

Department of Health and Aged Care
***New Aged Care Act Rules consultation
Release 2a –
Funding for Support at Home Program***

Occupational Therapy Australia

December 2024

Introduction

Occupational Therapy and Aged Care

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists in Australia. There are more than 29,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapy services are fundamental to aged care as they enable independence, prevent functional decline, increase quality of life, and reduce care needs. Occupational therapy is key to enabling older Australians to remain at home longer and facilitate a full and meaningful ageing experience in residential care settings.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life.

Occupational therapists provide services such as physical and mental health therapy, chronic disease management, assessments for assistive technology and the assessment of environment and safety risks.

OTA concerns about funding of appropriate assistive technology and home modifications

Equipment and home modifications that require the specialist knowledge and expertise of occupational therapists require timely and comprehensive funding to be most effective. With robust funding and infrastructure in place, occupational therapists can use technology and environmental modifications to achieve innovative and person-centred results that will facilitate positive and healthy ageing experiences for older people.

The creation of a new national scheme to enable older people to have more equitable access to assistive technology and home modifications across different locations across Australia is fundamental to achieving the aims of the Support at Home program. This is a vital component of the program to help people stay independent and connected in their homes and communities for as long as possible.

However, OTA has concerns about the current arrangements for assistive technology (AT) and home modifications (HM) under the proposed Support at Home program.

Impact of Eligibility Requirements for Assistive Technology and Home Modifications

Under Section 211B section (2) of the 2A Release of the Rules, it states that this 'subsection applies to an individual if a medical practitioner has certified, in writing, that the individual has been diagnosed with any of the following conditions'... This list provided identifies mainly neurological disorders as being eligible, in addition to age-related conditions identified under the AT and HM program.

OTA is concerned by the narrow range of conditions listed. The list fails to acknowledge the range of reasons why an older person may experience functional decline or consider the interplay between health, ageing and disability needs on functional performance.

For example, people who have existing or acquired disabilities such as loss of limbs or another type of permanent physical disability like vision loss, or severe rheumatological disorders like rheumatoid arthritis or osteo-arthritis appear to be ineligible. People living with these conditions and disabilities,

which can be exacerbated by age related changes, should not be excluded from accessing assistive technology and/or home modifications.

OTA notes that dementia, which is known to be a leading cause of disability and admission to residential aged care, is not included on this list for access to AT bundles of care. This is incongruent with a scheme that is meant to be about keeping older people at home for as long as possible.

OTA is also concerned that the prescribed list of 'eligible' progressive neurological conditions for dedicated 'bundles of care' is not responsive to what should drive care response – assessed functional need.

Furthermore, the need to have a medically confirmed diagnosis of one of these progressive neurological conditions before being able to access this funding is a barrier to receiving the appropriate care. This approach does not recognise that it can take many years to receive a formal diagnosis for progressive neurological disease, despite people living with functional limitations during this time.

AT is often needed early and as part of a preventative care plan with people in this situation irrespective of a confirmed diagnosis. For example, an occupational therapist will prescribe and train a person living with the early stages of dementia on the use of a range of technologies to enable them to maintain daily routines. This early intervention and use of targeted assistive technology or environmental strategies often supports a person living with dementia to remain at home longer by retaining their function and independence for longer. Responding to this need is time critical, and should not be dictated by diagnosis, but identified through functional assessment.

Funding caps for Home Modifications are inadequate

The funding cap for home modifications is set at \$15,000 which OTA considers inadequate. This will not fund the necessary home modifications such as external ramps and bathroom modifications commonly needed by older people to stay living in their own home independently and safely.

Many older people experience a need for major home modifications at a time of crisis in their health. The argument that the home modifications budget provided under the Support at Home Program is intended as a contribution to the cost of modifications, is spurious, as it will not be possible for many older people to manage the complexity of trying to source additional funds on their own. Despite hardship arrangements for older people who cannot afford their contributions, similar to those under the current *Aged Care Act 1997* being available under the new Aged Care Act, it is not clear what this will look like or how it will be enabled.

OTA is concerned that older people will be worse off under the new funding arrangements. Under the current Home Care Packages arrangements, funding can be accumulated for higher cost modifications, and in many parts of Australia, under the Commonwealth Home Support Program, people can access \$10,000 per year for modifications, providing a more realistic and flexible approach to funding than proposed under the new program.

Our members working in this space have indicated that major modifications can cost \$40,000+ particularly for those requiring structural modifications, significant access changes and modifications to wet areas for personal care. It is also worth noting that these costs are just for labour and materials and do not include additional costs such as clinical or building specialist services, such as architects, surveyors etc. Our data suggests that major modifications may require up to 20 hours of clinical time to allow for the initial assessment, site visits with builders and/or architects, scope of work design and refinement, management of temporary care arrangements, management of works to address variations to scope or changing clinical needs and review of modification works and evaluation.

OTA is concerned that the proposed funding cap will force many older people into early admission to residential care, at significantly higher cost to the government, and in direct conflict with the stated goal of the Government to support people to age in place for as long as possible.

As a result of the proposed funding cap, older Australians who cannot meet the additional costs themselves will experience impacts to their function, safety and wellbeing. Lack of access to appropriate home modifications for safety may also impact the ability to provide safe care in that environment, leading to some providers withdrawing care services.

Funding caps for Assistive Technology are inadequate

OTA argues that the funding caps for the AT tiers are too low as they need to fund the allied health professionals' services required to support their safe and effective use. OTA has been advised that these limits could be lifted if there is demonstrated need, however it remains unclear what the process is to allow for this.

Conclusion

OTA thanks the Department of Health and Aged Care for the opportunity to comment on the Consultation on the Aged Care Act Rules Release 2A- Funding for Support at Home program. OTA would be happy to meet with the Department to expand on any of the matters raised in this submission.

Contact

For further information or to discuss the contents of this submission, please OTA via

