

# A New Aged Care Act: Chapter 4 Release 2a Draft Rules Consultation



No	Response to consultation questions regarding...	Page Reference
	<b>Subdivision C – Base Individual Amounts</b>	<b>8</b>
1	The table with base individual amounts does not make clear the payment frequency ie weekly, per day etc.	
2	<p>The Act does not reference what an interim budget individual is. However, it seems when it would be assigned (from a google search) is when a person has had an ‘exceeded expectations’ wait time then they will only be assigned 60% of their classification budget while waiting.</p> <p>Who determines the timeframe that is exceeded? How is this fair for an individual who has had no influence over their wait time to only receive a portion of funding?</p>	
	<b>Division 2 – Provider Based Subsidy</b>	<b>11</b>
3	203A Day by which provider must give start notification – the statement under this heading is not clear ‘For the purposes of paragraph 203(3)(a) of the Act, the day in the previous quarter is the last day in the previous quarter’? It is no clearer on reading 203(3)(a)	
4	203C Can you just use plain English so providers know what on earth is to be done. Rather than talking about each year, just use the terms related to quarterly rollover. Why even discuss the year?	
5	<p>204 The table with base individual amounts does not make clear the payment frequency ie weekly, per day etc.</p> <p>The Act does not reference what an interim budget individual is. However, it seems when it would be assigned (from a google search) is when a person has had an ‘exceeded expectations’ wait time then they will only be assigned 60% of their classification budget while waiting.</p> <p>Who determines the timeframe that is exceeded? How is this fair for an individual who has had no influence over their wait time to only receive a portion of funding?</p>	
6	<b>Subdivision D – Provider Based Supplements</b>	

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7	205B – Who is it that determines if a person is homeless or at risk of homelessness? How can a provider determine this?	
	<b>Division 3 Tier Amounts</b>	
8	<p>212A and B, 221 – Tier amounts should be ‘maximum of’ rather than specified dollar amounts. What if a client’s AT requirement is somewhere between the amounts specified?</p> <p>Home Modifications - High Funding Tier is said to be capped at \$15,000 per lifetime. Can multiple applications make up this amount i.e. 2 x \$7,500?</p> <p>Under the current and proposed CHSP Home Modifications guidelines, the amount is per annum. The lifetime capping would disadvantage some people and is not consistent with the revised CHSP service list.</p>	
	<b>Part 5</b>	<b>31-32</b>
9	<b>197A</b> – Who will be responsible for determining the financial hardship requirements including the Pension Rate calculations and eligibility?	
	<b>Part 7</b>	
10	199A – When is compensation payment applicable? Clarification on this section is required.	