allow people the option to choose between having a single or multiple providers. This choice can help older Australians to access care that best meets their needs.

To make this happen, the department is exploring new payment arrangements. This could involve a new payment platform to simplify the process for paying service providers.

2. Redefine the role of care partners in delivering best practice care management

Care management is available under the HCP program and older Australians have asked for clarity about the role of care managers in coordinating their care. Consultation has emphasised that care management should be a genuine partnership with older Australians to ensure the best care.

So, the new program will redefine this role. Care partners will provide clinical oversight and monitoring for older Australians to respond to changing needs. They will help to coordinate services and check in on their clients to ensure their continued safety and wellbeing.

Care management also needs to be available to all older Australians, not only those with complex needs. For example, care partners should have a role in assisting older Australians who choose to manage their own care. The department is working to achieve this goal, while considering how to focus scarce expertise to those who need it most.

3. Meet the full costs of care while achieving value for money

Older Australians have raised concerns that they are not receiving value for money from their home care providers. Many pay high administrative and care management fees and there has not been enough transparency about the purpose of these fees. On the other hand, service providers have emphasised prices must cover the full cost of service delivery.

The Government is committed to improving funding arrangements and quality assurance to ensure older Australians receive services that are affordable, safe and high quality.

Therefore, the department is developing a new funding model. It will aim to make the cost of services represent value for money for government and older Australians. Through a mix of grant funding and activity-based payments, providers will have the means to operate effectively.

The department will work with the Independent Health and Aged Care Pricing Authority to develop realistic prices for each service that include administration, travel and other costs. For some service types, such as community transport and group social support, this will be complemented by grants to help service providers to meet their fixed costs. Grants will also be used to supplement services in areas such as rural and remote locations where there may be a shortage of providers.

People who can afford to contribute to the cost of their care would be expected to do so under the new program.

4. Flexibly respond to changing needs of older Australians

Improve assessment process

Getting aged care assessment right is critical. This connects older Australians with the level of care that will meet their needs and direct funding to address these needs.

To achieve this, the department worked with HealthConsult, Flinders University and Global Centre for Modern Ageing to develop and test a new assessment tool and classification system. An initial trial of the assessment tool was carried out in early 2022 and this feedback will inform further trials.

Flexible funding to respond to changing needs

An aged care assessment gives a point-in-time indication of the services that a person may need to help them live safely and independently at home. But the circumstances of older people are not static, and neither are their aged care needs.

The STRC program assists people who have had a setback to regain or keep their independence at home, but funding is limited. Older Australians must have the flexibility to adjust the mix of services they receive as their needs change over time.

In the new program, service providers will have access to extra funds to respond to their clients' changing needs. For example, if a person needs help with transport for a short time, their provider could bill for these extra services from a funding pool.

5. Foster innovation and future investment for in-home aged care.

These reforms are an opportunity to foster new ideas and long-term investment in the in-home aged care system. For example, new quality indicators and star ratings will encourage providers to compete on the quality of their services.

These proposed reforms will give greater certainty about funding arrangements, regulations, and future growth in the aged care sector. This should create the right conditions for investing in new ways to deliver high quality care.

The new program will have separate funding for aids, equipment and assistive technology that should foster access to emerging technologies to support older Australians to live at home. Other options like innovation grants may also be considered under the program.

What will the new in-home aged care program look like?

The indicative model brings together the existing in-home aged care programs and addresses concerns raised by the Royal Commission and previous consultations. It proposes:

- Assessment for aged care services using verified assessment tools.
- Early support for independence at home, including aids and equipment and home modifications.
- Support plans for monthly ongoing services that outline service levels.
- Flexibility for clients to adjust services according to their needs.
- Care partners to give clinical monitoring and support as needed.
- Potentially higher levels of support at home, pending further research.
- A mixed funding model for service providers that combines fee-for-service payments in arrears and a range of supporting grants.
- Program growth to meet the needs of an ageing population.
- Regulation that is suitable to the level of risk.
- Automatically capture data on service delivery to improve reporting and government oversight.

How to have your say

We welcome your feedback on the indicative model and the questions raised in the [discussion paper](#). With your support and input we can create a better in-home aged care program.

You can have your say using the [online form](#), uploading a written submission, or by calling 1800 318 209.

Submissions will be open until 25 November 2022. However, if you send in your submissions by 31 October, it will help shape further consultations in November 2022.



Phone **1800 318 209**
(Aged Care Reform free call phone line)



Visit agedcareengagement.health.gov.au

For translating and interpreting services, call 131 450 and ask for My Aged Care on 1800 318 209. To use the National Relay Service, visit nrschat.nrscall.gov.au/nrs or call 1800 555 660.