

Sector Support Brief

Consultation Paper about new In-Home Aged Care program

Purpose of this document

This summary has been developed to brief the Sector about a Consultation Paper released by the Department of Health and Aged Care. We encourage providers to submit their feedback to the Department.

New In-Home Aged Care program: where are we at?

A couple of weeks ago the Department of Health and Aged Care released their Consultation Paper ‘A New program for In-Home Aged Care’ which discusses five key areas of focus for the design of a new In-Home Aged Care program. This paper builds on previous consultations held with the Sector, including discussions about assessment of needs, scheme of goods, equipment and assistive technology, care management and service list.

While this new indicative model may look like it is taking a step away from the proposed Support at Home program, **it is important to recognise all the work that has been done by service providers up till now**. This includes **raising awareness and planning for the change process** that all organisations needed to start, as the reforms will impact multiple levels in each organisation. It includes all the **communication with Boards, staff, clients and their families** about anticipated changes in the way the Aged Care system is accessed, funded and regulated, and the **time spent in attending various webinars to keep up to date with the reforms**.

The five areas set out in this new consultation paper include:

- Self- management of services by older Australians
- Best model for Care Partners to provide clinical oversight and practical assistance
- Funding of service providers
- Flexibility to respond to changing needs
- Innovation and future investment in Aged Care

Comparative table between the current system, Support at Home and the new In-Home Aged Care program*:

Component	Current	Support At Home	New In-Home Aged Care
General	3 programs: <ul style="list-style-type: none"> • Commonwealth Home Support Programme (CHSP) • Home Care Packages (HCP) Program • Short Term Restorative Care (STRC) Programme. 	<ul style="list-style-type: none"> • Single Support at Home Program to replace the three existing programs, and integrate residential respite into home care assessments and service plans. 	<ul style="list-style-type: none"> • Intention is to reform in-home aged care to simplify current arrangements for older Australians by consolidating assessment arrangements and programs

Component	Current	Support At Home	New In-Home Aged Care
Assessment process	<ul style="list-style-type: none"> • Combination of My Aged Care Contact Centre staff, the Regional Assessment Service (RAS) and Aged Care Assessment Teams (ACATs) screen and assess aged care needs. • National Screening and Assessment Form (NSAF) is used, and is reliant on assessor judgement. 	<ul style="list-style-type: none"> • A single assessment process will be used for aged care, including home and residential care. • Assessors determine the mix of services that the person based on the class. • The Integrated Assessment Tool will replace the NSAF. 	<ul style="list-style-type: none"> • Assessment for aged care services using verified assessment tools. • Assessment providers able to assess for all aged care needs in home or hospital.
Assessment outcome and Support for Independence	<ul style="list-style-type: none"> • Senior Australians are assessed and then placed in either CHSP or are allocated one of the four broad HCP packages. • CHSP can access up to \$1,000 for GEAT and up to \$10,000 for home modifications. HCP recipients need to 'save up' package funds. 	<ul style="list-style-type: none"> • Each older Australian receives an individualised support plan based on their needs and circumstances. It includes the service type and frequency/duration. • If required, the person will have their needs to access GEAT or minor home modifications included in the plan. • short-term or restorative services would be made available to senior Australians who would benefit from them for up to 12 weeks. 	<ul style="list-style-type: none"> • Each older Australian and the assessor develop a monthly support plan for ongoing services, and outlines the person's goals and needs. • Will include a referral for short term supports directly, or for more complex supports, with follow up with prescriber. These may include: <ul style="list-style-type: none"> • GEATS • Home Modifications • Short term allied health • Specialised support (dementia, vision advisory support) • Service levels must fall within a quarterly budget determined through the assessment process. • Service mix can be adjusted at any time, working with the provider(s) within a quarterly budget. • Temporary support for extra services can be obtained without reassessment (25% of total budget set for each quarter)

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Care responsibility	<ul style="list-style-type: none"> one approved provider to take full responsibility for the delivery of care under the HCP package. This can involve delivering the full suite of care in-house or managing a series of sub-contractors to deliver care. 	<ul style="list-style-type: none"> senior Australians self-manage their care, including using multiple service providers if they choose. 	<ul style="list-style-type: none"> senior Australians may choose one provider (or multiple) to deliver the supports on their monthly support plan.
Care Management	<p>Care management services are not separately funded in CHSP. Charges for care management reduce the amount of funds available for other services in the HCP.</p>	<ul style="list-style-type: none"> Care management is a separately funded service offered to senior Australians with a more complex mix of services. 	<ul style="list-style-type: none"> A Care Partner provides advice, clinical check-ins to identify any changing need. Can be from the provider or be independent. For less complex needs, care partnering support is available based on need.

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Funding	<ul style="list-style-type: none"> • CHSP providers are paid in block grant arrangements. • HCP providers receive subsidies based on how many people are under their care each month. 	<ul style="list-style-type: none"> • all in-home aged care providers under one funding model. • Providers would be funded at the point-of-delivery, with greater transparency for senior Australians and reduced administrative costs. • A new payments platform would allow senior Australians and providers to view the person’s Support Plan and pay for services at the point of delivery. • senior Australians not able to save or accrue funds. • Grants to support providers operating in ‘thin markets’ (regional, rural, and remote areas, as well as providers delivering specialised services to consumer groups with low consumer numbers). 	<ul style="list-style-type: none"> • new funding model through a mix of grants and activity-based funding and either an individualised budget or case-mix classification approach • separately funded scheme for goods, equipment, assistive technology and home modifications. • new payment arrangement for older Australians to manage their funds. • payments made to providers once services have been delivered • Additional long-term grants for providers delivering transport, social support group, cottage and centre based respite, and meals services. • Additional long-term grants for providers in thin markets such as rural, remote or those delivering particular community groups in urban settings.
Services	<ul style="list-style-type: none"> • The CHSP has an established Service Catalogue. • The HCP program doesn’t have a service list and relies on the <i>Aged Care Act 1997</i> to guide which services may be accessed. 	<ul style="list-style-type: none"> • Service List with services available to senior Australians at a Commonwealth Government subsidised cost. 	<ul style="list-style-type: none"> • Defined service list to include: <ul style="list-style-type: none"> ○ Nursing ○ Allied health ○ Personal care ○ Domestic assistance ○ Transport ○ Meals ○ Home maintenance ○ Social support ○ Respite, etc. • Service prices set by Government, covering the full cost of service delivery. • Client contribution set according to capacity to pay.

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Legislative framework and regulation	<ul style="list-style-type: none"> The <i>Aged Care Act</i> and regulations are focused on approved providers rather than safeguards for senior Australians. The regulatory framework does not differentiate home services providers based on the risks associated with their services. 	<ul style="list-style-type: none"> A new regulatory model to align with the risk of the service delivered by a provider. For example, complex services would be more regulated. A New Aged Care Act to be developed putting the consumer at the centre or Aged Care. 	<ul style="list-style-type: none"> Risk proportionate regulation <i>Not discussed in this Paper, but discussed in A New model for Regulating Aged Care Paper:</i> A new Aged Care Act to position older Australians and their needs at the centre.
Dementia Care	<ul style="list-style-type: none"> Dementia is becoming more prevalent in home care settings and many aged care providers do not have the skills and capacity required to care adequately for people living with dementia. 	<ul style="list-style-type: none"> The new assessment tool would include a focus on dementia and psychosocial factors to better support senior Australians who have a formal diagnosis and people who may be exhibiting early signs consistent with dementia. 	<ul style="list-style-type: none"> After assessment, older Australians may receive a referral to access supports, including specialised support services such as dementia and vision advisory support.

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<p>Access and Care for Aboriginal and Torres Strait Islander communities</p>	<ul style="list-style-type: none"> • There are barriers to Aboriginal and Torres Strait Islander people’s access to the aged care system. • There are currently not enough Aboriginal and Torres Strait Islander people, and other people with high levels of cultural competency, employed across the aged care system. 	<ul style="list-style-type: none"> • A new national service will offer face-to-face support for senior Aboriginal and Torres Strait Islander Australians and their families to help them access care, make sure that care is delivered in an environment of cultural safety, and provide guidance to providers on cultural safety and working with Aboriginal and Torres Strait Islander peoples. 	<ul style="list-style-type: none"> • Plan for large-scale trial of prototype assessment tool in early 2023 with a focus on First Nations people to inform the practices for new Indigenous assessment organisations that will be established.
<p>Informal Carers</p>	<ul style="list-style-type: none"> • There is no formal way to link carers of senior Australians to services and often carers don’t know where to go for support. • Carers are required to undertake separate intake and assessment processes if they are seeking supports for themselves as well as for the person they care for. 	<ul style="list-style-type: none"> • The Carer Gateway will enable carers to book respite services in advance and provide assistance through counselling, coaching, peer support and skills training. There is also access to specialised dementia carer education. • The new assessment tool would compile information about the carer and the assessment would be reflective of the support provided by their informal carer. 	<p><i>Not discussed in this Paper.</i></p>

Component	Current	Support At Home	New In-Home Aged Care
			<p><i>Additional mentions in the Paper:</i></p> <ul style="list-style-type: none"> - Introduction of new Quality Indicators and Star Ratings in In-Home Aged Care <p><i>Not discussed in this paper:</i></p> <ul style="list-style-type: none"> • Accessing and Navigating Aged Care: role of Care Finders, Aged Care Specialists at Services Australia • Integration of Aged Care system with primary health networks, GPs, etc. • Reassessments • Process after ‘expiry’ of quarterly care budget

* The content of the first three columns has been extracted from the [Support at Home Program Overview for senior Australians, their family and carers.](#)

How to provide feedback?

Submissions may be written or uploaded into an online form on the Department of Health and Aged Care's Consultation Hub. Alternatively, you may call My Aged Care on 1800 319 209 and provide your views over the phone. Submissions will be open **until 25 November 2022**.

Other useful reports by the Department of Health and Aged Care:

- [Co-designing the care management role for the Support at Home Program](#) (September 2022)
- [A New Model for regulating Aged Care](#) (September 2022)

Resources:

- ACCPA Update – 1 November 2022 (Focus on this Consultation Paper): [video](#) and [slides](#).
- Revised Aged Care Quality Standards Comparison and Similarity Summary analysis [table](#).

Next steps

The Department of Health and Aged Care advised that they will provide a webinar update in December 2022.