Catholic Health Australia – Submission on the Stage 4b Rules

May 2025

Catholic Health Australia
www.cha.org.au

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services. CHA Members provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care provision.

Our members account for over 15 per cent of hospital-based healthcare in Australia and operate hospitals in each Australian state and in the Australian Capital Territory, providing about 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care.

CHA not-for-profit providers are a dedicated voice for the disadvantaged which advocates for an equitable, compassionate, best practice and secure health system that is person-centred in its delivery of care.

Executive summary

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services accounting for approximately 12 per cent of aged care facilities across Australia, in addition to around 20 per cent of care provision in the home. Catholic aged care providers have a vital interest in working with the Australian Government to ensure the sustainable provision of aged care and support services for older Australians meet community expectations of safe and quality of care.

CHA appreciates the opportunity to provide input into the Stage 4b Release of the Rules under the new Aged Care Act (2024). We look forward to working with the Department during the consultation process to ensure the Rules can achieve its intended outcomes. Our goal is to ensure that the finalised Rules fully supports a high-quality and safe aged care system for all Australians irrespective of their wealth or geography.

Overall CHA is supportive of the drafted provisions set out in the Stage 4b Release of the Rules. CHA appreciates the work undertaken by the Department to address key mechanisms and processes to implement the new Act, as set out in the draft Rules. This submission focuses on ensuring that the expectations set out in provider obligations are clear, and that older people are well-informed and well-supported to understand the eligibility criteria for access to the aged care system.

Key observations and issues related to the Stage 4b Release of the Rules articulated in our submission include:

1. **Provider obligations:** CHA and its members are supportive of the provisions contained in the Rules around the conditions of provider registration. Specific recommendations in our response articulate the need for provider obligations set out across all Releases of the draft Rules to be consistently aligned with one another to mitigate risk of effort duplication and/or misinterpretation. Similarly, CHA continues to recommend that the Rules are implemented in collaboration with other national agencies to minimise risk of effort duplication in data collection and analysis.
2. **Service agreements:** CHA and its members remain concerned about the need to establish service agreements with older people by 1 July 2025. Specific recommendations in our response emphasise the need to maintain a focus on individual care needs as a trigger for review and/or updates to service agreements in residential care.
3. **Eligibility for access:** CHA and its members are supportive of the mechanisms proposed relating to an individual's eligibility for access to aged care. Specific observations and recommendations set out in this section relate to increasing transparency and clarity of provisions to ensure older people are well-supported and well-informed about how they can access aged care to best meet their needs.

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Our list of recommendations

CHA makes the following recommendations to the Department for amendments to the Stage 4b Release of the Rules:

Recommendation 1: Department to consider whether only a subset of staff that fall into the definition of 'aged care workers' should be prioritised to be informed of final audit outcomes, instead of all staff categorised as an 'aged care worker'.

Recommendation 2: Remove the meal obligation specific to in-home aged care and community respite settings (Section 148-20) from the Rules. Instead, reposition the meal obligation as a set of guiding principles to support the implementation of the Strengthened Quality Standards for home and community providers.

Recommendation 3a: Incorporate a note at the bottom of paragraph 148-65 (7) to state that the requirement to review the service agreement in residential care is limited to new entrants to residential care.

Recommendation 3b: Incorporate an additional subparagraph in paragraph 148-75 (10) that articulates a requirement to review the service agreement of new entrants to residential care to ensure consistency with Recommendation 3a.

Recommendation 4: Incorporate a clear definition for 'final monthly statement' in Section 155-46 to distinguish it from 'monthly statement' (Section 155-40) and other similar concepts.

Recommendation 5:

a. Review the Government Provider Management System (GPMS) and identify avenues to increase interoperability of GPMS with registered provider systems and enable streamlined reporting of changes to responsible persons.

b. Incorporate specific response timeframes, in which the Commission is required to seek clarification and/or provide outcomes to the provider, as part of the finalised supporting guidelines or Rules.

Recommendation 6: Remove subparagraph 167-45(1)(a) which outlines a requirement for providers to report a change in the local government area in which they deliver services as a change of circumstances affecting the conditions set out in paragraph 167-45(2). Alternatively, define “a change to the local government area” and clarify the applicability of this definition in supporting guidance, so that providers are not reasonably expected to undertake similar data analysis functions to other national agencies, such as GEN Aged Care or ABS.

Recommendation 7: With reference to Paragraph 167-45(1)(b), the Commission should collaborate with national agencies like JSA to utilise existing workforce analysis, ensuring effective and meaningful aged care workforce planning.

Recommendation 8: Incorporate a definition of bed availability into Section 167-70 of the Rules, and provide additional clarification on its applicability in supporting guidance materials to support the implementation of the Rules.

Recommendation 9: Incorporate the following into the table in subsection 87-5(2) on the circumstances and points for eligibility:

a. A criteria relating to the individual’s home environment, such as “the individual’s current place of residence poses a moderate or severe risk to the individual’s health or safety”

b. A criteria relating to the carer status of an older person as it contributes to the overall care profile of an individual; and

c. Clear definitions for each criteria listed in the table to mitigate the risk of an assessor’s subjective opinion influencing the outcome of the assessment.

Recommendation 10: Amend the criteria set out in Item 6 (a) of the table in subsection 87-5(2) to be “The individual has waited more than 3 months from…” instead of “6 months”.

Recommendation 11: Provide clear guidance on avenues for older people to access reassessment and/or requests for re-prioritisation on the proposed prioritisation system for both Support at Home and residential care.

Recommendation 12: Incorporate specific guidance on how the number of available places in residential care will be calculated for the purposes of place allocation and/or prioritisation of older people for access to residential aged care.

Recommendation 13: Provide detailed worked examples and/or case studies of the prioritisation method (including examples of how the points for eligibility criteria could be assigned) in supporting guidance material.

Submission

CHA is supportive of the draft Stage 4b release of the Rules. Specific observations and feedback on some provisions in this release of the Rules are contained in this submission.

Section 1: Conditions of Provider Registration

In the main, CHA and its members are supportive of the provisions contained in the Rules around the conditions of provider registration. It is CHA's understanding that these provisions build on from previous releases of the Rules, namely Stage 3 and Stage 4a[1].

Provider obligation to inform workers of audit outcomes

As set out in Section 11 (4)(a) of the Act, an aged care worker of a registered provider refers to an individual employed or otherwise engaged (including as a volunteer) by the registered provider to deliver funded aged care services. It is the understanding of CHA and its members that this definition of an 'aged care worker' would include agency workforce as well as volunteers.

In relation to Subdivision E,[2] this means that all registered providers are required to inform all staff that fall within the definition of 'aged care worker' about the final audit report outcomes, which is broader than the current scope of the audit requirements in aged care. It is important that the Department considers the practical implications of the need to inform all aged care workers, responsible persons and individuals receiving aged care services about audit outcomes, and whether a more meaningful subset of aged care workers, such as those in management roles, would be more prudent in the applicability of these provisions.

Recommendation 1: Department to consider whether only a subset of staff that fall into the definition of 'aged care workers' should be prioritised to be informed of final audit outcomes, instead of all staff categorised as an 'aged care worker'.

Provider obligation to provide meals in home-based care

Section 148-20 of the Rules outlines the requirement to deliver Commonwealth-funded meals and refreshments to an older person's home, as well as during community respite. CHA notes that this obligation was developed to consider and address the differences between residential care and home and community care settings. However, it is important to recognise that the home and community care setting requires service delivery on an individual basis, whereas residential care settings are able to deliver services to groups of older people. This shift in service provision has the following implications.

Efficiency of meal preparation

Providers must adapt from preparing meals in accredited residential care kitchens to individual home kitchens, posing significant operational challenges. For example, providers

[1] CHA's responses to Stage 3 and Stage 4a releases of the Rules can be accessed at: https://cha.org.au/rules-stage-3-release-submission-march/ and https://cha.org.au/submission-on-stage-4a-release-of-rules/ respectively.
[2] Chapter 2, Part 2, Division 2, Subdivision E

must ensure an individual's home kitchen is suitable for meal preparation, likely involving a risk assessment. If the kitchen is considered substandard, aged care workers may need to bring additional tools and equipment to supplement the food preparation environment. Additionally, efficiently preparing large volumes of nutritious meals is difficult in home settings, requiring additional staff capacity. Providers may need to hire subcontractors to meet nutritional standards and ensure meal quality, further complicating operations.

Effectiveness to provide meals that demonstrate regard for individual's abilities and preferences

It is the view of CHA and its members that the requirement for an Accredited Practicing Dietician to assess meal nutrition in the home and community setting is impractical and conflicts with consumer choice. For example, if clients decline assessments, there is limited guidance on how providers should comply with Section 148-20. Additionally, operational challenges in home settings limit providers' ability to offer appetising rotating menus. It is ineffective for providers to cater for a large pool of individual clients while demonstrating regard for individual's abilities and preferences in a home setting.

Cost of providing meals in different settings

Due to different service environments, providing meals at home and in the community incurs higher costs. Factors include: the resources required to create a rotation of nutritious and appetising menus, capacity to cater to dietary needs and preferences, and preparing meals in individual homes instead of accredited kitchens. It is also the experience of CHA and its members that the cost to involve an accredited practising dietician to have oversight over menus and meal preparation in residential aged care could equate to thousands of dollars each year in operational costs. Therefore, having a dietician oversee a variety of menus customised to individual needs and preferences, and delivered personally rather than in groups, will lead to substantial costs in home and community settings. Even if the dietician could be engaged to perform these assessments remotely (i.e., using video conferencing capabilities), it is the understanding of CHA and its members that it would be challenging to sustainably operationalise these assessments for a range of home and community settings.

Requiring providers to implement a similar approach to current residential care processes for Support at Home could lead to significant costs and may be inefficient and ineffective in addressing individual needs and preferences.

Recommendation 2: Remove the meal obligation specific to in-home aged care and community respite settings (Section 148-20) from the Rules. Instead, reposition the meal obligation as a set of guiding principles to support the implementation of the Strengthened Quality Standards for home and community providers.

Service agreements

CHA continues to advocate for implementation options that would offer more time for older people and their supporters to carefully consider options for care. These options have been shared with Government. CHA notes that providers have consistently advised Government that consumers will not have sufficient information or time to make informed decisions around service agreements by 1 July 2025. Similarly, providers are required to undertake extensive change management efforts to align their operations, systems, and client interactions with the new legislative and programmatic requirements, some of which have

been set out in this Release of the Rules. The following section specifically articulates service agreements in their respective service delivery contexts.

Service agreements in residential care

CHA and its members are concerned about paragraph 148-65 (7) (a) that introduces a new requirement for providers to review the service agreement at least once every 12 months. Current practices require providers to review and update a resident agreement in the following circumstances[3]:

- When there are changes in a resident's care needs; or
- The resident has requested a change in their agreement.

CHA and its members understand that these provisions aim to offer increased consumer choice and control over services received. However, the average time for changes in an older person's care needs can vary significantly due to factors such as their health status, severity of care needs and personal preferences. This means that annual reviews of resident service agreements may impose more administrative burden on both the resident and the provider than necessary. Shifting from need-based reviews to time-based mandated reviews may further dilute the focus on and resources away from providing quality, timely care that meets individual needs**.**

CHA and its members propose that the requirement to review a resident service agreement at least once every 12 months should be limited to new entrants into residential aged care. This would enable new residents an opportunity to 'settle' into their new environment, while encouraging providers to comprehensively review and assess whether service provision appropriately meets the individual's needs as providers get to know the individual more over time.

Recommendation 3a: Incorporate a note at the bottom of paragraph 148-65 (7) to state that the requirement to review the service agreement in residential care is limited to new entrants to residential care.

Recommendation 3b: Incorporate an additional subparagraph in paragraph 148-75 (10) that articulates a requirement to review the service agreement of new entrants to residential care to ensure consistency with Recommendation 3a.

Service agreements in Support at Home

CHA acknowledges that the Department has worked to release information that will underpin the Support at Home Program. However, crucial details needed to finalise service agreements for Support at Home are still unavailable, while available information is either pending finalisation or has been provided recently[4]. For example, Stage 4a Release of the Rules comments on continuity of care arrangements for Support at Home, which is

[3] Department of Health and Aged Care (2025). Accessed on 6 May 2025, via the website: https://www.health.gov.au/our-work/residential-aged-care/managing-residential-aged-care-services/resident-agreements-for-residential-aged-care#reviewing-and-updating-resident-agreements

[4] For example, a template of the monthly statement was released on 29 April 2025, accessed at: https://www.health.gov.au/resources/publications/support-at-home-monthly-statement-template?language=en

referenced in Stage 4b Release of the Rules as part of key required information for inclusion in a service agreement involving individual participants in Support at Home.

CHA and its members are supportive of the proposed contents of service agreements as they relate to Support at Home recipients, as set out in Section 148-70 (4). To ensure that providers are able to have meaningful engagement with older people to establish service agreements prior to commencing service delivery,[5] it is important that the following considerations are addressed as part of implementation guidance specific to service agreements, prior to 1 July 2025.

- **Pricing information:** S148-70(4)(d-e) details the expectation that providers will need to include detailed pricing information as part of service agreements with individuals. However, providers are challenged by determining what should be included in these prices (i.e., definition of transition costs and its applicability), and remain unclear in their understanding of what constitutes necessary supporting evidence that should be incorporated into service agreements. While it is positive that further information has been provided on the submission of claims to the Aged Care Provider Portal[6], arrival of this information so close to the launch of Support at Home Program (with some information still outstanding), not only makes finalising pricing difficult, but ensures that detailed discussions with older Australians are unable to be achieved in the desired timeframes.
- **Co-contribution amounts:** S148-70(4)(b-c) sets out the expectation that information about co-contributions will need to be clearly described in service agreements. However, the co-contribution amounts for individual older Australians remain unknown. Providers have given consistent feedback that engagement with older Australians is constrained by the lack of availability of clear information about what they will be required to pay for the services they receive. Advice to the sector has indicated that Services Australia may not appraise older Australians and providers of co-contribution amounts until after the planned commencement of Support at Home, representing a major impediment to finalising service agreements and service plans.
- **Other general and technical considerations:** It is important to note that the process for legal firms to draft service agreement templates can now commence given that the applicable requirements of service agreements have only now been set out in S148-70(4). There are evident legal constraints to the process for rolling out new service agreements whilst ensuring that both providers and individual participants in Support at Home have sufficient clarity regarding these requirements around pricing, continuity of care arrangements, and other technical information described in S148-70(4).

[5] As set out in S148-65, where a provider is required to enter into a service agreement with individuals prior to their start date, unless specific circumstances are applicable.
[6] Support at Home User Guide – submitting claims to the Aged Care Provider Portal. (29 April 2025) Accessed at: https://www.health.gov.au/resources/publications/support-at-home-user-guide-submitting-claims-to-the-aged-care-provider-portal?language=en

Case study

CHA members have consistently demonstrated that developing service agreements and care plans for an entire cohort of clients typically requires 3–6 months of sustained effort. Importantly, this timeline is based on actual previous implementation experiences and reflects adjustments that are much narrower than those introduced by the Support at Home Program. Key activities to develop a service agreement include: extensive staff training, information preparation, ongoing client engagement and communication, allowing time for client consideration, approval processes by governing bodies, and formal contract signing.

Provider obligation to notify individuals of final monthly statement

With reference to Section 155-46, it is the understanding of CHA and its members that providers must give a final monthly statement to individuals or their supporters after the final claim is made. This statement is inferred to detail the services delivered and costs involved for service provision only relating to the calendar month in which the final claim was made. To mitigate the risk of misinterpretation, CHA recommends that the Rules incorporate a clear definition for 'final monthly statement', so that it can be clearly distinguished from 'monthly statement' and other similar concepts, such as a whole-of-life account of service provision to a particular client leading up to a final claim.

Recommendation 4: Incorporate a clear definition for 'final monthly statement' in Section 155-46 to distinguish it from 'monthly statement' (Section 155-40) and other similar concepts.

Provider obligation to report on changes to circumstances to the Commissioner

Section 167 broadly outlines the changes to an approved residential care home, such as those affecting its definition, safety, construction activities, unplanned events, or bed availability, that must be reported to the Commissioner. In the main, CHA recommends that these notification requirements should be consistent with existing reporting mechanisms as set out in previous iterations of the Rules[7] so that information provided to the Commissioner can be leveraged to effectively monitor the quality of service delivery across the sector.

Section 167-20 describes that providers must notify the Commissioner about changes that materially affect or may affect a registered provider's suitability to deliver services. Where this reporting obligation extends to responsible persons, this includes suitability of a responsible person of a provider to be categorised as a responsible person of the provider as set out in paragraph S167-25 (1). CHA notes that reporting obligations concerning responsible persons are onerous and duplicative of existing mandatory reporting requirements to the Commission. It is the experience of CHA and its members that there is little to no visibility as to how this information is being used once it is received by the Commission. As these forms and records contain personal information of the providers'

[7] Specifically in Stage 3 Release of the Rules. More detail on CHA's response to the reporting obligations of providers is detailed in our submission on the Stage 3 Release of the Rules, accessed at: https://cha.org.au/rules-stage-3-release-submission-march/

responsible persons, there is uncertainty around how the provider is expected to manage privacy concerns of their employees. CHA has previously made similar comments in relation to our submission on Stage 3 Release of the Rules,[8] and have provided similar recommendations below on the need for increased consistency and interoperability of various reporting mechanisms.

Recommendation 5:

- **a.** Review the Government Provider Management System (GPMS) and identify avenues to increase interoperability of GPMS with registered provider systems and enable streamlined reporting of changes to responsible persons.
- **b.** Incorporate specific response timeframes, in which the Commission is required to seek clarification and/or provide outcomes to the provider, as part of the finalised supporting guidelines or Rules.

Reporting changes relating to the scale of operations of a provider

Paragraph 167-45(1)(a) sets out a requirement for a registered residential care provider to report on changes to the local government area (LGA) in which the provider delivers a funded aged care service. It is the view of CHA and its members that the requirement of providers to monitor changes in their LGA is impractical and inconsistent with other monitoring and evaluation activities to remain updated on market conditions. More experienced data analysts, such as those engaged by the Australian Bureau of Statistics, are better placed to report on demographic-related changes as categorised by LGAs. CHA and its members understand that as part of the *Places to People* reform these notifications are required by the Department to understand the supply changes within the residential care sector[9]. CHA recommends that a more experienced team, like GEN Aged Care Data, should be the primary responsible party to provide regular updates on demographic changes at the LGA level, especially regarding the ageing population. CHA also recommends that the Department leverage existing partnerships between local councils, primary health networks, and a national agency (i.e., GEN Aged Care Data) to build a comprehensive view of residential care demand and supply at the LGA level.

Recommendation 6: Remove subparagraph 167-45(1)(a) which outlines a requirement for providers to report a change in the local government area in which they deliver services as a change of circumstances affecting the conditions set out in paragraph 167-45(2). Alternatively, define "a change to the local government area" and clarify the applicability of this definition in supporting guidance, so that providers are not reasonably expected to undertake similar data analysis functions to other national agencies, such as GEN Aged Care or ABS.

With reference to Paragraph 167-45(1)(b), there is an opportunity to optimise existing labour market data collection and analysis undertaken by national agencies, such as Jobs and Skills Australia (JSA) with the reporting on changes in scale of provider operations received by the Commission. CHA has previously commented on the JSA workplan in a submission

[8] Ibid.
[9] Department of Health and Aged Care. (March 2025). Accessed at: https://www.health.gov.au/our-work/places-to-people-embedding-choice-in-residential-aged-care on May 2025.

that outlines a need to coordinate existing workstreams with the Department to enhance aged care workforce planning capability and capacity.[10] CHA recommends that the Commission collaborate with national agencies like JSA to utilise existing workforce analysis, ensuring effective and meaningful aged care workforce planning.

Recommendation 7: With reference to Paragraph 167-45(1)(b), the Commission should collaborate with national agencies like JSA to utilise existing workforce analysis, ensuring effective and meaningful aged care workforce planning.

Reporting changes relating to approved residential care homes

Paragraph 167-70(1) sets out a requirement for providers to report changes in bed capacity to the Department. It is the understanding of CHA and its members that providers will need to provide information about the available bed capacity onto the Government Provider Management System (GPMS)[11] from 1 July 2025. The definition of bed availability remains unclear, especially for providers planning renovations next year. Renovations will cause fluctuations in occupied beds, creating uncertainty about how to report this to the Department through GPMS.

Recommendation 8: Incorporate a definition of bed availability into Section 167-70 of the Rules, and provide additional clarification on its applicability in supporting guidance materials to support the implementation of the Rules.

Section 2: Eligibility for Access to Aged Care

In the main, CHA and its members are supportive of the mechanisms proposed relating to an individual's eligibility for access to aged care. Specific observations and recommendations set out in this section relate to increasing transparency and clarity of provisions to ensure older people are well-supported and well-informed about how they can access aged care to best meet their needs.

Accessibility of Aged Care

Section 58-5 describes the types of information required so that an eligibility determination can be made for an individual seeking to access funded aged care services. As part of the process to assess the eligibility status of individuals, it is important for the assessor to consider the current state of the individual's home environment as a reflection of the extent of care needs for a particular individual. It is the experience of CHA and its members that there is some impact on the quality of assessments undertaken via telephone as older

[10] CHA's Submission on JSA's Workplan 2025-26, accessed at: https://cha.org.au/submission-on-jobs-skills-australias-draft-workplan-2025-26/
[11] Department of Health and Aged Care. (2024). Accessed at: https://www.health.gov.au/our-work/government-provider-management-system-gpms

people struggle with articulating their needs comprehensively to enable the assessor to form a complete view of their needs, resulting in skewed perception of care needs.

Case study

Some CHA members have observed that older people generally do not describe their care needs well during a remote assessment process (i.e., telephone assessment), and typically forget elements about their care needs unless prompted by a supporter in the room. Additionally, older people may struggle with verbally describing their home environment, especially if they are at risk of or experiencing issues with squalor or hoarding.

To address the risk of older people not articulating their care needs sufficiently during an assessment, CHA recommends that there is an expanded description around the type of information required as well as a defined criteria around what the assessor is looking for, as part of an eligibility determination process. For instance, section 65-10 could include a requirement for photos of the individual's home environment to be uploaded for the assessor to assess if the assessment is undertaken remotely. Importantly, the table in subsection 87-5(2) on the circumstances and points for eligibility should be expanded to include the following:

a. An additional criterion on the home environment and risk profile of an individual associated with their home environment. This could be similar to Item 2 (d) of the table in subsection 87-7, where it describes "the individual's current place of residence poses a moderate or severe risk to the individual's health or safety" as a criteria;
b. An additional criterion that addresses the carer status of an older person (i.e., whether the carer is living onsite) as it contributes to the overall care profile of an individual. This criterion should replicate existing assessment criteria used for HCP recipients; and
c. Clear definitions for each criteria listed in the table to mitigate the risk of an assessor's subjective opinion influencing the outcome of the assessment.

The above recommendations, when implemented, will enhance equity of access to aged care for older people by ensuring Support at Home places can be appropriately allocated (in a timely manner) based on individual needs and circumstances.

Recommendation 9: Incorporate the following into the table in subsection 87-5(2) on the circumstances and points for eligibility:

a. A criteria relating to the individual's home environment, such as "the individual's current place of residence poses a moderate or severe risk to the individual's health or safety"
b. A criteria relating to the carer status of an older person as it contributes to the overall care profile of an individual; and
c. Clear definitions for each criteria listed in the table to mitigate the risk of an assessor's subjective opinion influencing the outcome of the assessment.

Waitlist management

It is the understanding of CHA and its members that the Government has committed to a reform of the current HCP waitlist to a 3 month wait period under Support at Home by 1 July 2027.[12] This reform aim appears to be inconsistent with the 6-month waiting period set out in Item 6 of the table in subsection 87-5(2). The proposed 6-month waiting period is still extensive and is not aligned with the broader reform agenda of ensuring that older people receive the right, timely care that they require. CHA recommends that the criteria set out in Item 6 is amended to the following:

"The individual:

(a) has waited more than 3 months ~~6 months~~ from:

(i) the day on which the individual applied for access to funded aged care services; or

(ii) if the individual applied for the reassessment of the individual's need for funded aged care services—the day on which the individual applied for the reassessment;"

Recommendation 10: Amend the criteria set out in Item 6 (a) of the table in subsection 87-5(2) to be "The individual has waited more than 3 months from…" instead of "6 months".

Prioritisation of care needs

Implementation of the proposed prioritisation system

Section 87-5(1) describes four priority categories, low, medium, high and urgent. It is the understanding of CHA and its members that there is limited guidance available on the care older people can expect when assigned as 'low' or 'medium' priority category to be allocated a place in Support at Home. CHA and its members are concerned about the practical implementation of the proposed prioritisation system exacerbating wait times for older people to access care if there are limited implementation supports in place to manage these wait lists. CHA recommends that clear guidance is provided to support older people to understand how to communicate changes in their care needs with the Department. Specific avenues to access reassessment in a timely manner are important to ensure appropriate wait list management as the needs of older people change over time.[13]

Recommendation 11: Provide clear guidance on avenues for older people to access reassessment and/or requests for re-prioritisation on the proposed prioritisation system for both Support at Home and residential care.

There is uncertainty around the extent to which supply of residential aged care places will capped as part of the implementation of the prioritisation system. It is the expectation of CHA

[12] Department of Health and Aged Care. (2024) Support at Home Factsheet: September 2024. Accessed at: https://www.health.gov.au/resources/publications/support-at-home-fact-sheet?language=en

[13] Anglicare's Life on the Wait List Report (2024). Accessed at: https://www.anglicare.asn.au/publications/life-on-the-wait-list/; and https://www.compass.info/news/article/bed-block-and-aged-care-shortage-add-to-emergency-wait-times-blow-out/

and its members that older people displaying care needs that require residential aged care would be assigned a higher priority category based on Section 87-5(1). The Rules lack specific details on how the number of available places in residential care will be calculated or made public for allocating and prioritising older people. As a result, providers who invest in increasing bed capacity may face difficulties in assigning these beds to older people due to the uncertainty surrounding the practical implementation of the prioritisation system.

Recommendation 12: Incorporate specific guidance on how the number of available places in residential care will be calculated for the purposes of place allocation and/or prioritisation of older people for access to residential aged care.

Practicality of the points system

CHA and its members have also observed that the points assigned to each criteria appears relatively low, which means that an individual would need to report extenuating circumstances to be classified in either the urgent or high priority category. CHA recommends that supporting guidance materials for the implementation of the Rules consider including worked examples of the prioritisation method using real-life case studies to ensure the criteria and points assigned are both meaningful and practical. This would also support older people to understand the rationale behind their assigned priority category.

Recommendation 13: Provide detailed worked examples and/or case studies of the prioritisation method (including examples of how the points for eligibility criteria could be assigned) in supporting guidance material.