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**To:** [AccomPricingReview](#)  
**Subject:** Discrimination impact of cut off date on selection of applicants by aged care homes.  
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No one is worse off was what we were told about the Aged Care Reform. Not so, say I.

#### Access to Aged Care Home - Discrimination based on HCP approval date

My parents are on the CHSP and one had the HCP approved on the cut off date and one the day after, even though the QCAT Assessor dealt with both at the same assessment.

Now, it seems, YAY! the one that was after the cut off date won't lose 10% of RAD, a huge amount of money, thought marketed by the department as 2% per annum x 5 yrs.

However, now it seems, if I were an aged care home administrator, why would I select from the population who were approved for HCP before the cut off date, when I make 10% on RAD if I choose from those who had HCP approved after the date..

Let's use figures here. Plausibly \$75000 or more, can be made just by choosing applicants who had HCP approved after the cut off date. That is a powerful incentive for accepting those approved for HCP after the date, and denying those approved for HCP before the date, and a sensible business decision.

Further, those likely to survive at least 5 years in aged care residential will be preferred over those who don't.

Those who need to transfer from one aged care home to another are less likely to be accepted because there is not as much money if they have used up some of their first five years in residential aged care.

#### Lifetime caps

Those with longterm chronic disease pay a lot more for their health and personal care, than those with short term acute disease.

<https://academic.oup.com/healthaffairsscholar/article/3/1/qxae180/7958336?login=false>

At the very least, CHSP out of pocket co payments by care recipients should go towards the Lifetime caps, and arguably non-MAC out of pocket expenses, for typically it is inadequate, or there are insufficient services to meet demand, so people must get additional help from the private sector.

It discriminates against CHSP care recipients, especially longterm CHSP care recipients due to longterm chronic illnesses and medium to high needs (for the HCP, now Support at Home care recipients do have their out of pocket expenses contribute towards their life time cap. Why do people stay on CHSP after HCP is offered? Those with high needs soon discover they can gain a great deal more of imperative (imperative, because without it, aged care homes are chosen instead of CHSP) support if they remain on CHSP than changing to

Support at Home.

We with longterm chronic illnesses on high needs, get caught both ways.

We miss out on lifetime cap, and because it is chronic and longterm, are highly likely to lose the entire 10% of RAD.

#### Palliative care double standard

Many of the longterm chronic diseases care recipients are actually suffering life-limiting illnesses,

yet the availability of support in reality is limited to only the last couple of months.

<https://www.health.gov.au/topics/palliative-care/about-palliative-care/what-is-palliative-care>

<https://www.health.gov.au/our-work/greater-choice-for-at-home-palliative-care-program>

[https://www.palliaged.com.au/Portals/5/Documents/Support\\_at\\_Home\\_End\\_of\\_Life\\_Pathway.pdf](https://www.palliaged.com.au/Portals/5/Documents/Support_at_Home_End_of_Life_Pathway.pdf)

In this document it says Support at Home are eligible, but it doesn't say CHSP care recipients are.

I can't actually find the palliative care program information anymore, under my aged care so perhaps it is no longer even available, being considered to be covered by Support At Home. ABC reported 4/9/24 that the \$25000 was only available for the last three months.

#### Wage discrimination

Carer allowance, for those caring for people in homes should be valued at the same rate as commercial carers charge, when Services Australia determines the allowance.

Lifetime cap should include in kind care contributions (valued at the same rate as commercial carers) in cases where people care for loved ones in their own home. To not acknowledge the monetary value of carers is discriminatory.