

## **Feedback - New Aged Care Act Rules consultation – Release 1 – Service list**

### **AccessCare – City of Kingston 31/10/24**

AccessCare is an experienced provider of home care and support services managed by Kingston City Council in Melbourne. For 30 years, we have supported older people, people with disabilities and people who are homeless. We are dedicated to empowering our clients to continue living independently in their own homes and communities.

We have earned a strong reputation over the past 30 years for supporting people, including those with complex needs. Through our connection to local council, we have developed an unparalleled amount of industry knowledge and experience, which we use to ensure our clients receive care that addresses their unique and specific needs.

Additionally, we specialise in care management, and employ an exceptional team of professionals who all work together to provide our clients with care and compassion. Our team is available 24/7, ensuring our clients can access support and advice whenever they need it. We believe in people-centric care and put our clients' wellbeing at the heart of everything we do.

As an experienced provider, we have offered the following feedback for consideration in relation to the New Aged Care Act Rules containing the service list.

#### **1. Funding Levels**

Top new proposed level of funding - \$78k doesn't differ markedly from the current top tier of HCP4, at \$61. \$78K is a far cry from the recommended \$132K. With the continuing increased costs associated with care and services, this proposed improvement won't have a significant enough effect on the client's care. Especially those with significant nursing needs, including those with dementia and cognitive impairments. We are concerned that this will not achieve the aim of improving quality of life and extending older people's time living at home.

#### **2. End of Life Funding**

We have concerns about the time frames attached to this funding stream and the lack of clarity around if and how this funding would be extended. We know assessment and review wait times are not reliable, and end of life prognosis may vary considerably from the reality. We need more thought around how this cohort of people can be properly supported towards the end of life.

#### **3. Contributions for Services from Vulnerable Cohorts**

Being a part of local government, Accesscare is often a first point of call for vulnerable community members, we see clients who have a daily struggle with choosing between basic care and providing essentials for themselves. Unfortunately, we see that clients are forced to neglect their health due to rising costs of rent, food and bills. The proposed billing system will remove providers ability to respond to this cohort by offering reduced or no fee contributions. We believe we will see an increase of clients refusing service for this reason.

#### **4. Care Management**

Keeping people at home requires a high level of care coordination and the proposed fees for care management, (10% max total package value) doesn't consider the complexities of clients living in the community. Care management is so much more than a basic level of coordination. Providers are expected to keep up with increased demands in the new aged care standards, how do we meet the needs with less care management funding.

AccessCare can report that, over the past twelve months, we have supported at least 2 VCAT hearings per month, often supporting our most vulnerable clients, who have no practical supports or family contacts due to health and safety concerns but also with concerns around elder abuse, protecting finances and ensuring clients safety. It takes many hours of preparing for VCAT applications and hearings, for our most vulnerable clients, as we gather medical and other reports, consult with stakeholders and support the person themselves. If we do not have the time to support them in this way, their circumstances will inevitably worsen. The reduction in care management fees will lead to risks in client's health, wellbeing, a rise in hospital admissions and neglected clinical and care needs.

Hospital admissions and planning discharges – with ongoing strains in the hospital systems, clients are often discharged prematurely back into the community, this level of coordination requires skill and experience.

Hoarding and squalor – Clients we see who have issues around hoarding and squalor require time, patience and specialised support. This support is currently conducted by our case managers, who have the flexibility to allocate the time needed to work successfully with these at-risk people.

A reduction in care management funding will see increased risks to health, neglected clinical needs, increased hospital admissions and further strain our already struggling emergency health and hospital systems.

## **5. Costs for Missed Services**

Service providers struggle with balancing missed appointments with services and the follow up that may be required following the cancellation or missed appointment. Service providers have a responsibility of following up the welfare of a client if a scheduled service is missed, this work is unfunded and providers are responsible for paying staff, administration tasks and carrying out welfare checks if required. It is unclear how providers will be able to recoup the costs to continue to provide this high level of essential service. This is a reality for service providers that cannot be ignored.

## **6. Fixed Service List**

While we acknowledge the need for a fixed service list to prevent fraudulent behaviour, the rigidity of the proposed service list reduces our ability to respond to clients needs flexibly when required.

## **7. Capped Annual Hours for Certain Services**

While we support the suggestion of capping hours of non-essential services, with limited details around capped hours for cleaning and gardening services, we are unsure of how the Department will monitor the caps. In addition, there are clients who need more than the suggested caps on time, due to specific circumstances, particularly those living in squalid conditions, or who have hoarding issues.

## **8. Transport Service Variability**

Transport requirements vary from person to person, individual needs must be considered to support clients to reach their goals and access the supports that they need. The information in the service list isn't clear on the separation of direct and indirect transport. Considerations for administration, managing external providers and ensuring compliance must be factored into unit costs for transport.