



29 October 2024

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Subject: Anglicare Sydney submission on the new Aged Care Act Rules - Release 1 - Service list

1. About Anglicare Sydney

Anglicare Sydney is a Christian not-for-profit providing care to older people and services to the vulnerable throughout Sydney, the Blue Mountains, Illawarra, Southern Highlands, Central West, New England, North West and Norfolk Island. We have a long history of service provision and a solid commitment to supporting over 4,500 home care clients living in the community and over 7,000 residents in our homes and villages. We have some 5,500 committed and skilled staff plus 1,500 volunteers. In more than 70 years of providing aged care services, Anglicare has been guided by a commitment to quality service provision both clinically and holistically, underpinned by principles of dignity and choice, hope and compassion, supported by highly trained and caring staff.

2. Introduction

On behalf of Anglicare Sydney, we appreciate the opportunity to comment on the draft Aged Care Rules 2024 - Release 1 - Service list provisions. Overall, we find the level of detail in the draft rules to be appropriate; however, there are several areas where clarification or amendment is necessary, as highlighted below. One key concern is the increased administrative burden the service list places on providers, particularly regarding the monitoring of service caps or the need to itemise very specific categories. This creates practical challenges when services involve multiple activities within a short time frame. For example, a care worker providing a 1-2-hour service may be expected to divide their time between laundry, personal care, light cleaning, and social support, raising concerns that workers might need to "walk around with a stopwatch" to allocate time precisely across these tasks. This level of micromanagement is impractical and could detract from the quality of care provided.

We further suggest the implementation of transitional arrangements to mitigate the risks to providers during the transition to these new rules, ensuring that the focus remains on providing person-centred care rather than increasing administrative complexity. We seek clarification and amendments on several key provisions to ensure the rules are practical and viable for providers.

3. Key issues that need further clarification or amendment

Section 5: Definitions

- **Nursing Assistant - Definition from Aged Care Bill 2024**

The current definition of a Nursing Assistant states that the role is "solely to assist a registered nurse or enrolled nurse in the delivery of nursing." This definition overlaps with personal care roles, particularly in the home care context, where such distinctions are less clear. We suggest either removing the term "solely" or providing an explanation of how this definition applies within the home care setting. This would help clarify the boundaries between nursing and personal care, ensuring better role understanding and training for staff delivering these services.

- **Base Efficient Price, Base Unit Price**

The requirement for a full and consistent price list at the base unit level (Part 4, 31(1)(d)) will necessitate significant technology investment and operational changes for providers. We encourage the Department to consider transitional arrangements in claiming aggregated amounts, rather than mandating full implementation upfront. This would allow providers time to adopt new systems without jeopardising service delivery. The investment required to ensure that providers can fully meet the requirement should also be recognized. We propose that the Department consider providing grants to cover the additional costs associated with the technology investment.

Section 34: Care Management

- **Item 1: Home Support Care Management**

The activities outlined for Care Management include service coordination, monitoring, and education, but "administrative costs" are explicitly excluded, with no clear definition provided. Given that the current cap on Care Management is set at 10%, this is significantly lower than the current average combined cap of 30% across Package and Care Management, posing a high risk to provider viability. We recommend the inclusion of a clear definition of "administrative costs" or a cross-reference to an existing definition to provide clarity on what is in or out of scope. To mitigate the risks for providers, we suggest raising the cap to 15% in the first year of implementation, with a phased reduction to 10% by 2027, aligning with the integration of the Commonwealth Home Support Programme (CHSP).

Section 35: Cottage Respite

- **Item 1: Cottage Respite**

This service currently lacks clarity on whether unit pricing applies. Cottage respite often involves significant property-related costs, which are not factored into the unit price model. We propose that the Department consider providing grants to cover property-related costs separate from the unit cost of care delivery, as this is currently supported under CHSP. Without such provisions, funding for Cottage Respite under a Home Care Package (HCP) could become unviable for many providers.

Section 36: Domestic Assistance

- **Item 2: Capped Services**

The cap of 52 hours per week for general house cleaning may be too restrictive for high-need individuals, particularly those with special care requirements. We suggest the introduction of a new service type for Specialised House Cleaning to address exceptional circumstances such as the increased costs associated with continence issues. Additionally, we recommend amending Item 37 (Hoarding and Squalor) to allow clean-up services "as required," rather than as a "one-off" event, to better support individuals in maintaining a safe and habitable environment.

Section 39: Home or Community General Respite

- **Item 2: Community and Centre-Based Respite**

While the current draft includes a column for unit pricing, the costs associated with providing property and facilities are not adequately accounted for. Similar to Cottage Respite, we recommend the provision of grants or other funding mechanisms to cover the costs of community facilities. Alternatively, the unit price should reflect a reasonable allocation of property costs to ensure these services remain viable.

Section 41: Nursing Care

- **Item 4: Nursing Care Consumables**

The cost of products used for nursing care, such as oxygen, wound care, and continence management, is listed as "not applicable" for base pricing. This creates uncertainty about whether these consumables can be claimed, charged at cost price, or if providers can apply a reasonable margin for procurement. We suggest clarifying the rules on cost recovery for nursing consumables, including administrative costs related to procurement and handling. Providers should be allowed to recover reasonable costs for managing these items on behalf of residents.

Section 43: Personal Care

- **Item 3: Continence Management (Non-Clinical)**

There is a lack of clarity on whether continence aids are within scope for this item, or whether they fall under nursing care when prescribed. If continence aids are in scope under Personal Care, we recommend applying the same clarity as with Nursing Consumables, ensuring providers can claim cost recovery. If continence aids are only in scope when prescribed, this should be explicitly stated to avoid confusion.

Section 57: Accommodation

- **Item 1: Accommodation Administration**

The terminology in this section is inconsistent. The term "resident" is used throughout most of the document, but in Item 6(a), the language switches to "individual." We recommend standardising the terminology across the document, maintaining consistency with either "resident," "individual," or "care recipient" to avoid confusion.

Section 58: Residential Everyday Living

- **Item 1(b)(i): Operational Administration and Emergency Assistance**

The requirement that "a suitably skilled employee be onsite at all times" is onerous, particularly for providers in regional or remote facilities. For clarity, we suggest that the language used should mirror that of the requirements of the 24/7 registered nurse responsibility.

- **Item 2: Telephone and Internet Services**

It is unclear whether the provision of telephone services necessitates a landline, or if mobile coverage would be sufficient. We recommend that mobile phone coverage be accepted instead of a landline, reflecting current technology usage and reducing installation costs. We also request the Department consider providing capital grants to support providers in upgrading or acquiring phone and internet infrastructure where necessary.

- **Item 3(b): Utilities - Comfortable Temperature**

The term "comfortable temperature" is subjective and could lead to disagreements between providers and residents. We suggest either removing this term or providing a clear definition to ensure consistency. In common areas, accommodating differing preferences for temperature control is particularly challenging.

- **Item 9(a): Cleaning Services**

Clarification is needed on whether the "personal area" includes residents' own furniture, picture frames and other personal objects including items of personal value. We recommend specifically excluding personal effects from the definition, to reasonably manage cleaning time and associated costs. Current government funding does not take into account the additional workload and costs that the interpretation of the current description would entail.

- **Item 6(e): Recliner Chair Requirement**

Requiring a recliner chair for every individual, particularly in shared rooms, raises practical space concerns. Space is often limited, and including both a visitor chair and a recliner for every resident will create additional wayfinding obstructions and overcrowding, which poses a dangerous fall/trip risk for residents and limits the ability for staff to use other necessary equipment for the safe transfer of residents, for example lifting equipment and wheelchairs. We recommend amending the language to: "a recliner chair, with arms, that meets the individual's care, safety, and comfort needs is made available for their use (including chairs with specific features such as air, water, or gel options if required)."

- **Item 7: Toiletry goods**

The inclusion of '...goods to meet an individual's medical needs, including specialist products...', adds complexity and cost to operations. We recommend removing this requirement unless additional funding is provided. In addition, Item 7(a) - facial cleanser and shower cap and Item 7(c) hairbrush or comb requires additional funding or removal.

- **Item 8(a) & (b): Personal laundry**

The inclusion of ‘...using laundry detergents that meet the individual’s medical needs...’ also adds complexity and (unfunded) cost to operations, as does the inclusion of ‘ironing laundered clothes. We recommend that these requirements are removed.

- **Item 9: Meals and refreshments**

Item 9 (b): The inclusion for a wider range of diets is encouraged, but some have strict meal preparation requirements that kitchens in a care home are unable to accommodate. In addition, the provision of vegan and textured-modified meals are significantly more expensive than standard meals. Request increased funding to cover these additional diets or removed from the service list.

Item 9 (c) & (f): The inclusion of mealtime flexibility and snack foods available at all times are currently funded from additional service fees given the operational complexity and cost. We recommend that funding be provided for these services or be removed. ;

Section 59: Residential Non-Clinical Care

- **Item 2(d): Cleaning of Personal Items**

The inclusion of personal item cleaning (e.g., mobility aids, hearing aids) and their storage containers adds complexity and cost to operations. We recommend removing this requirement unless additional funding is provided to train staff and cover the increased workload. Aged Care Workers are not typically trained as cleaners, and this poses health and safety risks.

- **Item 4 (a): Emotional Support**

Pastoral support is a new inclusion that is currently funded through additional service fees (ASF). If this service is to be mandated, we request that the government allocate additional funding to cover the associated costs.

- **Item 5(d): Maintenance of Mobility Aids**

The requirement for providers to maintain mobility aids, including tilt-in-space chairs, raises concerns. We recommend this responsibility be removed unless additional government funding is allocated to cover maintenance. Furthermore, clarity is needed regarding ownership of mobility aids—whether providers retain these devices when residents transfer to other facilities or if residents hold ownership, impacting liability for repairs or replacements.

Section 60: Residential Clinical Care

- **Item 2(d): Rehabilitation and Fitness Programs**

The draft rules require providers to "maintain and restore" residents' fitness and physical ability to perform daily tasks. This expectation is unrealistic, given the complex health profiles of many aged care residents. We recommend revising the language to: "Aimed at maintaining and restoring the individual’s fitness and physical ability, in the context of their health presentation, to perform daily tasks for themselves, including through..." This modification acknowledges the limitations posed by individual medical conditions.

- **Item 5(a)(i): Dementia and Cognition Management**

Expecting providers to "prevent" or "manage" dementia or cognitive impairments is impractical, given the progressive nature of these conditions. We suggest re-wording this to reflect a more achievable outcome: "recognise and manage dementia-related conditions and behaviours."

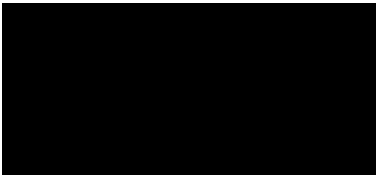
Section 60: General Access to Medical Services

- **Item 6(b): Health Appointments and Associated Costs**

The current draft excludes transportation and staff accompaniment costs for health appointments. We recommend revising the language to explicitly exclude these costs from the provider's responsibility, and for the government to allocate appropriate funding for transport and staff time when required to accompany residents to medical appointments for their own safety and wellbeing.

4. Conclusion

Anglicare Sydney is committed to providing the highest standards of care and acknowledges the efforts of the Department in drafting the Aged Care Rules 2024. However, the current draft places several operational and financial burdens on providers. We strongly recommend the proposed amendments to ensure the regulations are feasible and sustainable, while still enhancing care quality. We welcome ongoing dialogue on these matters and are available for further consultation.



Chief Executive Officer