

Residential Aged Care Accommodation Pricing Review

Submission [REDACTED]

Department of Health Disability and Ageing
Residential Aged Care Accommodation Pricing Review
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Submission:

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Dear Review Panel,

Please find following my submission to the review. I have no conflicts of interests to disclose, nor I have any commercial interests in aged care. I am in receipt of a transition Home Care package Lv 4.

Summary

It is Urgent that Residential Aged Care providers are supported by this review and legislated via Aged Care rules to provide between 10% and 20% of all beds to fully/partly funded residents.

It is not acceptable that Residential Aged Care Providers do not have to provide beds to fully/partly funded residents, nor is it acceptable that that extra funding is not available until the individual residential facility has a population in excess of 40% of fully/partly funded residents

All residential funded facilities must do their bit to support older people in their community.

Recommendation 1

Principle of no disadvantage: Subsidy levels for fully/part funded residents to be increased to minimum levels for fee paying resident.

Recommendation 2

Principle of Equity to Care: All individual aged care facilities to provide a minimum of 10%-20% of for fully/part funded residents.

Recommendation 3

Respite: All individual aged care facilities to provide a minimum of 10% of all beds for respite with priority being on need, not whether fee paying and fully/part funded resident.

Outcome of appalling Aged Care design and policy.

CAN'T PAY, CAN'T STAY at home nor in a residential facility

Residential Providers do not have to reserve places, nor accept non-fee-paying residents.

The consequence is that fully funded (subsidised) residents are not able to find places that provide quality residential care. Subsidies for providers that accept fully funded residents only kick in if there is a sustained 40% plus of the total resident population of fully funded residents over the reporting period.

That means that residential aged care providers need to ensure that their levels for supported residents are above 45-50% to allow for fluctuations in resident mix of fee paying and subsidised.

Furthermore, the incentive to have 40% plus of fully funded residents is not as much as the income that can be earned without extra reporting that is possible from fee paying residents who are able to pay for extra services.

THE GOVERNMENT CAN'T SAY THEY WEREN'T WARNED, NO SAFETY NETS, PEOPLE UNABLE TO PAY FOR IN-HOME CARE 13 HOURS MAX PER WEEK, RESIDENTIAL HOMES DON'T HAVE TO PROVIDE PLACES FOR FULLY SUBSIDISED PENSIONERS.

Dignity of Risk outcomes for pensioners

What does this mean for pensioners who can't afford co-payments for everyday basic needs such as showering?

Non-payment of individual contributions is a reason that home care providers can stop services and cancel contracts and abandon the consumer to the debt collector.

Dignity of Risk and Outcomes for home care providers where consumers can't afford showers.

Where showering assistance is in the care plan and the consumer declines to have showering assistance for whatever reason. The provider needs to document discussion about why the consumer needs a shower. If the consumer still refuses, as is their right, the provider needs to document the discussion and

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provide the consumer with a copy. By doing so providers are not held responsible for neglect, lack of duty of care nor held responsible for not lodging a Serious Incident Response Report.

Can't pay, can't stay

This is only the beginning of the nightmare for pensioners and low-income earners who cannot afford co-payments and/or are underfunded to receive the in-home care that they need. This socio economic group will struggle to find any home that will accept them as they can't pay RADs or the full amount for daily care, nor can they participate in a wide range of residential activities such as outings, and exercise classes.

How long before the next Royal Commission?

The legacy of the poorly designed aged care program is that more people are abandoned both emotionally and physically by a two-tier system of cruelty that the Royal Commission into Aged Care Quality and Safety did all their power to prevent.

The next Royal Commission will surely follow a Senate investigation into the actions and outcomes of Government policy and the Department of Health's lack of due diligence that made this abuse a reality.