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**Sent:** Friday, 8 March 2024 1:28 PM  
**To:** Aged Care Legislative Reform  
**Subject:** Response to draft aged care Act consultation

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AccessCare Kingston is a service provider in Melbourne's metropolitan area. We provide CHSP and HCP services to the local community.

AccessCare Kingston participated in the group feedback response submitted by enkindle. We support enKindle's submission and provide some additional feedback here.

Thank you

### **Service types not covered by quality standards**

- How do people only using services that not part of the quality standards eg domestic, get monitored if they are deteriorating and need assistance to navigate the service system? This is particularly an issue for low service users who may have high needs but refuse additional services. Currently a service such as domestic is one a reluctant person may be willing to have, and this at least allows for monitoring and a reduction in their isolation. However how does this work in the new system with private cleaning agencies who may not even sight a client when providing service if the focus is a cleaning service rather than a monitoring service?

### **Eligibility and Direct to Service referrals**

- Eligibility: if there is opportunity for direct to service provision followed by an Assessment, what reassurance to agencies have for payment if the services provided are not supported by the subsequent assessment?
- What about situations where a direct to service provision is made for a short-term need eg following a hospital discharge, and then the client refuses to have the subsequent assessment as they have already completed the service by the time they are contacted by the assessment agency? This leaves a risk for service providers who will not then receive payment for services rendered. Another example pertains to people receiving palliative care who may decease prior to an assessment occurring.
- Vulnerabilities and high need referrals and urgent situations such as an early discharge from hospitals. What are the safeguards for providers for these situations when services are requested prior to any eligibility or assessment or reassessment is conducted?

### **Assessment delegation**

- If assessments require a delegation approval prior to being finalised, there is a high risk of a bottle neck regarding timeframes for assessment completion. This would be particularly a barrier for reassessments when current services being provided need to be topped up by a service provider to reduce the risk to a client, or even a hospital or residential care admission.

### **Aged Care Worker definition**

- As there is currently no definition of Aged Care workers, will there be an opportunity to provide feedback when the definition is released? As this is a fundamental role throughout the program guidelines, feedback from those employing workers is important to the clarity of the definition

### **Non- payment of client contributions**

Service providers are not debt collectors so what are the processes for non- payments from client contributions? Nutritional risk is a big one considering the growing issue of food instability and the cost of delivered meals. It's easy for a debt to occur quickly that may mean client's are unable or unwilling to continue with their contributions

**Support person/ representative role**

Concerned about the addition of another representative/ support people role. This is already a confusing area, and the addition of more roles is likely to add to this confusion

**Expectations on service providers regarding Onboarding/ assessments/ reviews**

Considering the single point of assessment model and the potential for phone assessments, what is the expectation on service providers to assess or review clients and how will funding cover this? An example would be someone who has a phone assessment but on the first service visit hoarding issues are found which were not identified on the phone assessment.

Kerrie Maher

TEAM LEADER, HOME SUPPORT

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