CHANGES TO HOME CARE
Today’s agenda

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Aged Care Reform and Home Care

Introduction of My Aged Care

Commonwealth Home Support Programme, CDC in Home Care, expansion of My Aged Care

Increasing Choice

2011

2013

From July 2015

Feb 2017

Increased focus on consumer centric service delivery
Consumer Directed Care in Home Care Recap

**Mandatory Requirements**

- Home Care Agreement
- Individualised budget
- Monthly Statement
- Care Plan
Overview of Home Care Reforms

• The *Increasing Choice for Older Australians* measure was announced in the 2015-16 Budget

• Will improve the way home care services are delivered to older Australians and allow them to have more choice and control over their care

• The *Aged Care Legislation Amendment (Increasing Consumer Choice) Act 2016* was passed by Parliament in March 2016

• The changes start on **27 February 2017**
Home Care Reforms

1. Funding for a home care package will follow the consumer

2. Consistent national approach to prioritising access to home care

3. Streamlined process for organisations seeking to become approved providers
Home care package, including any unspent home care amount, move with consumer

- Home care package moves with the consumer, including unspent home care amount
- No ACAR for home care
- Providers can expand to accept additional consumers, including from other regions
Unspent Home Care Amount and Exit Amounts

Portability → Unspent Home Care Amount → Exit Amount
Unspent home care amount

Changes:
‘Unspent home care amount’:
Total amount of:

home care subsidy (including supplements) + home care fees paid to the approved provider for the consumer that have not been spent or committed on care/services for the period from:

1 July 2015
or
Care start date

Care cessation date

(whichever is later)
Approach to Unspent Home Care Amount

Current arrangements:
When a consumer moves providers or leaves home care, funds that have not been spent can be retained by the provider.

Future arrangements:

1. Consumer changes providers
   - Provider A
   - Provider B
   - Unspent home care amount*
   - *Less any exit amount

2. Consumer leaves home care
   - Provider A
   - *Less any exit amount
Calculating the unspent home care amount

Step 1:
Work out the unspent home care amount (less any exit amount)

Step 2:
If there is an unspent home care amount, determine:

- the Commonwealth portion, based on % of home care subsidy
- the care recipient portion, based on % of home care fees, less any unpaid home care fees; and
- the transfer portion, which is the sum of the Commonwealth portion and the care recipient portion
Exit Amounts

An ‘exit amount’ may be deducted by a provider from the unspent home care amount when the consumer leaves that provider.

Changes:

- The exit amount must be clearly identified in the Home Care Agreement
- A maximum exit amount must be provided to the Department for publication on My Aged Care prior to 27 February 2017
- The exit amount deducted cannot be more than:
  - the exit amount in the Home Care Agreement;
  - the published exit amount (as provided to the Department); or
  - the unspent home care amount.
Home Care Reforms

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Eligibility for home care

Changes:

• Aged Care Assessment Team (ACAT) to assess and approve eligible home care consumers at a specific package level

| Level 1 | Level 2 | Level 3 | Level 4 |

• On 27 February 2017, a consumer with an existing approval for:
  o level 1/2 will be deemed to be approved for level 2
  o level 3/4 will be deemed to be approved for level 4
Consistent national approach to prioritisation

• Will manage eligible consumers’ access to packages through My Aged Care
• Comprises the National Queue and the National Inventory of Packages
• Prioritisation will take into account:
  • Individual needs and circumstances
  • Time spent waiting for care
• Total number of packages at each level will continue to be capped
Establishing the prioritisation process – pre February 2017

**People**
- Record created in My Aged Care for all consumers with a home care approval

Order of activities:
- **Oct**: Approved Provider
- **Nov**: Consumer

**Packages**
- Unused packages (places) as at 27 Feb 2017
- Used packages (places) as at 27 Feb 2017

**Consolidated list of packages**

**Consumers awaiting approved level of package added to queue in My Aged Care**
- New National Queue

**All packages recorded in My Aged Care**
- New National Package Inventory
Managing the prioritisation process – post Feb 2017

Client record updated with approval for home care (package level & priority for service)

Consumer placed in queue on My Aged Care (Date of home care approval & priority for service)

Release of new packages

Package assigned to consumer

All packages available in My Aged Care

Turnover of existing packages (clients leaving home care or changing package levels)

National Queue

National Package Inventory
Home Care Reforms

1. Funding for a home care package will follow the consumer

2. Consistent national approach to prioritising access to home care

3. Streamlined process for organisations seeking to become approved providers
What is an approved provider?

- An approved provider is an organisation approved to provide aged care under the *Aged Care Act 1997*

- Approved providers are responsible for:
  - delivery of care in line with relevant standards
  - appropriate financial management of subsidies and care recipient’s fees and payments
  - committing to the rights of aged care recipients

- An organisation **must** be an approved provider to receive Commonwealth aged care subsidies under the Act
Aged care types and approved providers

Australian Government subsidised aged care services

Aged Care Type

- Commonwealth Home Support Programme (CHSP)

Aged Care Services

- Community and Home Support (not covered under the Act)
- Transition Care (State Govt.)
- Short-Term Restorative Care Programme
- Multi Purpose Services

Approved Providers under the Act

- Flexible Care
- Home Care
- Residential Care

- Level 1
- Level 2
- Level 3
- Level 4
- Residential Aged Care
- Residential Respite Care
How do I apply to become an approved provider?

To seek approval to be an approved provider the organisation must:

- be incorporated
- have **no** disqualified individuals as key personnel
- demonstrate its suitability to provide aged care through an application process

**Criteria**

- New applicants that are not approved to provide any type of aged care e.g. CHSP

**Process**

1. Download form from Department’s website
2. Print & email/ send into Approved Provider Section


**Form A**

Simplified form for existing approved providers – assessed on suitability to provide care for care type applying for

**Form B**
Becoming an approved provider after 27 Feb 2017

- New online smart form
- Less focus on an organisation’s key personnel and more focus on an organisation’s management systems and delivery of care:
  - Governance
  - Financial management
  - Changing clinical care needs

Criteria

- New applicants that are not approved to provide any type of aged care e.g. CHSP

Process

1. Access smart form from Department’s website from 27 Feb 2017
2. Submit electronically to Approved Provider Section

Online smart form

Simplified form for existing approved providers e.g. flexible care provider looking to start delivering home care package services
Change to quality assessment by the Quality Agency

- Quality Agency has discretion to require new and recommencing providers to submit self-assessment information on request

- Quality Agency will undertake a site visit should further scrutiny be required

- Provider must give the self-assessment information if requested by the Quality Agency

- All providers (new and existing) will be required to meet the Home Care Standards and will be assessed against these Standards

- Quality review against Home Care Standards at least once every 3 years
Available now
Fact Sheet – Changes to Home Care
Fact Sheet – Consumer Directed Care

Available from 27 February 2017
- Your Guide to Home Care Package Services
- Your Pathway to Accessing a Home Care Package
- Researching Home Care Providers – Considerations and Checklist
- Entering into a Home Care Agreement – Considerations and Checklist
- Changing Providers – Considerations and Checklist

### Resources

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  • Sector Operational Readiness Part I  
  • My Aged Care Service Finder functionality  
  • Changing Providers and Unspent Funds  
  • Approved Provider Requirements and Quality Provisions  
  • National prioritisation process for home care packages  
  • Increasing Choice in Home Care – February 2017 – Delegated legislation  
  • Increasing Choice in Home Care – Stage 1 – Legislative changes | • Introduction to Home Care Changes  
  • Consumer Directed Care  
  • Supporting Client Discussions  
  • Overview of client journey to access home care and receiving a referral for service  
  • Discussing the assessment and approval process with clients  
  • National Prioritisation Process  
  • Changing Home Care Providers  
  • Unspent Home Care Amounts  
  • Overview of Exit Amounts  
  • Exit Amount – Transition Provisions  
  • Home Care Package service finder  
  • Claiming for home care services | • Notification of Home Care Maximum Exit Amount Form  
  • Provider readiness checklist  
  • Overview of the legislative framework for Increasing Choice  
  • Step-by-step example of calculating unspent home care amounts  
  • New data fields in the Home Care Package service finder from 27 February 2017 |

Questions
Important Points to Remember
Where can you get further information?

Department of Health Increasing Choice website

Department of Health YouTube
www.youtube.com/user/healthgovau

Advice to the Aged Care Industry
Subscribe at:

My Aged Care
www.myagedcare.gov.au

Aged Care Webinars