

Living Longer. Living Better.



Aged Care Reform Package – Focus on 1 July and 1 August 2013 milestones

Presentation to Local Government &
Community Care Forum by
Department of Health and Ageing
9 August 2013

Purpose of today's briefing

- Update on progress of key reforms
- 1 July 2013 and 1 August 2013 milestones
- An opportunity for questions

Living Longer Living Better

- 10 year plan to reshape aged care
- Focus on end to end aged care
- Greater choice and control for consumers
- More sustainable and modernised financing arrangements



Achievements to date

- Expansions to the:
 - National Aboriginal and Torres Strait Islander Flexible Care Program
 - National Aged Care Advocacy Program
 - Community Visitors Scheme
 - National Respite for Carers Program
 - Palliative Care Advisors Program of Experience in the Palliative Approach
 - Palliative Care and Advanced Care Advisory Services
 - Assistance with Care and Housing for the Aged Program
- Allocation of grants through the Aged Care Service Improvement and Healthy Ageing Grants Fund

Legislation process

- Main areas of reform
 - Home care
 - Residential care
 - Governance and administration
- Amendments included:
 - Homeless Supplement
 - Aged Care Commissioner
 - Aged Care Pricing Commissioner

1 July 2014 changes

- New aged care financing arrangements
- Rating system for residential aged care
- Enhancements to the My Aged Care website and contact centre

Key points – Home Care Packages

- More packages
- Four levels
- Consumer Directed Care
- Existing clients transitioned to new program
- No Agreements required
- Single list of care and services

Home Care Packages Program

- Commence from 1 August 2013
- Program replaces the existing Community Packaged Care Programs – CACPs, EACH and EACHD packages
- New guidelines apply to all Home Care Packages, not just the new ones
- New payment system
- No Agreements required

Four levels of home care packages

- Four levels of packages:
 - Home Care Level 1 – a new package to support people with basic care needs
 - Home Care Level 2 – a package to support people with low level care needs, similar to the former CACPs
 - Home Care Level 3 – a new package to support people with intermediate care needs
 - Home Care Level 4 – a package to support people with high care needs, similar to the former EACH package

2012-13 Aged Care Approvals Round

- The first group of Home Care Packages has been allocated in the 2012-13 ACAR – a total of 5,835 packages, comprising:
 - 1,303 Level 1 packages
 - 2,997 Level 2 packages
 - 1,010 Level 3 packages
 - 525 Level 4 packages
- Results of the ACAR: www.health.gov.au/acar2012-13

Transitional arrangements

- From 1 August 2013:
 - CACP packages will become Home Care Level 2
 - EACH packages will become Home Care Level 4
 - EACHD packages will become Home Care Level 4
(plus additional supplements will apply to existing EACHD consumers)
- Existing CACP, EACH and EACHD consumers (as at 31 July 2013) will continue to receive home care services, at an equivalent level of funding, from 1 August 2013.

ACAT assessment

- To be eligible for a package, a person needs to be assessed by an ACAT
- “broadbanded” approval
 - Home Care Level 1 or 2
 - Home Care Level 3 or 4
- The home care provider:
 - decides whether they can offer a package to a consumer
 - determines which package level is appropriate within the broadband

Consumer Directed Care (CDC)

- From 1 August 2013:
 - all new packages must be delivered on a CDC basis
- From 1 July 2015:
 - all packages, including packages in existence before 1 August 2013, must be delivered on a CDC basis
- Providers with existing packages can convert to CDC earlier than July 2015 if they wish

CDC – Decision making and care planning

- Under CDC, the consumer:
 - has ownership of decision-making
 - is encouraged to identify goals
 - can decide the level of involvement they want in managing their package
 - must be allowed to exercise choice in the way that services are offered and delivered

CDC – Individualised budget and statements

- Under CDC, the consumer must be provided with:
 - an individualised budget
 - a monthly statement of income and expenditure
- A consumer may also choose to top-up their package by purchasing additional services through their home care provider
- Unspent funds carry forward from month to month and year to year for as long as the consumer continues to receive services under the package

Care and Services

- Single list of care and services applies to all package levels
- Includes nursing and allied health
- Scope to provide some aids and equipment
- Other services to support a person to remain at living at home may also be provided

Excluded items

- Using package funds as a general source of income for the consumer
- Purchase of food, except as part of enteral feeding
- Payment for permanent accommodation, e.g. rent or mortgage payments
- Payment of home care fees
- Payment of fees or charges for other types of care funded or jointly funded by the Australian Government
- Home modifications or capital items that are not related to care needs
- Travel and accommodation for holidays
- Cost of entertainment activities, e.g. club memberships and tickets to sporting events
- Payment for services and items covered by the MBS or the PBS
- Gambling or illegal activities

Consumer care fees

- From 1 August 2013:
 - no changes to previous arrangements
 - consumer can be asked to pay a care fee
- From 1 July 2014:
 - new income testing arrangements will apply
 - subsidy payable by the Government will be reduced according to the income tested fee payable
 - will not affect existing home care consumers
 - further information will be available over the coming months

Evaluation

- The Home Care Packages Program, including the CDC arrangements, will be evaluated during the first two years – to consider the impact on:
 - consumers, carers and family members
 - provider operations
 - assessment processes
 - interface with other programs
 - the effectiveness of the new arrangements in providing a continuum of care, as well as choice and flexibility

Further information

- www.livinglongerlivingbetter.gov.au
 - Home Care Packages Program Guidelines
 - Fact sheets for consumers, including existing CACP, EACH and EACHD consumers
 - Overview of changes
 - Questions and answers
- www.myagedcare.gov.au or 1800 200 422

Any questions?

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Dementia and Veterans' Supplements

New Supplements

Home Care

- Dementia and Cognition Supplement in Home Care
- Veterans' Supplement in Home Care for service related mental health conditions

Residential Care

- Dementia and Severe Behaviours Supplement in Residential Aged Care
- Veterans' Supplement in Residential Aged Care for service related mental health conditions

Key points-Dementia and Veterans' Supplements in Home Care

- One or other
- At all levels of Home Care Packages
- Diagnosis of dementia not required
- Ongoing

Home Care-Dementia and Cognition Supplement

- Additional funding for people with cognitive impairment at all levels of Home Care
- 10% of the basic subsidy payable for each level of Home Care
- Dementia and Cognition Supplement or the Veterans' Supplement but not both

Home Care - Dementia and Cognition Supplement continued

- Eligibility is assessed by Approved Providers using one of three assessment tools
- Assessment by a:
 - Registered nurse
 - clinical nurse consultant
 - nurse practitioner or medical practitioner
 - health practitioner trained in its use (KICA-Cog only)

Dementia and Cognition Supplement – Application

- Application forms will be available from the Department of Human Services website
- For more information ring 1800 195 206

Home Care - Veterans' Supplement

- For Veterans with a mental health condition accepted by DVA as associated with their service
- 10% of the basic subsidy amount of their home care
- No application needed

Key points - Dementia and Veterans Supplement in residential care

- New name for supplement
- Both supplements can be paid
- NPI Assessment Tool
- On top of ACFI
- Automatic after consent

Further information

- Visit www.livinglongerlivingbetter.gov.au
- To view
 - Dementia and Veterans' Supplement Guidelines
 - Answers to Frequently Asked Questions
 - Factsheets

Any Questions?

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Aged Care Workforce Supplement

Key points – Workforce Supplement

- Listened to feedback
 - Different start dates for eligible programs
 - Can be used on associated workforce costs
 - Opt - in /Opt - out
- Eligible programs and workers
- Minimum 1% pay increase

Addressing Workforce Pressures Initiative

This initiative will be delivered in two parts:

- the Aged Care Workforce Supplement
- an Aged Care Workforce Development Plan

Eligible Programs

From 1 July 2013:

- Residential Aged Care provided under the Aged Care Act 1997
- Multi-purpose services provided under the Aged Care Act 1997

From 1 August:

- Home Care Packages provided under the Aged Care Act 1997
- Commonwealth HACC Program*
- National Respite for Carers Program*
- Day Therapy Centres*
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program
- The Department of Veterans' Affairs Veterans Home Care Program
- The Department of Veterans' Affairs Community Nursing Program

* To be part of the Commonwealth Home Support Program from 1 July 2015

Eligible Aged Care Workers

Aged Care workers include:

- a personal or community care worker or other aged care employee
- an Enrolled Nurse
- a Registered Nurse

Not covered by the Supplement:

- State and Territory government employees
- temporary staff
- independent contractors

Enterprise Agreement-making

- Residential care facilities with 50 or more places must have an Enterprise Agreement to be eligible
- Enterprise Agreement not required if less than 50 places
- More information on enterprise bargaining can be found at www.fwc.gov.au

The Supplement Process – in summary

- a. Providers or organisations must meet the requirements of the Workforce Supplement and apply
- b. The Department will assess the application and make a decision on eligibility
- c. Payment of the Workforce Supplement will commence on the date as determined in the notice of determination
- d. Payment of the Workforce Supplement will be made based on the usual arrangements for receiving funding under participating programs

Minimum wage requirements

- Annual increases in base wages
- Wages must exceed the relevant Award rates for all staff
- The provider will further increase base wages each financial year that the supplement is payable

Opt-in/Opt-out of the Workforce Supplement

- A provider can choose to opt-in at a date later than the 2013 -14 financial year
- A provider can choose to opt-out of the Supplement at any time
- More information in the Guidelines

Further information

- Fair Work Commission website (enterprise bargaining) www.fwc.gov.au
- Aged Care Workforce Supplement Guidelines, and FAQs
- www.livinglongerlivingbetter.gov.au

Any Questions?

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My Aged Care (the Aged Care Gateway)

Key points – My Aged Care (the Aged Care Gateway)

- Creating an **identifiable entry point** for the aged care system
- Enabling access to **timely and reliable information**
- **Providing support** for locating and accessing services
- **A staged implementation** from 1 July 2013
- Website and contact centre – now live

Aged Care Gateway Components

Aged Care Gateway

My Aged
Care
website and
contact
centre

National
Assessment
Framework
and Tool

Central
client
record

Linking
Service

Carer
Support
Centres

My Aged Care

The screenshot shows the My Aged Care website interface. At the top, there is a purple header with the text "Living Longer. Living Better." and a navigation bar containing a phone icon with the number "1800 200 422" and operating hours: "Mon-Fri 8am - 8pm Sat 10am - 2pm". Below this is the Australian Government logo and the "myagedcare" logo. A search bar with a magnifying glass icon and the text "Enter search term" is followed by a "Go" button. A horizontal menu includes "Home", "What help can I get?", "Help at home", "Aged care homes", "Caring for someone", "Find a service", and "About us".

The main content area features a video player with a thumbnail of an elderly man named Alex. The video title is "Alex" and the description reads: "Alex has Parkinson's disease. Recently, he started noticing his symptoms getting worse. Knowing he needed to do...". A "Full story" button with a play icon is located at the bottom right of the video player. To the right of the video player is a vertical sidebar with four categories: "What help can I get?", "Caring for someone", "Healthy and active living", and "Other languages".

Below the video player is a "Latest news" section with the text "ASDF" and navigation arrows. The bottom section contains three columns of service links:

- Find a service**
 - Help at home explained
 - Find help at home services
 - Aged care homes explained
 - Find an aged care home
- Eligibility and assessment**
 - How assessment works
 - Find an Aged Care Assessment Team
 - Aged care services
 - Eligibility for diverse needs
- Financial**
 - Help at home - costs explained
 - Aged care homes - cost explained
 - Planning ahead

The footer contains "A-Z list of all topics | Site map", social media sharing icons (email, Facebook, Google+, Twitter), and the text "Share this page". At the very bottom, there are links for "Accessibility", "Privacy", "Disclaimer", "Terms and conditions", and "Contact us", along with the copyright notice: "Copyright © Commonwealth of Australia ABN:83 605 426 759".

National Contact Centre

- National Contact centre
 - 8am - 8pm weekdays
 - 10am - 2pm Saturday
- Recruitment and training contact centre staff completed

What to expect from the Contact Centre

- My Aged Care number – 1800 200 422 (but servicing multiple channels)
 - Consumer focused
 - Calls answered by a person (no recorded menus or voice prompts)
 - Warm transfers (Access Points, CRCCs, ACATs)
 - Transfers to other the Departmental services (Resident Liaison Section, Complaints Scheme and Department's Call and Information Centre)

Gateway components: Central Client Record

- Record information once, access many times
- Personal details, assessment details and services received
- Adherence to privacy and security legislative requirements – client controls access
- Capability to be built on over time – links to PCEHR (long term)
- **Available in 2014**



Gateway components: National Assessment Framework and Tool

- No change to HACC or ACAT assessments before 30 June 2014
- Standardised national assessment to determine client needs
- Level 1 and 2 (HACC equivalent) and Level 3 (ACAT equivalent)
- Contact Centre capability to deliver Level 1 and 2 assessments over the phone with triggers for face to face
- Centre for Health Service Development, University of Wollongong finalising analysis of field trials in NSW, SA, Tasmania and Victoria
- Adjustments will likely be made to the tool based on trials
- **National Assessment tool available in 2014**

Gateway components: Linking Service

- Targeting vulnerable people with multiple needs
- Linking across sectors including aged care, health, housing, disability and financial services
- KPMG engaged to develop evidence-based options for Linking Service
- **Commencing in 2014**

Carer Support Centres

- Strong link with Gateway
- Currently working on developing business and service delivery model options
- National consultations held in June 2013
- **New centres to commence operation from 1 July 2014**

Aged Care Gateway – More information

- <http://intranet/aged-care-gateway>
- www.livinglongerlivingbetter.gov.au
- www.myagedcare.gov.au
- GPO@health.gov.au

More information

Ongoing updates available at:

- www.livinglongerlivingbetter.gov.au
- www.myagedcare.gov.au
- Enquiries : LLLBenquiries@health.gov.au