

I recently attended the information session held in [REDACTED]. I am the primary carer for my husband who has a level 4 package. The following outlines my concerns about the new act. I'm not sure whether my concerns fit with the current stages of feedback.

1. "Only \$1000 or 10% whichever is higher can be rolled over after a specific 3 month period"

Living in a regional area, it is not easy to find the right provider for my husband's home care package. A while ago our provider at the time stopped ALL services because we wouldn't comply with their requests for us to provide a video of hoist use to supply to the support workers. It took us quite a few weeks to find another provider. Under this new scheme our funding for that period would be lost. Fortunately, the funding remained with the package and when I become seriously ill last year, we were able to access the funding to provide additional support for my husband. (We also had help from Carer's Gateway and family support to get through the difficult time). Without access to the funding rolled over the burden on family would greatly increase. We couldn't obtain a respite place due to my husband's disability.

2. "Co -payments"

For me to be able to care for my husband in his own home I need help with his showering. It is physically demanding, and I would not cope if I had to do it all the time. For us this is the most important aspect of the support he receives - to be charged 17.5% for this essential service is a real blow. In the past this has been able to come out of the package.

As an existing package recipient it is unclear if we have to make copayments.

For new clients (as I might be in the future) the situation again is confusing.

An example: If you have a package where you receive \$20000 a quarter and you use enough on 'everyday living' and you are charged the minimum of 17.5% which might come to about \$2000. The government gives the provider \$18000 and the \$2000 comes from the client. If the client only used \$17000 in a particular 3 month period they would only be able to roll over \$2000 and lose \$1000. So why have they had to pay \$2000 to give the government \$1000?

Essentially, the value of the package is reduced from \$80000 to \$74000 and you have to give the government another \$3000 in a 12 month period which means the package is further reduced to \$71000!

3. "Access to Assistive Technology and Home Modification Scheme"

Great that there is separate funding for this aspect of care required but if someone already has an ACAT assessment do they need to be reassessed? How long would that take considering the backlog for new assessments. Also to get a wheelchair, for example, that properly suits the client's specific needs you would still need input from an OT. Seems like doubling up on assessments. It already takes 2 – 3 months to get the equipment once ordered. The timeline would be extended further while waiting for the assessment.

Also, the clients needs can change since the original assessment. Would they have to be reassessed as their needs change?