OPAN Older Persons Advocacy Network

OPAN submission on:

New Aged Care Act Rules consultation

Release 1 – Service list

Contents

About OPAN

Formed in March 2017, the Older Persons Advocacy Network (OPAN) is the national peak body for individual aged care advocacy support. OPAN contains a network comprised of nine state and territory organisations that have been successfully delivering advocacy, information and education services to older people across Australia for over 30 years. Our members are:

ACT	ACT Disability, Aged and Carer Advocacy Services	SA	Aged Rights Advocacy Service (ARAS)
NSW	Seniors Rights Service (SRS)	TAS	Advocacy Tasmania
NT	Darwin Community Legal Service	VIC	Elder Rights Advocacy (ERA)
NT	CatholicCare NT (Central Australia)	WA	Advocare
QLD	Aged and Disability Advocacy Australia (ADA Australia)		

OPAN receives funding from the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). OPAN aims to provide a national voice for aged care advocacy and promote excellence and national consistency in the delivery of advocacy services under the NACAP.

OPAN's free services support older people and their representatives to understand and address issues related to Commonwealth funded aged care services. We achieve this through the delivery of education, information and individual advocacy support. In 2023-24 OPAN provided 44,428 instances of advocacy and information support, an increase of 20 percent since 2022-23.

OPAN is always on the side of the older person we are supporting. It is an independent body with no membership beyond the nine SDOs. This independence is a key strength both for individual advocacy and for our systemic advocacy.

OPAN works to amplify the voices of older people seeking and using aged care services and to build human rights into all aspects of aged care service delivery. OPAN acknowledges the knowledge, lived experience, wisdom and guidance provided by older people, advocates and human rights experts in preparing this submission.

Person-centred and rights-based aged care services

OPAN welcomes the opportunity to provide feedback on the draft service list in the first tranche of rules underpinning the bill for the new Aged Care Act. We have identified a range of improvements to the existing service list and some notable missing elements. It remains challenging to provide a fully considered response to the service list in the absence of the service price list or the goods, equipment and assistive technology list for Support at Home.

Human rights

We note that this draft of the rules lacks an accompanying Statement of Compatibility with Human Rights. OPAN expressed our views in the submission on the Aged Care Bill 2024 [1] that it should be the starting point for a rights-based Act for the Statement of Rights to explicitly include internationally guaranteed rights frameworks. We recognise that the draft rules go a long way towards putting detail into the relevant rights and we expect this will be reflected in the Statement of Compatibility once drafted.

We are concerned that in some instances, limitations placed on the availability of some service types are inconsistent with rights, and about the prospect of ambiguity in interpretation and application of specific service cap provisions. These could be addressed through the availability of the applicable rights in international treaties and Statement of Rights to assist in interpretation. This is especially important if s 24(3) preventing enforceability of the Statement of Rights by proceedings in a court or tribunal, is retained in the Act.

OPAN therefore recommends an amendment to the draft rules to provide that they should be interpreted and applied in accordance with the relevant provisions of the UN Convention of the Rights of People with Disability (CRPD) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), other relevant treaties, and the rights set out in the Statement of Rights.

Financial hardship

The detailed service list content of the draft rules addresses many aspects of the right to health and the right to an adequate standard of living (including food and shelter). Neither of these rights is referred to in the Statement of Rights set out in section 23 of

[1] OPAN, Submission on Aged Care Bill 2024

the Bill. The absence of these rights contributes the high level of concern expressed by many older people and aged care providers about the consequences of the proposed levels of co-contributions to Support at Home services. The most significant of these is the prospect of older people being forced to make choices between an adequate level of home care services and an adequate standard of living. Some older people have expressed suicidal feelings due to the fear of further financial hardship [2] .

Inclusion of these two rights contained in articles 11 and 12 of the ICESCR in the Statement of Rights, together with inclusion in the Act of financial hardship provisions for the Support at Home program would help to address some of these concerns.

OPAN remains extremely concerned about the lack of equity in co-contributions between older people of the same means. In the absence of reasonable co-contribution caps for higher amounts of home and community care services, this will result in people with higher needs paying more than people with lower needs. This is not the case in residential aged care services.

While we understand the new financial hardship provisions for Support at Home will be modelled on existing hardship provisions,[3] very few people on Home Care Packages (HCPs) now complete this lengthy and involved process [4]. OPAN proposed a range of automatic mechanisms in our submission on the Aged Care Bill 2024 [5] that would help to prevent older people being pushed into poverty by Support at Home fees and having to apply for financial hardship. There are multiple barriers inherent in the application process for existing financial hardship arrangements, including the impact on personal dignity and the high level of financial and digital literacy required.

Current financial hardship thresholds are set to ensure older people have 15 percent of the basic age pension remaining after all essential expenses (including aged care fees) are paid. The financial hardship form requires the uploading/attachment of evidence of all their pharmaceutical, medical and household expenses. Most older people require substantial assistance to complete the form accurately and provide the multiple forms of documentary evidence.

No worse off

OPAN anticipates an increase in hardship applications by older people who are not covered under the 'no worse off' principle as of 12 September 2024. Given the pension income and assets test will now be used for assessment of aged care contributions, we

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[2] Parliament of Australia, Senate Standing Committees on Community Affairs, Community Affairs Legislation Committee, Aged Care Bill 2024 [Provisions] Inquiry, Submission 185 – Name withheld

[3] My Aged Care, Financial Hardship Assistance

[4] Services Australia, Aged Care Claim for financial hardship assistance form (SA462)

[5] OPAN, Submission on Aged Care Bill 2024

recommend that Services Australia should auto-populate the form with financial information that is already held about the individual and their partner where relevant.

OPAN recommends that should the proposed caps for cleaning and gardening services proceed unchanged or without an exception pathway, that personal payments for additional cleaning and gardening services (not covered by Support at Home) must be assessed as eligible household expenses under any future financial hardship arrangements.

Advocates have also raised with OPAN that the 'no worse off' principle only applies to co-contributions and have recommended that this principle should also apply to people aged 65 and over who have transferred to aged care services from the NDIS or the Disability Support for Older Australians (DSOA) program. We seek data from the Department of Health and Aged Care on the numbers of older people in this situation and projections for the growth in people with disability over 65 accessing aged care services instead of NDIS services.

We note that Government has always maintained that the disparities between NDIS support and aged care support is not discriminatory. However, this is only true if the standards of support and levels of service are equivalent under the two systems. While there are several improvements such as the Assistive Technology and Home Modifications (AT-HM) Scheme, we do not consider that Support at Home classification levels or the rules for the service list have achieved this level of equivalence.

Equitable access regardless of where you live

OPAN remains extremely concerned that under these rules, older people living in residential aged care will not have the same level of eligibility for and access to assistive technology and transport services as people living in their own homes and receiving goods and services through the Support at Home program.

This would appear to be inconsistent with both the rights and guarantees against discrimination contained in the ICESCR and similar rights to non-discrimination under articles 2 and 26 of the International Covenant on Civil and Political Rights (ICCPR). We struggle to identify any reasonable justification for such ongoing differential treatment of older people based on their residential status. We also consider it is inconsistent with Part 12 (b) of the Statement of Rights:

An individual has a right to opportunities, and assistance, to stay connected (if the individual so chooses) *with the individual's community, including by participating in public life and leisure, cultural, spiritual and lifestyle activities.*

Home support service types

Personal care and respite care

OPAN recommended in our submission on the bill for the Aged Care Act 2024 that no fees are charged for personal care or respite care in home and community settings. Should this recommendation not be accepted, we recommend that fees are capped to ensure that cost does not present a barrier to access to these important service types.

Home and community settings

OPAN notes that home modifications are specified to only be provided in a home and community care setting. While this is appropriate for this service type, we note that the definition of a community setting in the bill does not exclude residential aged care settings.

We want to ensure that the rules highlight that in the Act making a distinction between home and community care settings and residential aged care settings, that a residential aged care setting can be a community setting for the purpose of delivering some Support at Home services.

Narrow interpretation of what constitutes a community setting must not prevent innovative responses to older people with higher support needs, thin markets and staff shortages. For example, Support at Home participants in a rural areas of workforce shortages receiving transport to/from and personal care services at their local residential aged care home, and people with higher support needs receiving day respite care in the public areas of a residential aged care home.

An additional concern is that in some areas, especially rural, regional and remote areas, there may only be one respite care house or cottage available. In some instances, respite care for older people may be most appropriately provided in a location such as a group home that also provides NDIS short term accommodation support. There are examples of multi-use facilities where different overnight stay times and days are available to NDIS participants and older people receiving aged care services. We therefore recommend that exceptions can be made to provide some Support at Home respite care services in a setting that is considered an NDIS group home.

Hoarding and squalor

OPAN welcomes the inclusion of Section 37 on the hoarding and squalor assistance service type from the Commonwealth Home Support Programme (CHSP). This provides

services for an individual who is experiencing symptoms of hoarding disorder or who is living in severe domestic squalor and includes the following:

(a) Implementing the care and services plan for the individual.

(b) A one-off clean up

(c) Review and evaluation.

(d) Linking the individual to specialist services.

Hoarding disorder is where a person experiences:

(a) persistent difficulty discarding or parting with possessions, regardless of actual value

(b) this difficulty is due to the perceived need to save the items, and to distress associated with discarding them

(c) the difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use

(d) the hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Hoarding disorder in later life is characterised by severe functional impairment, multiple comorbidities, and cognitive impairment.[6] OPAN seeks further details on the operation of this service type in Support at Home, including ensuring that the definition of 'severe domestic squalor' is not so restrictive as to prevent access to this service type by older people who may be at risk of eviction, for example.

OPAN recommends an expansion of this service type beyond a one-off clean-up that may not be sufficient to meet the individual's needs. Hoarding disorder is a complex mental illness, often requiring the input of a variety of professionals, across a significant period of time. Multiple clean-ups may be required. A one-off clean-up with 'review and evaluation' may not to be sufficient in supporting an older person living with this complex disorder.

OPAN recommends the rules make explicit the wrap-around supports that are required and that an older person with hoarding disorder is also eligible for clinical supports under the Support at Home program such as psychologists, accredited mental health social workers and other non-clinical mental health supports before, during and after a clean-up.

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[6] Ayers CR, Najmi S, Mayes TL, Dozier ME. Hoarding disorder in older adulthood. Am J Geriatr Psychiatry. 2015 Apr;23(4):416-422. doi: 10.1016/j.jagp.2014.05.009

Home modification service

Currently home modifications under the home care packages program "requires a health professional operating within their scope of practice such as an occupational therapist, physiotherapist or registered nurse to ensure the home modification is fit for purpose." (Section 30).[7]

However, Division 6 Home modifications service types, Item 2 home modifications and clinical support provides that only an occupational therapist must approve all home modifications. OPAN recommends consideration of a broader range of health professionals who can approve the suitability of some home modifications for an older person. This includes where a physiotherapist or a registered nurse has been providing care for the older person for some time or who has assessed the older person at a falls and balance clinic and may therefore be as clinically appropriate as an occupational therapist to approve some home modifications e.g. handrails, non-slip mats.

OPAN recommends an exception pathway for some home modifications that can be recommended by health or allied health practitioner other than an occupational therapist. This recognises the impact of ongoing workforce shortages among occupational therapists, particularly in rural, regional and remote Australia the and associated long waiting times that can make this stipulation impractical. It also recognises the need to reduce long waiting times that lead to increased risks to the older person associated with unaddressed health and safety hazards in the home.

An older person living in an MMM 6 area has been told by their HCP provider that the wait for an occupational therapy (OT) assessment is over 12 months. The older person has a close relative who is an OT with availability, but the provider refuses to consider this option, even with additional safeguards such as sign-off of their prescription by an independent allied health professional.

Allied health professionals

OPAN strongly supports inclusion in the clinical supports category of the range of allied health service types. Given the high incidence of mental ill health among older people, we are especially pleased at the inclusion of psychology, counselling and psychotherapy under allied health services. However, older people are less likely to receive psychological and psychosocial services, and more likely to receive

[7] Department of Health and Aged Care, 2023, Home Care Packages Program Inclusions and Exclusions FAQs for Providers V.1

psychotropic medications compared to other age cohorts.[8] We therefore seek further detail on how it is proposed to increase older people's access to these service types within the aged care system.

We also seek further clarification on the definition of an allied health professional as "a person who is registered under the National Law in an allied health profession.", noting that not all the allied health professions listed e.g. social work, are registered with the Australian health Practitioners Registration Agency (AHPRA).

Older people have also expressed concern about the prospect of most of the allied health and therapy services in the aged care system being provided by Certificate IV qualified (and presumably cheaper on an hourly basis) allied health assistants (AHAs). They are particularly concerned about provisions within both the support at home and residential aged care service lists for:

"the service may be delivered directly by a health professional or implemented by an allied health assistant or aged care worker under the supervision of the health professional where safe and appropriate to do so."

They are especially concerned about this occurring in residential aged care, given the current low level of access by residents to allied health care professionals.

OPAN recommends that allied health and therapy services may only be delegated to an allied health assistant (AHA) as defined, and not to any other aged care worker. We also recommend further guidance is provided about the level of oversight and supervision that must be provided by a registered allied health professional for services to be clinically safe and appropriate to be provided by an AHA.

Nursing care

OPAN recommends that care by clinical nurse consultants and nurse practitioners is included under the nursing care service type for both Support at Home and residential aged care, consistent with the direction of the National Nursing Workforce Strategy [9] and the Nurse Practitioner Workforce Plan [10]. Access to speciality and advanced nursing care can help older people receive the clinical care they need to remain living at home and to reduce unnecessary hospital transfers from residential aged care.

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[8] AIHW 2019. Mental health services in Australia: Mental health-related prescriptions. Table PBS.9: Number of mental health-related prescriptions, by patient demographic characteristics, 2018–19.

[9] Department of Health and Aged Care, 2024, National Nursing Workforce Strategy

[10] Department of Health and Aged Care, 2023, Nurse Practitioner Workforce Plan

Caps on services

OPAN reiterates our call for exceptions to the caps on government subsidised cleaning and gardening services. We recommend that when existing home care financial hardship processes are reviewed for application to the new Support at Home program that the following expenses are included:

- Private expenditure on additional cleaning and gardening beyond what is subsidised by government
- Residential respite care fees

The caps should not be 'one size fits all'. OPAN recommends that caps on gardening should be reconsidered for older people living in regional, rural and remote areas such as Modified Monash Model (MMM) areas 5, 6 and 7 in recognition of the different home gardening needs of older people living in these areas.

OPAN also recommends that the AT-HM list provides for some items that are currently considered excluded household items to be included, for example a durable washer and dryer for someone living with severe and permanent incontinence.

Care management

We understand that reducing the 20 percent cap on care management charges to Home Care Packages to a 10 percent flat care management charge to Support at Home budgets is on the basis that unit prices for services will be inclusive of all administrative costs. OPAN requests the Department of Health and Aged Care release modelling regarding ensuring access to an appropriate level of care management for older people with complex needs in the Support at Home program through enabling providers to pool 10 percent of each older person's individual budget in combination with additional supplements for:

- older Aboriginal and Torres Strait Islander people
- people referred by Care Finders
- people who are homeless or at-risk of homelessness
- care leavers
- approved veterans.

OPAN has heard substantial concern from older people that they may not receive the care management support they require from a 10 percent pooled provider fund. We agree that some care management costs currently charged to an older person's HCP may be more appropriately considered as administrative costs e.g. rostering. We are concerned that it is easier for a larger provider to balance their care management caseload between older people who have lower and higher care management needs

and those who have intermittent care management needs e.g. unstable health conditions. Smaller providers may not have capacity to provide adequate care management support, and cease operations, limiting older people's choice and control.

As outlined in OPAN's presenting issues reports,[11] independent aged care advocates provide extensive support for older people seeking access to aged care, including people who have been assessed as eligible for CHSP but are unable to find a service provider with capacity to deliver their approved services. OPAN recommended in our submission on the bill for the Aged Care Act 2024 that older people who have been assisted to navigate and access the aged care system by an advocate should also be eligible for the care management supplement.

Short term intensive care management supports for socially isolated older people can also have a protective effect against the risk of abuse and neglect. Given the high prevalence of abuse and neglect of older people [12] and carer burnout [13], more care management support is required for older people at risk. This includes older people who:

(a) need care and support

(b) are being abused or neglected, or are at risk of abuse or neglect; and

(c) cannot protect themselves from the abuse.[14]

As part of the Home Care Check-in project, OPAN developed at-risk indicators with input from Dr Melanie Wroth, inaugural Chief Clinical Advisor at the Aged Care Quality and Safety Commission (2019-2024). Older people who are most at risk have some combination of the following characteristics:

- Live on their own
- Are socially isolated or lack close relationships
- Have few or no family or friends who 'check in' on them
- Have cognitive impairment and are unable to problem solve or 'speak up'
- Have communication difficulties
- Have limited mobility
- Are highly dependent on a sole carer.

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[11] OPAN, Reports

[12] Australian Institute of Family Studies, 2021, National Elder Abuse Prevalence Study: Final Report

[13] Mylek, M. and Schirmer, J. 2024. Caring for others and yourself: Carer Wellbeing Survey 2024 report. Prepared by the WellRes Unit, Health Research Institute, University of Canberra for Carers Australia. Carers Australia, Canberra.

[14] Australian Law Reform Commission, 2017, Elder Abuse - A National Legal Response. Final Report

OPAN supports the rules specifying a minimum level of care management support e.g. contact at least once per month and recommends that the rules specify that additional care management supports must be provided to older people who need intensive care management support. We further recommend that the rules include an additional eligibility criteria for the care management supplement for older people who are at risk of abuse and neglect.

Restorative care management

OPAN strongly supports restorative care management as a separate service type, acknowledging that it may be provided separately on a short-term basis or concurrently with care management for ongoing services under Support at Home.

End of life care management

OPAN recommends the addition of end-of-life care management as a service type that supports the delivery of the end-of-life care pathway. Care management functions [15] under this service type would include:

- Clinical care management to ensure adequate access to specialist palliative care and other medical care as required
- Continuity of care management and direct care staff during the duration of end-of-life care delivery
- Comprehensive care management that is inclusive of the older person's medical, emotional, social, and spiritual needs
- High level communication between the care manager, the dying person and other formal and informal care providers e.g. palliative care providers and family carers.

OPAN has previously called for greater provider transparency about what is included in the care management and administration fees charged to individuals. [16] This was in response to providers stipulating that fees for case management only cover X amount of phone calls or Y amount of care management hours and charging a fee for additional admin/case management over this threshold. Often advocates found that the older person was not aware at the time of signing a home care agreement of the thresholds or hidden additional charges.

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[15] van der Plas AG, Onwuteaka-Philipsen BD, van de Watering M, Jansen WJ, Vissers KC, Deliens L. What is case management in palliative care? An expert panel study. BMC Health Serv Res. 2012 Jun 18;12:163. doi: 10.1186/1472-6963-12-163. PMID: 22709349; PMCID: PMC3413598.

[16] OPAN, 2022, Submission to the Inquiry into the provisions of the Aged Care Amendment (Implementing Care Reform) Bill 2022

An older person sought advocacy support about their Home Care Package provider charging an additional $12.00 per week for a service described as "access to case manager – phone". The advocate spoke with the service provider who advised that this charge facilitated client access to their care manager's mobile number. When challenged about the additional charge and why it was not a part of the care management fees, the service provider said they deemed it as an additional service to the client. After discussions referencing the Home Care Package guidelines the provider agreed that they should not continue to charge that additional fee and would adjust the billing from a forward date. The advocate requested that the provider also reverse previous charges and return funds to the older person's HCP accumulated budget. The older person reported the following monthly statement indicated the reversal of charges had occurred.

OPAN strongly supports care management being listed as clinical service type for with no co-contributions are required. We recommend that a robust definition of care management is included in the service manual and handbook so that providers and participants have a shared understanding of what does and does not constitute care management. This is especially important for such a foundational but sometimes less tangible service type than direct service delivery.

OPAN recommends that the rules make explicit that Support at Home participants must never be required to pay any contribution towards care management and that registered providers are prevented from billing an older person for an additional service charge for any form or part of care management (however termed).

Self-management

OPAN is disappointed that self-management [17] of Support at Home services is not addressed in this tranche of the rules and awaits further details in subsequent tranches, determinations and guidelines to provide clarity to older people that self-management will indeed be allowed and perhaps encouraged in the new Support at Home program.

[17] OPAN, 2022, The future of self-management: our decision. Workshop Report

Transport

OPAN considers that safe, affordable and accessible transport is an essential aged care service that should be available to all older people regardless of whether they receive home and community care services or live in residential aged care [18]. We are disappointed to see that while community transport is a subsidised service in support at home, it continues to be excluded from the residential aged care service list. The ability to access the community, including medical care and social connection is arguably even more important for older people living in residential aged care. Connecting with the community is a key principle of the National Aged Care Design Principles and Guidelines [19], and older people must have the right to safe affordable and accessible transport to facilitate that access, as discussed at the start of this submission.

An older person contacted OPAN about the lack of affordable and accessible transport from residential aged care. As an electric wheelchair user, they had previously found wheelchair accessible taxis costly, under-resourced and unreliable. They were formerly a frequent user of their local community transport service. They were unaware until after entering residential aged care that providers are not funded for transport and that they were no longer eligible for community transport services. Their residential aged care provider has a wheelchair accessible bus that is seldom used. The older person has left the residential aged care home only 6 times in the 2 years since admission – for medical appointments and for their spouse's funeral.

OPAN supports the provision of indirect transport via taxi or rideshare vouchers in the service list. However, we also recommend there is an exception process to the stated transport exclusions that include vehicle running costs under some circumstances. Older people strongly support allowing reimbursement of travel expenses to trusted family and friends where it supports the individual's personal needs and goals. Exceptions would facilitate access to transport provided by the older person themselves or their family carer to medical appointment or social support activities, as in the following example:

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[18] OPAN, 2024, Transport for Ageing in Place: Enhancing mobility and reducing social isolation Position statement

[19] Department of Health and Aged Care, 2024, National Aged Care Design Principles and Guidelines

An older person living in an MMM 5 area required transport to attend a social support activity as set out in their care plan. Initially, their Home Care Package funded fuel to enable the older person to drive to the activity. This approach supported the older person to maintain their independence. Following the release of the revised Home Care Package Program Operational Manual, their provider advised that fuel was excluded under the Home Care Package Program. With the support of an advocate the older person referred to the factsheet titled Home Care Packages Program Inclusions and Exclusions – FAQs for Providers, which implied they could access a fuel card because they lived in a rural region. However, the provider advised that they could not issue a fuel card as the factsheet also stated that a fuel card can only be considered where there is no access to taxis. As a result, $780 of the older person's Home Care Package funds were used to pay for a return trip in a taxi. The same trip would cost approximately $100 in fuel.

Residential care service types

OPAN strongly supports improvements in the residential aged care service list that address issues and concerns that our advocates frequently support older people with.

Continence aids

Section 33, Assistance with transition care, Item 9, and Section 59, Residential non-clinical care, Item 6(b) states there must be provision of:

(i) Unlimited aids and appliances designed to assist continence management to meet the individual's needs.

OPAN applauds this provision and the message it sends that it is inconsistent with the Statement of Rights to ration or restrict access to continence aids in any way. It may also help to drive improved continence support practices, such as regular toilet assistance schedules, as this can ultimately contribute to reduction in use of continence aids and therefore the cost to providers of consumables.[20]

While we strongly support this provision in residential aged care, we await release of the Assistive Technology and Home Modifications (AT-HM) list for a similar provision in the Support at Home program. Urinary incontinence is a top health condition contributing to ACAT recommendations for residential aged care [21], and access to quality continence care and continence aids can help support older people to stay living at home for longer.

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[20] Continence Foundation of Australia, Continence Resources for Aged Care

[21] AIHW, 2011, Pathways in Aged Care: do people follow recommendations?

Bedroom and bathroom furnishings

Section 58, Item 6 Residential everyday living includes:

(a) An adjustable bed (with mattress) that is appropriate for the individual's height and weight.

(b) Any equipment or technologies used to ensure the safety of the individual in bed and to avoid injury to the individual and to aged care workers.

(c) Pillows (including pressure cushions, tri pillows and wedge pillows)

(d) A bedside table, a visitor chair, an over bed table (if required). A fixture or item of furniture where the individual can safely lock and store valuables.

(e) A recliner chair, with arms, that meets the individual's care, safety and comfort needs.

Of note is the provision of a recliner chair and a visitor chair as these are new additions to the bedroom furnishings. OPAN supports this more comprehensive list of bedroom furnishings as appropriate for the privacy, safety and comfort of older people and their visitors.

Toiletry goods

Section 58 Item 7 states that the following toiletry items, including specialist products for conditions such as dermatitis, should be provided:

(a) Facial cleanser (or alternatives such as facial wipes). Shower gel, shower caps.

(b) Hairbrush or comb

(c) Cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers)

OPAN strongly supports expanded provision of specialist toiletry goods to meet individual health care needs as this is currently an additional expense for older people.

Meals and refreshments

Section 58, Item 9 provides for:

(a) at least 3 meals per day (including the option of dessert with dinner) plus morning tea, afternoon tea and supper, of adequate variety (that is, not the same meal every day) quality and quantity to meet the individual's nutritional and hydration needs.

(b) special diets and drinks, if needed to meet the individual's medical, cultural or religious needs, including but not limited to enteral feeding, nutritional supplements, texture modified meals, gluten-free, lactose-free, vegetarian, vegan, kosher and halal diets…"

(c) flexibility in mealtimes, if requested by the individual.

(d) a range of non-alcoholic beverages at each meal (such as water, milk, juice, tea and coffee).

(e) eating and drinking utensils and aids if needed.

(f) making snack foods (including fruit, biscuits and savoury snacks) and non-alcoholic beverages available at all times.

The current Quality of Care Principles do not list the types of special foods or drinks to be provided, or provide for flexible mealtimes, or for eating and drinking utensils and aids to be supplied, and for making snack foods available at all times.

This expanded service list has the potential to help address the high prevalence of nutritional risk and malnutrition in residential aged care [22]. OPAN strongly supports expanded meals and refreshments provision to better meet individual needs as this is consistently within the top 10 complaint issues for residential care.[23]

General access to medical services

OPAN strongly supports Section 60, Residential clinical care Item 6 that requires providers to:

(a) make arrangements for health professionals to visit the individual for any necessary health professional appointments;

(b) make arrangements for the individual to attend any necessary health professional appointments;

(c) provision of audio-visual equipment for use with telehealth appointments;

(d) arranging for an ambulance in emergency situations.

However, we note in that same Section 60 Item 7, General access to allied health services excludes the provider making arrangements for the individual to attend an off-site allied health appointment. Given that an older person may wish to continue treatment from an allied health professional they saw prior to entry to residential aged

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[22] O'Shea, M.-C., Bauer, J., Barrett, C., Corones-Watkins, K., Kellett, U., Maloney, S., Williams, L. T., Osadnik, C., & Foo, J. (2024). Malnutrition prevalence in Australian residential aged care facilities: A cross-sectional study. *Healthcare, 12*(13), 1296. https://doi.org/10.3390/healthcare12131296

[23] Aged Care Quality and Safety Commission, 2023, Complaints about aged care services – Insights for providers

care and the ongoing issues in access to allied health care in residential aged care, OPAN strongly recommends that this should be included in the same manner as for other health professional appointments. We understand there may be the need to specify that this does not include circumstances where the provider chooses as its business model to deliver specified therapy services off-site.

We also note that this draft does not specify when a provider is "making arrangements" to attend any necessary health professional appointments that this includes arranging transport and escort (if required) of a resident to and from medical appointments. This is currently specified in Scheule 1 of the Quality of Care Principles 2014 and additional guidance for providers [24]. OPAN recommends this should be included in the rules for the service list.

Operational administration and emergency assistance

Section 58 service type Operational administration and emergency assistance incudes administration of:

i) the delivery of the other services listed and described in this table; and

(ii) higher everyday living agreements (if applicable);

OPAN seeks confirmation that older people not making use of higher everyday living services will not be subsidising the administration of these optional extras for residents who do use them, under this service type. OPAN recommends that higher everyday living agreements should be inclusive of associated administration costs.

Assistive technology

OPAN recommends that provision of appropriate assistive technology that meets individual needs is specified as a residential service type under the non-clinical service types of personal care, communication and mobility and movement needs and under the clinical service type rehabilitation, allied health and fitness therapy programs.

[24] Department of Health and Aged Care, 2022, Care and services in aged care homes Information for approved providers

OPAN Older Persons Advocacy Network

OPAN member organisations by state or territory:

ADACAS ADVOCACY

Advocacy Tasmania

ERA Elder Rights Advocacy
Supporting your right to quality care

Seniors Rights Service

Darwin Community LEGAL SERVICE

ADAAustralia
Your aged and disability advocates

aras
aged rights advocacy service inc.

Advocare
Empowering older people in WA

CatholicCare NT

Supported by funding from the Australian Government