



Palliative Care Australia
Matters of life and death

Aged Care Rules 2024 **Consultation (2a) -** **Support at Home Funding**

Submission to the Department of Health and Aged Care
December 2024

1. About Palliative Care Australia

Palliative Care Australia (PCA) is the national peak advocacy body for palliative care. PCA represents all those who work towards high-quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, PCA aims to improve access to and promote palliative care.

2. Summary

PCA welcomes the publication of the *Consultation Draft – New Aged Care Act Rules Release 2a, Support at Home Funding*. This section of the Rules contains important information about Support at Home funding arrangements including subsidies, individual contributions and means testing.

In this brief submission PCA identifies opportunities to ensure this section of the Rules supports the right to equitable palliative care and end-of-life care for all people using or seeking Commonwealth-funded aged care services, set out in the Aged Care Act 2024 (Part 3, Div 1).

We make four recommendations. Of these, two relate to implementation of Support at Home and its Rules (including those for funding), namely that:

- The Department of Health and Aged Care engage with PCA and the palliative care and aged care sectors, to develop detailed operational guidance to support the successful roll-out of the short-term End-of-Life Pathway from 1 July 2024; and
- Independent evaluation of the End-of-Life Pathway takes place at one year from commencement.

We make two recommendations for changes to the provisions in the draft Rules:

- At 196A PCA suggests including an additional supplement for complex nursing care
- At 211B PCA suggests a needs-based rather than diagnosis-based approach to eligibility for assistive technology supports

3. Implementation issues: Support at Home End-of-Life Pathway

3.1. **PCA welcomes publication in the draft Rules of the base budget amount for the Support at Home End-of-Life Pathway.**

The base amount of \$297.64 per day (compared with \$192.33 per day for the highest ongoing budget classification) appropriately reflects the Pathway's intention. That is, to provide people who have an anticipated life expectancy of three months or less with access to additional supports from the Support at Home Service List.

3.2. PCA recommends the Department of Health and Aged Care engage with PCA and the palliative care and aged care sectors, to develop detailed operational guidance to support the successful roll-out of the new short-term End-of-Life Pathway

PCA notes that neither the Aged Care Act 2024, the sections of the Rules published to date, or the October 2024 [Support at Home Handbook](#) provide the level of practical operational guidance that aged care providers need to successfully implement the Pathway. Palliative care providers (both specialist palliative care services and primary care providers), also require advice about the Pathway and opportunities to engage with aged care services offering it to older people.

This is a priority in planning for the implementation of the Act and the Rules, including the Support at Home funding rules. The End-of-Life Pathway is a significant positive reform in aged care, and provision of appropriately detailed guidance for services and older people will be critical to success.

PCA is pleased to assist by working with our members and networks to promote the pathway, clarify sector understanding of its operation, and pre-empt potential practical implementation challenges. We would be pleased to identify information needs, consistent with but in addition to the guidance about cross-sector collaboration between aged care and palliative care services currently provided at Section 16.14 of the November 2024 [Home Care Package Operational Manual](#).

3.3. PCA recommends independent evaluation of the End-of-Life Pathway one year after commencement.

This is to ensure the Pathway is reaching anticipated uptake, meeting the policy and operational intent, and providing positive experiences for older people and their families, carers and supporters. Evaluation should identify opportunities to improve the operation of the pathway, and include assessment of:

- Uptake relative to need.
- Unmet need for support among those with a life-limiting diagnosis but an uncertain prognosis or an anticipated prognosis of longer than three months.
- Awareness of the pathway across health and aged care sectors.
- Functioning of administrative arrangements, including the process of medical / nurse practitioner assessment of the person's eligibility.
- Timeliness of eligibility assessments and timeliness of access to additional services provided via the Pathway.

- Extent to which aged care providers and palliative care providers have systems and processes for coordinated care of those participating in the Pathway.
- Any quality and safety implications for people who defy expectations and live longer than three months, and are then returned to their previously assessed budget classification.

Evaluation should also consider the appropriateness of funding arrangements (including subsidies and contributions) as these operate within the Pathway.

Evaluation of these issues will help identify both successes and opportunities to improve the End-of-Life Pathway, which is a significant and very positive recent reform in aged care.

4. Draft Rules: Specific recommended changes

4.1. PCA recommends a needs-based rather than diagnosis-based approach to eligibility for assistive technology supports at 211B.

Section 211B sets out eligibility for short-term assistive technology supports, proposing a list of 12 conditions that would make a person eligible for longer duration access (24 months, not 12 months) PCA recommends a *needs-based* not *diagnosis-based* approach to eligibility. Diagnosis-based eligibility will exclude people with equally significant needs. For example, PCA notes that dementia is not included in the list yet many people with advanced dementia will require, and benefit significantly from, assistive technology. The proposed diagnosis-based approach also excludes people who have significant needs for assistive technology but are awaiting formal medical diagnosis of a condition (and anyone waiting for formal correspondence, or a medical record, confirming a prior diagnosis). In all these scenarios, people requiring this support will be ineligible. Appropriately, the direction of reform in other areas of the care economy is *away* from lists of conditions eligible for supports and toward assessed *need* for supports (for example recent changes to NDIS rules). For all these reasons PCA suggests a change at 211B to reflect needs-based eligibility.

4.2. PCA recommends additional supports be included in the listed supplements at 196A

The listed ongoing supplements at 196A are limited to oxygen, enteral feeding and the veteran's supplement. This brief list excludes equally important supplements for other complex needs, including those arising from a life-limiting diagnosis and need for palliative care. Palliative care supports (both clinical and non-clinical) can and should be provided to people with life-limiting conditions across all Support at Home classification levels, and these must be adequately funded. PCA therefore recommends an additional supplement for complex nursing care (to include complex medication management, and complex wound care) at 196A.

Additionally, we support inclusion of swallowing/feeding and nutrition supports other than enteral feeding; for example provision of thickeners for people with swallowing and eating

difficulties. These can be of particular benefit to people with neurological conditions that require palliative care. These additional supplements should be provided for both ongoing and short-term care.

5. Concluding remarks

PCA appreciates the opportunity to provide advice on the Aged Care Rules 2024, 2a – Support at Home Funding. PCA looks forward to publication of the entirety of the Rules in 2025.

We are glad to provide further detail about any aspect of our submission.