

# IMPROVING THE INTERFACE BETWEEN THE AGED CARE AND DISABILITY SECTORS

## DISCUSSION PAPER

### About the National Aged Care Alliance

The National Aged Care Alliance (the Alliance) comprises 48 peak body organisations representing consumers and their families, informal carers, special needs groups, nursing, allied health and personal carers involved in the aged care sector, and private and not-for-profit aged care providers.

As a leading voice for improvements to aged care for the past decade, the Alliance strives to implement its vision for ageing in Australia, that is:

*Every older Australian is able to live well, with dignity and independence, as part of their community and in a place of their choosing, with a choice of appropriate and affordable support and care services when they need them.*

## Acronyms and Abbreviations

Alliance (or NACA)	National Aged Care Alliance
ACAT	Aged Care Assessment Team
AT	Assistive Technology
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Programme
CDC	Consumer Directed Care
COAG	Council of Australian Governments
CoS Programme	Commonwealth Continuity of Support Programme, a sub-programme of the Commonwealth Home Support Programme (CHSP)
HACC	Home and Community Care, superseded by Commonwealth Home Support Programme (CHSP)
HCP	Home Care Package
ILC	Information, Linkages and Capacity Building, a component of the NDIS, formerly referred to as Tier 2.
LAC	Local Area Coordination, a service under the ILC component of the NDIS
NDA	National Disability Agreement
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Act	National Disability Insurance Scheme Act 2013
NIIS	National Injury Insurance Scheme
NSAF	National Screening and Assessment Form (within the aged care system)
RAC	Residential Aged Care
RACF	Residential Aged Care Facility
RAS	Regional Assessment Service for the CHSP
SDA	Specialist Disability Accommodation

## Table of Contents

About the National Aged Care Alliance .....	1
Acronyms and Abbreviations .....	2
Introduction .....	4
Summary and recommendations .....	5
Recommendations .....	6
1. Context .....	8
Aged Care .....	9
Aged Care Reform .....	10
Disability Support .....	10
Reform of Disability Support .....	10
2. Equity across disability and aged care systems .....	14
Age requirements .....	15
Equity and Access for all .....	16
Transition to ageing for people with disability .....	17
3. Information and support to navigate services and early intervention .....	19
Local Area Coordination .....	21
4. Access to specialist disability assessments and services by older people .....	23
National Screening and Assessment Form .....	23
Funding levels .....	24
5. Aids and equipment and assistive technology .....	26
State and Territory schemes .....	26
Commonwealth Home Support Programme .....	27
Home Care Packages .....	27
National Disability Insurance Scheme .....	27
Issues .....	28
6. Catastrophic injury .....	30
7. People with disability or younger onset dementia living in, or at risk of entering, residential aged care .....	32
Young people in residential aged care .....	32
Older people with disability in residential aged care services .....	34
8. Conclusion .....	35
APPENDIX 1: State and Territory Government aids, equipment and assistive technology programs .....	36
APPENDIX 2: Differences in State/Territory aids and equipment programs for specific categories of equipment .....	45

## Introduction

The National Aged Care Alliance (the Alliance) has long been concerned that the needs of older people with disability will not be met by the aged care system.

In its April 2015 submission to the Department of Social Services (the Department<sup>1</sup>) Discussion Paper *'Key directions for the Commonwealth Home Support Programme - Basic support for older people living at home'* the Alliance called on the Department to articulate how people over the age of 65 (over 50 years for Indigenous Australians) with a disability will have their support needs met. At that time, it was felt that the National Health and Hospitals Reform Agreement, along with the design of the National Disability Insurance Scheme (NDIS) and the Commonwealth Home Support Programme (CHSP) may result in older people with disability not being served appropriately by any program.

Over 2015-16, the Alliance has examined the ageing and disability interface. With the imminent implementation of aged care reforms and the full NDIS, the Alliance remains concerned that there will not be adequate support for older people with disability within the suite of aged care programs as they are designed today. The Alliance is also concerned that the interface between the disability and aged care sectors is not yet clearly articulated or understood by either sector.

Policy and service delivery in ageing and disability also requires consideration of diversity, overcoming barriers to access and achieving equity of outcomes.

This discussion paper notes the vision of the Productivity Commission in its 2011 reports on reforming disability support and aged care, where the critical concern was that people should be able to use the support system that best meets their needs, without artificial barriers and regardless of the funding source. The paper makes recommendations on how the aged care system and the NDIS could be better aligned to eliminate service gaps, minimise the need for separate systems and processes, reduce red tape and develop a stronger market.

A crucial recommendation concerns the development of a national aids and equipment scheme for older people, aligned with the NDIS Assistive Technology Strategy, to redress the current inequitable access to aids and equipment and assistive technology. The paper also calls for the implementation of the National Injury Insurance Scheme medical and general accident streams to redress the current inadequate support for older people who suffer a non-compensable catastrophic injury.

The Alliance urges the Government to consider the needs of older Australians with disability and ensure equitable support across the NDIS and the aged care system for people with disability regardless of age.

---

<sup>1</sup> Since September 2015 responsibility for aged care has transferred to the Department of Health.

## Summary and recommendations

Australians with disability must have equitable access to care and support regardless of their age, the funding source, programs or systems. No person with disability should be worse off under the aged care system than the disability system.

The disability and aged care systems should be flexible, streamlined and aligned to ensure that older people with disability, people with younger onset dementia or people with disability whose needs change as they age receive the services they need from the most appropriate system, regardless of who is responsible for funding or delivering them.

The decision in Australia to assign funding and operational responsibility for disability and aged care services between governments and service systems on the basis of age is inequitable and unacceptable when it creates barriers to people accessing the services that best meet their needs.

The introduction of the National Disability Insurance Scheme (NDIS) with its principle of entitlement to services based on need means that specialist disability services may be more freely available to younger people than to older Australians (those aged 65 or older) with the same disability and needs.

Older Australians who acquire a disability have similar support needs to younger people with disability, and may still be in the workforce. They require support at diagnosis and in the early stages of their disease or disability and then access to higher intensity and specialised supports, either episodically or on a regular basis.

The model of care and expertise available within the aged care system may not meet those needs. The aged care system is rationed, based on a ratio for people aged 70 years and over. Services are designed for the “frail aged”, focusing on the needs of the older cohort of older Australian (75 plus years). The aged care system therefore is not particularly attuned to the needs of the younger cohort of older Australians, let alone those with disability.

Older people with disability should have access to the same specialist disability services available to younger people through the NDIS, including support from the Information, Linkages and Capacity Building (ILC) stream of the NDIS and the episodic, intensive supports required by people with disability, including psychosocial disability.

Service gaps and perverse incentives within both systems need to be addressed, especially the current inequitable access to aids and equipment and assistive technology.

People who face additional barriers, such as people from linguistic or culturally diverse backgrounds, must receive additional support to ensure equitable access and outcomes.

Older people who experience a catastrophic injury not covered by existing compensation schemes are particularly disadvantaged by the delay in implementing the medical and general accident streams of the National Injury Insurance Scheme, and face significant financial and social costs compared to younger people who can, or will be able to, access the NDIS if they suffer a non-compensable catastrophic injury. Some young people with disability or younger onset dementia supported by the NDIS have no alternative living arrangements other than residential aged care, which may be inappropriate.

People with younger onset dementia may not have their needs met from within the disability sector, and will need seamless access to the right services.

Older people who entered the NDIS before the age of 65 years have a financial disincentive to transfer to the aged care system and, while their support within the NDIS will be funded from the Aged Care portfolio, will need support to access specialised, aged care services, without pressure to move out of the NDIS.

Finally, in order to achieve a seamless system and reduce red tape, there should be consistency of regulatory arrangements between the disability and aged care systems.

## Recommendations

1. That Australian Governments **ensure equitable service provision in the disability and aged care systems**, through co-designed, clear and comprehensive policy that aligns markets, services and funding to ensure that older people with disability, and people with younger onset dementia, receive the support they need from the most appropriate system.
2. That the legislated review of the aged care reforms in 2016/17 include **a review of the age requirements for the NDIS** to determine if NDIS eligibility should be **linked to the Age Pension age**, as envisaged by the Productivity Commission. Such a review should include consideration of the planned increase to 67 years and any future increase of age pension age to 70 years.
3. That **clear information** be published by the NDIA and the Commonwealth Government on the **interaction between the NDIS and the aged care system** with particular guidance on how people with younger onset dementia and people with disability whose needs change as they age will be supported.
4. That people with disability who are participants of the NDIS be able to receive support for their **post-employment and aged care needs through the NDIS**, in collaboration with aged care and community service sectors where appropriate.
5. That **the Commonwealth Department of Health (Ageing and Aged Care Branch) co-fund** the Information, Linkages and Capacity building (ILC) **stream of the NDIS** so that older people who acquire a disability have timely and easily accessible disability-specific information and support to navigate the service system, and can access the same capacity building, early intervention and local area coordination that younger people can access.
6. That **the Commonwealth Department of Health articulate** how the aged care system will support older Australians with disability and **review the appropriateness of the National Screening and Assessment Form** to identify disability-related needs.
7. That specialist advice and capacity-building for aged care assessors and workers on the needs of people with disability be developed, including consideration of joint **purchasing arrangements between the Commonwealth Department of Health and the National Disability Insurance Agency (NDIA)**.
8. That older people who acquire a disability have access to timely and appropriate **assessment and planning** through improved formal collaborative arrangements between the aged care system and the NDIS.
9. That services for older people with disability include equitable **access to the range of supports available within the NDIS**, to enable people to live independently in the community for as long as possible.

10. That **maximum funding levels** available within aged care programs **be flexible** so that older people with disability with very high support needs are able to have these needs met by the aged care system.
11. That a COAG agreement is established to develop a funded **national aids, equipment and assistive technology program**, including agreement on the process and timeframes for developing a national program. As an interim solution for the urgent needs of older people with disability (who are therefore ineligible for the NDIS), the Commonwealth Government should specifically fund aids and equipment for this group.
12. That the Productivity Commission be commissioned to **investigate and increase the evidence base for better health, social and economic benefits that are achievable through increased use of aids, equipment and smart technologies** (including those installed in the home) which reduce unnecessary dependence on alternative interventions.
13. That the **medical and general accident streams** of the National Injury Insurance Scheme (**NIIS**) be implemented and made available to people of all ages, or alternatively, that access is provided to the NDIS for people of all ages with catastrophic injury arising from medical and general accidents.
14. That the **NDIS Supported Disability Accommodation Framework** incorporate specific **provision for the integrated support and accommodation needs of young people living in residential aged care** or at risk of entering residential aged care due to their high support needs.

## 1. Context

Australia has ratified the United Nations Convention on the Rights of Persons with Disabilities and has articulated its obligations to improve the lives of its citizens with disability through the National Disability Strategy 2010-2020<sup>2</sup>. The support needs of people with disability span the life cycle and are impacted by disease and health conditions leading to impairment, and also by social and environmental factors<sup>3</sup>. Supports for people with disability are designed to address specific impairment-related needs, and social and environmental barriers which prevent equal access to everyday opportunities and experiences.

In Australia, government-funded support for people with disability and for older people who are frail or live with disability is provided under two distinct systems – the disability support system and the aged care system. Both systems are complemented by other services (for example, health services) and income support measures. Both systems are undergoing reform.

Responsibility for the aged care and disability support systems has in the past been shared, to a lesser or greater degree, between the Australian and State and Territory Governments. More recently, the Australian Government and State and Territory Governments (except for Western Australia) agreed to an age-based split of funding, policy and operational responsibility for disability and aged care services<sup>4</sup>.

The Australian Government is fully responsible for community care services, residential aged care services, and home care packages for people aged 65 years or over (50 years and over for Indigenous Australians) and has funding responsibility for specialist disability services for older people, until the jointly funded and governed National Disability Insurance Scheme (NDIS) is fully implemented, when the Australian Government will become fully responsible for specialist disability services for older people (except for aids and equipment).

The disability support needs of Australians under the age of 65 years are the responsibility of State and Territory funded and delivered disability systems (except for employment support which is an Australian Government responsibility) until the jointly funded and governed NDIS is fully implemented.

In agreeing to an age-based split of funding responsibility, Australian Governments (except Victoria and Western Australia) aspired to:

“improve client services in community aged care and disability services by enabling the creation of integrated and coordinated care systems that are easier for clients to access and navigate, and respond more flexibly to clients’ changing care needs.”<sup>5</sup>

2 Commonwealth of Australia 2011, 2010-2020 National Disability Strategy, available <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>

3 See <http://www.who.int/classifications/icf/icfbeginnersguide.pdf>. The World Health Organisation’s International Classification of Functioning, Disability and Health (ICF) when determining a person’s disability, and fully assessing their requirements, guides us to consider Body functions, Body structure, Activity and participation and Environmental factors as “dimensions” which result in disability.

4 See [www.coag.gov.au/health\\_and\\_ageing](http://www.coag.gov.au/health_and_ageing) for Bilateral Agreement for Transitioning Responsibilities for Aged Care and Disability Services in Victoria and National Partnership Agreements for other states (except Western Australia)

5 National Partnership Agreement on Transitioning Responsibilities for Aged Care and Disability Services available at [http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/transitioning\\_responsibilities/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/transitioning_responsibilities/national_partnership.pdf)



When the Commonwealth and Victoria Governments subsequently agreed to these goals they made an additional commitment to providing aged care services that focus on wellness and reablement<sup>6</sup>.

The following pages provide a snapshot of the aged care and disability support systems<sup>7</sup>, and highlight the similarities and differences between the two.

## Aged Care

Government expenditure on aged care services for older people who are frail or live with disability was over \$15 billion in 2014-15. Services comprise:

- Information and assessment services (\$133.7 million of government expenditure in 2014-15);
- Home care and support services, which provide care and assistance to help older people, including those with disability, remain, or return to, living independently in their home as long as possible, or which provide support to carers. Lower-level services are provided through the Commonwealth Home Support Programme (CHSP) (formerly Home and Community Care - HACC) while higher level services are provided through Home Care Packages (four levels). At June 2015, there were 73,550 operational places (including flexible places) in Home Care and 812,384 older clients of CHSP/HACC supported by government funding of almost \$4 billion.
- Residential care services, which provide supported accommodation and care for older people who are unable to continue living independently in their own homes. At June 2015, there were 195,953 operational places (including flexible places) in residential care services supported by \$10.8 billion of government funding in 2014-15; and
- Flexible care services, such as support for older people leaving hospital to help them improve their functional capacity.

Older people generally contribute to the cost of government funded care through fees and payments and some aged care providers may generate revenue from charitable sources and donations.

The government funded aged care system is capped, with entry to aged care services dependent on formal assessment of need and availability of funding. Funding for Home Care Packages and residential services is based on a planning ratio of funded places per 1000 people over 70 years. In 2014-15, more than 40 per cent of people waited more than three months between assessment team approval and taking up a home care service or residential place<sup>8,9</sup>.

<sup>6</sup> See [www.coag.gov.au/health\\_and\\_ageing](http://www.coag.gov.au/health_and_ageing) Bilateral Agreement for Transitioning Responsibilities for Aged Care and Disability Services in Victoria Clause 3.b.

<sup>7</sup> Information on the aged care and disability support systems is taken from the Productivity Commission Report on Government Services 2016, Chapters 13 and 14 available at <http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/community-services/rogs-2016-volume-f-community-services.pdf>

<sup>8</sup> Productivity Commission Report on Government Services 2016 Table 13A.35.

<sup>9</sup> The Alliance recognises that these figures include people who choose to defer a service offer which may distort the waiting time period, however no other data is publicly available to measure these figures. The Alliance looks forward to the publication of more accurate data from My Aged Care on how long consumers wait to receive information.

## Aged Care Reform

The Productivity Commission's report *Caring for Older Australians* (2011) informed aged care reforms that are being implemented progressively since July 2012. Reforms to date include:

- Establishment of a national contact centre and the My Aged Care website to improve and standardise information about services;
- Rolling up of several basic home support services into the single Commonwealth Home Support Programme (CHSP);
- Establishment of Regional Assessment Services (RAS) to enable a consistent approach to assessment services for people seeking support through the CHSP;
- Increasing the number of Home Care Packages and delivery of all packages through Consumer Directed Care (CDC) to provide older people more choice and control over their care and support; and
- Changes to the funding and regulation of residential aged care to increase choice for consumers and incentives for the market to better meet demand.

## Disability Support

Currently, assistance provided by governments to people with disability and their carers is being transitioned from specialist disability supports provided mainly by States and Territories under the National Disability Agreement (NDA) to the National Disability Insurance Scheme (NDIS), with the aim of carers being supported through the Australian Government's Integrated Plan for Carer Support Services.

Total government expenditure on supports provided under the NDA was about \$7.4 billion in 2012-13 (in 2014-15 \$), which is the latest year where expenditure was not affected by the introduction of the NDIS.

In 2012-13 there were almost 300,000 people accessing state and territory administered disability services (covering accommodation support, community access and support and respite services), and Commonwealth Government-funded supported employment services, which represented about 54 per cent of the potential population eligible for services.

## Reform of Disability Support

In 2011, the Productivity Commission in its report *Disability Care and Support* proposed a fundamental reform to the funding and delivery of disability supports by recommending the establishment of the NDIS and the National Injury Insurance Scheme (NIIS). It found that the costs of lifetime care can be so substantial that the risks and costs need to be pooled, with sufficient funding to fund long-term high quality care and support (but not income replacement) for people with significant disabilities. It recommended that people have much more choice and control over their supports, with individually-funded, self-managed or self-directed packages tailored to their individual needs.

The Australian Government and most State and Territory Governments supported the development and introduction of the NDIS, which was established under the *National Disability Insurance Scheme Act 2013* (the NDIS Act).

The NDIS Act gives effect, in part, to Australia's obligations under the United Nations Convention on the Rights of People with Disability. The general principles underpinning the legislation promote the rights of people with disability to exercise choice and control over the planning and delivery of their supports and to participate in the social, economic and cultural life of the community.

The NDIS is the shared responsibility of all Australian Governments. A Standing Council of the Council of Australian Governments (COAG) has primary responsibility for the scheme, including advising the Commonwealth Minister and COAG on policy matters. The National Disability Insurance Agency (NDIA) is the administering agency for the scheme.

The NDIS is an insurance rather than a welfare scheme. It provides coverage of the whole population, with support available to eligible people when they need it. To be eligible for an individual funding package (formerly Tier 3), people must meet age requirements and either the disability or early intervention requirements. Disability requirements include people with significant and permanent disability and who need assistance with everyday activities. This includes people whose disability is attributed to intellectual, cognitive, neurological, sensory, or physical impairment, or a psychiatric condition. Early intervention requirements include people who have a permanent impairment or are aged under six years with a developmental delay. To meet the age requirements, people must be under the age of 65 years when they make an access request to the NDIA.

Trials of the NDIS commenced in 2013 and all Governments (except Western Australia<sup>10</sup>) have agreed to the staged roll-out of the NDIS from July 2016 to June 2019. With the gradual roll-out of the NDIS across Australia, it is expected that most existing NDA service users will transition to the NDIS and that by 2019-20, all eligible Australians will be covered by the NDIS (except for Western Australian residents). It is estimated that nationally 460,000 people will be eligible for individually funded support from the NDIS, and a wider population of people with disability will benefit from block-funded Information, Linkages and Capacity Building (ILC) services provided through the NDIS.

It is estimated that the NDIS will cost \$22 billion each year when fully implemented. The Australian Government share will be \$11.3 billion a year and the States and Territories will contribute \$11.1 billion. Funding will be raised from general taxation revenue and an increase to the Medicare levy.

<sup>10</sup> The Commonwealth and Western Australia Governments agreed in April 2016 that the phased state-wide roll out of the NDIS will commence in Western Australia on 1 July 2017, subject to the State and Commonwealth Governments reaching agreement on the funding and implementation of the state-wide roll out by October 2016. See [www.coag.gov.au/sites/default/files/files/NDIS/sched-h-wa-bilateral-agreement-signed.pdf](http://www.coag.gov.au/sites/default/files/files/NDIS/sched-h-wa-bilateral-agreement-signed.pdf)

Aged Care - applies to people gaining disability aged 65+			
Access	Funded Supports	Funding <sup>11</sup>	Quality & Safeguards
<p>Government-controlled assessments by My Aged Care:</p> <ul style="list-style-type: none"> <li>Regional Assessment Service (RAS) for Commonwealth Home Support Programme</li> <li>Aged Care Assessment Team (ACAT) for Home Care Packages and Residential Care</li> <li>National Screening and Assessment Form (NSAF)</li> </ul> <p>Average age of people accessing each of the three types of care in 2013-14:</p> <ul style="list-style-type: none"> <li>80.3 years for HACC (now CHSP) recipients</li> <li>82.3 years for home care recipients</li> <li>84.5 years for residential care recipients.</li> </ul> <p>Median times between assessment and entry to services 2014-15<sup>12</sup>:</p> <ul style="list-style-type: none"> <li>67 days for home care</li> <li>68 days for residential care</li> </ul>	<p>Commonwealth Home Support Programme (CHSP):</p> <ul style="list-style-type: none"> <li>Social Support</li> <li>Transport</li> <li>Domestic assistance</li> <li>Personal care</li> <li>Home maintenance – minor</li> <li>Home modification – minor</li> <li>Nursing care</li> <li>Food services</li> <li>Allied Health</li> <li>Aids and equipment - minor</li> </ul> <p>Home Care Packages (HCP) Levels 1-4</p> <ul style="list-style-type: none"> <li>As for CHSP, plus care coordination and case management.</li> </ul> <p>Residential Care</p> <ul style="list-style-type: none"> <li>A range of supported accommodation services for older people who are unable to continue living independently in their own homes.</li> </ul>	<ul style="list-style-type: none"> <li>Commonwealth Home Support Programme Providers block funded</li> <li>Ave. funding per client: \$2,200 pa</li> <li>Ave. client contribution: \$115 pa</li> </ul> <p>Home Care Packages</p> <ul style="list-style-type: none"> <li>Individual capped budgets, handled by provider.</li> <li>Flexible use of funds for any item not specifically excluded</li> <li>Gov't funding ranges from \$7,939 (level 1) to \$48,184 (level 4) plus supplements</li> <li>Ave. Gov't funding per package: \$18,000 pa</li> <li>Ave. client contribution \$1,300 pa</li> <li>Guidelines state that program is not designed to be an AT program</li> </ul> <p><u>Residential Care</u></p> <p>Ave. Gov't subsidy 2014-15: \$56,084</p> <p>Substantial co-contribution required with use of home asset for residential care – Refundable Accommodation Payment: (Average \$330,000 in 2014-15) or Daily Accommodation Payment – Non-refundable (Average \$58 per day in 2014-15).</p>	<p>Government monitoring of quality through approved provider qualification and aged care standards.</p> <p>Single Quality Framework under development.</p>

<sup>11</sup> Calculated from financial information provided in Aged Care Financing Authority *Funding and Financing of the Aged Care Sector* Third report on the Funding and Financing of the Aged Care Sector, July 2015 DSS1438.9.15 July 2015, and from the Productivity Commission Report on Government Services 2016 Table 13A.16.

<sup>12</sup> Note, these are the most recent figures available (from the Productivity Commission Report on Government Services 2016 Table 13A.35) but precede the introduction of My Aged Care.

National Disability Insurance Scheme - applies to people gaining disability and making an access request to the NDIS before the age of 65 years			
Access	Funded Supports	Funding	Quality & Safeguards
Assessments undertaken by the National Disability Insurance Agency (NDIA)	The NDIS funds reasonable and necessary supports that help participants reach their goals, objectives and aspirations and to undertake activities to enable their social and economic participation. Supports are categorised as:	Individual budgets, uncapped. Self-managed or managed by NDIA.	Government monitoring quality through registered providers and disability service standards
Support Needs Assessment Tool - uses a strength based approach to identify support needs necessary to make progress on goals and aspirations, across domains or core areas of functional capacity.	Core: A support that enables a participant to complete activities of daily living and enables them to work towards their goals and meet their objectives.	Average annualised support package: \$36,000 at 31 March 2016 <sup>13</sup> .  No participant contributions <sup>14</sup> .	Quality and Safeguards Framework under development.
A specialist needs assessment for very complex needs may also be obtained.	Capacity building: A support that enables a participant to build their independence and maximise skills so as to progress towards their goals.	Annualised support package distributions: <ul style="list-style-type: none"><li>• \$0-\$5,000: 6%</li><li>• \$5,001-\$10,000: 14%</li><li>• \$10,001-\$30,000: 50%</li><li>• \$30,001-\$50,000: 12%</li><li>• \$50,001-\$100,000: 8%</li><li>• \$100,001-\$150,000: 3%</li><li>• \$150,001-\$200,000: 2%</li><li>• \$200,001-\$250,000: 3%</li><li>• \$250,001+: 2%</li></ul>	
Timeframes for considering access requests and preparing participant plans are legislated.	Capital: An investment, such as assistive technologies, equipment and home or vehicle modifications.  Information, Linkages & Capacity Building (ILC) - block funding to providers		

<sup>13</sup> 11th Quarterly Report to COAG Disability Reform Council 31 March 2016 Average package cost excludes costs of large institutions and is not necessarily representative of full-scheme given age and geographic limitations of trial sites.

<sup>14</sup> Except for living expenses in supported disability accommodation.

## 2. Equity across disability and aged care systems

The Productivity Commission in its report *Disability Care and Support* (2011), accepted the then Australian Government position on defining roles and responsibilities of service systems based on age, in order to achieve a unified and consistent aged care system. It recommended that disability services be delivered through the NDIS for younger people, and for people who chose to remain in the NDIS as they aged. For older people who acquired a disability after the cut-off age for the NDIS, the Productivity Commission proposed:

“People who acquired a disability *after the Age Pension age* would enter the aged care system, with the exception of the relatively few people experiencing catastrophic injury. The latter would be covered by the *National Injury Insurance Scheme (NIIS) for their full lives*, and so would generally lie outside both the aged care system and the NDIS, though potentially using some services common to both<sup>15</sup>” [emphasis added].

The Productivity Commission envisaged that the services available to people who acquired a disability after the Age Pension age would not differ from those available within the NDIS, but would be funded in accordance with the aged care system, with means-tested co-contributions and payments, reflecting the general capacity of older people to have acquired assets and savings over their working lives.

“There should be no artificial barriers to people accessing eligible services, even if those services are notionally identified as primarily serving the demands of the aged care or disability system. Rather, the critical concern is to ensure that people would be able to use the support system that best met their needs, regardless of the funding source<sup>16</sup>” .

Subsequent inter-governmental agreements for the implementation of the NDIS provide for:

- People who age within the NDIS to have a choice to remain in the NDIS or transfer to aged care after they turn 65 years of age;
- Continuity of support for people aged 65 years and over, where they were receiving specialist disability services prior to the introduction of the NDIS in their area. The Commonwealth Continuity of Support (CoS) Programme has been established to meet the COAG commitment that older people with disability who are currently receiving state-administered specialist disability services, but who are ineligible for the NDIS, will be supported to achieve similar outcomes to those they were achieving prior to transitioning to the new arrangements. There will be no new entrants to the CoS Programme once the NDIS is implemented in a region.
- The Commonwealth to fund support for people who acquire a disability aged 65 years or over (or 50 years if Indigenous Australian) and ultimately, the Commonwealth to be responsible for non-NDIS services for people in these age groups.

Contrary to the Productivity Commission’s expectation that people would access services across service systems when appropriate, it is unclear whether older people with disability will receive services *funded by or funded and administered by* the aged care system.

<sup>15</sup> Productivity Commission Inquiry Report on Disability Care and Support (2011), p. C.10

<sup>16</sup> Productivity Commission Inquiry Report on Disability Care and Support (2011), p. C.7



In 2013, when the Australian Government gained exemption from the Age Discrimination Act 2004 for the operation of the NDIS, the Joint Parliamentary Committee on Human Rights expressed its concern that there may be substantial differences between the supports provided to individuals in the aged care system compared to those on the NDIS, which could result in the inequitable treatment of people over 65 years old who acquire a disability. It considered that only equivalence in the forms of assistance and support available between the NDIS and the aged care system would address its significant concerns with regard to the rights to equality and non-discrimination.

Similarly, the National Aged Care Alliance (the Alliance) is extremely concerned about access to specialist disability services by older people. The Alliance is of the view that older people who acquire a disability unrelated to their age will not be well served by the current Commonwealth Home Support Programme (CHSP), with its focus on the frail aged. The current CHSP services provide inconsistent amounts of services across the country and only limited funding towards assistive technology, care coordination, disability-specific information, specialist disability assessment and specialist disability services. Essentially put, it is currently not equipped to handle the specialised disability needs of older Australians.

For people with younger onset dementia, disability services may not have the expertise or understanding to support their needs, and aged care services could be out of reach or similarly ill-equipped to meet their needs.

While it may not be viable to expand eligibility to the NDIS to people of all ages, the Alliance supports the Productivity Commission position<sup>17</sup> that there should be no distinction in the type and level of services available to a person with disability, regardless of their age, even though responsibility for funding those services may lie with either the disability or aged care service systems.

The next sections propose how the principle of no distinction on the basis of age could be implemented through cross-sector collaboration, co-funding and removal of artificial barriers.

## Age requirements

The progressive increase in the pension age to 67 years, and possibly even older in the future, will impact negatively on older people with disability if access to the NDIS remains limited to those who are aged less than 65 years. The age cut-off for NDIS eligibility could be adjusted in line with the Age Pension age, as envisaged by the Productivity Commission<sup>18</sup>, to prevent a misalignment of systems where a person who acquires a disability between the age of 65 and 67 years cannot access the NDIS and, in practice, may have limited access to supports within the aged care system to support remaining in or returning to the workforce. Given the political discussion on increasing the Age Pension age to 70 years at some point in the future, a potential five-year gap would further exacerbate this issue.

<sup>17</sup> See footnote 4 above

<sup>18</sup> See Productivity Commission Inquiry Report on Disability Care and Support (2011), Vol 1, ch 3, p180-1.

The Commonwealth Government has a legislated review of the aged care reforms to date which is due to report by August 2017. The identified gap between the NDIS eligibility cut off of 65 years, and the soon to be retirement age of 67 years could increase the burden on the aged care system, which is not designed to support an older person with disability to return to work. If the age pension age was moved to 70 years in the future, this would represent a five year disruption to workforce participation before Age Pension age (and disruption to informal carers' workforce participation). This may severely impact on individuals' ability to co-contribute towards aged care costs, given the higher contribution to retirement funds made in the final decade of working life. Consideration of these scenarios, and their impact on the aged care system to support people with a disability generally, should be considered for inclusion within the terms of reference for the aged care reform review, or through a separate assessment process within the next 12 months.

### Equity and Access for all

Policy and service delivery in ageing and disability require consideration of diversity, overcoming barriers to access and achieving equity of outcomes. The Alliance recognises that older people with disability who face additional barriers must receive additional support to ensure equitable access and outcomes.

Groups and individuals who may require additional support include, but are not limited to:

- People living with cognitive impairment and dementia;
- People of Aboriginal and Torres Strait Islander communities;
- People from culturally and linguistically diverse backgrounds,
- People in rural or remote areas,
- People experiencing financial or social disadvantage,
- Veterans,
- People who are homeless or at risk of becoming homeless,
- Care Leavers,
- Parents separated from their children by forced adoption or removal, and
- People of diverse sexual orientation, gender identity or intersex characteristics (LGBTI).

Those needing additional support also encompass individuals who have specific cultural, spiritual, ethical and privacy requirements that need to be recognised and supported to ensure quality care provision.



Where there are language barriers to equitable access and support, the Alliance notes that people may not receive the same support to overcome those barriers within the aged care system as they can within the NDIS. Section 7 of the NDIS Act stipulates that any notice, approved form or information given under this Act is to be provided in the language [emphasis added], mode of communication and terms which that person is most likely to understand and that such information is provided both orally and in writing if reasonably practicable. In the aged care system, there is funded support for interpreter services for oral interactions between a provider and a consumer around Home Care Package arrangements but the consumer has to pay to have their Home Care Agreement translated into their first language if required and for other language services outside of 'operational requirements'<sup>19</sup>. This creates a precarious situation where consumers may enter into agreements without fully comprehending the contents of the contract.

### Transition to ageing for people with disability

The *NDIS Act 2013* provides that a person ceases to be a participant of the NDIS if the person enters a residential care service on a permanent basis, or starts being provided with home care on a permanent basis, and this first occurs only after the person turns 65 years of age (residential care services and home care having the same meanings as in the *Aged Care Act 1997*). Effectively this means that an older person cannot access both the NDIS and aged care services.

An NDIS participant can choose to remain in the NDIS on turning 65 years however, and due to the different level and cost of services available in aged care it is likely that many older people will indeed choose to do so, despite their need for some aged care services. These may include dementia-specific needs or age-appropriate daytime activities once people retire from supported employment or disability day programs. In addition, as noted by the Productivity Commission, many people with a disability want the capacity to stay in their own home (including a group home) and to stay with the support workers and service providers they like as they grow older<sup>20</sup>.

While it is understood that NDIA assessors and planners and disability support workers can access advice on ageing related needs and provide facilitated access to community-based support without compromising a person's eligibility for the NDIS, there is an urgent need for Ministers to approve policy and/or rules on how the NDIS will interact with the aged care system. This will be necessary before people can make informed choices and be reassured on the extent of the care and support that will be provided by the NDIS as they age.

Similarly, protocols for referral from the NDIS to the aged care system should be developed so that older people and their families can be assured of an open and transparent process that puts the needs and interests of the older person first. The experience of NDIS participants as they turn 65 or transition from the NDIS into aged care should be monitored.

***Recommendation 1:*** *That Australian Governments ensure equitable service provision in the disability and aged care systems, through co-designed, clear and comprehensive policy that aligns markets, services and funding to ensure that older people with disability, and people with younger onset dementia, receive the support they need from the most appropriate system.*

<sup>19</sup> Translation and Interpreting Services for Home Care Packages Factsheet, <https://agedcare.health.gov.au/aged-care-reform/home-care/translating-and-interpreting-services-for-home-care-packages>

<sup>20</sup> Productivity Commission Report on Disability Care and Support 2011, Vol 1, Ch. p.179

**Recommendation 2:** *That the legislated review of the aged care reforms in 2016-17 include a review of the age requirements for NDIS to determine if NDIS eligibility should be linked to the Age Pension age as envisaged by the Productivity Commission. Such a review should include consideration of any future increase of age pension age to 70 years.*

**Recommendation 3:** *That clear information be published by the NDIA and the Commonwealth Government on the interaction between the NDIS and the aged care system with particular guidance on how people with younger onset dementia and people with disability whose needs change as they age will be supported.*

**Recommendation 4:** *That people with disability who are participants of the NDIS be able to receive support for their post-employment and aged care needs through the NDIS, in collaboration with aged care and community service sectors where appropriate.*

### 3. Information and support to navigate services and early intervention

People recently diagnosed with a life-changing disease or disability, their families and carers, need good quality information and support from people who understand the condition. They are likely to be confused and frightened and want information and emotional and practical support as a precursor to navigating and securing the individual supports they need. Depending on the nature of the disability, they may need tailored cognitive or communication supports or case coordination to assist with service navigation and to facilitate choice and control. In addition, people from migrant backgrounds may be unfamiliar with Australian support services and structures or encounter language barriers in seeking information.

For older people with disability, information on disability services is not available from My Aged Care and while information on disability services and providers is available on the NDIS website and from the NDIS call centre, this information, in its current form, does not help older Australians to identify the disability-specific services for which they are eligible. As a first step, consistent information on disability services available to older Australians should be available through My Aged Care and the NDIS website and call centre.

Within the NDIS, the need for timely access to disability-specific information and support, before people formally approach the NDIS for individual support, and short-term assistance for people not eligible for individually funded packages has been recognised by the creation of a separate category of funded services called Information, Linkages and Capacity building (ILC), (formerly Tier 2 services).

The NDIS ILC has been subject to national consultation and development, and was strongly supported by people with disability and the disability sector, as a cost effective investment that will provide timely information and referrals, and promote community inclusion of people with disability.

The National Disability Insurance Agency (NDIA) will fund activities that fit into one of the five ILC streams<sup>21</sup>:

- Information, linkages and referrals;
- Capacity building for mainstream services;
- Community awareness and capacity building;
- Individual capacity building; and
- Local area co-ordination (LAC).

There are no specific eligibility requirements for ILC which is intended to assist people with disability regardless of whether they also have an NDIS plan or individually-funded packages (formerly Tier 3), with the aim of deferring, reducing or replacing the need for individually-funded packages in some cases.

There are two main groups of people with disability who are excluded from individually funded packages in the NDIS:

<sup>21</sup> For more information, see NDIS ILC Policy Framework available at <http://www.ndis.gov.au/community/ilc-home/ilc-policy-framework>

- People who acquire disability at the age of 65 years old or over
- People who are under 65 years old , but whose functional capacity is not sufficiently impaired to meet the disability requirements for an individually funded package (For example, with regard to vision impairment, only permanent blindness and certain diagnoses are listed in the NDIS operational guidelines as generally meeting disability requirements without further evidence of functional impairment. People with other conditions resulting in low vision would need to be further assessed to establish if their functional capacity is substantially reduced and that they meet the other requirements for an individual funded package)<sup>22</sup>.

The ILC policy framework (August 2015) states that “People with disability who are over the age of 65 years will access information and referral or benefit from community capacity building, however, they will likely gain most of their supports from the aged care system”<sup>23</sup>. The Alliance is pleased to see a recognition of the role the NDIS ILC will play in providing information to older Australians with a disability and acknowledgement that some services for older Australians will be necessary through the NDIS.

However, information and referral services are but one part of the ILC and other aspects, such as individual capacity building, condition-specific carer capacity building and local area coordination services that provide short-term assistance to people with disability are not available for older people with disability within the Commonwealth Home Support Programme (CHSP) or aged care generally.

The ILC Commissioning Framework signals further work between the Australian Government and the NDIA to ensure the NDIS ILC, the aged care system and the Australian Government’s Integrated Plan for Carer Support Services work together<sup>24</sup>. The Alliance is strongly of the view that this work should be undertaken as a matter of urgency, in consultation with the aged care, disability and carers sectors, and should include consideration of co-funding organisations and services, to avoid fragmentation, potential service gaps (or duplication) and a referral ‘merry-go-round.’ Co-funding will be particularly important for organisations that provide support for people with disability from special needs groups, such as a CALD background.

As the ILC Commissioning Framework points out, some organisations currently providing ILC-type activities work with people with disability of all ages, with State and Territory disability funding. These organisations may provide both ILC-type services and episodic, specialist disability services. After the NDIS is rolled out (and State and Territory funding is withdrawn) they may continue supporting older Australians with disability under the Commonwealth continuity of support arrangements being developed within the Commonwealth Home Support Programme. However, it is understood that this will only deliver services to 8,500 grandfathered existing clients outside Victoria and Western Australia (on the day of NDIS full commencement in their area) and will not fund services for people who acquire a disability after this cut-off date or older people currently receiving unfunded supports and services delivered by the not-for-profit sector in the absence of any Government support.

<sup>22</sup> NDIS Operational Guidelines on Disability Requirements at [http://www.ndis.gov.au/sites/default/files/documents/access\\_disability\\_requirements\\_ok.pdf](http://www.ndis.gov.au/sites/default/files/documents/access_disability_requirements_ok.pdf)

<sup>23</sup> NDIS ILC Policy Framework, p8, available at <http://www.ndis.gov.au/community/ilc-home/ilc-policy-framework>

<sup>24</sup> NDIA ILC Commissioning Framework - Consultation Draft, December 2015, p.15 and p.17 available at <http://www.ndis.gov.au/community/ilc-home/ilc-commissioning-framework-consultation/ILC-comm-fw-draft>

In Victoria, there has been separate agreement with the Commonwealth that some specified, episodic specialist disability services currently available to older people will continue to be available to older Victorians beyond the implementation of the NDIS. This funding and program responsibility transition to Commonwealth management is in line with Victoria's Home and Community Care (HACC) services for older people also transitioning to the Commonwealth. Specific sensory and neurological organisations, and Carers Victoria, are negotiating a split of their current disability and aged care funding under the agreement. The State disability funding attributed to services for existing clients aged 65 years and older, estimated at \$10.178 million annually, will be provided to the Commonwealth for inclusion in the Commonwealth Home Support Programme from 2016-17. Victoria is the only State or Territory that has undertaken this exercise. To what extent these types of specialist disability services have been factored by other jurisdictions for inclusion in national aged care funding and how the specialist disability services will be provided consistently across the nation remain unclear.

It is also unclear if funding for the NDIS ILC, estimated to be about \$132 million annually across Australia for non-LAC services once the NDIS is fully rolled out, will sustain a vibrant market that provides both condition-specific and generic disability support. Current providers of ILC-type supports may need to reorient their services to providing supports within individually funded packages in order to maintain financial viability. Without additional funding, and as 'continuity of support' funding reduces over time, the needs of older Australians may not be able to be met by ILC providers.

## Local Area Coordination

The investment focus of the ILC is on Local Area Coordination (LAC), which the Productivity Commission estimated would cost \$550 million annually in the full NDIS<sup>25</sup>. Local Area Coordinators will:

"provide place-based delivery of:

- direct, innovative and flexible assistance for participants with less complex needs to help them connect to their local community and put their individually funded packages into action
- short-term assistance for people with disability who are not eligible for the NDIS to identify and help them to find community-based activities or resources relevant to their needs
- strengths-based community development and mainstream service partnership activities that benefit all people with a disability"<sup>26</sup>.

Whether Local Area Coordinators will provide any short-term assistance to older people with disability is unclear but unlikely given the statement in the policy framework referred to above. It should be noted that the NDIA language of "not eligible for the NDIS" is particularly unhelpful as it does not make it clear if this term refers to only those ineligible under the age of 65 or if it refers to all Australians who are ineligible. Nevertheless, the assessment and planning that will be undertaken by Local Area Coordinators in order to provide flexible assistance to people with disability is a model that aged care could well consider and leverage for older people with disability.

<sup>25</sup> Productivity Commission Report on Disability Care and Support, 2011, p776.

<sup>26</sup> NDIA ILC Commissioning Framework- Consultation Draft, December 2015, p.19 available at <http://www.ndis.gov.au/community/ilc-home/ilc-commissioning-framework-consultation/ILC-comm-fw-draft>

Disability-specific information, capacity building and episodic support should be available to people with disability and their carers regardless of their age. This could be facilitated by directly funding services through the Commonwealth Home Support Programme or by the Commonwealth Department of Health and the NDIA jointly funding services, with providers having only to manage one contract, although the Alliance understands that this may pose a risk to the NDIA.

Additionally, by having one contract and in the absence of consistent standards between disability and aged care, there would not be a requirement for the provider to comply with aged care standards for what is likely to be only a small number of occasions of service. If this dual accreditation barrier is not removed, the Alliance is concerned how effectively the market will respond to any separate disability system within the aged care accreditation framework.

Under joint funding arrangements, local area coordinators could undertake short-form assessment for low-level, episodic supports and make referrals for assessment and planning of higher intensity services to the NDIA (for disability related services) or to My Aged Care (for aged care services). This will require adequate funding and system articulation with both the NDIS and the aged care system to be effective.

**Recommendation 5:** *That the Commonwealth Department of Health (Ageing and Aged Care Branch) co-fund the Information, Linkages and Capacity building (ILC) stream of the NDIS so that older people who acquire a disability have timely and easily accessible disability-specific information and support to navigate the service system, and can access the same capacity building, early intervention and local area coordination that younger people can access.*

## 4. Access to specialist disability assessments and services by older people

It is not yet clear how the full roll out of the NDIS will affect the number of older people with disability who will need to be supported by the aged care system, given that people who enter the NDIS before the age of 65 years may choose to remain in the NDIS for the rest of their lives (albeit funded entirely by the Commonwealth Government after they reach 65 years).

The aged care market may well be able to respond to the needs of older people with disability where their needs coincide with the general aged care population, for example those with visual or hearing impairment. It is unlikely however that the future aged care system will have the critical mass of older people with other disabilities to warrant separate development and delivery of specialist disability supports, particularly as the aged care system is not currently tailored to meet the complex and diverse support needs of older people with disability.

It is proposed that as the single funder of services delivered to older Australians, the Commonwealth Government investigate formal collaborative arrangements with the NDIS to ensure equitable access to specialist disability services for older people, where it is not cost effective or efficient to separately provide those services within the aged care system, due to the complexity of the support required.

Collaboration is particularly important with regard to assessment. The My Aged Care Gateway is the centralised entry point into the aged care system, and everyone who wishes to receive services from the aged care system (or individually funded by the aged care system) will have to first register with My Aged Care. In addition, all potential clients (except in cases of emergency) will have to be assessed by Regional Assessment Services (RAS) or Aged Care Assessment Teams (ACATs) before being referred to service providers. This process potentially creates additional steps and delays as to when people can receive support. Some callers to My Aged Care may have communication difficulties or functional disabilities that need to be supported, for example vision impairment, and any further delays could increase their risk of falls and injury.

### National Screening and Assessment Form

As their purpose is to assess frail ageing needs, RAS/ACATs do not have specific expertise in determining the level and types of support for a person with a disability, and may not consider whether a person would benefit from a specialist disability service, such as orientation and mobility training<sup>27</sup>, communication support, specialised equipment assessment and prescription or support to return to work.

The National Screening and Assessment Form (NSAF), used as the tool to determine eligibility level and to inform the development of support plans, is limited in its utility to identify and respond to disability. Disability is identified as a health condition that may prompt referral to an allied health professional or for aids and equipment, rather than specialised support services. For example, in relation to vision, the NSAF instructs assessors to refer the person to an optometrist if the person has had changes to their vision in the last three months, and does not seek any information on underlying vision impairment or consider the need for specialised vision services. Specialised disability services are often provided by the NGO sector and relate to the disability, such as sensory impairment or loss, neurological disease or brain injury. These NGOs also provide support and advice to clients and their carers.

27 National Disability Services Bridging the ageing-disability interface - Options for Reform July 2013, available at [www.nds.org.au](http://www.nds.org.au)



In the absence of removal of the age cap on eligibility for the NDIS, an obvious solution is for collaboration between the aged care system and the disability sector on assessment and services for older people with a disability. This could range from RAS teams and ACATs receiving appropriate advice and capacity building from the disability sector, as well as improving screening and prioritisation processes, to the Department purchasing a suite of specialist disability assessments and services through the NDIA.

Cross-sector collaboration between the NDIS and the Department will be particularly important for special needs groups, such as those living in rural and remote areas and people from culturally and linguistically diverse backgrounds, where co-located and/or co-funded services would make sense. There are particular challenges for NDIS and Departmental collaboration and joint purchasing arrangements however. The NDIA is limited in the extent to which it can provide support to people who are not NDIS participants, its operating model comprises a mix of internally and externally provided assessment and planning services, and it does not contract directly with providers of individually funded supports.

Within the aged care system, the move to integrate the CHSP with Home Care Packages may complicate collaboration with the NDIS on delivery of specialist disability services. Further, a small cohort of people with disability are still being supported by aged care services under block funding arrangements and a single aged care home support program may make ongoing support difficult. These issues need to be considered in the implementation of the reforms scheduled for 2018.

In a market based system, a necessary component of the market is enough people seeking a particular service in order to sustain competition. Such markets are likely to be generated for impairment traditionally associated with ageing, such as services supporting people with hearing or visual impairments. However, for other specialist disability services, there may not be sufficient demand from people over the age of 65 to sustain a market within the regulatory framework of aged care services. However, when combined with the demand from the disability sector, competition may be generated within a particular geographical location. Accordingly, it may be prudent, until compliance measures such as standards are harmonised across the two sectors, to explore purchasing arrangements by the aged care system from the disability system.

The Alliance calls on the Commonwealth Department of Health to work with the Department of Social Services and the NDIA to identify solutions for cross-sector collaboration and purchasing arrangements, to ensure that older people with disability have equitable access to specialised services that go beyond those available with the aged care system.

## Funding levels

As the single funder of services for older people, the Commonwealth Government provides 'reasonable and necessary' funding for older people within the NDIS, with no pre-determined limits, but the same cohort within the aged care system is subject to capped funding, which is clearly inequitable. In NDIS trial sites, 10% of participants have an annualised package cost over \$100,000, while 71% have an annualised package cost below \$30,000<sup>28</sup>. We anticipate in the older cohort of NDIS participants this will be continued in later years. Annualised package costs may include amortised equipment costs and other one-off supports. A similarly flexible funding model is required for mainstream aged care services to meet the needs of older people with disability.

28 National Disability Insurance Agency Quarterly Report to COAG Disability Reform Council 31 March 2016 available at <http://www.ndis.gov.au/sites/default/files/documents/Quarterly-Reports/11-report-coag.pdf>



Without this funding flexibility, there will be a further disincentive for NDIS participants to consider moving to aged care services as they age.

The Alliance notes that as part of the evaluation of the NDIS trials being conducted by the National Institute of Labour Studies, a study will be undertaken of the supports received by older people with disability who are NDIS participants compared to those received by similar people who are not NDIS participants. The Commonwealth Department of Health should utilise the results of this study and/or undertake further work on the type and value of supports used by older people with disability within the NDIS, with a view to determining appropriate and equitable funding and service options for older people with disability within the aged care system.

**Recommendation 6:** *That the Commonwealth Department of Health articulate how the aged care system will support older Australians with disability and review the appropriateness of the National Screening and Assessment Form to identify disability-related needs.*

**Recommendation 7:** *That specialist advice and capacity-building for aged care assessors and workers on the needs of people with disability be developed, including consideration of joint purchasing arrangements between the Commonwealth Department of Health and the National Disability Insurance Agency (NDIA).*

**Recommendation 8:** *That older people who acquire a disability have access to timely and appropriate assessment and planning through improved formal collaborative arrangements between the aged care system and the NDIS.*

**Recommendation 9:** *That services for older people with disability include equitable access to the range of supports available within the NDIS, to enable people to live independently in the community for as long as possible.*

**Recommendation 10:** *That maximum funding levels available within aged care programs be flexible so that older people with disability with very high support needs are able to have these needs met by the aged care system.*

## 5. Aids and equipment and assistive technology

Currently, funding and program responsibility for aids and equipment and assistive technology is divided between the Commonwealth and States and Territories, primarily along program lines.

- The States and Territories are responsible for aids and equipment for health-related needs for people of all ages, for example oxygen, prosthetics, and temporary use items such as crutches and wheelchairs while recuperating from an illness or injury.
- The Commonwealth is responsible for ageing-related aids and equipment within the Aged Care program, but these services are limited to the support provided via a Home Care Package (where an eligible consumer may choose how to fund such measures) or via the rationed, up to \$1000 limit in the Commonwealth Home Support Programme (CHSP) (however, there are very few CHSP aids and equipment providers and they do not cover all geographical areas).
- The Commonwealth also funds the Australian Government Hearing Services Program which currently provides services for certain concession or Veterans' card holders and their dependents, members of the Australian Defence Force and clients of Disability Employment Services.
- The States and Territories have been responsible for disability-related aids and equipment but this will become the responsibility of the NDIS for people who enter the NDIS before the age of 65 years.
- The States and Territories will retain responsibility for aids and equipment for people not eligible for the NDIS<sup>29</sup>, whether health or disability-related. (The Alliance notes this seems inconsistent with the Commonwealth being responsible for the needs of people aged 65 years or older).

### State and Territory schemes

State and Territory aids and equipment and assistive technology schemes have different budgets, scope, eligibility requirements and levels of subsidy (see Appendix 1). Due to capped budgets, people may face considerable waiting periods for all but life-saving equipment, such as oxygen tanks. Some schemes require no consumer co-payments but limit eligibility and scope, while others have broader eligibility and scope but require user co-payments. The provision of low-vision aids is excluded from schemes in Victoria, Tasmania, South Australia and Western Australia, but may be provided through other state-funded agencies at a different level of subsidy or at cost to the consumer. Some funded agencies may provide equipment loans or refurbished items.

All State and Territory schemes rule people ineligible for support if they are receiving Australian Government aged care Home Care Packages Levels 3 and 4 or residential care, and some programs deem ineligible any recipient of other Government funded programs which includes Level 1 and 2 Home Care Packages. There is concern that with the merging of Home Care and CHSP programmes in 2018, further restrictions on eligibility of these State and Territory schemes will occur. A key issue for older people who have been assessed as eligible for a package but who, for whatever reason, are not yet receiving services is that they are deemed ineligible for State and Territory-based aids and equipment programs. As a result, older people may remain in hospital longer than they should.

29 See section 3 of Schedule C to Bilateral Agreements for Transitioning to the NDIS. These are available at <https://www.coag.gov.au/node/525> (Commonwealth and NSW); <https://www.coag.gov.au/node/526> (Commonwealth and Victoria); <http://www.coag.gov.au/node/532> (Commonwealth and Queensland); <https://www.coag.gov.au/node/530> (Commonwealth and South Australia); <https://www.coag.gov.au/node/531> (Commonwealth and Tasmania).

## Commonwealth Home Support Programme

The scope of goods, equipment and assistive technology provided through the CHSP is quite broad and items can be provided through loan or purchase<sup>30</sup>. Medical care aids are in scope but the CHSP Manual also provides that the CHSP is not designed to replace existing State and Territory managed schemes which provide medical aids and equipment. CHSP grant recipients are encouraged to access these programs where appropriate. In general, it is expected that clients should be able to purchase the items without financial assistance, but if they are unable to do so, will be able to access up to \$500 in total support per financial year. This cap applies in total per client, regardless of how many items are loaned or purchased. Where a provider assesses it to be necessary, however, the provider has the discretion to increase the cap to \$1000 per client per financial year.

The extent to which providers utilise the CHSP funding, rather than refer to State and Territory schemes, is unknown. It is known however that there is a lack of geographically consistent availability for these aids and equipment, making it hard to find the specific support needed through CHSP, particularly where it relates to a disability such as motor neurone disease where customised equipment may be required. Alliance members also report that support for needs relating to low vision or blindness are not sufficiently supported via CHSP across the country. It is also unclear how the CHSP will interact with the Australian Government Hearing Services Program.

## Home Care Packages

Some aids and equipment including custom made aids may be provided to Home Care Package recipients where identified in their care plan and where able to be provided within the limits of the overall package. This may mean that people can substitute more expensive aids and equipment for other forms of support in their package, but would have to accrue the funds required before being able to purchase the equipment. However, it is stipulated that the Home Care Programme is not an aids and equipment scheme<sup>31</sup>. The key issue is that people with a Home Care Package who require costly aids and equipment often also need a range of other supports that they cannot forgo in order to 'save' for the equipment.

## National Disability Insurance Scheme

NDIS participants have access to fully funded 'reasonable and necessary' aids and equipment including home and vehicle modifications if they are eligible for an individually funded package. It is unclear if the NDIS ILC will provide low-level aids and equipment to people with disability not eligible for an individually funded package (for example, low vision aids) or whether the need for aids and equipment or assistive technology of any sort will be sufficient to meet the eligibility criteria for an individually funded package.

People who acquire a disability over the age of 65 years will not be eligible for NDIS individually funded packages and it is unlikely that they would be able to access aids and equipment through the NDIS ILC stream as the expectation is that they would receive that support from the aged care system.

<sup>30</sup> See CHSP Manual at [www.dss.gov.au/sites/default/files/documents/06\\_2015/chsp\\_programme\\_manual.pdf](http://www.dss.gov.au/sites/default/files/documents/06_2015/chsp_programme_manual.pdf), p.55

<sup>31</sup> The Home Care Programme Operational Manual 2015, p33.

The NDIS estimates its spending on Assistive Technology (AT) will reach \$1.06 billion per annum when the scheme is fully rolled out in 2019-20<sup>32</sup>. It predicts:

“Spending of this size will develop the AT market in Australia, encouraging investment, and the development of emerging technology solutions. As knowledge of this spend filters through the Australian and global technology community, the expectation is that Australia could become a hub of AT innovation”.

During the transition to the full scheme, NDIS AT procurement includes accessing State and Territory aids and equipment programs through purchasing or ‘in-kind’ arrangements. However, the NDIS AT strategy signals changes to sourcing, including a range of procurement methods such as tender panels, which it may set up in conjunction with other agencies.

The NDIS is seeking to make efficiency gains both directly due to its purchasing power and from the potential for new and emerging technologies to substitute for other supports and services<sup>33</sup>, and to increase participants’ social and economic participation.

## Issues

The different roles and responsibility for medical, ageing and disability related aids and equipment continues to confuse consumers, whose eligibility, access and out-of-pocket costs will differ depending on where they live, their age and which service system they are able to access.

The potential for people to be referred from service system to service system is also great, given the determination of Commonwealth and State and Territory programs to avoid taking on each other’s responsibilities. In an environment of on-going reform across the ageing and disability sectors there is an increasing risk that people who acquire a disability over the age of 65 years will fail to access aids, equipment and assistive technology. Waiting lists associated with assessments by occupational therapists for aids and equipment are also of a concern to Alliance members.

There is an urgent need to standardise the eligibility, access and co-payment requirements of State and Territory schemes, and for State and Territory and Commonwealth aged care schemes to be better aligned. Governments had agreed to nationally consistent aids and equipment schemes through the National Disability Agreement<sup>34</sup> but this would have required significant investment to bring all jurisdictions up to benchmark levels and implementation of the NDIS seems to have taken precedence.

The best opportunity for improvement in access and affordability of aids and equipment for all Australians is the establishment of a new, federally funded national aids and equipment/assistive technology scheme with harmonised eligibility, access and co-payment requirements for across all jurisdictions. This new national aids and equipment scheme could enter into agreements with the NDIS Assistive Technology Scheme, which would allow greater economies of scale for procurement and development of innovation, particularly in technological solutions that may be higher in capital cost, but which may have a longer life, provide better consumer outcomes and/or reduce future costs in other care settings, such as acute hospital services or residential aged care.

<sup>32</sup> National Disability Insurance Agency October 2015 Assistive Technology Strategy available at [http://www.ndis.gov.au/sites/default/files/AT-Paper\\_0.pdf](http://www.ndis.gov.au/sites/default/files/AT-Paper_0.pdf). Figure quoted excludes special assessment setup and worn-hearing devices in the hearing equipment category. Figures based on NDIA actuarial team data on participants and plans, as at April 30 2015

<sup>33</sup> NDIS AT Strategy cites Harper I, Anderson P, McCluskey S, O’Byrne M, Competition Policy Review, final report, March 2015

<sup>34</sup> Jenny Pearson & Associates 2013, ‘Research for National Disability Agreement Aids and Equipment Reform’

Ultimately there is a need for nationally consistent eligibility, financial support and access to aids, equipment and assistive technologies. Given Commonwealth Government responsibility for services to older people with disability, it seems inconsistent that outside of a health setting the funding responsibility for aids and equipment should remain with the States and Territories. The Alliance is of the view that a far better approach would be that the Commonwealth accept funding responsibility, and determine the best way of delivering those services in a particular area. In some cases, this may be through the bulk purchasing of the NDIA, in other cases it may be through funding the States and Territories to continue delivering their aids and equipment program, and in other cases it may be through direct funding via CHSP providers. Regardless of the vehicle of service delivery, eligibility, financial support and access must become nationally consistent.

The Alliance recognises a nationally consistent scheme may take some time to implement. As an interim solution for the urgent needs of older people with disability who are ineligible for the NDIS, the Commonwealth Government should specifically fund aids and equipment for this group.

Further, nationally consistent aids and equipment schemes should articulate that people assessed as eligible for a Home Care Package should continue to be eligible to access these schemes until their Home Care services commence.

**Recommendation 11:** *That a COAG agreement is established to develop a funded national aids, equipment and assistive technology program, including agreement on the process and timeframes for developing a national program. As an interim solution for the urgent needs of older people with disability who are ineligible for the NDIS, the Commonwealth Government should specifically fund aids and equipment for this group.*

**Recommendation 12:** *That the Productivity Commission be commissioned to investigate and increase the evidence base for better health, social and economic benefits that are achievable through increased use of aids, equipment and smart technologies (including those installed in the home) which reduce unnecessary dependence on alternative interventions.*

## 6. Catastrophic injury

In its 2011 report *Disability Care and Support*, the Productivity Commission recommended the establishment of two schemes: the NDIS and the National Injury Insurance Scheme (NIIS). The Productivity Commission recommended that the NIIS be separate from the NDIS, to reduce the cost of the NDIS through a fully funded insurance accident scheme that made use of existing expertise and infrastructure of accident compensation schemes. It argued that the NIIS could use incentives to deter risky behaviour and reduce local risks and would cover a broader range of health costs associated with catastrophic injuries, such as acute care and rehabilitation services.

The Productivity Commission recommended that the NIIS be developed by 2015 for people with catastrophic injuries caused by four types of accidents: motor vehicle accidents, workplace accidents, medical accidents and general accidents (occurring in the home or community)<sup>35</sup>. For people over the pension age who have catastrophic injury, the Productivity Commission was of the view that the NIIS would fully fund people's support needs attributable to the injury<sup>36</sup>.

While the recommended timeline has not been met for all types of accidents, the Australian Government has been working with the States and Territories to implement the NIIS progressively as a federated model of separate, state-based no-fault schemes that provide lifetime care and support for people who have sustained a catastrophic injury from an accident<sup>37</sup>.

Minimum benchmarks (or national standards) have been agreed for motor vehicle accident compensation schemes by the seven jurisdictions that have committed to the rollout of the National Disability Insurance Scheme: New South Wales, Victoria, South Australia, Tasmania, the Australian Capital Territory, the Northern Territory and Queensland. Draft minimum benchmarks for the workplace accidents stream have been subject to a Consultation Regulatory Impact Statement process but are yet to be agreed by Governments. Neither set of benchmarks impose an age limit to eligibility for the schemes.

Commonwealth and State and Territory Treasury officials have released a discussion paper on medical treatment accidents, which canvasses potential funding sources (notably through a premium on medical practitioners' and hospitals' medical indemnity insurance), and potential eligibility for this part of the NIIS. The discussion paper suggests that as people aged 65 years and over at the time they acquire a disability are ineligible for the NDIS, this "could be mirrored by not requiring the NIIS to cover individuals who are catastrophically injured as a result of medical treatment when they are 65 years and over (or alternatively an age linked to the retirement age)"<sup>38</sup>.

The paper goes on to propose that older people injured while undergoing medical treatment who do not have recourse to the common law could be supported by their family, supplemented by aged care services (to the extent that the individual is eligible and the services are available). It is noted however, that, where no appropriate care services are available, an injured person may have to remain in hospital for a considerable period of time.

<sup>35</sup> Productivity Commission Inquiry Report on Disability Care and Support (2011), Vol 2, ch. 18 pp.913-15

<sup>36</sup> Productivity Commission Inquiry Report on Disability Care and Support (2011), Vol 2, ch. 18 p.917

<sup>37</sup> See <http://www.treasury.gov.au/Policy-Topics/PeopleAndSociety/National-Injury-Insurance-Scheme>

<sup>38</sup> Medical treatment injury discussion paper – draft without prejudice – prepared for discussion by Treasury Officials, undated, section 5c), available at <http://www.treasury.gov.au/Policy-Topics/PeopleAndSociety/National-Injury-Insurance-Scheme>

The contrary argument is also put:

“However, there are strong reasons to include individuals aged 65 years and over in the medical treatment stream of the NIIS. For example, it could create better patient outcomes by covering the health costs associated with the injury as well as acute care and rehabilitation services. Further, although those aged over 65 can be excluded from the NDIS on the grounds that there is a blurred line between disability and the effects of ageing, it is difficult to extend this argument to the NIIS because a catastrophic medical treatment injury is a more distinct incident. Including all individuals in the medical treatment stream regardless of their age would be consistent with arrangements for motor vehicle and workplace accidents and would support the intention of the NIIS to provide lifetime care and support to all catastrophically injured individuals, regardless of the cause of the injury”<sup>39</sup>.

The Alliance is very concerned that older people who sustain a catastrophic injury from a medical or general accident could be excluded from the NIIS, as the aged care system would not be able to cover the potentially significant costs. It is also concerned about the time it is taking to implement these streams of the NIIS. As the discussion paper points out, a catastrophic injury is a distinct event with severe financial and social costs, putting the injured person at risk of long-term hospitalisation. It is unreasonable to expect that families provide the long-term care required by an older person who suffers an injury and becomes, for example, quadriplegic. In many cases, ‘the family’ may comprise a spouse also over 65 years who has significantly reduced capacity to provide appropriate support.

Further, there is no interim solution available, in the absence of the NIIS, for older catastrophically injured people, whereas an interim solution is available to younger catastrophically injured people who can receive support from the NDIS once available in their area.

As an incentive for States and Territories to fully implement the NIIS, people of all ages who are catastrophically injured through medical or general accidents should be able to access the NDIS, with the relevant State or Territory responsible for payment.

It is unacceptable that age discrimination be applied to people with catastrophic injury, as there is no justification for the substantial differences between the supports that would be provided through the NIIS and aged care systems.

**Recommendation 13:** *That the medical and general accident streams of the National Injury Insurance Scheme (NIIS) be implemented and made available to people of all ages, or alternatively, access is provided to the NDIS for people of all ages with catastrophic injury arising from medical or general accidents.*

<sup>39</sup> Medical treatment injury discussion paper – draft without prejudice – prepared for discussion by Treasury Officials, undated, section 5c) available at <http://www.treasury.gov.au/Policy-Topics/PeopleAndSociety/National-Injury-Insurance-Scheme>



## 7. People with disability or younger onset dementia living in, or at risk of entering, residential aged care

The NDIS will fund supports for people with significant and permanent disability, including people with younger onset dementia, if they meet the age and disability requirements of the NDIS legislation. An objective of the NDIS is to fund supports that enable people with disability to participate in the social, economic and cultural life of the community.

The expectation is that NDIS funded supports that enable people to continue living in the community will reduce and possibly eliminate the need for young people with disability or younger onset dementia to live in residential aged care. However, residential aged care will continue to be the only solution for some young people until there is sufficient supply of appropriate community options that integrate their support and accommodation needs. Older people with disability not eligible for the NDIS will continue to rely on residential aged care due to their care needs and/or lack of affordable housing options.

Therefore, it remains important that residential aged care is responsive to the needs of people with disability.

### Young people in residential aged care

The Productivity Commission estimates there were 6,252 people under 65 years of age living in residential aged care at 30 June 2015, including 555 people under the age of 50 years<sup>40</sup>. This represents 3 per cent of the 195,953 operational places (including flexible places) in residential care services at June 2015<sup>41</sup>.

An inquiry by the Senate Standing Committee on Community Affairs on ‘Adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia’ reported in June 2015<sup>42</sup>. It found that the undersupply of specialist disability accommodation (SDA) is the primary reason that young people cannot be diverted or exited from residential aged care facilities

The Committee also found

“the role of the NDIS, the Commonwealth and the states in the provision of funding for SDA is unclear with the committee receiving contradictory evidence from the Commonwealth on this matter. This confusion and uncertainty extends to individuals, their families and service providers. There have been a range of innovative housing solutions presented to the committee; however, without clarity around the funding mechanisms, it is uncertain how or if they will ever be built”.

Young people with disability living in residential aged care are eligible to receive assistance from the NDIS<sup>43</sup>, including specialised equipment, therapy, and supports to explore alternative age-appropriate living arrangements and to access age-appropriate social and community activities.

<sup>40</sup> Productivity Commission Report on Government Services 2016, Table 14A.57

<sup>41</sup> Productivity Commission Report on Government Services 2016, Table 13A.18

<sup>42</sup> Available at [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Young\\_people\\_in\\_aged\\_care/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Young_people_in_aged_care/Report)

<sup>43</sup> NDIS October 2013 ‘Supports the NDIS will fund for younger participants in residential aged care’ available at <http://www.ndis.gov.au/document/supports-ndis-will-fund-younger>



The NDIS does not cover daily living expenses or accommodation charges, as these costs are partly borne by the person. The States and Territories are liable for the cost to government through cross-billing arrangements with the Commonwealth Government<sup>44</sup>. Despite the NDIS specifying the supports it will provide to young people in residential aged care, a project funded to provide information and connection support to this group in the Victorian and NSW NDIS trial sites claimed that young people in residential aged care are caught between multiple systems – disability, health and aged care – and information regarding which system is responsible is unclear<sup>45</sup>.

This is particularly the case for people with younger onset dementia who for decades have fallen through the gaps between the disability and aged care sectors. For people with younger onset dementia the lack of appropriate social engagement and care within the residential aged care environment can lead to an exacerbation of behavioural and psychological symptoms of dementia. As a result, people with younger onset dementia are often medicated to manage their response to an inappropriate environment.

The Senate Standing Committee made a number of recommendations on cross-sector connectivity, including the formulation of a national plan to deliver rehabilitation programs, including slow stream rehabilitation, the lack of which is also seen to be a contributory factor for young people entering residential aged care. The provision of slow stream rehabilitation varies between States and Territories and it has been jointly funded by the health and disability portfolios in some states prior to the introduction of the NDIS.

It also recommended that accreditation standards for residential aged care are amended to include standards relating to the clinical outcomes and lifestyle needs of young people and that

“the Australian Government:

- provide a supplementary payment to residential aged care facilities to ensure that these accreditation standards can be met; and
- invest in disability specific training for all staff involved in the care of young people living in aged care. This training should focus on building improved awareness of the needs of young people and those living with disability in order to provide better support. It should also lead to improved connectivity between the aged care sector and other service sectors including allied health and disability services<sup>46</sup>.”

The Alliance is of the view that standards should be representative enough that they cover all residents’ needs, irrespective of age, severity of medical condition or other circumstances, otherwise a 2-tiered system may emerge, which is inequitable. Standards should reflect that care is tailored to a resident’s needs and circumstances. Nevertheless, monitoring outcomes of Quality Indicators research in younger cohorts of residents will be important. Disability-specific training for staff should be funded by the NDIS for NDIS participants.

<sup>44</sup> See Schedule C to NDIS Bilateral Agreements

<sup>45</sup> Summer Foundation September 2015 ‘Australia’s National Disability Insurance Scheme for Young People in Residential Aged care – Findings from Year One of an Information and Connections Project’

<sup>46</sup> See [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Young\\_people\\_in\\_aged\\_care/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Young_people_in_aged_care/Report)

In November 2015 Disability Ministers approved the *NDIS Specialist Disability Accommodation Pricing and Payments Framework*<sup>47</sup> which sets out an initial pricing and payments framework for SDA, and broad criteria for determining which NDIS participants will be able to access SDA. The framework provides details on how benchmark prices for capital will be established but does not project the number of participants anticipated to be assessed as needing SDA; however, a position paper on draft pricing and payments released in April 2016 does provide some projected demand data<sup>48</sup>. The framework states that young people in residential aged care and participants deemed eligible from existing waiting lists would be given priority for funding.

The NDIS SDA Decision Paper on Pricing and Payments released on 1 June 2016 further refines initial pricing and payment arrangements and advises that demand data for SDA will be provided to the market as it becomes available. In instances where very specialised design is required and adequate supply does not eventuate, the paper advises the NDIA will consider the best approach to addressing this lack of supply.

The lack of affordable housing options for people who do not have high support needs but experience social disadvantage or psychosocial disability can also result in inappropriate admissions to residential aged care.

Conversely, there should be no barrier to entry into residential aged care for those who do need it, regardless of their age, provided age-appropriate services are there to support them.

### Older people with disability in residential aged care services

Older people with disability in residential aged care should also be able to access appropriate disability-specific assessment and funded supports. The support needs of older people with disability can be diverse and substantially different to those of frail, aged people.

At present, the Quality of Care Principles 2014 inadequately describe the funded disability services able to be provided to a resident of a residential aged care facility. This impacts the experience of residents with disability, as supports and services related to meeting the functional impact of the disability are not proscribed, and operators are not obliged or supported to source them. For example, in relation to communication support, the examples of services that must be provided to facilitate communication assume that communication is largely supported by hearing aids and spectacles rather than more specialised sensory equipment or services<sup>50</sup>.

The Alliance is of the view that residents of aged care facilities with disability and are not eligible for NDIS funded supports should not have to contribute toward the cost of receiving specialist disability services. These services should be funded by the Commonwealth. At present, disability services to residents of aged care facilities are provided on an ad hoc basis, and are underwritten by philanthropic support. The Alliance calls for an adequately funded and resourced residential care sector to meet the needs of older people with disability who live in residential care.

**Recommendation 14:** *That the NDIS Supported Disability Accommodation Framework incorporate specific provision for the integrated support and accommodation needs of young people living in or at risk of entering residential aged care.*

<sup>47</sup> Available at <http://www.ndis.gov.au/news/release-sda-policy-framework>

<sup>48</sup> Available at <http://www.ndis.gov.au/sites/default/files/040416-NDIS-SDA-Position-Paper-on-Draft-Pricing-and-Payments.pdf>

<sup>49</sup> Available at <http://www.ndis.gov.au/sites/default/files/files/SDA/SDA-Decision-Paper.docx>

<sup>50</sup> Quality of Care Principles, 2014, Schedule 1, Part 2, 2f.

## 8. Conclusion

As the single funder of government-provided aged care services and disability supports for older Australians, the Commonwealth Government has a responsibility and the opportunity to ensure equitable access, support and outcomes for older people with disability, whether they access their support from the NDIS or the aged care system.

While the aged care system provides a number of supports consistent with those that are delivered through the NDIS, the objectives, model of care, funding model and expertise of the aged care system mean that older people with disability will have quite different outcomes than their counterparts in the NDIS, if no further action is taken.

The Alliance looks forward to discussing the issues and recommendations of this paper with the Commonwealth Government and Departments of Health and Social Services to identify opportunities for cross-sector collaboration, coordination and purchasing arrangements, to ensure that older people with disability have equitable access to the specialised support they need and that support is provided consistently, efficiently and cost-effectively.

## APPENDIX 1 State and Territory Government aids, equipment and assistive technology programs

(Note: This document only covers the main aspects of the respective governments' primary assistive technology programs, with additional information omitted for the sake of brevity. Further research is required to develop a comprehensive document that covers all aspects of all assistive technology programs across the country.)

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
NSW	EnableNSW - Aids and Equipment Program <sup>51</sup>	<p><b>1. No income entry threshold. Co-payment decided by income testing.</b></p> <p><b>2. The person is eligible if he/she<sup>52</sup>:</b></p> <ul style="list-style-type: none"> <li><b>a.</b> has permanent or long-term disability (i.e. likely to last more than 12 months;</li> <li><b>b.</b> has long-term assistive technology needs that have stabilised and allow them to remain in a community setting;</li> <li><b>c.</b> is not eligible to receive assistive technology under any other government-funded program.</li> </ul> <p><b>3. CHSP, NDIS, DVA clients may be eligible<sup>53</sup>.</b></p> <p><b>4. The person is ineligible if he/she:</b></p> <ul style="list-style-type: none"> <li><b>a.</b> Is living in a residential aged care facility or who qualify for an Extended Aged Care at Home (EACH) or Extended Aged Care at Home – Dementia (EACH-D) package, equivalent to Home Care Levels 3 and 4 packages.</li> </ul>	<p><b>1. EnableNSW is a division of Health Support Services, NSW Health.</b></p> <p><b>2. Prescribers required for assessment<sup>54</sup>:</b></p> <ul style="list-style-type: none"> <li><b>a.</b> Different prescribers for different equipment, with additional working experience requirement.</li> <li><b>b.</b> Examples of prescribers: <ul style="list-style-type: none"> <li>i. Occupational Therapist</li> <li>ii. Registered Nurse</li> <li>iii. Physiotherapist</li> <li>iv. Dietitian</li> <li>v. Speech Pathologist</li> <li>vi. Audiologist</li> <li>vii. Orthoptist</li> <li>viii. Medical Specialist</li> </ul> </li> <li><b>3. Categories of equipment provided:</b> <ul style="list-style-type: none"> <li><b>a.</b> Communication</li> <li><b>b.</b> Mobility</li> <li><b>c.</b> Respiratory function</li> <li><b>d.</b> Self-care</li> </ul> </li> </ul>	<p><b>1. Consumer co-payment fees:</b></p> <ul style="list-style-type: none"> <li><b>a.</b> Income Band 1 - Fee of \$100 for each year accessing the program. For consumers on full pension and children under 16.</li> <li><b>b.</b> Income Band 2 - Fee of \$100 for each year accessing the program. For consumers with income up to \$42k for singles or \$70k for couples. Each dependent increases the maximum threshold by \$2.1k.</li> <li><b>c.</b> Income Band 3 - Fee is 20% of device issued. For consumers with income above \$42k for singles or \$70k for couples. Each dependent increases the minimum threshold by \$2.1k.</li> </ul> <p><b>2. Eligibility (minimum cost of device):</b></p> <ul style="list-style-type: none"> <li><b>a.</b> Band 1 and 2 consumers - not eligible for devices under \$100.</li> <li><b>b.</b> Band 3 consumers - not eligible for devices under \$800.</li> </ul> <p><b>3. The prescriber determines the issued device based on cost-effectiveness and</b></p>

<sup>51</sup> <http://www.enable.health.nsw.gov.au/home/services/aep>

<sup>52</sup> [http://www0.health.nsw.gov.au/policies/pdf/2011/pdf/PD2011\\_027.pdf](http://www0.health.nsw.gov.au/policies/pdf/2011/pdf/PD2011_027.pdf)

<sup>53</sup> [http://www.enable.health.nsw.gov.au/\\_data/assets/pdf\\_file/0019/276130/enablensw-application-form.pdf](http://www.enable.health.nsw.gov.au/_data/assets/pdf_file/0019/276130/enablensw-application-form.pdf)

<sup>54</sup> [http://www.enable.health.nsw.gov.au/\\_data/assets/pdf\\_file/0018/262242/professional\\_criteria\\_for\\_prescribers\\_website\\_july\\_2011\\_docx.pdf](http://www.enable.health.nsw.gov.au/_data/assets/pdf_file/0018/262242/professional_criteria_for_prescribers_website_july_2011_docx.pdf)

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
				<p>clinically appropriateness, meeting the basic needs of the consumer<sup>55</sup>.</p> <p><b>4. Other related EnableNSW programs:</b></p> <p><b>a.</b> Continence Assistance</p> <p><b>b.</b> Home Respiratory Program</p> <p><b>c.</b> Prosthetic Limb Service</p> <p><b>d.</b> Specialised Equipment Essential for Discharge (SEED)</p> <p><b>e.</b> Speech Generating Devices Trial Loan Pool</p> <p><b>5. The 2012/13 recurrent program budget for the Aids and Equipment Program was \$40m<sup>56</sup>.</b></p> <p><b>6. The 2010/11 annual budget for EnableNSW was \$54,110,000<sup>57</sup>.</b></p>
VIC	State-wide Equipment Program (SWEP) - Aids & Equipment Program (A&EP) <sup>58</sup>	<p><b>1. No income entry threshold. Co-payment is gap between maximum subsidy and cost of equipment.</b></p> <p><b>2. The person is eligible if he/she:<sup>59</sup></b></p> <p><b>a.</b> Has a permanent or long term disability and/or is frail aged.</p>	<p><b>1.</b> SWEP is a sub-division of Ballarat Health Services. However it is a state wide program and covers all Victorian residents.</p> <p><b>2. Specialist Prescribers and Assessors<sup>60</sup>:</b></p>	<p>1. Consumer are required to co-pay the cost of the equipment if it is above the maximum subsidy.</p> <p>Examples of maximum subsidies<sup>61</sup>:</p> <p>a. Walking Frames - \$300</p> <p>b. Powered Wheelchairs - \$6k</p>

<sup>55</sup> [http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011\\_027.pdf](http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_027.pdf)

<sup>56</sup> <https://www.parliament.nsw.gov.au/prod/lc/qalc.nsf/6b9957d2cbad5bd8ca25700b00232203/8d209abfe4ad736fca257b9700226f7b?OpenDocument>

<sup>57</sup> Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

<sup>58</sup> <https://swep.bhs.org.au/aids-and-equipment.php>

<sup>59</sup> [https://swep.bhs.org.au/files/1/AEP\\_Guidelines.pdf](https://swep.bhs.org.au/files/1/AEP_Guidelines.pdf)

<sup>60</sup> [https://swep.bhs.org.au/files/1/AEP\\_Guidelines.pdf](https://swep.bhs.org.au/files/1/AEP_Guidelines.pdf)

<sup>61</sup> [https://swep.bhs.org.au/files/1/AEP\\_Guidelines.pdf](https://swep.bhs.org.au/files/1/AEP_Guidelines.pdf)

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
		<p><b>b.</b> Requires aids and equipment on a permanent or long term basis.</p> <p><b>c.</b> Is on a CACP (Home Care Levels 1 and 2) package.</p> <p><b>3.</b> The person is ineligible if he/she:</p> <p><b>a.</b> Is a DVA Gold Card holder (except scooters and powered wheelchairs for those without a DVA 'approved disability').</p> <p><b>b.</b> Is a resident of government funded Residential Aged Care Facility (Person is still eligible for Victorian A&amp;EP Electronic Communication Device Scheme).</p> <p><b>4.</b> Persons on EACH And EACH D (Home Care Levels 3 and 4) packages are only able to apply to A&amp;EP for powered wheelchairs, scooters and home modifications.</p>	<p><b>a.</b> Medical Practitioners (Specialist Prescribers) have to provide the initial certification and diagnosis of disability.</p> <p><b>b.</b> A variety of assessors can provide ongoing assessment for equipment, examples:</p> <p><b>i.</b> Occupational Therapist</p> <p><b>ii.</b> Speech Pathologist</p> <p><b>3.</b> Categories of equipment provided:</p> <p><b>a.</b> Mobility aids and equipment</p> <p><b>b.</b> Personal aids and equipment</p> <p><b>c.</b> Communication aids and equipment</p> <p><b>d.</b> Home modifications</p> <p><b>e.</b> Vehicle modifications</p>	<p><b>2.</b> Other related SWEP programs:</p> <p><b>a.</b> Continuous Positive Airways Programs (CPAP)</p> <p><b>b.</b> Open Place (OP)</p> <p><b>c.</b> My Future My Choice (MFMC)</p> <p><b>d.</b> Continence Aids (CA)</p> <p><b>e.</b> Domiciliary Oxygen Program (DOP)</p> <p><b>f.</b> Specialist Equipment Library (SEL)</p> <p><b>g.</b> Supported Accommodation Equipment Assistance Scheme (SAEAS)</p> <p><b>h.</b> Top-up Fund for Children (TFC)</p> <p><b>i.</b> Vehicle Modification Scheme (VMSS)</p> <p><b>3. The 2010/11 annual budget for A&amp;EP was \$34,200,000<sup>62</sup>.</b></p>
QLD	Medical Aids Subsidy Scheme (MASS)	<p><b>1. Applicant must be a pensioner. Co-payment is gap between maximum subsidy and cost of equipment.</b></p> <p><b>2.</b> The person is eligible if he/she<sup>63</sup>:</p> <p><b>a.</b> Holds on or the following cards:</p> <p><b>i.</b> Centrelink Pensioner Concession Card;</p> <p><b>ii.</b> Centrelink Health Care Card;</p> <p><b>iii.</b> Centrelink Confirmation Concession Card Entitlement Form (conditions apply)</p>	<p><b>1.</b> MASS is run by Queensland Health.</p> <p><b>2.</b> Designated Prescribers for assessment, examples:</p> <p><b>a.</b> Registered Nurse</p> <p><b>b.</b> Physiotherapist</p> <p><b>c.</b> Occupational Therapist</p> <p><b>d.</b> Speech Pathologist</p> <p><b>e.</b> GPs and Medical Specialists</p> <p><b>g.</b> Rehabilitation Engineer</p>	<p><b>1.</b> Consumers are required to co-pay the cost of the equipment if it is above the maximum subsidy.</p> <p>Examples of maximum subsidies<sup>64</sup>:</p> <p><b>a.</b> Wheeled walking aid - \$450</p> <p><b>b.</b> Powered Wheelchairs - \$6.65k</p> <p><b>2.</b> Links to the subsidy rates for different aids and equipment can be found here: <a href="https://www.health.qld.gov.au/mass/subsidy-schemes/mass.asp">https://www.health.qld.gov.au/mass/subsidy-schemes/mass.asp</a></p>

62 Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

63 <https://www.health.qld.gov.au/mass/documents/mass-general-guidelines.pdf>

64 <http://www.qld.gov.au/health/support/equipment/types/living/index.html>

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
		<p>iv. DVA pensioner Concession Card (conditions apply);</p> <p>v. Queensland Government Seniors Card.</p> <p>b. The applicant has a permanent and stabilised condition or disability which restricts activities in the home environment.</p> <p>3. The person is ineligible if he/she:</p> <p>a. is in receipt of assistance or funding for medical aids and equipment under one or more State or Commonwealth government funded programs;</p> <p>i. DVA (if eligible);</p> <p>ii. Commonwealth residential care facility recipients for other aids and equipment - have a classification of a high rating in any domain category or a medium rating in two or more domain categories per the Aged Care Funding Instrument (ACFI) assessment as noted in the Quality of Care Principles 2014 Subsection 7 (6).</p> <p>iii. Home Care Packages Levels 3 and 4</p> <p>4. Aids and equipment provided through MASS must be used within the home. (MASS funding is not available where the sole purpose is to access the community).</p>	<p>3. Categories of equipment provided:</p> <p>a. Communication aids</p> <p>b. Continence aids</p> <p>c. Daily living and mobility aids</p> <p>d. Home oxygen</p> <p>e. Medical grade footwear</p> <p>f. Orthoses</p> <p>g. Spectacles</p>	<p>3. Other related Queensland Subsidy Schemes:</p> <p>a. Community Aids Equipment and Assistive Technology Initiative (CAEATI)</p> <p>b. Vehicle Options Subsidy Scheme (VOSS)</p> <p>c. Specialist hospital-based scheme (Cystic Fibrosis Program)</p> <p>d. Spectacle Subsidy Scheme (SSS)</p> <p>e. Queensland Artificial Limb Service (QALS)</p> <p>4. The 2010/11 annual budget for MASS was \$34,689,000<sup>65</sup>.</p>
WA	Community Aids and Equipment Program (CAEP) <sup>66</sup>	1. Applicant must be a pensioner or demonstrate financial hardship.	1. CAEP is a joint Disability Services Commission and Department of Health	1. There are no consumer co-payments <sup>69</sup> .

65 Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

66 <http://www.disability.wa.gov.au/services-support-and-eligibility/services-support-and-eligibility/services-support-and-eligibility-new/services/>

69 <http://www.disability.wa.gov.au/Global/Publications/Services%20support%20and%20eligibility/CAEP/Community-Aids-and-Equipment-Program-Referrers-Information-Kit-2013.pdf>



Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
		<p><b>No co-payment.</b></p> <p><b>2.</b> To be eligible for CAEP you must<sup>67</sup>:</p> <ul style="list-style-type: none"> <li><b>a.</b> have a permanent disability</li> <li><b>b.</b> live at home in the community most of the time</li> <li><b>c.</b> have an Australian: <ul style="list-style-type: none"> <li><b>i.</b> Pensioner Concession Card, or</li> <li><b>ii.</b> Health Care Card, or</li> <li><b>iii.</b> Commonwealth Seniors Health Care Card, or</li> </ul> </li> <li><b>d.</b> be eligible for a Carer Payment, or</li> <li><b>e.</b> demonstrate financial hardship.</li> </ul> <p><b>3.</b> CAEP will not fund equipment when it is available through other funding sources or programs such as:</p> <ul style="list-style-type: none"> <li><b>a.</b> Commonwealth aged care packages (Home Care and Residential Care)</li> <li><b>b.</b> Other government funding programs through the DVA.</li> </ul> <p><b>4.</b> The equipment is essential for independent functioning and functional care at home.</p>	<p>program funded by State Government and administered by the Disability Services Commission.</p> <p><b>2.</b> Specifiers required for assessment<sup>68</sup>:</p> <ul style="list-style-type: none"> <li><b>a.</b> Nurse</li> <li><b>b.</b> Occupational Therapist</li> <li><b>c.</b> Orthoptist</li> <li><b>d.</b> Physiotherapist</li> <li><b>e.</b> Podiatrist</li> <li><b>f.</b> Rehabilitation Technology Unit (RPH) staff</li> <li><b>g.</b> Speech Pathologist</li> </ul> <p><b>3.</b> Categories of equipment provided:</p> <ul style="list-style-type: none"> <li><b>a.</b> Bed equipment</li> <li><b>b.</b> Communication</li> <li><b>c.</b> Daily living items</li> <li><b>d.</b> home modifications</li> <li><b>e.</b> Orthoses</li> <li><b>f.</b> Personal care items</li> <li><b>g.</b> Positioning and seating equipment</li> <li><b>h.</b> Respiratory appliances</li> <li><b>i.</b> Transfer aids</li> <li><b>j.</b> Walking aids</li> <li><b>k.</b> Wheeled mobility devices</li> </ul>	<p><b>a.</b> If an item is above the CAEP ceiling limit, the CAEP Clinical subcommittee will have to approve the item.</p> <p><b>b.</b> The equipment must be the most basic model/type that meets the clinical need.</p> <p><b>c.</b> The item must cost more than \$50.</p> <p><b>2.</b> Other related Disability Services Commission programs:</p> <ul style="list-style-type: none"> <li><b>a.</b> Continence services</li> </ul> <p><b>3. The 2010/11 annual budget for CAEP was \$13,215,987<sup>70</sup>.</b></p>

67 <http://www.disability.wa.gov.au/Global/Publications/Services%20supports%20and%20eligibility/CAEP/Community-Aids-and-Equipment-Program-Referrers-Information-Kit-2013.pdf>

68 <http://www.disability.wa.gov.au/Global/Publications/Services%20supports%20and%20eligibility/CAEP/Community-Aids-and-Equipment-Program-Referrers-Information-Kit-2013.pdf>

70 Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.



Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
SA	Department for Communities and Social Inclusion (DCSI) state-wide Equipment Program <sup>71</sup>	<p><b>1. No co-payment.</b></p> <p><b>2.</b> DCSI Equipment Program services are accessible to all eligible people living permanently in South Australia, irrespective of geographical location, age, or type of disability or condition<sup>72</sup>.</p> <p><b>3.</b> The person is ineligible if he/she<sup>73</sup>:</p> <p><b>a.</b> Is receiving any Australian Government Aged Care Home Care Package or Residential Care.</p> <p><b>b.</b> Is an NDIS participant.</p> <p><b>c.</b> Is entitled to an equivalent service from DVA.</p>	<p><b>1.</b> Clinical assessment and prescription will be conducted according to best practice guidelines by an approved health professional<sup>74</sup>.</p> <p><b>2.</b> People will be prescribed the most appropriate and cost effective equipment for their functional needs from the types of equipment listed<sup>75</sup>.</p> <p><b>3.</b> Categories of equipment provided:</p> <p><b>a.</b> Allied health/Rehabilitation</p> <p><b>b.</b> Bathing/Toileting</p> <p><b>c.</b> Bed mobility/Accessories</p> <p><b>d.</b> Beds</p> <p><b>e.</b> Chairs/Seating</p> <p><b>f.</b> Communication/Tech devices</p> <p><b>g.</b> Continence</p> <p><b>h.</b> Hoists &amp; Stand aids</p> <p><b>i.</b> Home Access</p> <p><b>j.</b> Manual wheelchairs</p>	<p><b>1.</b> Provided the item is within scope of the program, meets an essential clinical need and is within the available budget, the item is fully funded by the program<sup>76</sup>.</p> <p><b>2. The 2010/11 annual budget for DCSI EP was \$18,690,000<sup>77</sup>.</b></p>

<sup>71</sup> <http://www.des.sa.gov.au/funding-programs/dcsi-equipment-program>

<sup>72</sup> [http://www.des.sa.gov.au/\\_\\_data/assets/word\\_doc/0003/19722/equipment-services-operational-policy.doc](http://www.des.sa.gov.au/__data/assets/word_doc/0003/19722/equipment-services-operational-policy.doc)

<sup>73</sup> [http://www.des.sa.gov.au/\\_\\_data/assets/word\\_doc/0003/19722/equipment-services-operational-policy.doc](http://www.des.sa.gov.au/__data/assets/word_doc/0003/19722/equipment-services-operational-policy.doc)

<sup>74</sup> [http://www.des.sa.gov.au/\\_\\_data/assets/word\\_doc/0003/19722/equipment-services-operational-policy.doc](http://www.des.sa.gov.au/__data/assets/word_doc/0003/19722/equipment-services-operational-policy.doc)

<sup>75</sup> [http://www.des.sa.gov.au/\\_\\_data/assets/word\\_doc/0003/19722/equipment-services-operational-policy.doc](http://www.des.sa.gov.au/__data/assets/word_doc/0003/19722/equipment-services-operational-policy.doc)

<sup>76</sup> [http://www.des.sa.gov.au/\\_\\_data/assets/word\\_doc/0003/19722/equipment-services-operational-policy.doc](http://www.des.sa.gov.au/__data/assets/word_doc/0003/19722/equipment-services-operational-policy.doc)

<sup>77</sup> Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
TAS	Community Equipment Scheme (CES) <sup>78</sup>	<p><b>1. Co-payment of \$50 a year loan fee, plus \$50 per year when maintenance of equipment is required during that year.</b></p> <p><b>2. The person is eligible if he/she<sup>79</sup>:</b></p> <p><b>a. Is the holder of one of the following benefit cards:</b></p> <ul style="list-style-type: none"> <li>i. Health Care Card</li> <li>ii. Pensioner Concession Card</li> <li>iii. Health Benefit Card</li> <li>iv. Interim Concession Card</li> </ul> <p><b>b. Is living in the community</b></p> <p><b>c. Not eligible for equipment through any other Government funded bodies.</b></p>	<p><b>k. Mobility aids &amp; Accessories</b></p> <p><b>l. Pres. care/Cushions/Mattress</b></p> <p><b>m. Rehabilitation &amp; maintenance</b></p> <p><b>n. Small, ADL &amp; Household aids</b></p> <p><b>o. Splinting &amp; orthotics</b></p> <p><b>p. Transfer aids</b></p> <p><b>1. The Tasmanian Department of Health and Human Services operates the CES.</b></p> <p><b>2. Assessment by relevant health professional, for example<sup>80</sup>:</b></p> <ul style="list-style-type: none"> <li>a. Occupational Therapist</li> <li>b. Physiotherapist</li> <li>c. Speech Pathologist</li> </ul> <p><b>3. Examples of equipment provided:</b></p> <ul style="list-style-type: none"> <li>a. Walking frames</li> <li>b. Wheelie frames</li> <li>c. Traymobiles</li> <li>d. Crutches</li> <li>e. 4 point sticks</li> <li>f. Shower stools</li> <li>g. Bedside commodes</li> <li>h. Toilet surrounds</li> <li>i. Wheelchairs</li> <li>j. Hoists</li> </ul>	<p><b>1. Eligible clients pay the following costs for equipment:</b></p> <ul style="list-style-type: none"> <li>a. \$50 per year loan fee</li> <li>b. \$50 per year maintenance fee when maintenance of equipment is required</li> </ul> <p><b>2. Ineligible clients are able to hire items for \$20 a month.</b></p> <p><b>3. The 2010/11 annual budget for CES was \$4,260,000<sup>81</sup>.</b></p>

<sup>78</sup> [https://www.dhhs.tas.gov.au/service\\_information/services\\_files/RHH/treatments\\_and\\_services/community\\_equipment\\_scheme](https://www.dhhs.tas.gov.au/service_information/services_files/RHH/treatments_and_services/community_equipment_scheme)

<sup>79</sup> [https://www.dhhs.tas.gov.au/\\_\\_\\_data/assets/pdf\\_file/0008/49508/CES\\_brochure.pdf](https://www.dhhs.tas.gov.au/___data/assets/pdf_file/0008/49508/CES_brochure.pdf)

<sup>80</sup> [https://www.dhhs.tas.gov.au/\\_\\_\\_data/assets/pdf\\_file/0008/49508/CES\\_brochure.pdf](https://www.dhhs.tas.gov.au/___data/assets/pdf_file/0008/49508/CES_brochure.pdf)

<sup>81</sup> Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
ACT	Oxygen and Equipment Services - ACT Equipment Scheme (ACTES) <sup>82</sup>	<p><b>1. Applicant must be a pensioner. No co-payment.</b></p> <p><b>2.</b> The person is eligible if he/she<sup>83</sup>:</p> <p><b>a.</b> Has a long term disability.</p> <p><b>b.</b> Holds a current Centrelink Pension or Health Care Card.</p> <p><b>c.</b> Meet the low income criteria.</p> <p><b>3.</b> The person is ineligible if he/she:</p> <p><b>a.</b> Receives assistance from other government funded schemes or through EACH (Home Care Level 4) packages.</p>	<p><b>1.</b> ACTES is run by the ACT Health Directorate.</p> <p><b>2.</b> Access to the ACT Equipment Scheme is via Health professional (Occupational Therapist, Physiotherapist, etc) referral. A medical practitioner (GP) must also complete a section of the application form.</p> <p><b>3.</b> Examples of equipment provided:</p> <p><b>a.</b> Walking aids</p> <p><b>b.</b> Bathing items</p> <p><b>c.</b> Toileting items</p> <p><b>d.</b> Utility/Hilite chairs</p> <p><b>e.</b> Manual Wheelchairs</p> <p><b>f.</b> Powered Wheelchairs</p> <p><b>g.</b> Electrolarynx and Communication Aids</p> <p><b>h.</b> Wigs</p> <p><b>i.</b> Continence Aids</p> <p><b>j.</b> Bariatric Equipment</p> <p><b>k.</b> Pressure Care Mattresses</p> <p><b>l.</b> Hospital Beds</p> <p><b>m.</b> Pressure Care Cushions</p> <p><b>n.</b> Slings</p> <p><b>o.</b> Hoists</p> <p><b>p.</b> Stander</p>	<p><b>1.</b> There is no consumer co-payment.</p> <p><b>a.</b> Note: This information was obtained over the phone and is not available online.</p> <p><b>2.</b> Other related Health Directorate programs:</p> <p><b>a.</b> ACT Senior Spectacles Scheme</p> <p><b>b.</b> Spectacles Subsidy Scheme</p> <p><b>c.</b> Low Vision Aids Scheme</p> <p><b>d.</b> Artificial Limb Scheme</p> <p><b>3. The 2010/11 annual budget for ACTES was \$1,244,413<sup>84</sup>.</b></p>

<sup>82</sup> [http://www.assistance.act.gov.au/adult/health\\_and\\_dental/act\\_equipment\\_scheme](http://www.assistance.act.gov.au/adult/health_and_dental/act_equipment_scheme)

<sup>83</sup> [http://www.assistance.act.gov.au/\\_data/assets/pdf\\_file/0020/290432/ACT\\_Equipment\\_Scheme.pdf](http://www.assistance.act.gov.au/_data/assets/pdf_file/0020/290432/ACT_Equipment_Scheme.pdf)

<sup>84</sup> Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

Jurisdiction	Program	Eligibility criteria	Types of service delivery	Data on consumer fees and program budgets
NT	Disability Equipment Program (DEP) <sup>85</sup>	<p><b>1. Applicant must be a pensioner or demonstrate financial hardship. Co-payment is gap between maximum subsidy and cost of equipment.</b></p> <p><b>2. To be eligible for the DEP, the applicant must<sup>86</sup>:</b></p> <ul style="list-style-type: none"> <li><b>a.</b> Have a disability of permanent or long term duration.</li> <li><b>b.</b> be living in or returning to the community.</li> <li><b>c.</b> be a beneficiary of a full Centrelink Disability Support or Aged Pension. Some exceptions apply to the financial eligibility criteria:</li> <li><b>i.</b> Existing DEP clients as at 8 April 2013 are not required to verify financial eligibility.</li> <li><b>ii.</b> Persons who are experiencing financial hardship or require assistance with high cost items may apply for Special Consideration.</li> </ul> <p><b>3. Disability equipment is not provided by DEP for:</b></p> <ul style="list-style-type: none"> <li><b>a.</b> High Care residents of a Residential Aged Care facility.</li> <li><b>b.</b> Applicants eligible to receive the equipment under any other government-funded program.</li> </ul>	<p><b>1.</b> DEP is run by the Northern Territory Office of Disability, which is a part of the Department of Health.</p> <p><b>2.</b> Approved Prescribers for assessment<sup>87</sup>:</p> <ul style="list-style-type: none"> <li><b>a.</b> Occupational Therapist</li> <li><b>b.</b> Physiotherapist</li> <li><b>c.</b> Speech Therapist</li> </ul> <p><b>3.</b> Categories of equipment provided:</p> <ul style="list-style-type: none"> <li><b>a.</b> Communication Aids &amp; Devices</li> <li><b>b.</b> Aids for Daily Living</li> <li><b>c.</b> Bed Equipment</li> <li><b>d.</b> Supportive Seating and Alternative Positioning Equipment</li> <li><b>e.</b> Pressure Management Equipment</li> <li><b>f.</b> Wheeled Mobility Aids</li> <li><b>g.</b> Ambulant Mobility Aids and Standing Positioning Equipment</li> <li><b>h.</b> Personal Emergency Response System (PERS)</li> <li><b>i.</b> Home Modifications</li> <li><b>j.</b> Vehicle Transfer Aids</li> </ul>	<p>1. Consumers are required to co-pay the cost of the equipment if it is above the maximum subsidy. Examples of maximum subsidies<sup>88</sup>:</p> <ul style="list-style-type: none"> <li><b>a.</b> Walker (Adult) - \$300</li> <li><b>b.</b> Powered Wheelchairs - \$7.2k</li> </ul> <p><b>2.</b> There is a separate program for those aged 65 and over called the Home and Community Care (HACC) Aged Care Equipment Program<sup>89</sup>. Very limited information is available online. It provides:</p> <ul style="list-style-type: none"> <li><b>a.</b> showering aids</li> <li><b>b.</b> toileting aids</li> <li><b>c.</b> transfer aids</li> <li><b>d.</b> mobility aids</li> <li><b>e.</b> home modifications such as grab rails, hand rails and ramps</li> </ul> <p><b>3. The 2010/11 annual budget for DEP was \$2,556,684<sup>90</sup>.</b></p>

<sup>85</sup> [http://health.nt.gov.au/Aged\\_and\\_Disability/Office\\_of\\_Disability/Services\\_for\\_People\\_with\\_Disability/Disability\\_Equipment\\_Program\\_DEP/index.aspx](http://health.nt.gov.au/Aged_and_Disability/Office_of_Disability/Services_for_People_with_Disability/Disability_Equipment_Program_DEP/index.aspx)

<sup>86</sup> [http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=other/82/58.docx&siteID=1&str\\_title=A1%20DEP%20Application%20Form.docx](http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=other/82/58.docx&siteID=1&str_title=A1%20DEP%20Application%20Form.docx)

<sup>87</sup> [http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=other/82/14.xlsx&siteID=1&str\\_title=DEP%20Approved%20Equipment%20List.xlsx](http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=other/82/14.xlsx&siteID=1&str_title=DEP%20Approved%20Equipment%20List.xlsx)

<sup>88</sup> [http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=other/82/14.xlsx&siteID=1&str\\_title=DEP%20Approved%20Equipment%20List.xlsx](http://health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=other/82/14.xlsx&siteID=1&str_title=DEP%20Approved%20Equipment%20List.xlsx)

<sup>89</sup> [http://www.health.nt.gov.au/Aged\\_and\\_Disability/Aged\\_Care/HACC\\_Aged\\_Care\\_Equipment/index.aspx](http://www.health.nt.gov.au/Aged_and_Disability/Aged_Care/HACC_Aged_Care_Equipment/index.aspx)

<sup>90</sup> Pearson J. Research for the National Disability Agreement Aids and Equipment Reform, pg 45.

## APPENDIX 2 Differences in State/Territory aids and equipment programs for specific categories of equipment

	Low vision aids	Home Enteral Nutrition	Communication Aids & Equipment
<b>ACT</b>	<p>1. Low vision aids are provided under a separate program, <i>Low Vision Aids Scheme</i>, and not the main <i>Oxygen and Equipment Services - ACT Equipment Scheme</i> (ACTES)<sup>91</sup>.</p> <p>2. Applicant must be a pensioner.</p> <p>3. Maximum subsidy of \$100 every 2 years. Co-payment is gap between maximum subsidy and cost of equipment.</p>	<p>1. Enteral feeding products and equipment are provided through hospitals and community pharmacies, not the main <i>ACT Equipment Scheme</i> (ACTES)</p> <p>2. Co-payment model, access to tender pricing</p>	<p>Communication aids are provided under the <i>ACT Equipment Scheme</i> (ACTES)</p> <p>Eligibility stated to include a permanent disability of at least 2 years' duration, raising concerns for people with rapidly progressive conditions.</p> <p>A sliding scale of contribution / copayment applies.</p> <p>Speech pathologists in the ACT can also access flexequip: (<a href="http://www.flexequip.com.au/Home.aspx">http://www.flexequip.com.au/Home.aspx</a>) for Motor Neurone Disease clients who are not eligible for NDIS funding.</p>
<b>NSW</b>	<p>1. NSW Spectacles Program - Vision Australia - provides spectacles, magnifiers and low vision aids once every two years, to eligible people with low vision through a registered program provider.</p> <p>2. Income threshold- means test and other guidelines. When applying for the program the Client must present a Centrelink Income Statement that is less than three months old</p> <p>3. Co-payment - client pays what the optometrist is seeking to charge beyond basic frame, multifocals, tints, or UV multicoat. Any low vision aid item over \$175, the client will pay difference.</p>	<p>Enteral nutrition equipment and disposable items are provided through the EnableNSW - Aids and Equipment Program.</p> <p>Eligibility restricted to permanent residents of NSW who require HEN for greater than 12 months, and are not eligible to receive HEN disposable products through any other government funded program.</p> <p>Co-payment, for adults on a pension or low income and children up to age 16 years, of \$100 in each year that assistance is provided. For adults on higher incomes the annual allocation of disposable products is reduced by 20%.</p>	<p>Communication aids &amp; equipment funded via EnableNSW - Aids and Equipment Program</p> <p>Co-payments apply</p> <p>\$100 minimum cost of devices apply</p> <p>CHSP, DVA, NDIS clients may be eligible</p> <p>Excluded if Home Care Package in place or living in a residential aged care facility.</p>

<sup>91</sup> [http://www.assistance.act.gov.au/adult/health\\_and\\_dental/act\\_equipment\\_scheme](http://www.assistance.act.gov.au/adult/health_and_dental/act_equipment_scheme)

	Low vision aids	Home Enteral Nutrition	Communication Aids & Equipment
	<p>1. Low vision aids are provided in the <i>EnableNSW - Aids and Equipment Program</i><sup>92</sup>.</p> <p>2. No income entry threshold.</p> <p>3. Co-payment decided by income testing.</p>		
<b>NT</b>	<p>1. Low vision aids may be provided in the <i>Disability Equipment Program (DEP)</i><sup>93</sup> on a case by case basis.</p> <p>2. Applicant must be a pensioner or demonstrate financial hardship.</p> <p>3. Co-payment is gap between maximum subsidy and cost of equipment.</p>	<p>1. All Home Enteral Nutritional (HEN) Equipment is provided through the Royal Darwin Hospital (RDH) and Alice Springs Hospital (ASH).</p> <p>2. Fully funded scheme, means tested</p>	<p>Communication aids and devices available under the <i>Disability Equipment Program (DEP)</i>.</p> <p>Copayment required if the cost of the equipment is above the maximum subsidy.</p> <p>No local loan pool of communication aids and equipment available – equipment loans come from interstate with significant delays experienced. Can only purchase if evidence of trial.</p>
<b>QLD</b>	<p>1. Low vision aids may be provided in the <i>Medical Aids Subsidy Scheme (MASS)</i><sup>94</sup> on a case by case basis.</p> <p>2. Applicant must be a pensioner.</p> <p>3. Co-payment is gap between maximum subsidy and cost of equipment.</p>	<p>1. Eating and enteral nutrition items are excluded from the <i>Medical Aids Subsidy Scheme (MASS)</i> but available through Qld public health system</p> <p>2. Copayment required</p>	<p>Communication aids &amp; equipment funded by the <i>Medical Aids Subsidy Scheme (MASS)</i>.</p> <p>Funds speech generating devices around \$7,000-\$10,000, expected to last 5 years.</p> <p>MASS does not subsidise mobile internet devices (e.g. iPads), laptop computers, desktop computers, or low tech communication aids, or Apps for mobile internet devices. While mainstream, these devices with apps support communication difficulties.</p> <p>Excludes older adults in RACF.</p>

92 <http://www.enable.nsw.gov.au/home/services/aep>

93 [http://health.nt.gov.au/Aged\\_and\\_Disability/Office\\_of\\_Disability/Services\\_for\\_People\\_with\\_Disability/Disability\\_Equipment\\_Program\\_DEP/index.aspx](http://health.nt.gov.au/Aged_and_Disability/Office_of_Disability/Services_for_People_with_Disability/Disability_Equipment_Program_DEP/index.aspx)

94 <https://www.health.qld.gov.au/mass/subsidy-schemes/mass.asp>

	Low vision aids	Home Enteral Nutrition	Communication Aids & Equipment
SA	Low vision aids are not provided in the <i>Department for Communities and Social Inclusion (DCSI) state-wide Equipment Program</i> <sup>95</sup> .	Eating and enteral nutrition items are not provided in the <i>Department for Communities and Social Inclusion (DCSI) state-wide Equipment Program</i>  No statewide model. Some public hospitals provide products free of charge or charge only for delivery of products, some require co-payment.  Patients discharged from private hospitals pay market price	Communication and tech devices are provided in the <i>Department for Communities and Social Inclusion (DCSI) state-wide Equipment Program</i> <sup>96</sup> .  Provided the item meets an essential clinical need and is within the available budget the item is fully funded.
TAS	Low vision aids are not provided in the <i>Community Equipment Scheme (CES)</i> <sup>97</sup> .	Eating and enteral nutrition items are not provided in the <i>Community Equipment Scheme (CES)</i> but are available through public hospitals.  Co-payment required, public patients only.	Communication aids and equipment are provided in the <i>Community Equipment Scheme (CES)</i> <sup>98</sup> .
VIC	Low vision aids are not provided in the <i>State-wide Equipment Program (SWEP) - Aids &amp; Equipment Program (A&amp;EP)</i> <sup>99</sup> .  Vision Australia receives funding from the Victorian Government to administer low vision aid subsidies for Victorians who are blind or have low vision. From 2016-17, low vision aids will not be available for people 65 years and older through this subsidy program, as this funding will be transferred to the NDIS.	Eating and enteral nutrition items are not provided in the State-wide Equipment Program (SWEP).  Both private and public patients can access equipment and feeds without any charge for the respective facilities.	Communication aids & equipment are provided in the <i>Aids &amp; Equipment Program (A&amp;EP)</i> – Electronic Communication Devices Scheme (ECD).  For non-NDIS participants the ECD scheme has a ceiling of \$7000.  Residents of Commonwealth Government funded RACFs are eligible for the ECD scheme.

95 <http://www.des.sa.gov.au/funding-programs/dcsi-equipment-program>

96 <http://www.des.sa.gov.au/funding-programs/dcsi-equipment-program>

97 [https://www.dhhs.tas.gov.au/service\\_information/services\\_files/RHH/treatments\\_and\\_services/community\\_equipment\\_scheme](https://www.dhhs.tas.gov.au/service_information/services_files/RHH/treatments_and_services/community_equipment_scheme)

98 [https://www.dhhs.tas.gov.au/service\\_information/services\\_files/RHH/treatments\\_and\\_services/community\\_equipment\\_scheme](https://www.dhhs.tas.gov.au/service_information/services_files/RHH/treatments_and_services/community_equipment_scheme)

99 <https://swep.bhs.org.au/aids-and-equipment.php>



	Low vision aids	Home Enteral Nutrition	Communication Aids & Equipment
WA	Low vision aids are not provided in the <i>Community Aids and Equipment Program (CAEP)</i> <sup>100</sup> .	<p><i>Community Aids and Equipment Program (CAEP)</i> - No reference to enteral feeding or equipment on their website</p> <p>No co-payment. Public patients are not charged for cost of feeds or equipment.</p>	<p>Communication aids and equipment are provided in the <i>Community Aids and Equipment Program (CAEP)</i><sup>101</sup>.</p> <p>Only funds the essential component of the item, normally up to a ceiling. Items less than \$50 purchased by the client.</p> <p>Clients receiving home care packages or living in residential aged care not eligible.</p> <p>RACF residents in WA may be eligible to access communication aids and equipment via a Disability Equipment Grant (DEG) – funded by Lotteries West.</p>
Comments and key issues	<p>1. Inconsistent provision of support – Not all state/territory programs provide low vision aids and equipment.</p> <p>2. Inconsistent eligibility requirements.</p> <p>3. Different co-payment schemes.</p>	<p>Three broad items are of interest with respect to Home Enteral Nutrition: access to equipment; access to enteral nutrition formula; and access to the professional services of an Accredited Practising Dietitian.</p> <p>There is a lack of equity in access to home enteral nutrition products and services. The situation with respect to eligibility requirements and co-payments is highly variable, within jurisdictions and between jurisdictions.</p> <p>In most cases, individuals who are treated in private hospitals are excluded from outpatient HEN services despite the fact that private health funds do not provide rebates for products and provide only limited rebates for professional services.</p>	<p><b>1. Inconsistent provision of support.</b></p> <p>Inconsistency across states in relation to 'trial and loan' schemes and funding for adequate trial, training, and ongoing support. Most schemes however require evidence of successful trial before funding is approved.</p> <p>A with maintenance / repairs is inconsistent across states and when a client is eligible to reapply for a replacement communication aid or device.</p> <p>Inconsistency across the schemes in relation to whether or not mobile internet devices, apps, and low tech communication aids are funded.</p> <p>A national scheme should not preclude access to mainstream equipment, given their range of benefits.</p>

<sup>100</sup> <http://www.disability.wa.gov.au/services-support-and-eligibility/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep/>

<sup>101</sup> <http://www.disability.wa.gov.au/services-support-and-eligibility/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep/>

Low vision aids	Home Enteral Nutrition	Communication Aids & Equipment
		<p><b>2. Inconsistent / restrictive eligibility requirements.</b></p> <p>People over the age of 65 living in residential aged care or in receipt of home care packages are typically excluded from communication aids and equipment schemes. Where funding is available funding for trial, training, and ongoing support is inadequate.</p> <p>In some states, the applicant must be a pensioner and/or demonstrate financial hardship.</p> <p><b>3. Different co-payment requirements.</b></p> <p>Different co-payment requirements and caps for communication aids and equipment exist across states. The most appropriate device to maximize independence may be significantly more expensive relative to other aids and equipment (e.g. walking frames).</p> <p><b>4. Red tape / approval processes.</b></p> <p>Not all states have clear processes to establish priority.</p>

# NACA

The National Aged Care Alliance is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.

