

How the system may change - A summary

ACCV summary of rationale as expressed in the aims of the draft PC Report

- Independence and wellness
- Person-centred services that respond to changing needs
- Consumer-directed, choice and control
- Dignity and respect
- An easily navigable and transparent services system
- Assist informal carers to perform their caring role
- Affordable for the individual and the community
- Efficiency incentives
- Fair and equitable contributions including between generations

System architecture

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • DoHA • FASCHIA • Aged Care Act • ACSAA • OACC • ACAS • HACC Agencies • State Regulation of RV 	<ul style="list-style-type: none"> • Reduced direct DoHA role • Australian Aged Care Regulation Commission to be established under the Financial Management and Accountability Act 1997 • Re-governed ACSAA • Decommissioned OACC • Australian Seniors Gateway Agency for needs and financial eligibility assessment • Retirement Living remains separate to aged care 	12.1 12.1 12.1 12.1 8.1 10.4

Supply and funding arrangements

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • ACAR • Limited places • Residential High Low and Extra Services • Community Care funded under HACC and The Act • Care and Living Services bundled in community care and residential care 	<ul style="list-style-type: none"> • Remove regulatory restrictions on numbers of community and residential places over five-years • Abolish high low distinction and extra services • One funding program for community care • Unbundling approach (separate policy approaches) to care, living expenses and accommodation in residential care • A high level aim that the aged care system be consumer-directed, allowing older Australians to have choice and control 	6.3 6.3, 6.8 8.1 6.1 4.1

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Controls on quality and compliance

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • ACSAA • CIS • OACC • CC Common Standards 	<ul style="list-style-type: none"> • AACRC would have three full time statutorily appointed Commissioners: a Chairperson; Commissioner for Standards and Accreditation; Commissioner for Complaints and Reviews. 	12.1
<ul style="list-style-type: none"> • CIS without a clear mechanism for local resolution 	<ul style="list-style-type: none"> • Complaints handling determined by (AACRC) Commissioner for Complaints and Reviews in the first instance. 	12.2
<ul style="list-style-type: none"> • CI Commissioner last port of call 	<ul style="list-style-type: none"> • Complaints appeals to AAT 	12.2
<ul style="list-style-type: none"> • Little room if any for provide complaints 	<ul style="list-style-type: none"> • Determine complaints by consumers and providers 	12.2
	<ul style="list-style-type: none"> • Reviews should be structured into the three areas: assessment, early resolution and conciliation; investigations and referral; and communication, stakeholder management and outreach. 	12.2
	<ul style="list-style-type: none"> • Appeals via AAT with a separate aged care area 	12.2
	<ul style="list-style-type: none"> • ACSAA moved under AACRC 	12.1
<ul style="list-style-type: none"> • ACSAA as independent statutory authority 	<ul style="list-style-type: none"> • COAG should drive reductions in onerous duplicate and inconsistent regulations, including in relation to auxiliary issues: eg infectious diseases, OH&S food safety, power of attorney, etc 	12.9
<ul style="list-style-type: none"> • Duplicate regulations for many auxiliary issues 		

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How it is priced and paid for.

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • Community Care provided some living expenses (meals, cleaning, home maintenance) and Care • Resi Care provides Care and bundled Care / Living • Market in private community care • 84% of Pension; contribution adjusted ACFI; supplements; Packaged Care amounts, HACC unit prices and contributions; Packaged Care fixed amounts and weekly fees. 	<ul style="list-style-type: none"> • Separate policy approaches for accommodation living and care with accommodation and everyday living expenses largely responsibility of individuals 	6.1, 6.4
	<ul style="list-style-type: none"> • Health services funding a/c to broader health system policies 	6.2
	<ul style="list-style-type: none"> • Capped co-contributions for care 	6.2
	<ul style="list-style-type: none"> • Accommodation paid via periodic payment, lump sum or combination of both. 	6.4
	<ul style="list-style-type: none"> • Proposed AACRC recommends scheduled prices to Government for care services, accommodation, and stop-loss limit. 	6.11
	<ul style="list-style-type: none"> • An Australian Government Australian Pensioners Bond scheme to allow age pensioners to purchase a CPI indexed bond which is exempt from age pension assets test and income tests and free of entry, exit and management fees, using the proceeds of the sale of their primary residence. The bond could be flexibly draw upon their bond to fund living expenses and aged care costs. 	6.6
	<ul style="list-style-type: none"> • A government-backed Aged Care Equity Release scheme to enable individuals to draw down on the equity in their home to contribute to the costs of their aged care and support 	7.1

Special needs

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • Special needs category addressed as priority in ACAR • Rural Viability Supplements - generally considered inadequate • Only recent \$2mi toward translating and interpreting (T&I) as election promise. No discrete funding otherwise for T & I • One-off grants for special homeless projects 	<ul style="list-style-type: none"> • Pricing schedules to provide ongoing and comprehensive interpreter services. 	9.2
	<ul style="list-style-type: none"> • Remote and indigenous aged care funding models that are aimed at ensuring service sustainability and that recognise the need for the building of local capacity to staff and manage such services over time 	9.3

Social contract and safety net

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What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • Assisted residents • Concessional Residents & CR Ratios universal payment regardless of bed configuration • Hardship Provisions 	<ul style="list-style-type: none"> • Safety net for accommodation and living expenses • The government payment for the accommodation safety would be limited to the value of a 2 bed room and shared ensuite. • Lifetime stop-loss limit - 5 year cap for care costs • Regionalised obliged proportions of accommodation to supported residents with current CRR exemptions applying on a regional basis. First five years, obligation would be tradable within region. After five years, competitive tendering of accommodation to supported residents. 	<p>6.2, 6.10, 6.11</p> <p>6.7</p> <p>6.2, 6.10</p> <p>6.5</p>

Accessing and Navigating the System

What do we have now?	What is being proposed?	Reference
<ul style="list-style-type: none"> • HACC assessment by HACC service system • Trial one stop shops • Commonwealth Carer Respite and Carelink s Centres • ACAS for packaged and residential care • Financial determinations for payments made by providers in Community Care and Centrelink for Resi Care • Other system navigation performed by service providers on funded and unfunded basis 	<ul style="list-style-type: none"> • Australian Seniors Gateway Agency (ASGA) to perform comprehensive means testing and assessments of need • Carers needs also determined by the ASGA • End to end aged Care needs assessment Instrument • Initial care coordination services part of the Gateway. 	<p>8.1, 6.9</p> <p>11.1</p> <p>8.1</p> <p>8.1</p>

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Workforce and Training

What do we have now?	What is being proposed?	Reference
<ul style="list-style-type: none"> • Health professionals • Unlicensed workers • Rural recruitment difficulties • Skills gaps • Uncompetitive conditions • Cost of volunteers borne by provider or other generic volunteer competitive grants 	<ul style="list-style-type: none"> • Scheduled care prices, should take into account the need to pay competitive wages 	11.2
	<ul style="list-style-type: none"> • Advanced clinical courses for nurses to become nurse practitioners 	11.3
	<ul style="list-style-type: none"> • Management courses for health and care workers 	11.4
	<ul style="list-style-type: none"> • Teaching aged care services • Costs • Scheduled care prices, should take into account: volunteer administration and regulation; training and support; and out-of-pocket expenses 	11.5

Research and Planning Data

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • Research and Planning data often hidden, difficult to access or never published • Standards which might not have good evidence base 	<ul style="list-style-type: none"> • Australian Aged Care Regulation Commission should perform the role of a national 'clearinghouse' for aged care data. 	13.1
	<ul style="list-style-type: none"> • Timely and managed public availability of data sets for research, evaluation and analysis. 	13.1
	<ul style="list-style-type: none"> • Developing, where practicable, outcomes based data standards to better measure of service effectiveness. 	13.1

Staged Reform

What do we have now	What is being proposed	Reference
<ul style="list-style-type: none"> • Separate and seemingly unaligned improvement strategies in Community and Residential Aged Care 	<ul style="list-style-type: none"> • Timetabled reforms for whole sector overseen by Aged Care Implementation Taskforce • "Grandfathering" of current users of care services, and relevant financial arrangements of some of the providers of aged care services 	14.1