



## Proposed Changes to Health Care Policy What could this mean to Aged care

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## Goals of NH&HRC for Aged Care

- Ensuring greater choice and responsiveness for consumers
- Getting the most effective use of public monies while protecting those older people who are most in need
- Creating an environment that fosters a robust and sustainable aged care sector



## Key recommendations for Aged Care

- 45 – We recommend consolidating aged care under the Commonwealth government by making aged care under the Home and Community Care (HACC) program a direct Commonwealth program.
- 46 – We recommend development and introduction of streamlined, consistent assessment for eligibility for care across all aged care programs. This should include:
- transferring the Aged Care Assessment Teams to Commonwealth Government responsibility;
- developing new assessment tools for assessing people's care needs; and
- integrating assessment for Home and Community Care Services with more rigorous assessment for higher levels of community and residential care.



## Key recommendations for Aged Care

- 47 – We recommend that there be a more flexible range of care subsidies for people receiving community care packages, determined in a way that is compatible with care subsidies for residential care.
- 48 – We recommend that people who can contribute to the costs of their own care should contribute the same for care in the community as they would for residential care (not including accommodation costs).
- 49 – We recommend that people supported to receive care in the community should be given the option to determine how the resources allocated for their care and support are used.



## What this could mean for Consumers


- Improved access to services for consumers
- Streamlining of services providing a continuum of care
- Increased user pay system
- Services tailored to needs
- More control and person centered services for older people.



## What this could mean to providers


- Clear separation of accommodation from care
- Open up opportunities for innovative models
- Income would not be guaranteed
- Would open aged care up to market forces
- Impact of more expectations on user pay
- Need to ensure safety net for the disadvantaged
- Could reduce access to services in rural and remote areas.

## What would be needed to ensure success



- Improved interface with health care
- An affordable service for all older Australians
- Improved assessment of clients at time of entry
- Simple and ease of access for information
- The development of a sustainable system into the future

## Consumer Directed Care




### What is it

- Individualised approach
- Consumer control over allocated funds

### Could be:


- Direct payment /vouchers
- Choice of Providers/ services

## Why change to CDC




- More responsive and effective
- Improved health and wellbeing
- Increased consumer control/know own needs
- Better support for independence
- Reduce service costs
- Transparency of funding to consumers.

## Impact on Provider



- Clients leave and employ own care workers
- No loss of market position
- New opportunities
  - case management
  - innovative models
  - changes to workforce
- Continued use of main stream services
- Invoicing and non-payment

## What is happening in Australia



- Already used in disability
- Attendant Care program – CDC elements
- Support for use in aged care since 1995
- Recommendation in NH&HRC
- Changing needs of ageing population

## Recent Announcement



- HACC to be transferred to Commonwealth by 2012
- The Federal Government will release 1200 community care packages and 200 respite packages as CDC packages
- Consumers will have control and choice about services they receive
- Currently there are several trials operating in Australia

## Next Steps



- Need for well thought out transitional program
- Education of consumers and service providers
- Creation of one community care program
- Flexible option for funding aged care accommodation
- A cost of care study to determine pricing and indexation structures.

## Conclusion



- Choice & access
- More control by older people
- Infrastructure & funding
- Pricing issues – not a cheap alternative
- Changes to funding, policy & regulatory regimes