

For further enquiries please contact: [REDACTED]

Overarching Comments / Feedback	
<ul style="list-style-type: none"> Queensland supports the proposed Support at Home Program. Queensland’s ability to comment on the program funding, as set out in the draft Rules, is limited by the lack of supporting information provided about the proposed implementation of the program generally. Queensland would welcome a detailed implementation plan including: information for current community aged care service providers about the Commonwealth’s expectations around transition to the Support at Home Program; how the existing community aged care services will be amalgamated into the new program; how the new program will work in practice; expectations on Information Technology systems and how our services will be supported to transition to the new system; and finalisation of the Rules from the Commonwealth. This would enable service and workforce planning. Many of the Queensland’s regional Hospital and Health services have indicated that there is a gap in the number of providers or the number of Home Care Packages available to Queenslanders. On this basis, Queensland welcomes the Commonwealth’s commitment to strengthen ‘supports at home’. Queensland Health notes that Chapter 4, Part 2, Division 5 - Subsidy for certain specialist aged care program: "There are no proposed changes to policy between the <i>Aged Care Act 1997</i> and the Aged Care Bill 2024. The Rules will align the current policy settings with the new legislative framework, replacing Chapter 4 of the Subsidy Principles and Chapter 4 of the Determination." 	

Feedback on Parts / Sections				
Chapter	Part	Section	Item Number	Feedback
1	2	5		<ul style="list-style-type: none"> The description for the term ‘MM category’ is not included in the definition. It is recommend the definition provide a range description to assist within interpretation i.e. MM 1 metropolitan areas to MM 7 very remote communities or provide descriptor for each MM category (available here: https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm)
7	2	196C	(c)	<ul style="list-style-type: none"> Recommend amendment: to include 'dietitian' in section 196C (c) for example, "<i>a medical practitioner or dietitian has certified...</i>" Dietitians are also able to determine if an individual has a medical need for enteral feeding.
7	2	196D		<ul style="list-style-type: none"> Recommend clarity or amendment: While Queensland Health supports a subsidy for veterans who have a mental health condition, it is unclear why this person-centred subsidy does not apply to all persons experiencing a mental health condition. If both a veteran and non-veteran experience mental health condition A, it is unclear why a person who is not a veteran would not be supported to live with this condition in the same way as a person who is a veteran.
7	2	205B		<ul style="list-style-type: none"> Recommend inclusion of further category: While Queensland Health supports the care management supplement applicability traits outlined in 205B(a)-(e), an additional category is recommended to address the increased care needs of persons experiencing the behavioural or psychological symptoms of dementia.
7	3	211B	2	<ul style="list-style-type: none"> Recommend inclusion of additional conditions: While Queensland Health supports the list of conditions, additional conditions would benefit from being included in this funding – for example, older persons who are returning from a period of acute care in hospital who may require assistive technology to support their functional recovery.
7	3	212A		<ul style="list-style-type: none"> Recommend clarity and amendment: Does freight/delivery costs come out of the individual’s classification subsidy? Freight is not included when we look at whether the assisted technology item is within subsidy level. If freight/delivery costs are not included, Queensland requests an amendment so that they are included as freight is an additional fee Queensland Health fully subsidise for the Medical Aids Subsidy Scheme currently.
7	3	212A		<ul style="list-style-type: none"> Recommend clarity: Queensland Health notes that the provisions says that ‘individuals may also access assistive technology that exceeds the maximum \$15,000 with a valid prescription from a health professional.’ Queensland Health seeks clarity about what type of prescriptions will be in, and out, of scope for this provision.
7	3	212A		<ul style="list-style-type: none"> Recommend clarity: Queensland Health has concerns around implications on budget and current funding allocation. The information previously provided is that Continence Aids Payment Scheme (CAPS) is ceasing. This provision reads as if CAPS is continuing and then there will be \$1000 on top of existing subsidies. Currently, \$1000 does not provide sufficient funding for clients to purchase continence aids. For more complex cases, clients use up the payment of \$694.80 under CAPS, and then rely on Queensland’s Medical Aids Subsidy Scheme. This situation is especially prevalent in many rural and remote areas and disproportionately impacts Aboriginal and Torres Islander clients. Due to the limitations of CAPS and Medical Aids Subsidy Scheme, people living in rural and remote areas are reliant on local supply of continence aids which are usually more expensive for consumers in these areas due to cost escalations associated with commercial transport and product distribution costs associated with distance and weather. This can materially impact the price of goods supplied to rural, and remote locations in a de-centralised state like Queensland, and creates inequities in health outcomes for older people who may be reliant on continence aids (for example, increased risk of urinary tract infections, kidney issues etc).
7	3	212A		<ul style="list-style-type: none"> Recommend clarity or amendment: Queensland Health has concerns around implications on budget and current funding allocation if oxygen is not included in the prescribed list. Please clarify if funding for oxygen will remain unchanged from the current process? For context, currently Essential Medical Equipment Payment is \$191 per year for eligible clients, which is considerably less than the Queensland Government’s Electricity Life Support Concession paid to clients with a Medical Aids Subsidy Scheme concentrator (that is, currently \$1,024.38 per year for each oxygen concentrator).
7	3	212B		<ul style="list-style-type: none"> Recommend clarity: Queensland Health notes the provision does not specifically mention an allowance for servicing or repairs of assistive equipment. Please clarify if this is included in wrap-around services.
7	3	212B		<ul style="list-style-type: none"> Recommend clarity: Please clarify what happens in instances where a person pays a gap payment if the cost to purchase/loan their assistive equipment is greater than the amounts listed for assisted technology Low (\$500) or assisted technology Medium (\$2000). If the person is expected to pay this gap, this may raise affordability issues for the person. If the person is not expected to pay the gap, Queensland Health is concerned that this may fall to providers to cover which may impact the viability of providers.

Feedback on Parts / Sections				
Chapter	Part	Section	Item Number	Feedback
7	3	213	a-c	<ul style="list-style-type: none"> Recommend amendment: Rural and Remote Supplements are only being applied to <i>Modified Monash Model (MMM) 6 & 7</i> however MMM 5 locations also experience greater expense due to availability & transport costs.
7	4	218		<ul style="list-style-type: none"> Recommend amendment: Concerns around implications on budget and current funding allocation. The proposed \$15,000 for life for home modifications is inadequate. The cost of home modifications has increased significantly due to the increasing costs of materials and building costs required for home modifications. Commonly used building products such as cement, plumbing products, electrical equipment, and ceramic products have all increased between 2.5% - 17.2% over the last year (source: Australian Bureau of Statistics: https://www.mbqld.com.au/data/assets/excel_doc/0026/258119/Building-Costs-ABS-data.xlsx). The Australian Bureau of Statistics also noted that building construction prices continue to rise as the labour market remains tight. This increased material and building costs drive up the costs of home modifications. Complex home modifications typically cost more than \$20,000. They are designed to meet specific accessibility needs that require higher risk adjustments, additional approvals, or specific design expertise which often requires professional oversight, and in some cases, an independent building works project manager to ensure all work complies with Australian Standards and Building Codes. Since July 2023, Queensland Health's Long Stay Rapid Response Program has committed \$184,515 toward complex modifications for nine older people across the State. These funds were provided to support complex home modifications when Commonwealth programs were unavailable to perform modifications in a timeframe to support hospital discharge. Program data shows: <ul style="list-style-type: none"> Out of those nine applicants, six were for home modifications that cost between \$16,000 and \$35,000. The remaining 3 applicants were for home modification less than \$15,000. High-cost modifications included construction of ramps, and bathroom modifications. In some instances, the requests for funding was due to insufficient funding available for modifications in a person's Home Care Package budget. If patients spend their Home Care Package funding on home modifications, they may be unable to access the in-person personal cares and other living supports to meet their care needs while also remaining in their own private residence. Inadequate funding to cover both capital and operational costs associated with supporting someone to be supported at home will continue to place the person at risk of hospitalisation.
7	4	222	a-c	<ul style="list-style-type: none"> Recommend amendment: Rural and Remote Supplements are only being applied to MMM 6 & 7 however MMM 5 locations also experience greater expense due to availability & transport costs.
7	4	222		<ul style="list-style-type: none"> Recommend amendment: Queensland Health notes that there plans to be a supplement for individuals living in rural or remote locations to offset higher costs. This is applied to Modified Monash Model 6-7. However, note that many of these challenges would also apply to MM 5 (small rural towns), who should also be supplemented.
10	2	314AA	4	<ul style="list-style-type: none"> Recommend clarity: Suggest there be safeguards for Self-Funded Retirees to ensure they are not subject to price gouging from service providers. Recommend clarity: One of Queensland's regional Hospital and Health Services queried who will need to determine the level of contribution to apply to a person as outlined in the method in the Rules. Queensland Health seeks further implementation advice and education to support Queensland providers to understand how they are expected to implement the new means testing across service they deliver.
10	2	314AB	4(b)	<ul style="list-style-type: none"> Recommend clarity: Please confirm if this refers to 3 business days. Recommend clarity: Throughout the Rules there is reference to responses being provided to the System Governor within 28 days. Will it be documented as to what implication this has on the individual and strategies / actions the individual can take if the System Governor does not respond within this timeframe? Recommend amendment: Suggest this should be extended to 60 days given the cohort and the time it takes to obtain information from older people and/or from their carers.
10	2	314BA	2(a)	<ul style="list-style-type: none"> Recommend clarity: This section refers to persons who are permanently blind as the indicator for the means testing class 'full pensioner'. Please qualify the level of blindness to meet this criteria.