



AGED CARE RULES 2024 (2a)

Funding for the Support at Home Program

6/12/2024

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About Speech Pathology Australia

Speech Pathology Australia is the national peak body for speech pathologists in Australia, representing more than 15,000 members. Speech pathologists are university trained allied health professionals with expertise in the diagnosis, assessment, and treatment of communication and swallowing difficulties. The Association supports and regulates the ethical, clinical and professional standards of its members, as well as lobbying and advocating for access to services that benefit people with communication and swallowing needs.

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Executive Summary

Speech Pathology Australia (SPA) recommends several amendments to the Aged Care Rules 2024 (release 2 a – funding for Support at Home) to ensure that the specific needs of older people living with communication and swallowing support needs and requiring speech pathology services are met.

Speech pathologists are an integral part of the aged care system. Speech pathologists currently provide services to older people across all programs of the aged care system and are included in the Service List for Support at Home as a clinical care service.

Speech pathologists are university-educated allied health professionals that assess and manage communication and swallowing difficulties, particularly in older adults affected by complex conditions such as stroke, dementia, and Parkinson's Disease. These disorders are common in older populations and have significant consequences for the older person and the people that support them. Communication difficulties can significantly impact independence, social connections, decision-making, mood, and quality of life. Swallowing difficulties (dysphagia) can lead to serious health complications such as malnutrition, pneumonia, choking, and even death. Speech pathologists therefore bring specific expertise to prescription and implementation of relevant Assistive Technology for these conditions. This can be via Augmentative and Alternative Communication (AAC), communication aids and apps for those with little or no speech, and dysphagia assistive products including thickeners for people with swallowing difficulties.

It is imperative that these needs can be met within a fit-for-purpose program that can provide adequate access to speech pathology and required assistive technology. SPA therefore recommends that amendments of the Aged Care Rules 2024 (2a Support at Home Funding) as outlined in the Key recommendations and the detailed responses within this submission.

Key recommendations

1. Include an explicit statement that clinical care will be fully funded by government, without the need for consumer co-contributions.
2. Amend the definition of 'entry day' for short term supports and assistive technology to reflect the first day of service for each individual service subtype.
3. Amend the Rules to confirm higher level funding amounts for complex and multidisciplinary care through assignment of higher classification levels for ongoing supports.
4. Amend the 'assistive technology eligibility for subsidy' to be based on functional need and/or diagnosis.
5. Amend the Rules (211D(5)(a)(i)) to include the need for applications for review of classification level AT High to be informed by assessment and recommendations by a suitably qualified allied health professional.
6. Amend the Rules to include swallowing/eating/drinking assistive technology supports under the list of items in the classification type ongoing.

Recommended amendments to the Aged Care Rules 2024 - (2 a) Funding for the Support at Home Program

Explicit inclusion of clinical care as “fully funded by government”.

Recommendation

1. Include an explicit statement that clinical care will be fully funded by government, without the need for consumer co-contributions.

There is no explicit reference to the Aged Care Taskforce recommendations accepted by government that include that clinical care is to be “fully funded by government” and therefore when the outlined means testing provisions will be applied. This is not only confusing but clearly leaves these Rules open to interpretation by future governments.

The Aged Care Rules 2024 should be amended to clearly include a statement that clinical care will be fully funded by government with no consumer co-contributions required and define what service(s) will require means testing for co-contributions.

The government response to the Aged Care Taskforce had already indicated that clinical care would be a service “fully funded by the Government” not requiring a consumer co-contribution.¹ This should be clearly reflected in these Rules.

Definition of ‘entry day’ to short term classification levels

Recommendation

2. Amend the definition of ‘entry day’ for short term supports and assistive technology to reflect the first day of service for each individual service subtype.

The definition of ‘entry day’ for short term service groups of home support, assistive technology and home modifications (Ch 1, Part 2, 17 (3)) does not appropriately accommodate for the multidisciplinary nature of allied health service provision. Defining the first day of service from the start date of any service will lead to inadequate service duration across allied health disciplines and a lack of outcomes achieved for older people.

The definition should be amended to reflect that the ‘entry day’ to the short-term support should commence from the first date of each individual service subtype (in this case, allied health discipline such as speech pathology).

Short-term service groups in home support (Restorative Care Pathway and Assistive Technology and Home Modifications) are designed for multidisciplinary allied health team care. This means that there will likely be several different disciplines involved in the care of the older person, e.g. speech pathology along with occupational therapy and physiotherapy. In practice, these needs are often not identified simultaneously, nor can commence at the same time.

Speech Pathology Australia (SPA) has previously identified the lack of suitable questions on the Integrated Assessment Tool (IAT) used by the home support assessors, to identify older people's need for speech pathology or assistive technology. Additionally, the Live IAT trial report confirmed assessor's self-identified lack of confidence and knowledge of when to refer to allied health and for assistive technology.ⁱⁱ This will likely lead to a delay in referral to speech pathology for required supports, until after another allied health professional has commenced services and completed a more comprehensive assessment of need. Where for example speech pathology is only referred to six weeks after commencement of another service, this will lead to inadequate duration of speech pathology service provision. Entry date for each discipline should be identified separately to enable appropriate service provision to occur across the 12-week period.

Funding caps for complex multidisciplinary care

Recommendation

3. Amend the Rules to confirm higher level funding amounts for complex and multidisciplinary care through assignment of higher classification levels for ongoing supports.

The funding levels proposed in the Rules (Ch 7, Part 2, Div 1, 194A, 194B) are inadequate for providing multidisciplinary care and for those with complex needs.

The Rules should be amended to include confirmation of assignment of higher classification levels for 'ongoing supports' where complex and multidisciplinary care is needed.

Speech pathologists in aged care often work with individuals with acquired or progressive neurological conditions, e.g., Parkinson's Disease, Motor Neurone Disease (MND). Such conditions often require an increasing amount of both care services and multidisciplinary allied health services over time. The current funding levels outlined in the Rules will not be adequate to comprehensively meet both care needs and allied health needs. This will continue to lead to inadequate access to allied health, as was identified within the current system by the Royal Commission into Aged Care Quality and Safety.ⁱⁱⁱ

Therefore, the Rules should note that higher classification levels will be needed to meet the needs of those requiring multidisciplinary allied health services along with care services. Given speech pathologists work with these complex conditions, it is recommended that guidance is also developed to reflect that higher classification levels are assigned when speech pathology needs are identified.

Assistive technology funding available based on functional need

Recommendation

4. Amend the 'assistive technology eligibility for subsidy' to be based on functional need and/or diagnosis.

Restricting eligibility for access to assistive technology (AT) supports to a specific list of medically confirmed diagnoses (Ch 7, Part 3, Div 2, 211 B (2)) is discriminatory and will result in unsafe care environments and adverse outcomes for older people. This will mean that the new

Support at Home program will not be able to achieve its stated aims of keeping older people independent, connected and at home for as long as possible.

These Rules should be amended to note that eligibility includes those with a *functional need* for assistive technology, and / or a diagnosis.

Many people with progressive neurological conditions and significant AT needs will not be eligible for AT supports under these current Rules with this restricted list of diagnoses. Dementia, which is known to be a leading cause of disability and cause for admission to residential aged care, is not included on this list for access to AT. This is a serious limitation for a scheme which aims to keep older people as long as possible.

Additionally, requiring a medically confirmed diagnosis for funding creates a significant barrier to appropriate care. It can take years to confirm a diagnosis of progressive neurological disease, however during this time people typically experience functional changes requiring AT supports. Early AT implementation is crucial, regardless of diagnosis. For example, speech pathologists may need to 'voice bank'^{1iv} for someone losing their ability to speak even without a confirmed diagnosis. This needs to occur at that time and cannot wait.

Review of 'classification level AT High' informed by qualified health professionals

Recommendation

5. Amend the Rules (211D(5)(a)(i)) to include the need for applications for review of classification level AT High to be informed by assessment and recommendations by a suitably qualified allied health professional: **"(i) the individual's need for an item as evidenced by assessment and recommendations from a suitably qualified allied health professional"**.

The Rules for review of funding allocation to the 'classification level AT High' (Section 211D) state that a registered provider may make an application for review of the AT high classification (211D(2)), and that the System Governor must make a determination of the appropriateness of the review application (211D(4)). This wording does not appropriately reflect the clinical knowledge that will be required, both to make such a request application, and to judge the appropriateness of such an application for additional higher-price AT.

The Rules should be amended to include an explicit statement that application for review of classification level AT High must be informed by assessment and recommendations from a suitably qualified allied health professional.

Allied health professionals such as speech pathologists undertake assessments and prescription of AT. Speech pathologists provide Augmentative and Alternative Communication (AAC) solutions for people whose speech is limited or difficult to understand, as well as assistive products for those living with swallowing difficulties. This area requires significant expertise and knowledge and is within the scope of practice of speech pathologists.

¹ 'Voice banking' creates a personalised synthetic voice based on the person's own voice to use in speech generating communication aids, when the person is no longer able to use their own voice. (e.g., refer to https://www.mndandme.com.au/wp-content/uploads/2023/01/03MNDME_Voice_Banking_Brochure-FA.pdf)

As speech pathologists will work under registered aged care providers, the Rules should clarify that these providers must base their applications for additional AT funding on clinical assessments and recommendations from speech pathologists. Furthermore, the applications for higher funding within AT High themselves should be reviewed for clinical appropriateness by suitably qualified allied health professionals. Registered providers must be clear that they cannot appropriately provide such detail themselves but that this must be informed by speech pathology assessment and recommendations. This will also aid providers' understanding that the speech pathologist must be remunerated for this as part of their care provision. To review these applications SPA suggests establishing a Clinical Advisory Panel, including an experienced speech pathologist. SPA supports the rules recognising the need for higher AT support for people with complex needs, like those with Motor Neurone Disease (MND), who may need multiple types of equipment and specialised devices.

Swallowing and eating/drinking AT supports included in ongoing classification type.

Recommendation

6. Amend the Rules to include swallowing/eating/drinking assistive technology supports under the list of items in the classification type ongoing.

Swallowing AT supports (eating/drinking bundle) are required on an ongoing basis for people living with dysphagia (swallowing difficulties). These are not identified in the Rules as an ongoing support under the classification type ongoing (Ch 7, Part 3, Div 3, 212A). This will place older people living with dysphagia at risk of adverse outcomes.

The Rules need to be amended to include thickeners (as part of the AT swallowing/eating/drinking assistive product bundle) under the list of items in the 'classification type ongoing' within Assistive Technology.

Dysphagia (difficulty swallowing) is a relatively common condition experienced by many older people, with significant impacts on health, wellbeing and community participation. Research has suggested that dysphagia has a lifetime prevalence rate of 17% in older people living in the community, rising to 52.60% in 'high risk populations'.^v These higher risk populations include those who have had a stroke (50%), Parkinson's Disease (over 80%), or Multiple Sclerosis (38%) along with a range of other neurological conditions^{vi}. Almost all people living with dementia will experience swallowing difficulties at some point in their disease.

Swallowing difficulties can lead to serious health consequences (e.g., aspiration pneumonia, choking, malnutrition with increased frailty and falls risk), and even death. These difficulties can also lead to a range of social and quality of life impacts for individuals and family members. It is imperative that these swallowing needs can be appropriately managed within the Support at Home program.

There are various assistive products for dysphagia, including special thickening agents ('thickeners') used to make drinks safer to swallow. These thickeners are needed every time a person with dysphagia drinks, so they are required continuously. Thickeners are not nutritional

supplements or food items; they are assistive products needed because of the person's disability.

SPA notes the Department of Health and Aged Care Home Care Package operational manual lists thickeners as an included item under specialised foods.^{vii} They are also funded under other government schemes such as the National Disability Insurance Scheme and the Department of Veteran Affairs Rehabilitation Appliance Scheme.

The World Health Organisation's definition of Assistive Technology encompasses the following definition of assistive products:

*“Assistive products consist of any product (including devices, equipment, instruments or software), especially produced or generally available, the primary purpose of which is to maintain or improve an individual's functioning and independence, and thereby promote their well-being. **Assistive products are also used to prevent impairments and secondary health conditions**”*^{viii,ix}

Thickeners are an assistive product used to help prevent secondary health conditions contributing to frailty and increasing falls risk, such as aspiration pneumonia and malnutrition. The Rules must ensure equitable access to thickeners for older people. Thickeners are needed on an ongoing basis and must be included in the list of items for the 'classification type ongoing' for Assistive Technology.

References

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