


# National Sector Support Development Network ACCPA Update

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We pay respect to their Elders past, present and  
emerging and acknowledge the important role  
Aboriginal and Torres Strait Islander people  
continue to play across our communities, lands and  
seas.

## WHAT WILL BE COVERED THIS MONTH?

Support at Home – new consultation

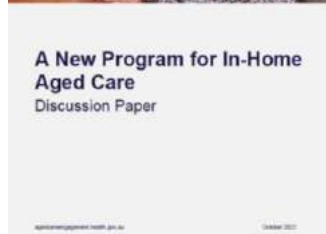
Upcoming CHSP provider regulatory reforms

New Aged Care Act – regulatory framework

Aged Care Quality Standards - review

# Home care reform – The journey thus far

- Royal Commission Final Report
- Support at Home Program Overview
- Advocacy response – LASA, NACA & Support at Home Alliance
- DHAC consultations
- Change of Government – 1 July 2024 commencement date
- A New Program for In-Home Aged Care – [Discussion Paper](#)
- Assessment trial - 2023



## A new program for in-home aged care – indicative model

- Assessment for aged care services using verified assessment tools
- Early support for independence at home, including aids and equipment, home modifications and allied health
- Support plans for monthly ongoing services that outline service levels
- Flexibility for older Australians to adjust services according to their needs
- Care partners to provide clinical monitoring and support as needed
- Potentially higher levels of support at home (pending further research)
- A mixed Funding model for providers with a combination of activity-based payments in arrears and grants
- Program growth to meet an ageing population
- Risk proportionate regulation
- Automatic data capture on services delivered, enabling improved reporting for older Australians and providers and better program oversight by Government.

# A new program for in-home aged care – consultation

- How self-management across multiple providers would operate in practice?

The Department proposes to allow older Australians to choose between having a single or multiple providers delivering the services identified on their individual support plan, noting that many CHSP clients currently access services from multiple providers. There are practical challenges associated with giving people the choice to manage services across different providers that need to be resolved.

- How to ensure care partners are available to support older Australians when needed?

There are challenges in implementing a care management model that achieves this kind of universal coverage while ensuring scarce expertise is targeted to those who need it most and ensuring care partners can provide effective support to those who choose to self-manage their care across multiple providers.



# A new program for in-home aged care – consultation

- How to ensure funding arrangements provide value for money without adversely impacting the ability to deliver critical services?

Separately funded goods, equipment, assistive technology & home mods that includes both procurements and a loan scheme (maintenance/refurbishment included)

Grant funding for specialized support services to provide a standing capacity to deliver advisory support in areas such as vision loss and dementia

Ongoing services to be delivered primarily on an activity-based funding basis with efficient prices set by Government and payment on services delivered

Long-term grants for some providers delivering transport, social support group, cottage and centre-based respite, delivered meals services, and operating in thin or niche markets

Consumers having a quarterly budget with a monthly support plan that can be adjusted within the budget

Providers having access to an additional pool of funds to facilitate minor top ups without needing a reassessment

# A new program for in-home aged care – consultation

- How to implement flexibility to meet the changing needs of older Australians over time?

Consumers will be able to adjust the ongoing services listed in their initial support plan as and when required within a quarterly budget that resets every three months with no accumulation of unspent funds.

A provider flexible funding pool (25% of client funds) will be available for discretionary use in response to unplanned needs – activity payment.

- How to create incentives for providers to innovate and invest in service delivery improvements?

Efficiently priced activity-based payments together with parallel reforms on transparency and quality will encourage competition on quality – quality indicators and star ratings. Intended to increase provider focus on areas such as staff training or value-adding services.

Efficient prices for different service types with cost-based indexation will provide greater certainty about revenue estimates based on predictable program growth.



# Strengths of the indicative model

- Episodic vs ongoing care separation
- Maintains separate assessments for Goods, Equipment and Technology, home modifications, and allied health (episodic care)
- Includes greater flexibility to reallocate funds
- Grant funding for thin markets, specialised support services, services with high capital costs
- Automatic data capture on services delivered, enabling improved reporting for older Australians and providers and better program oversight by Government.

# Concerns with the indicative model

- Mixed funding model of individualised NDIS-style voucher and grants
  - How does this funding approach interact with both **consumer choice** and **workforce continuity** for care delivery in producing high quality care outcomes.
  - Individualised voucher approach with payment on services delivered will mean less certainty of revenue, requiring either higher prices to compensate or employment of more casual/contract staff;
  - Consideration should be given to paying on allocation rather than delivery relative to a finalised funding approach.
- Fixed unit-level prices
  - Fixed pricing/service list will deny consumer choice, encourage a focus on providers managing volume and cost control (current CHSP experience) rather than responding to individualised consumer choice.
  - Preference to capacity and activity funding model (SAH Alliance approach), or
  - Flexible pricing and fixed subsidy (Medicare approach)

# Concerns with the indicative model

- Grant funding
  - It is not clear what criteria will be used to determine those providers who would qualify for grant funding, noting a competitive grant process is proposed.
  - It is not clear whether the grant process targets competition within a market or between markets.
  - There is concern about care disruption if unsuccessful providers exit.
- Flexible funding contingency pool
  - Operation of the provider held contingency funding pool is unclear.
  - Can this only be used to pay for additional units of service or other unplanned client-related costs, such as additional unplanned COVID-19 infection control costs?

# Concerns with the indicative model

- Assessment tool and workforce
  - No information has been released on the assessment tool which will be used to determine how much support people get.
  - No information on assessment governance arrangements for people to appeal decisions if they think they have been under assessed or are concerned about re-assessment delays?
  - Trial of the assessment tool could include trial of support plan implementation
- Transition
  - No indicative details on how existing clients would be transitioned, or when key steps for their transition will occur, including any appeals processes on transition outcomes.
  - Transition timeframes need to allow time to facilitate continuing consumer care arrangements where providers choose to exit the delivery of existing services.
  - Workforce supply constraints may delay the timely transition of continuous care in such circumstances.

# Concerns with the indicative model

- Responsibility for care experiences and outcomes
  - It is unclear how program design will diffuse the responsibility for care outcomes across the assessor and service provider in generating and implementing a support plan.
  - Potential fragmentation/loss of continuity of care between different providers where multiple providers contribute to support plans.
  - It is unclear how proposed quality indicators can provide meaningful reflections of service quality attributed to a single provider. It is also not clear how the star ratings concept will work in a multi-provider environment relative to star ratings undertaken in residential care.
  - If at all, care experiences and outcomes, as well as star ratings, may only be attributable to integrated service offerings delivered against support plans.

# Concerns with the indicative model

- Payment platform ICT and interface with My Aged Care/B2G provider software
  - Proposed ICT changes seem expensive to build, costly to implement for providers, and unreliable in a way that will cause service disruption when systems are down.
  - Need for sufficient provider and software vendor lead times to establish new B2G ICT systems in preventing care disruption.
- Communication
  - There is a need for improved and considered communications from DHAC to build sector confidence on progressing the home care reform program design and implementation with account for stakeholder feedback.



# Member consultation & feedback

- <https://www.surveymonkey.com/r/lnhomeagedcare>
- Feedback by **10am, Monday 7 November**
- Feedback briefing to Home and Community Care Funding & Program Design SIG
- Finalise submission by 25/11
- Communication to Members following
- DHAC Webinar – December?



## Member feedback on the New Program for In-Home Aged Care - Discussion Paper

### Introduction

The Aged and Community Care Providers Association (ACCPA) is preparing a submission to the Government's consultative discussion paper - [A New Program for In-Home Aged Care](#). We are seeking your feedback in response to 5 key issues of program design that the Government is currently focused on. An additional question has also been added for you to provide any additional feedback on program design and transition to the new arrangements on 1 July 2024.

The 5 key issues in program design for which feedback is sought, includes:

- 1) How self-management across multiple providers would operate in practice?
- 2) How to ensure care partners are available to support older Australians when needed?
- 3) How to ensure funding arrangements provide value for money without adversely impacting the ability to deliver critical services?
- 4) How to implement flexibility to meet the changing needs of older Australians over time?
- 5) How to create incentives for providers to innovate and invest in service delivery improvements?

Responses to this six **question survey** will assist ACCPA in preparing our response to Government in this consultation and also our ongoing advocacy in response to the emerging details of the new support at home program. We are passionate and committed to working with Government to design a world-class in-home aged care service system.

The survey will be available to complete up until the morning (10am) of **Monday the 7th of November 2022**. If you have any questions about the survey, please contact [troy.speirns@accpa.asn.au](mailto:troy.speirns@accpa.asn.au).

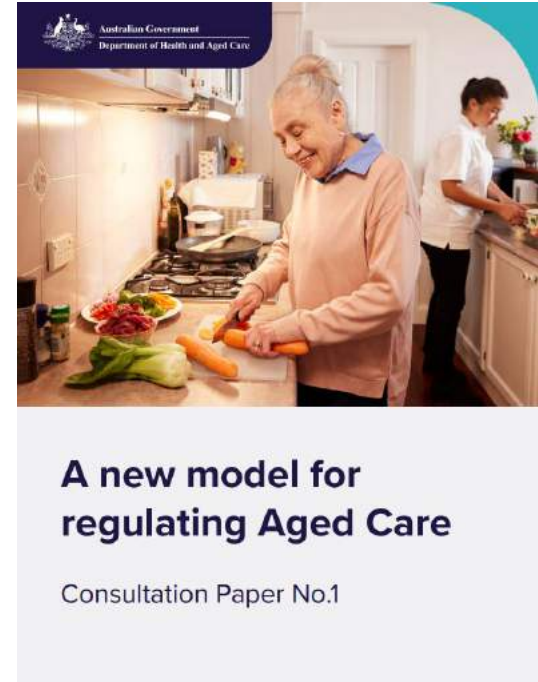
Personal information is being collected at the end of this survey for the purpose of following up any queries in ACCPA's finalisation of our submission (as needed). Your time in completing the survey is appreciated.

# Upcoming CHSP provider regulatory reforms

- Serious Incident Response Scheme (1 December 2022)
  - Exposure draft legislation for HC [available](#). Feedback by 13 November 2022.
  - Draft ACQSC [guidance](#) for HC now available. HC [training](#) - 3/11 and 16/11.
- Provider Governance (1 December 2022)
  - Exposure draft legislation [available](#). Feedback by 13 November 2022.
  - ACQSC [guidance](#) and [webinar](#). CHSP/HCP/STRC providers.
- Code of Conduct (1 December 2022)
  - Exposure draft legislation [available](#). (ACCPA Informer)
  - ACQSC [provider](#) & [worker](#) guidance. Upcoming [webinar](#) - 11/11 (& 7/10 recording).
- Note *Specialist Verification Framework* (1 July 22)
  - Application [process](#). Unverified listing removals. [Webinar](#).

# New Aged Care Act – regulatory framework

- Current consultation, Stage 2 of a four-part process, provides the first opportunity for the sector to respond to a proposed conceptual framework.
- Consultation paper is a high-level expression of the foundations and objectives for the framework *which we broadly support* (rights-based, person-centred, risk-based and focus on continuous improvement).
  - *Protecting the safety of older Australians*
  - *Overview of the new model*
  - *Applying the new model*
- ACCPA consulting members/finalising a written submission.
- Stage 3 will begin in late 2022, with stage 4 to follow next year.



# Aged Care Quality Standards - review

- DHAC is conducting a review of the Aged Care Quality Standards, as recommended by the Royal Commission, with a revised version of the standards proposed.
- [Consultation](#) on the revised Aged Care Quality Standards is now open until **25 November 2022**.
- Revision reflects a rewording and a restructuring but likely to change compliance systems, while not actually facilitating changes in service delivery.
- Revised categories of standards include the person, the organization, care and services, the environment, clinical care, food and nutrition, and the residential community.



Thank you

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