Given the numerous gaps, incomplete supporting legislation and missing pricing caps the consultation draft on funding is impossible to meaningfully review. As such the following is a high-level review of the funding structure with more detailed consultation required when further information is released.

Home Modifications

A $15,000 lifetime cap for home modifications is inadequate for home modifications. For example, consider a client that is now wheelchair bound after a fall. To ensure this client can stay living at home several modifications would be required. As a minimum the installation of a ramp/(s), change in bathroom bench height and a new toilet would be required. This will not fit within the $15,000 cap. The result will be that clients with money can afford to stay at home, but those on a full pension cannot.

In addition to the inadequacy of the value of the cap, the lifetime limit should be removed. A client may go through multiple changes as they age requiring multiple different modifications. Their individual ageing journey may start with minor modifications, such as handrails, before needing more wholesale changes as their health declines. With a lifetime cap these minor modifications will eat into funding for future modifications leading some to reconsider their purchase, increasing the likelihood of a future incident and functional decline.

Continence Products

The cap on continence products must be removed.

If a client requires more than $1,000 for continence products in a year, an approved provider is required to provide them under the clinical obligation in the standards, not to mention moral obligations for basic human dignity and rights.

Support Plan

There is little detail in relation to the Support Plan. However, how prescriptive this plan is and how quickly reassessment can occur is a key detail for all funding consultation and business planning.

If the new support plans are too prescriptive (i.e. detail what services and how many can be provided) and too slow to change, there will be no flexibility in services to meet clients changing care needs. As a result, clients are likely to deteriorate whilst awaiting reassessment and effectively puts an end to consumer directed care.

Single Assessment

At odds with the simplification from a single assessment is the requirement for re-assessment for home modifications and assistive technology. At best is an unnecessary administrative burden. At worst material delays will lead to people failing to receive the help they need when they need it, leading to an increase in residential care and hospitalisation. Without clear SLAs and detailed information on the assessment process we cannot accurately consult on this.

Personal Care

Personal care has been categorised as a service requiring a minimum of 5% client contribution. With many clients price sensitive this will result in clients refusing essential service for daily living, including but not limited to assistance getting dressed, medication monitoring and showering.

The outcome of refusing these services will be an inability to meet basic daily care needs for many clients, immediately ruling them out of home-based care and increasing movement into residential care and incidents requiring hospitalisation.

In addition to the poor client outcomes this categorisation for personal care will drive poor economic outcomes, with any saving from a client contribution more than offset by an increase in hospitalisation and residential care.

Client Contributions

The funding consultations contains over 100 different contribution amounts per client category. As a result, collection of contributions after service delivery will lead to significant debt collection issues for all providers and mental stress for clients. Explaining difference contributions due to type of service by time of day to an 85-year-old with dementia will not be easy, likely resulting in confusion and anger. Whilst the government needs client contributions to ensure sector viability the mechanism for contribution is convoluted and puts significant debt collection risks on providers and mental stress on clients. Co-contributions should be adjusted but retain the current ITCF mechanism for collection, namely a known daily amount charged upfront at the start of the month. To improve upon the current ITCF process the determination of the contribution amount should be linked to the pension assessment, removing double handling.

Overall

Whilst the above comments on the known structural issues in relation to the proposed funding, the piecemeal approach and delays in release of information makes comprehensive review impossible. Without proper consultation and review these changes will result in unintended consequences for both providers and older Australians. Coupled with the short implementation time frame this puts older Australians at an unacceptable risk.