Submission to the Department of Health's Future Reform – An Integrated Care at Home Program, Discussion Paper

August 2017

Section 2 – Reform Context

2.3 Reforms to date

Q.1 We welcome your views and feedback on the February 2017 *(Increasing Choice)* reforms.

Overall, the February 2017 reforms have been a positive step towards increasing choice for consumers of Home Care Packages (HCP). ADAA has been pleased to see HCP consumers who have previously had their right to choice restricted, change providers and access the care and supports of they need.
Following the introduction of the reforms, ADAA has experienced a marked increase in requests for advocacy support and have identified a number of areas that still require attention if consumers are to truly experience increased choice and control. These include:

- **Information provision:** The information provided to consumers, by government departments, MAC and service providers is often complex and confusing.
- **Exit Fees:** The application of exit fees is an ongoing concern. ADAA has been involved in many cases where the consumer has been bullied into signing a contract variation that allows the provider to charge an exit fee. Some exit fees have been set so high that the consumer really has no choice but to stay with the provider. ADAA has even been involved in a case where the exit fee was deducted at the start of the contract as a pre-emptive measure.
- **Budget Transparency:** ADAA regularly provides advocacy support to address issues relating to the transparency of budgets. In ADAA's experience the underlying issue is often the budgeting tools adopted by service providers.

- **Accessing packages:** Consumers are often not aware of the steps they have to take following package care approval and as a result they often miss out on receiving a package.
- **Service Provider Culture**: Client choice is often limited by service providers who are inflexible in exploring alternative care options.

Section 3 – What type of care at Home do we want in the Future?

3.1 Policy Objectives

Q.1 Are there any other key policy objectives that should be considered in a future care at home program?

ADAA considers the range of policy objectives listed on page 9 of the discussion paper to be extensive. ADAA does have concerns about the objectives relating to choice and control, and being responsive to diversity. Whilst their intent is commendable, these objectives may continue to be difficult to achieve without a cultural shift amongst service providers.

Section 4 – Reform Options

4.2 An integrated Assessment Model

Q.1 What do you believe could be done to improve the current assessment arrangements, including addressing variations or different practices between programs or care types (e.g. residential care, home care and flexible care)?

ADAA believes the current assessment arrangements could be improved with the introduction of a nationally consistent assessment system that

- integrates RAS and ACAT to ensure a more seamless experience for the consumer
- shares consumer information more efficiently so that the consumer is not required to repeat themselves at every step along the aged care journey.
- provides timely assessments. The timeliness of ACAT assessments has been an issue of concern in Queensland for over 10 years. There are areas of Queensland (both metropolitan and rural/regional) where the consumer waits up to 3 months for an ACAT assessment.
- Employs a multidisciplinary team that are regularly upskilled on the ever-changing nature of the aged care service system. In ADAA's experience a lack of knowledge about the broader aged care system can result in inappropriate assessments and confusion amongst consumers. For example, ADAA is aware of instances where ACAT has approved a consumer for high level residential care but only a Level 2 HCP. ADAA has also been involved in cases where consumers have been approved for a package of care but have not been advised by ACAT on how to access this care. As a consequence, the consumer does not receive the care they need in a timely manner. Consistent referrals to NACAP would assist ACAT in addressing this issue.

4.3.1 New higher-level home care package | 4.3.2 Changing the current mix of home care packages

Q.1 Would you support the introduction of a new higher package level or other changes to the current package levels? If so, how might these reforms be funded within the existing aged care funding envelope?

ADAA supports the introduction of a new higher-level package and suggests that unused Level 1 and 2 HCPs be reallocated to help fund this new level.
Although it has been suggested that the reallocation of Level 1 and Level 2 HCP funds would only produce a minimal number of Level 5 packages, ADAA would prefer to see consumers with the highest needs supported to remain at home with the appropriate care, then have the funding remain unspent.
ADAA suggests that CHSP could be used to fill the gap if Level 1 packages were removed. In some ways CHSP is already filling this gap as many consumers are reluctant to transition from CHSP to Level 1 HCP due to the associated increase in fees which rarely result in an increase in services.

4.4.1 Changing the current mix of individualised and block funding

Q.1 Which types of services might be best suited to different funding models, and why?

ADAA supports the block funding of CHSP services. Block funding provides flexibility in responding to changing needs and this flexibility is particularly important for the delivery of services to consumers from special needs groups. Block funding is also essential in ensuring the sustainability of services requiring capital investments such as day respite and transport services.

4.5.1 Refocussing assessment and referral for services

Q.1 Should consumers receive short-term intensive restorative/reablement interventions before the need for ongoing support is assessed? If so, what considerations need to be taken into account with this approach?

ADAA suggests the focus of an assessment should depend on the nature of the presenting issue. For example, if a person has just been discharged from hospital following a hip replacement, reablement/restorative measures may be appropriate in the first instance. This may not be the case for someone who is experiencing functional decline associated with dementia.
It should be acknowledged that not everyone within the aged care demographic is capable of having their functionality restored and in these instances, should not be forced to participate in reablement in order to access ongoing care.

Q.2 How could a wellness and independence focus be better embedded throughout the various stages of the consumer journey (i.e. from initial contact with My Aged Care through to service delivery)?

ADAA suggests that a wellness and independence approach could be enhanced with increased education for service providers and health professionals. It may be particularly useful to educate health professionals, about wellness options/referrals when discharging patients into the community following a hospital stay. Informed health professionals may be able to encourage clients to explore this option with their service providers when they return home. It may also be beneficial to explore the increased involvement of allied health professionals.

4.6.1 Ensuring that services are responsive to consumer needs and maximise independence

Q 1. How do we ensure that funding is being used effectively to maximise a person's ability to live in the community and to delay entry to residential care for as long as possible? For example, should funding be targeted to services or activities where there is a stronger connection with care and/or independent living? Are there examples of current services or activities that you believe should not be funded by government?

Placing further restrictions around the types of care and supports available on a HCP would defeat the purpose of the increasing choices reforms.
The provision of appropriately funded packages of care, tailored to the unique needs of individual, is the most effective way of maximising a person's ability to live in the community. Unfortunately, many service providers are not allowing the consumer to access the types of supports they require to continue living at home.
ADAA has been involved in many cases, where we have advocated for consumers to access a service/product that is not on the HCP exclusions list but is also not an item or service traditionally provided through packaged care. In ADAA's experience, service providers can be inflexible in adapting their systems and processes to ensure that consumers are supported to exercise choice.
As previously mentioned, ADAA suggests that a cultural shift amongst HCP service providers, is required before consumers can exercise true choice and control.
ADAA also suggests that CHSP services could be more responsive to consumer need if CHSP providers were granted more flexibility to deliver outside of their core service types.

4.6.2 Accessing services under different programs

Q.1 Under the current program arrangements, does allowing some consumers to access both programs promote inequity, particularly if other consumers have to wait for a home care package?

ADAA considers the current arrangements, where HCP consumers can access additional CHSP supports in special circumstances, to be equitable and a necessary interim measure if the demand for high level HCPs continues to outweigh the supply.
All HCP consumers are subject to the same eligibility criteria for accessing this additional support. The only inequity is that many consumers are not aware of that this option is available and struggle without the added support.
ADAA has also found many service providers are not aware of this option and are therefore resistant to providing HCP consumers with a CHSP top up.

Q.2 Until an integrated care at home program is introduced, is there a need to more clearly define or limit the circumstances in which a person receiving services through a home care package can access additional support through the CHSP? If so, how might this be achieved?

ADAA considers the current arrangements to be working well and would not recommend further limitations on the circumstances in which a person receiving services through a home care package can access additional support through the CHSP.

4.8.1 Supporting specific population groups

Q.1 How can we make the care at home system work better for specific population groups, particularly those whose needs are not best met through current CDC models and administrative arrangements?

ADAA suggests that Service providers that specifically cater to diverse populations be provided with increased capacity building supports. ADAA also suggest that mainstream services be encouraged to make their services more responsive through the introduction of the following measures:

Targeted Training for Service Providers
Cultural competency training is primarily attended by frontline workers. Whilst it is imperative that frontline workers have an understanding and respect for cultural diversity, the key strategies promoted through these training programs cannot effectively be put into practice without the ongoing support of management. ADAA suggests that the targeting of cultural competency training at the management level may assist in growing cultural competency within aged care organisations. After all, it is the management and coordinators of services that are in the position to influence practices such as the recruitment of bilingual staff, the assessment of cultural needs throughout the care planning process, the implementation of culturally inclusive policies and procedures and registration with Translating and Interpreting Services (TIS).

Incentives for Service Provider
The training and resources to support services to implement culturally appropriate care are available but they are not being put into practice. ADAA acknowledges that the development of culturally appropriate practices requires an investment of time and resources, and suggests that perhaps there is a lack of incentives encouraging aged care services providers to make this investment.
ADAA Australia notes that the MAC website allows service providers to publicly list the cultures and religions that they cater for. Many mainstream services indicate that they provide care to multiple cultural and religious groups.

The fault in this system is that the services provider self-assess and self publishes this information and there is no mechanism to validate they are in fact delivering cultural appropriate care. ADAA has concerns that this information may be misleading for consumers from specific population groups. ADAA suggests that a CALD accreditation/auditing system (like the Rainbow Tick Standards) be established to support

service providers to understand and implement CALD inclusive service delivery practices. Service providers should not be listed as culturally responsive on MAC unless they have been successfully accredited against the Standards. CALD Accreditation then becomes a point of difference an incentive and a marketing tool that service providers can use to promote and grow their services in the competitive aged care market. This accreditation system could be mutually recognised under the relevant sections of the Aged Care Quality Standards.

Quality

ADAA considers it is essential that aged care service providers be made accountable for the delivery of culturally responsive care.

ADAA is concerned that the Draft Aged Care Quality Standards do not clearly document expectations around the provision culturally responsive care and service delivery.

ADAA suggests that any guidelines/manuals developed to support service providers to meet the new Aged Care Quality Standards should provide guidance and examples of best practice in this area. ADAA also suggests that the Aged Care Quality Assessors be appropriately trained, so that they understand and recognise what is culturally inclusive and responsive care and can offer service providers support and guidance where necessary.

Interpreting services

In ADAA's experience, there is still a general lack of knowledge and experience amongst aged care service providers when it comes to accessing and using free translating and interpreting services. As a result, many aged care service providers communicate with the consumer's family members rather than engaging a professional interpreting service. This means the consumer is often not involved in the discussions and decisions made regarding their care. ADAA has concerns with regards to the translation of important documents such as client agreements, care plans and budgets. In ADAA's experience these documents, essential to the care of the consumer are rarely translated for non-English speaking CALD consumers. ADAA maintains that Client agreements are legal documents and CALD clients should be given the opportunity to process them appropriately before signing them. ADAA suggests that further consideration be given to how to effectively upskill the aged care workforce on accessing and utilising interpreting and translating services.

Bilingual staff

CALD consumers need to be able to communicate their daily care needs, provide instructions and engage in meaningful conversation with their care workers. With subsidised access to TIS limited to care planning and review and the engagement of advocacy support, it is essential that aged care providers employ bilingual care workers to ensure that linguistically diverse consumers can communicate their daily care needs and engage in social conversation. Whilst there are resources that can assist in overcoming language barriers such as communication cards and translating applications and devices, these resources are not always accurate in their translations and can limit opportunity for detailed discussion. In the community, it is sometimes suggested that these types of resources should be purchased through the consumer's home care package, reducing the amount of funding available for a consumer's direct care costs. In ADAA's experience, it is rare for aged care service providers to actively recruit bilingual staff. Some of the organisations that do employ bilingual staff are not efficient in the matching of care workers and consumers. Often this due to a lack of communication between care coordinators and rostering teams. ADAA

notes that the 2017 Budget provides $1.9 million over two years to establish and support an industry-led aged care workforce taskforce. ADAA recommends that the aged care workforce taskforce give serious consideration to how the recruitment of bilingual staff can be increased.

4.8.2 Supporting informed choice for consumers who may require additional support

Q.1 What additional supports could be considered to ensure that people with diverse needs can access services and make informed choices and exercise control over their care?

The aged care system has become increasingly complex. Consumers are required to complete a multitude of steps before they can access care. These processes are confusing for many older people, particularly those who do not speak or read English.
Further to this, there is a lack of awareness about the range of services, supports and resources that have been developed to assist consumers from diverse backgrounds to enter and receive culturally appropriate care.

ADAA considers it essential that further work be done to improve access to information and supports for consumers from special needs groups seeking to receive aged care services. Suggested strategies include:

- Ensuring the translated material that is currently available online is easier to locate on websites such as MAC and the ACCC website. The Department of Human Services website does this well, with an identifiable button at the top of each page that can be clicked on to allow consumers to both listen or read translated materials – https://www.humanservices.gov.au/customer/information-in-your-language.
- Equipping relevant government websites with the technology to translate information available on webpages. The Status Report suggests that the MAC website is equipped with this technology but ADAA has not been able to locate this functionality.
- Translating Department of Human Services forms and correspondence that are essential to the provision of aged care services. For example, aged care financial assessments.
- Ensuring important correspondence from the Department of Health such as Letter of offer /allocation of a Home Care package letters are translated or provided in Easy English where appropriate. This may require the Department to collect and utilise client data more effectively to ensure mail out systems recognise where translation or interpreting services are needed. There is often an assumption that an English speaking relative or friend is relatively available to read and translate correspondence, but the reality for many is that letters regarding care services may sit in the consumer's kitchen for a couple of weeks before a family member is able to visit, read and action a letter. There are also many people who do not have family to assist.
- Develop a targeted communication plan for increasing awareness of aged care services amongst CALD and Aboriginal and Torres Strait Islander (ATSI) communities.

Older CALD and ATSI consumer are often faced with language, literacy and computer literacy issues and therefore digital/online materials should not be the primary communication method for delivering information to CALD and ATSI consumers. Strategies should focus on increasing face to face engagement and education with CALD and ATSI communities, the use of ethno/culturally specific radio stations and the targeting of information to younger CALD and ATSI generations who can play a role in informing their Elders about available aged care options.

- Increased promotion of advocacy services offering face to face assistance to access and resolve issues with aged care services. Enhanced partnerships between, NACAP, PICAC and CALD/ATSI specific CVS programs may increase efficiencies.

Section 5. Major Structural Reform

5.2 What would be needed to give effect to these structural reforms?

Q.1 Are there other structural reforms that could be pursued in the longer-term?
With regards to the future vision for consumers to receive home care payments directly, ADAA suggests that consideration be given to the lessons learned from the implementation of the NDIS.
ADAA notes that there is likely to only be a small number of people who would opt to directly receive payments and self-manage their funds. ADAA recommends that self-managed consumers be provided with the flexibility to easily transition back to partially or fully managed arrangements with service providers should they change their mind. Appropriate safeguards should also be put in place to assist in the prevention of elder abuse (financial).

Section 6. Broader Aged Care Reform

6.1.1 Informal Carers

Q.1 How might we better recognise and support informal carers of older people through future care at home reforms?

In ADAA's experience, the knowledge of informal carers is often overlooked in both assessments and service delivery. ADAA suggests that measures be put in place to ensure that the knowledge of informal carers is recognised and embraced, particularly during assessments.
ADAA also recommends that action be taken to make MAC more friendly and accessible for carers. Currently carers have to prove their carer status to MAC before they are able to discuss care options for their loved ones. This can impact on the timeliness of accessing services.
ADAA recommends that the Department of Human Services and MAC explore opportunities for carer allowance information to be shared so that carers can easily prove their carer status to MAC simply by quoting their carer allowance identification number.

6.1.2 Technology and Innovation

Q.1 How can we best encourage innovation and technology in supporting older Australians to remain living at home?

ADAA notes that the demographic that would benefit the most from assistive technology are those that reside in rural and remote locations where access to health and community services are limited. Unfortunately, many rural and remote areas in Queensland are unable to access the internet and this impacts significantly on the use of available technologies.
It is also important to recognise that the current group of older people accessing aged care services may never embrace assistive technologies. ADAA suggests that next generation may be more open to using technology and recommends that the aged care system explore opportunities to engage this younger cohort through technology.

As an interim measure, ADAA suggests that Independent Living Centres such as Lifetec in Queensland be supported to promote the use of simple technologies more widely.

6.1.3 Rural and Remote areas

Q.1 How can we address the unique challenges associated with service delivery in rural and remote areas?

Service providers in regional, rural and remote locations often don't have access to the same professional development opportunities, networks and peer supports that are readily available in metropolitan regions. In the past, Queensland HACC service providers could contact their local HACC regional officers for advice and support. The HACC regional officers were also responsible for resource development, organising training and forums and raising local issues at the State level
ADAA considers it essential that rural and remote services be provided with the capacity building supports once provided by HACC regional officers. Without this support, many service providers, that have the potential to make a big difference in their local community, may overlook opportunities in the areas of community aged care or may struggle to stay up to date with ever changing nature of the industry. ADAA suggests that Primary Health Networks may be are well positioned to take on this capacity building role.
ADAA also recommends that mutual recognition of accreditation across service systems be explored, so that health and disability services in rural and remote areas experience less red tape when trying to respond to gaps in aged care service delivery.

6.1.4 Regulation

Q.1 How can we further reduce regulation to allow for innovation while ensuring that essential safeguards remain in place?

ADAA recommends increased mutual recognition across service sectors for regulatory measures such as accreditation and criminal history checks.

Other Further Comments

ADAA suggests that the Continuity of Care Program requires further attention to ensure that consumers experience a seamless transition into aged care services. This may require further exploration of how NDIS service providers can be supported to deliver aged care services.