

June 2013

PRE-COSTING PROGRESS REPORT ON THE SPECIFIED CARE AND SERVICES REVIEW

This report outlines the Alliance discussions on changes to the Specified Care and Services Schedule as a result of the removal of the high/low care distinction in the LLLB reforms. This report identifies where changes have cost implications. Costing has not been scoped or quantified. The report is provided to enable that work to commence. This report cannot be taken as formal advice on the Schedule which will be provided after the Alliance has had the opportunity to review the costing.

Part one: Introduction and Context of the Review of the Specified Care and Services Schedule

This document is a National Aged Care Alliance (the Alliance) progress report on the review of the Specified Care and Services Schedule (the Schedule) which outlines what must be provided to all people who live in a residential aged care service (the standard package of services). The Schedule has had to be reviewed and redefined as a result of *Living Longer. Living Better.* (LLL) aged care reform package which removes the low/high care distinction in residential care. Previously different care and services were specified for residents based on how they were classified. In addition the LLL reform package clarifies that providers and consumers may agree additional charges can be made for additional amenities and/or supplementary care over and above what is specified in the Schedule. Defining the standard package is necessary to ensure quality of care for residents and enable providers to determine what they can offer as additional amenities and/or supplementary care.

The draft revised Schedule lists all of the services that must be provided, some of which are determined on an assessed need to receive. The introduction of the concept of assessed need is the most fundamental change to the structure of the Schedule and allows resources to be targeted where required. This will inevitably increase the cost of some schedule items as the number of people requiring them will increase.

Members of the Alliance have participated in this review and advisory process, in good faith. This paper should not be taken to indicate that the changes proposed can be met in any way through the existing residential care funding. The cost of the delivery of the standard package must be met through government subsidy, consumer contribution, private health insurance, or a mixture of all potential income sources, at a level which ensures quality care and that providers are not financially worse off. If not funded, the Alliance will need to review its recommendations in light of cost and what is achievable within existing funding.

Next Steps in the Review Process

This is a progress report on the Review. There are a number of steps before the Review can be completed and the Alliance provide its final advice. This process is set out below:

Step 1: Scoping and costing the revisions to the Schedule (based on the Alliance Pre Costing Progress Report). This work will be advanced by the Department of Health and Ageing (DoHA) with advice from the Alliance Specified Care and Services Advisory Group.

Step 2: Review Progress Report Schedule amendments in light of costing work.

Step 3: Provide final Alliance advice recommending the Specified Care and Services Schedule changes.

Step 4: Government seeks ACFA advice on Schedule Recommendations.

Step 5: The Alliance Specified Care and Services Advisory Group reviews the ACFA advice and makes further recommendations to the Minister on the Schedule.

Step 6: Ministerial decision.

The Alliance believes that the costing work should cover the whole schedule, not just the items where a cost implication has been identified. Some members of the Committee believe that the costing must also include the implications of the different state medication issues and the current Building Code requirements, particularly whether these facilities that are classified as Class 3 (Low Care) may experience additional costs to deliver what is in the schedule.

Undertaking the Schedule Review to Date

Principles

The Alliance Advisory Group developed a set of principles to underpin and guide its review of the existing schedule:

Principles:

1. *The standard package must meet the resident's assessed needs.*

Assessment is the tool used to quantify the resident's needs and determine the individual care plan. In making these recommendations the assessor must identify what treatment, service or goods are required to achieve the agreed outcome for the individual. In many cases there are alternatives that will provide the same outcome but have a lower cost. The care plan in consultation with the resident, or their legal representative defines the agreed outcomes and services are delivered in accordance.

2. *Consideration of inclusions in the standard package should take into account, for purposes of comparison and contrast, what care and services would be provided in a hospital or other care/accommodation setting.*

In addition, as part of the review of the Schedule, the Advisory Group asked itself the following questions:

Questions

1. *How do we prepare for consumer directed care?*
2. *What items are missing from the current Schedule? and*
3. *Where can language be simplified? (e.g. delete adjectives and other qualifying terms).*

In undertaking the review, consideration was given to the role of other legislation, regulations and accreditation standards that regulate quality and aged care services. During discussions some organisations supported the intent of some of the suggested additional schedule items, but did not support inclusion in the schedule as they believed it was already covered in the Aged Care Act, supporting regulations, or state and local government regulations and standards.

The Changing Nature of Australia and Residential Aged Care

In undertaking the review the Advisory Group was cognisant of the changing nature of residential care and the Australian population.

The nature of residential aged care has been changing over a number of years. Changes include that older people are moving into residential care at a later stage with increased acuity levels. Some changes reflect the nature of the population now such as the growing number of people living with dementia, increased cultural diversity, decreasing numbers of family carers and growing health issues (including diabetes and obesity). All of these factors are reflected in the resident population and impact on the availability of appropriately qualified workforce and the costs of providing the quality of care older Australians expect and deserve.

Environmental changes also create challenges and opportunities for service delivery. The ongoing development of assistive technologies create potential for service innovation but the delivery of consistent services all around Australia continues to present a challenge particularly in rural, remote and regional areas where there is often an increased cost to deliver the same services.

Two particular areas that must be considered as part of this review are:

1) Rural & Remote Service Provision

Successive Governments have recognised the increased difficulties in providing aged care in rural and remote areas through the provision of a viability supplement to eligible organisations. The Productivity Commissions Caring for Older Australians report made recommendations which advocated for different funding approaches (such as block funding) and differential amounts to take account of the increased cost of provision. Some of the proposed changes to the Schedule (for example facilitating access to health specialists and transporting residents) may be more difficult for rural and remote services to achieve and may cost significantly more than in metropolitan areas. This needs to be recognised and addressed in funding for the revised Schedule.

2) Specialised/Customised Equipment

Providers are reporting increased demands for specialised and customised equipment to support a range of resident conditions including more people with disabilities living to older ages, increased mental health issues and obesity in the general population. Such equipment includes for example, wheelchairs and bariatric beds. Provision of this kind of equipment can be very costly and providers are not funded to meet these costs. Government needs to consider funding the cost of such equipment in residential aged care services.

Equity

Throughout the review there was considerable discussion on how residential care services are best able to support special needs groups (as defined under the Aged Care Act), people living with dementia or who have a form of cognitive impairment and people with mental health issues.

In addition, the group discussed how an individuals' cultural, spiritual and ethical beliefs and needs can be addressed in care provision.

Equity of access and positive outcomes for people have been identified as the central guiding principle acknowledging that achieving them for these groups sometimes requires additional effort, and cost, to achieve.

All Alliance members recognise this as an important issue and agree that residents must be supported in a way that achieves this. However, there were differences of opinion about how this could best be addressed. Some Alliance members (Leading Age Services Australia, The Aged Care Guild, Catholic Health Australia and Aged and Community Services Australia) believe that equity of access and positive outcomes for people is already adequately addressed in legislation and in the aged care accreditation standards. Other members (COTA, Occupational Therapy Australia, National Seniors Australia, Australian Nursing Federation, Federation of Ethnic Communities Council of Australia, Alzheimer's Australia, Attendant Care Industry Association, Australian College of Nursing, United Voice and Australian Medicare Local Alliance) do not believe that this principle is covered elsewhere and sought its inclusion in the Schedule. Different options of incorporation in the Schedule were identified and trialled including having a separate Schedule item or melding it throughout the existing Schedule Items. In the end a hybrid model was adopted which keeps a separate Schedule Item on Support for People with Impaired Cognition or any form of dementia (Item 4.2) and adds a sentence on equity of access and positive outcomes of key schedule items which would otherwise not address the needs of these groups of people.

The Alliance has also proposed an overarching definition for these groups of people for clarity throughout the Schedule.

Definitions

Assessed need 1– Needs-based assessment (which includes clinical, functional and psycho-social dimensions) by a qualified health practitioner registered under the National Law, or other registration scheme¹, acting within their scope of practice. Assessment is informed by data collected through the multi-disciplinary aged care staff team.

Assessed need 2 – Needs-based assessment (which includes clinical, functional and psycho-social dimensions) by, or under the supervision of, a qualified health practitioner registered under the National Law, or other registration scheme, acting within their scope of practice. Assessment is informed by data collected through the multi-disciplinary aged care staff team². *This definition is supported by Leading Age Services Australia.*

Specialised equipment – Equipment that is designed to meet assessed needs but can be used by more than one resident.

¹ As per definition of registration scheme that appears below.

² As per definition of registration scheme that appears below.

Customised equipment – Equipment that is prescribed and required to meet assessed needs but can be used by only one resident.

Specific and Special Needs – This describes those people living with cognitive impairment and dementia, people with a mental health issue, people with a disability acquired after age 65 and the special needs groups as defined in the Aged Care Act 1997 Principles (as amended), which include:³

- People from Aboriginal and Torres Strait Island communities;
- People from Non English Speaking Backgrounds;
- People who live in rural and remote areas;
- People who are financially or socially disadvantaged;
- People who are veterans (of the Australian Defence Force or an allied defence force) including a spouse, widow or widower of a veteran;
- People who are homeless, or at risk of becoming homeless;
- People who are care leavers⁴; and
- Lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

In addition this encompasses individuals who have specific cultural, spiritual and ethical requirements that need to be recognised and supported to ensure quality care provision.

Mid Meals - Mid meals provide a significant contribution to the nutritional requirements of residents, particularly for residents who are malnourished or eating poorly and are commonly referred to as 'morning tea', 'afternoon tea' and 'supper'.

Qualified Health Practitioner⁵ - A health practitioner registered under the national law, or other registration scheme, acting within their scope of practice.

Registration Scheme⁶ – Any registration, self regulation or accreditation scheme used as a means of protecting the public and enforcing safe, competent and ethical practice.

Resident Agreement – formal contract between the approved provider and resident, or their legal representative, outlining services and conditions of living in a particular facility. The Agreement can be amended from time to time to take account of changes in agreed services. When referred to throughout this document it should also be taken to mean any other such agreement made formally with a consumer and recorded (through an addendum or letter) that changes the terms and conditions of residential care provision for an individual resident.

Additional Amenity and/or Supplementary Care - any amenity or supplementary care that is not required to be provided under the Schedule of Specified Care and Services. Approved providers can offer these services to consumers on a fee for service basis. These additional amenities and/or supplementary care are agreed between the consumer and the approved provider.

These definitions need to be incorporated throughout the legislative draft of the Schedule to ensure the intent of the Alliance advice is conveyed clearly.

³ This list of specific and special needs may need to be reviewed after eligibility for Disability Care Australia is finalised

⁴ Care-leaver means a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century.

⁵ Refer Attachment 1 for a listing of health professions registered.

⁶ Refer Attachment 1 for a listing of regulation and accreditation schemes that exist in addition to the national law.

Implementation

The removal of the low/high care distinction is slated to commence from 1/7/2014 but requires the introduction and passage of new legislation. The Alliance advocated that this be brought forward to 1/7/2013 (Refer Attachment 2 Alliance Funding Statement). Through the Schedule review the Alliance has reconsidered the feasibility of this position given the significant impact of these changes which will require:

- reference to the ACFA for funding and pricing considerations;
- training for staff;
- system changes; and
- information for consumers.

As a result the Alliance now recommends that the introduction of the new Schedule does not commence until 1/7/2014 as originally proposed.

Further advice confirms that it is already possible for approved providers to charge for additional amenity and/or supplementary care that is not specified in the current Schedule.

Part two: Recommended Schedule and Residential Care Manual Content

This section of the paper identifies the Schedule item (including a new item on advance care plans/directives and emergency assistance as well as merged and streamlined existing items) and content as well as proposed Residential Care Manual Content. In addition the paper highlights:

- where the recommended schedule change has cost implications; and
- any relevant drafting instructions for Government action.

This paper represents the combined Alliance view of the wording and content of the legislated Specified Care and Services Schedule as well as the explanatory material for inclusion in the departmentally prepared Residential Care Manual⁷.

In some instances the Alliance was unable to reach a consensus view. Where this is the case two alternatives are presented and an indication of the nature and level of support for each version is included. This can be seen in Item 3.2 Clinical Care (Medication Management) and 3.3 Emergency Health and Medical Care. In addition some newly proposed Schedule items are not supported by all Alliance members. This is also highlighted throughout the document.

⁷ The Residential Care Manual is a support tool for Approved Providers to help interpret the Specified Care and Services Schedule along with a range of other information for service provision. It is developed by the Department of Health and Ageing. The Manual will require further updating as a result of the LLLB reforms. Even relatively minor changes to content can have implications for the provision of residential care. The next, and any subsequent, updating and redevelopment of the section of the Manual as specified care and services, should occur in full consultation with the aged care sector through the Alliance Specified Care and Services Advisory Group.

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
1.1 Administration [Existing 1.1]	General operation of the service, including resident documentation.	<p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> • registering a resident for a place on a waiting list; • preparing a resident agreement; • preparing invoices and statements for a resident's care; • residents' handbook; • informing residents of meetings; • administration/booking fees for all residents, except for recipients of residential respite care. [See also section on Respite booking fees in chapter on Residential respite care in Manual.]; • offering brochures or other translated material explaining basic service processes such as resident rights and responsibilities, complaints process, food menus, daily activity program in the resident's preferred language; • Assistance with communication, including to address difficulties arising from impaired hearing, sight or speech or lack of common language; and • Accessing advocacy services. <p>This excludes personal use items such as glasses, hearing aids or communication aids.</p> <p>If specified in the resident agreement (or subsequent formal agreement) by the resident/legal representation a resident may be charged for:</p> <ul style="list-style-type: none"> • storage fees; • television rental; and • management of resident trust accounts provided: <ul style="list-style-type: none"> o the arrangement is voluntary—i.e., residents can handle their finances without placing their money in a trust account with the provider. o the provider charges no more than an amount agreed beforehand with the resident. o the provider gives the resident an account showing the amount charged. 	<p>No</p> <p>NB: FECCA believes there may be cost implications for this Schedule Item.</p>

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
1.2 Maintenance of all buildings and grounds [Existing 1.2]	Adequately maintained buildings and grounds.	<p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> • gardening; • maintenance inside and outside the service; and • any repairs/replacements necessary because of normal wear and tear. <p>If specified in the resident agreement and agreed by the resident/legal representation a resident may be charged for:</p> <ul style="list-style-type: none"> • repairs and replacements necessary because of deliberate; illegal or negligent damage by a resident. <p>This exclusion does not limit rights to seek damages from any party.</p>	No
1.3 Accommodation [Existing 1.3]	Utilities such as electricity and water.	<p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> • inspection of the provider 's electrical equipment for work health and safety purposes; • telephone sockets; • access to pay telephone; • the cost of heating/cooling the service to provide a comfortable environment that meets residents assessed needs; and • moving from one room of the same standard to another within the service. <p>If specified in the resident agreement (or subsequent formal agreement) agreed by the resident/legal representation a resident may be charged for:</p> <ul style="list-style-type: none"> • inspection of a resident's electrical equipment for work health and safety purposes. However, a resident can choose who performs the inspection - this could be a person authorised to inspect electrical equipment under relevant State or Territory law either on behalf of the service or of the resident's choice; 	No

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
		<ul style="list-style-type: none"> if a resident has a heating/cooling unit for their own use (in addition to effective cooling/heating provided by the service) then the resident may be asked to pay the cost of running the unit. The approved provider must inform the resident before hand about the policies regarding personal heating/cooling units. This should be included in the resident agreement (or subsequent formal agreement); and telephone line rental and handset for the resident's personal use and cost of calls made by the resident. 	
1.4 Furnishings [Existing 1.4, 3.1]	A furnished room that meets the requirements of daily living and the assessed needs of the resident. With the agreement of the provider, the resident may choose to provide their own furniture and furnishings where this is consistent with the health and safety obligations providers have for residents and other users of the facility.	<ul style="list-style-type: none"> Includes provision of a comfortable chair with arms to meet the residents care, comfort and safety needs; and if a resident is unable to walk or move about independently, and cannot use a conventional arm chair, then the provider should provide the resident with a chair, such as an air, water or gel chair, which meets the residents comfort, safety and care needs. 	Yes
1.5 Bedding [Existing 1.5, 3.2]	A bed and bedding that meets the requirements of daily living and the assessed sleep and rest needs of the resident including any continence requirements.	<p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> beds, pillows and mattresses that meet the assessed care, comfort and safety need of residents; non-standard beds if required, including but not limited to meeting the needs of exceptionally tall or heavy residents; water, air and gel cushions and comfort chairs used for pressure relieving purposes; and absorbent sheets and equipment to protect bedding. 	Yes

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
1.6 Cleaning services, goods and facilities [Existing 1.6]	Cleanliness and tidiness of the entire residential care service so that it does not present a risk to residents and other users. Excludes a resident's personal area if the resident chooses and is able to maintain it personally.	An approved provider cannot charge a resident for: <ul style="list-style-type: none"> • cleaning each resident's room and ensuite; and • cleaning of floor covering including carpet cleaning materials including materials for the use of residents who choose to maintain their own personal area. 	No
1.7 Waste disposal [Existing 1.7]	Safe disposal of organic and inorganic waste material.	This includes: <ul style="list-style-type: none"> • the safe disposal of sharps and contaminated waste. 	No
1.8 General laundry [Existing 1.8]	General laundry facilities and services that allow residents to present in a dignified manner. Where required, separate laundering according to the resident's assessed needs (e.g. diagnosed dermatological conditions). With the agreement of the provider, the resident may wash their personal laundry, if willing and able to do so safely. Excludes cleaning of clothing requiring dry cleaning or another special cleaning process.	An approved provider cannot charge a resident for: <ul style="list-style-type: none"> • general laundry, including washing of clothing that can be machine washed. Aged care services are not obliged to hand-wash residents' clothing; and • the service must have in place a system for identification of residents' clothing and laundry items. However, a resident may choose and pay for their own identification system as long as it is at least of an equivalent standard to the service's system - e.g., woven name tapes rather than laundry marking pen. 	Uncertain NB: LASA, ACSA and The Aged Care Guild believes that there will be additional costs associated with this item
1.9 Toiletry goods [Existing 1.9, 3.3]	Toiletry goods and consumables for the resident's physical and oral health that maintain the resident's dignity. This includes towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, moisturiser, shampoo and conditioner, shaving cream, disposable razors and deodorant. Other toiletry goods and consumables to meet the resident's assessed needs.	If specified in the resident agreement (or subsequent formal agreement) by the resident/legal representation a resident may be charged for: <ul style="list-style-type: none"> • a resident's personal choice to use alternative items to those provided by the service such as specific brands of soap. 	Yes

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
1.10 Meals and Refreshments [Existing 1.10, 2.2]	<p>Provision of a variety of nutritional meals substantial enough to meet residents' appetites and clinically assessed dietary needs as well as religious, cultural and ethical requirements. Provision of 3 main meals and 3 mid meals served across a 24 hour period during meal times agreed upon between residents and management.</p> <p>Every effort should be made to ensure equity of access and positive outcomes for all residents regardless of their specific or special needs.</p> <p><i>(Supported by Alzheimers Australia, COTA, Australian College of Nursing, Australian Nursing Federation, Federation of Ethnic Communities' Councils Australia of Australia, National Seniors Australia, Occupational Therapy Australia, United Voice, Australian Medicare Local Alliance, Attendant Care Industry Association and Anglicare Australia. The following organisations support the intent of the statement but do NOT support its inclusion in the schedule as they believe it is already inherently covered in the Aged Care Act – Leading Age Services Australia, The Aged Care Guild, Catholic Health Australia and Aged and Community Services Australia).</i></p>	<p>Includes:</p> <ul style="list-style-type: none"> Quality food in accordance with residents' individual nutritional needs; Set menus with options, provided during meal times; Resident consultation regarding menu planning; Availability of snack food and non-alcoholic beverages outside meal time; Provision of special meals for certain cultural/religious events; Food appropriate to meet medical, ethical, cultural and religious needs as well as special dietary requirements; Availability of appropriate food to allow weight management; Nutritional supplements – for residents who are assessed by a health practitioner under the National Law or other registration scheme acting within their scope of practice; and Provision of food for enteral feeding as required. <p>Excludes:</p> <ul style="list-style-type: none"> In-room dining – unless necessary due to resident's physical or emotional health status; 'A la carte' or restaurant-style menu flexibility; Main Meals outside of meal times; Alcoholic beverages; and If a resident who has NOT been assessed as requiring a food supplement requests such a supplement in addition to their full diet. 	Yes
1.11 Emergency Assistance (other than health or medical care) [New - splits out existing 1.12]	<p>Emergency assistance, other than for resident-specific health or medical care, in accordance with legal requirements for facility-level emergency planning and emergency response under applicable law.</p>	<p>The number of residents and their dependency levels should be considered in deciding the number and qualifications of personnel available to assist in an emergency.</p>	No

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
2.1 Resident social activities [Existing 1.11, 2.5]	<p>Provision of social and recreational activities designed to improve the health and wellbeing of residents. Activities provided take account of and consider residents' needs, wishes⁸, preferences and capabilities, and involve adequate physical activities and adequate intellectual and social stimulation, and promote resident participation in community life outside the residential care service.</p> <p>Activities fall into three categories:</p> <ul style="list-style-type: none"> • Internal and ongoing activities; • Activities coming in from the community; and • Outings <p>Provision of equipment to enable activities.</p> <p>Every effort should be made to ensure equity of access and positive outcomes for all residents regardless of their specific or special needs.</p> <p><i>(This equity statement is supported by Alzheimer's Australia, Anglicare Australia, COTA, Australian College of Nursing, Australian Nursing Federation, Federation of Ethnic Communities' Councils of Australia, Occupational Therapy Australia, National Seniors Australia, United Voice, Attendant Care Industry Association and Australian Medicare Local Alliance. The following organisations support the intent of the statement but do not support its</i></p>	<p>Includes:</p> <ul style="list-style-type: none"> • Residents' commonly desired activities that are organised and run by facilities, residents or residents' family/friends, using available tools/space/materials, requiring basic/standard staffing levels, and for which costs remain free/low/reasonable; • Access to equipment to facilitate ongoing internal activities – as well as organised creative/social activities; • Adequate communal recreation equipment, including simple exercise equipment; • Activities brought into the facility from the community; • Outings, including provision of food and transport; • Medicines and consumables that a resident would need during an outing or periods of social leave as defined in the Aged Care Act; and • Meaningful work, such as being involved in gardening, cooking, laundry where it is possible for the approved provider to offer or accommodate such involvement. <p>Excludes:</p> <ul style="list-style-type: none"> • Activities desired by individual residents (or small groups) requiring the facility to arrange supervision, materials, transport, specialised personnel, and entry fees, the cost of which will be borne by the resident; and • Large scale exercise facilities, such as gym or pool. 	<p>Uncertain</p> <p>NB: LASA, ACSA, CHA and the Aged Care Guild believe there are cost implications inherent for this item</p>

⁸ Aged and Community Services Australia and Leading Age Services Australia do not support inclusion of the word "wishes" within the Schedule Item.

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<i>inclusion in the schedule as they believe it is already inherently covered in the Aged Care Act – Leading Age Services Australia, Catholic Health Australia, The Aged Care Guild, and Aged and Community Services Australia).</i>		
2.2 Daily Living Activities Assistance and Related Equipment [Existing 2.1, 3.4, 3.5, 3.6]	<p>Supporting the residents activities of daily living on the basis of assessed needs and goods and equipment that enable this service to be delivered. Includes:</p> <p>Personal assistance, including individual attention, individual supervision, and physical assistance, with:</p> <p>(a) bathing, showering, personal hygiene and grooming, including hand and foot care;</p> <p>(b) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management;</p> <p>(c) eating and eating aids, and using eating utensils and eating aids (including assisting resident to eat when necessary);</p> <p>(d) dressing, undressing, and using dressing aids;</p> <p>(e) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, including the fitting of appropriate footwear, artificial limbs and other personal mobility aids such as those for people who are blind or visually impaired; and</p> <p>(f) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common</p>	<ul style="list-style-type: none"> An approved provider cannot charge a resident to ensure that all care needs are assessed using a multi disciplinary team approach incorporating data and information from the full range of aged care staff. <p>Assistive devices should be available for use by residents who need this equipment so that activities of daily living can be appropriately maintained.</p> <p>An approved provider must provide:</p> <ul style="list-style-type: none"> sufficient numbers of equipment, including non-motorised wheelchairs, so that they are available for a resident as required within the aged care service; and sufficient wheelchairs appropriate to the needs of residents, which take into account pressure care and allow for optimum levels of mobility and participation. The fact that one resident needs full time use of a wheelchair should not deny other residents access or mean that the resident using the chair fulltime has to purchase a wheelchair in order to have use of one. <p>If specified in the resident agreement (or subsequent formal agreement) the resident/legal representative a resident may be charged for:</p> <ul style="list-style-type: none"> custom made aids specifically made for a resident and only for the use of that resident—for example, tailor made arm, hand and/or leg splints or wheelchairs. 	Yes

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p>language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles. Excludes hairdressing.</p> <p>Provision of related goods, including:</p> <ul style="list-style-type: none"> Absorbent aids, commode chairs, bed pans and urinal covers, disposable pads, over toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas; Aids for blind or visually impaired people; Mechanical devices for lifting residents, stretchers, and trolleys; and Crutches, quadruped walkers, walking frames, walking sticks, and wheelchairs excluding motorised wheelchairs and custom made aids. <p>Excludes personal use items such as glasses, hearing aids or communication aids.</p>	<p>Approved providers must have sufficient lifting devices on hand to provide access for all residents who need this type of support and to ensure work health and safety obligations are met.</p> <p>Equipment must be fit for the purpose intended and staff trained in its use.</p> <p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> slings for lifting machines; and Pads or other equipment to manage their assessed continence needs. <p>Stoma related products are available free of charge through the Stoma Scheme to residents who are ostomates.</p> <p>Where a resident receives assistance through the Continence Aids Payment Scheme the provider is not required to supply continence aids.</p>	
3.1 Clinical care [Existing 2.4, 2.6, 3.7, 3.8, 3.10, 3.11, 3.12]	Assessment Assessment and evaluation by a qualified health practitioner registered under the National Law, or other registration scheme, acting within their scope of practice ⁹ . Development of a care plan, in consultation and agreement with the resident or their legal representative, to deliver clinical care services.	Includes: <ul style="list-style-type: none"> Holistic assessment including bio-psycho-social elements; A multi disciplinary team approach incorporating data and information from the full range of aged care staff; and Assessment and evaluation decisions made by a qualified health practitioner registered under the National Law or other registration scheme acting within their scope of practice. 	Yes

⁹ Aged and Community Services Australia is concerned that this definition may inadvertently lock out certain categories of staff (e.g. Cert IV in Aged Care) from performing assessments.

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p>Delivery of the Care Plan Meeting residents assessed clinical care needs and providing services and consumables that enable that care to be delivered safely and effectively. Excludes goods and medicines prescribed by a health practitioner with prescribing rights for a particular resident and used only by that resident.</p> <p>Advance Care Plan or Directive Where a resident has an advance care plan or directive and the provider is aware of that plan or directive, the provider must record it and, if it is in accordance with relevant State and Territory law, enact it when delivering the care plan.</p> <p><i>NB: Aged and Community Services Australia, Catholic Health Australia, Leading Age Services Australia and The Aged Care Guild support the intent of this advance care plan statement but do NOT support its inclusion as a new Schedule Item (or the proposed Residential Care Manual content) as they believe it is already inherently covered in the Aged Care Act and/or in relevant state legislation.</i></p>	<p>Excludes:</p> <ul style="list-style-type: none"> Medical and Dental Assessment and Services. <p>Includes:</p> <ul style="list-style-type: none"> Asking residents if they have an advance care plan or directive; If the resident provides a copy of the Plan or Directive, sighting and recording its existence; and ensuring that relevant staff are aware where a resident has an advance care plan or directive and that they understand what they are required to do if it needs to be enacted. <p><i>In drafting this section of the Manual DoHA needs to address and make explicit comment on:</i></p> <ul style="list-style-type: none"> <i>the legal context in which care plans or directives are created; and</i> <i>Duty of care issues.</i> 	
	<p>Health Care Option 1 Treatments and procedures that are carried out by, or according to, the instructions of a health practitioner</p>	<p>Health Care Option 1 An appropriately qualified health practitioner must identify what treatments and procedures a resident requires. The treatments and procedures must be carried out by an</p>	Yes

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p>registered under the National Law, or other registration scheme, acting within their scope of practice.</p> <p>A qualified health practitioner registered under the national law or other registration scheme acting within their scope of practice manages and administers medication up to and including Schedule 8 drugs. A PCA or Assistant in Nursing (however titled), appropriately educated and determined competent in line with the National Competency Standards, can assist a resident with their medications¹⁰.</p> <p><i>(Supported by Australian Nursing Federation, Australian College of Nursing, COTA, Alzheimer's Australia, Occupational Therapy Australia, National Seniors</i></p>	<p>appropriately qualified health practitioner, or undertaken under the supervision of an appropriately qualified health practitioner as required under state or territory law.</p> <p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> nurses to come in to the service to provide treatment. If the service chooses to employ home and community care (HACC)¹³, community or agency nurses then the approved provider pays for this. This includes nurses employed to administer regular injections - for example, insulin injections - or to provide complex wound care; and services must have a system in place for ordering, reordering, safely storing and administering medications. If a packaging system is the chosen medication administration system, then the service must pay for this system and must not charge the resident or arrange for the pharmacist to charge the resident. <p>It is expected that medical and pharmaceutical supplies and equipment provided meet current care regimens and practices, and comply with relevant state and territory legislation.</p> <p>A resident may be charged for:</p> <ul style="list-style-type: none"> the cost of medications; other pharmaceutical items, unless these are covered under Related Goods; and a different medication administration system to the one used in the service, if a resident chooses to have a different system. <p>The Department provides assistance to aged care services for those residents who have an ongoing need for oxygen treatment. For more information about assistance for residents with an ongoing need for oxygen treatment, see</p>	

¹³ In drafting the content the name of the HACC Program between now and 1/07/2015 must be accurately recorded. From 1/07/2015 this will need to be changed to reflect the new program name - Home Support Program.

¹⁰ ACSA believes that the impact of State and Territory medication legislation needs to be included in the Schedule costing.

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p><i>Australia, United Voice, Attendant Care Industry Association, Australian Medicare Local Alliance and Australian Physiotherapy Association.</i></p> <p><i>Health Care Option 2:</i> Treatments and procedures that are carried out, according to the instructions of a health practitioner registered under the National Law, or other registration scheme, acting within their scope of practice, or a person responsible for assessing a resident's health care needs.</p> <p>This includes management, administration and assistance with medications (including the delegation of medication administration tasks to appropriately trained and competent staff) in accordance with relevant State and Territory Laws.¹¹</p> <p><i>Supported by Leading Age Services Australia, Aged and Community Services Australia, The Aged Care Guild, Uniting Care Australia, Catholic Health Australia and Federation of Ethnic Communities' Councils of Australia.</i></p>	<p>also section on Oxygen supplement in chapter on Funding for permanent residential aged care in this Manual. Stoma related products and supplies are available through the Stoma Scheme free of charge to residents who are ostomates.</p> <p><i>Health Care Option 2:</i> The above Residential Care Manual Content would be incorporated from 'An approved provider cannot charge a resident for' through to 'residents who are ostomates' under this option.</p> <p>Includes:</p> <ul style="list-style-type: none"> • An appropriately qualified health practitioner identifying what treatments and procedures a resident requires; • The treatments and procedures carried out by an appropriately qualified health practitioner, or under taken under their supervision, as required under state or territory law; • Where medication administration tasks are delegated to staff by registered or enrolled nurses, the delegated staff have formal training in medication administration, be assessed as competent in line with the National Competency Standards to administer medications and is recommended to use a dose administration aid; • The Nurse, in consultation with other relevant health care practitioners retains the responsibility and accountability for medication management in effectively monitoring the residents therapeutic regimes and responding to any changing needs; and • Policies and procedures developed to guide staff in the safe use of medicines including protocols in place for the assessment of residents who choose to administer their own medications and the review of their capacity to do so. 	Yes

¹¹ ACSA believes that the impact of State and Territory medication legislation needs to be included in the Schedule costing.

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p><i>Therapy</i> Individual maintenance and/or short term intensive therapy programs that meet the resident's assessed needs designed by health practitioner registered under the National Law or other registration scheme acting within their scope of practice, and delivered by such health practitioner or care staff under their direction, to maintain residents' levels of independence in activities of daily living or to allow residents to reach a level of independence at which maintenance therapy will meet their needs.</p> <p>Excludes intensive long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma¹².</p> <p><i>In drafting this section DoHA must note that rural and remote providers can't always access/provide the full range of therapy services locally and they will either be unable, or have additional costs (over and above the overall cost implication identified, to meet this requirement).</i></p>	<p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> an assessment of the resident's rehabilitation support needs by a health practitioner registered under the National Law or other registration scheme acting within their scope of practice. Following the assessment the health practitioner can deliver the care or direct the care, which may, if appropriate, be provided by care staff in accordance with the relevant state and territory legislation. <p>Where a provider delivers any maintenance and/or short term intensive therapy services, that form part of the resident's assessed needs, off-site it is the responsibility of the provider to pay for transporting and escorting the resident to receive that service¹⁴.</p> <p>Residents may otherwise be charged transport and escort costs to obtain access to health services (see Item 3.2).</p> <p>Includes:</p> <ul style="list-style-type: none"> Access to large scale exercise facilities, such as gym or pool, if access is assessed as necessary by relevant health practitioner. 	Yes

¹² Definition of short and long term may be required.

¹⁴ In the content the name of the HACC Program between now and 1/7/2015 must be accurately recorded. From 1/7/2015 this will need to be changed to reflect the new program name – Home Support Program drafting.

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p><i>Nursing services</i> Assessment, planning, management and evaluation of nursing care are carried out by nurses registered under the national law. Nursing services include, but are not limited to palliative care and complex clinical care.</p> <p>Every effort should be made to ensure equity of access and positive outcomes in clinical care for all residents regardless of their specific or special needs.</p> <p><i>(Supported by Alzheimer's Australia, COTA, Australian College of Nursing, Australian Nursing Federation, Federation of Ethnic Communities' Councils of Australia, National Seniors Australia, Occupational Therapy Australia, Attendant Care Industry Association, United Voice and Australian Medicare Local Alliance. The following organisations support the intent of the statement but do NOT support its inclusion in the schedule as they believe it is already inherently covered in the Aged Care Act – Leading Age Services Australia, The Aged Care Guild, Catholic Health Australia, Aged and Community Services Australia).</i></p>	<p>A service must not charge a resident for nursing services or nursing consultancy services, if an aged care service employs a nurse practitioner or nurse consultant for advice concerning specialist nursing care.</p>	

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
3.2 Assistance in Obtaining Access to Health Services [Existing 2.7, 2.8]	Arrangements for access to the full range of health care services whether the arrangements are made by the resident, or their legal representative or are made direct with a health practitioner. Excludes any associated travel and/or escort services.	Approved providers are required to make arrangements for health practitioner registered under the National Law, or other registration scheme, acting within their scope of practice to visit the resident at the service, as appropriate to a resident's assessed needs. Alternatively, they should make arrangements for the resident to visit a health practitioner if the practitioner is not able to visit the service. The provider should assist with arranging transport to and from appointments when necessary and arrange for a relative to accompany the resident to appointments.	Uncertain
3.3 Emergency Health and Medical Care [New – splits out existing 1.12 and incorporates 3.12]	<p>Option 1 At least one responsible person holding a current Level II first aid qualification must be on site and awake 24/7, to provide assistance in health and medical emergencies. <i>(Supported by Aged and Community Services Australia, Leading Age Services Australia, Aged Care Guild, Anglicare Australia, Alzheimer's Australia, Catholic Health Australia and Federation of Ethnic Communities' Councils of Australia)</i> OR</p> <p>Option 2 At least one responsible person holding a Registered Nurse or Enrolled Nurse qualification must be on site and awake 24/7, to provide assistance in health and medical emergencies. <i>(Supported by COTA, Australian Nursing Federation, Australian College of Nursing, United Voice, Occupational Therapy Australia, Attendant Care Industry Association, Australian Medical Locals Alliance, Australian Physiotherapy Association and National Seniors Australia).</i></p>	<p>Emergencies of this nature are defined as most likely requiring immediate hospitalisation and the adequate response would involve calling 000 and rendering appropriate first aid.</p> <p>OR</p> <p>Emergencies of this nature are defined as those requiring immediate attention by a Registered or Enrolled Nurse to identify and stabilise the residents' condition and/or to refer to an appropriate health practitioner.</p>	Yes

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
4.1 Emotional Support [Existing 2.3]	<p>Emotional support to, and supervision of, residents.</p> <p>Every effort should be made to ensure equity of access and positive outcomes for all residents regardless of their specific or special needs. <i>(Supported by Alzheimer's Australia, COTA, Australian College of Nursing, Australian Nursing Federation, Federation of Ethnic Communities Councils of Australia, National Seniors Australia and Occupational Therapy Australia, United Voice, Attendant Care Industry Association, Anglicare Australia and Australian Medicare Locals Alliance. The following organisations support the intent of the statement but do NOT support its inclusion in the schedule as they believe it is already inherently covered in the Aged Care Act – Leading Age Services Australia, The Aged Care Guild, Catholic Health Australia and Aged and Community Services Australia).</i></p>	<p>An approved provider cannot charge a resident for:</p> <ul style="list-style-type: none"> individual support in adjusting to life in the new environment and on an ongoing basis, where needed; support in exercising rights under the Charter of Residents' Rights and Responsibilities; and ensuring that residents have access to culturally relevant support through counsellors, appropriate health practitioner, chaplains, community visitors and advocacy. <p>If a resident needs professional counselling services, they may be asked to pay the counsellor's fee provided that the amount is agreed beforehand with the resident.</p>	No
4.2 Support for Residents with impaired cognition or any form of dementia [Existing 2.9]	<p>Assessment</p> <p>Assessment and evaluation of a resident with impaired cognition or any form of dementia by a qualified health practitioner registered under the National Law, or other registration scheme, acting within their scope of practice for the development of a care plan to effectively meet the care needs of residents.</p>		Unknown

Item and Service	Schedule Content	Residential Care Manual Content	Cost Implications
	<p>Ongoing care and management Undertaking a clinical assessment for residents exhibiting confusion and/or a more acute onset, is imperative. Wherever practicable, every effort should be made, via referral, to undertake a specialist cognitive assessment for any resident with impaired cognition, when other organic causes for the impairment have been ruled out.</p> <p>Delivery of services Person-centered approach to the delivery of services, to meet the needs of a resident with impaired cognition, dementia or mental health issues.</p> <p><i>NB: The following organisations support the intent of this statement but do NOT support its inclusion in the Schedule or the Residential Care Manual as they believe it is already inherently covered in the Aged Care Act – Leading Age Services Australia & Aged & Community Services Australia, The Aged Care Guild.</i></p>	<p>Ongoing care and management Imperative that assessment occur because dementia, delirium and depression are often mistaken for each other.</p> <p>A thorough clinical assessment or reassessment for residents who experience change (particularly acute onset) to cognition or behavior to establish whether delirium or another treatable condition is present.</p> <p>Inquire about, and seek to understand, on a regularly defined basis the bio-psycho-social history and current preferences of the resident, in order to:</p> <ul style="list-style-type: none"> • meet their needs and preferences through specific interventions; • adopt interventions as care needs and preferences change; • reduce the incidence of behavioural and psychological symptoms of dementia and/or other conditions; and • enhance the quality of life and care for residents. 	

Health Practitioners Registration/Accreditation¹⁵

Many health practitioners work within and have an impact on consumers of aged care services, both residential and community.

In the main these include:

Aboriginal and Torres Strait Islander Health workers

Dentists

Doctors

Nurses

Occupational Therapists

Optometrists

Pharmacists

Physiotherapists

Podiatrists

Psychologists

Dieticians

Social Workers

Diversional Therapists

Assistants in Nursing (however titled)

Speech Pathologists

Exercise Physiologists

Some of these professional groups are regulated under the national law through the Australian Health Practitioner Regulation Authority, others are self regulating through accreditation schemes through professional colleges, others are self regulating professions and Assistants in Nursing (however titled) are not regulated through any mechanism.

Regulated through National Law

Aboriginal and Torres Strait Islander Health workers

Dentists

Doctors

Nurses

Occupational Therapists

Optometrists

Pharmacists

Physiotherapists

Podiatrists

Psychologists

Accredited Professions

Dieticians

Accredited Practising Dieticians are those holding a credential and have:

- Graduated from a Dietician's Association of Australia accredited course at an Australian University
- Subject to formal complaints and disciplinary procedures with external scrutiny
- Must take part in an audited system of continuing professional development
- Must comply with evidence based practice

Accredited Practising Dieticians are described as university qualified experts in nutrition and dietetics.

¹⁵ This listing should be checked for completeness by the legislative drafting team.

Exercise Physiologists

Accredited Exercise Physiologists are those that:

- Meet the eligibility criteria for full membership of Exercise and Sports Science Australia (ESSA) and satisfy the accreditation process regulated by ESSA
- Comply with a code of ethics and professional code of conduct
- Undertake a documented and audited program of continuing professional development
- Practice within their defined scope of practice

Accredited exercise physiologists are university qualified health practitioners, who specialize in clinical exercise interventions for persons at high risk of developing, or with existing, chronic and complex medical conditions and injuries.

Self Regulating

Social Workers

Are a self regulating profession currently managed through the Australian Association of Social Workers.

Diversional therapists

A self regulating profession dealing with leisure and recreational activities

Unregulated

Assistants in Nursing/Personal Care Worker (however titled)

This group often use various titles including assistants in nursing, personal care assistant, personal care worker or care service employee to name a few. They are unregulated, have no minimum education preparation or standards as requirements to employment¹⁶.

Therapy Assistants (however titled)

This group uses various titles including allied health assistant, rehabilitation assistant, community assistant and others (for physiotherapy and occupational therapy), hydrotherapy assistant, exercise therapist, sports trainer (for physiotherapy). They are unregulated health care workers who work under the supervision of the relevant registered allied health professional. Assistants often hold a Certificate IV in Allied Health Assistance (Physiotherapy or Occupational Therapy) or equivalent.

¹⁶ Some of these staff do have Certificate III or IV qualifications and some employers have a requirement for this level of qualification for employment.

FUNDING AND AGED CARE REFORM

July 2012

All Australians should be able to access the quality aged care they are assessed as needing, when they need it and where they want it, at an equitable and affordable cost. Quality services require skilled staff in adequate numbers to meet people's needs¹.

This requires funding that reflects the full cost of providing residential and home care services. Currently this is not the case.

The *Living Longer. Living Better.* (LLLB) reform package announced on 20th April 2012 contains many initiatives which will enhance the ability to deliver quality care, and over the longer term seeks to address financial sustainability. However it does not address as a matter of priority the basis of setting prices, subsidies and other funding for quality services.

Also, many of the initiatives that address financial sustainability are not scheduled to be introduced until mid-2014. In the meantime many providers are facing income challenges which could adversely impact on staffing levels and service innovation which underpin quality care. These financial and sequencing issues need to be addressed to ensure the LLLB reform package successfully achieves its objectives.

The Alliance therefore recommends that:

1. An independent and comprehensive cost of care study² be undertaken urgently to establish realistic pricing for quality care and accommodation (including adequate indexation). Adoption of the recommendations from such a study would ensure quality services are available for all older Australians from a sustainable aged care system.
2. Government brings forward to the 2012–2013 financial year:
 - the scheduled LLLB review of specified care and services; and
 - following the review's completion, endorsement and adoption by Government before 30 June 2013, introduce the ability to charge for additional hotel and lifestyle services³.
3. Government brings forward to 1 July 2013 the removal of the low/high care distinction in residential care, introducing the LLLB accommodation payment arrangements⁴ currently scheduled for 1 July 2014.

The actions in recommendations 2 and 3 are already scheduled to occur in the LLLB package. Bringing them forward would need to be done in a way that:

- Recognises and respects the financial impact on numbers of consumers;
- Maintains the quality of care provided to residents by ensuring adequate staffing with the necessary skills to care for all residents, including RNs for those with high care needs; and
- Does not change the timing of the LLLB means testing arrangements for care fees.

¹ For more detail on the Alliance's view on quality services and reform see *the Alliance's Blueprint for Reform* available on www.naca.asn.au.

² This would cover all services provided, including palliative care.

³ Additional hotel and lifestyle services refer to optional extras that consumers choose to purchase and which are not part of the agreed specified care and services, particularly clinical care.

⁴ LLLB provisions include choice of payment method, cooling off period and charges that reflect the value of the accommodation service provided.

1. Alternative bond insurance arrangements be developed and adopted that do not require providers to individually insure deposits but provide low cost full security of bonds.
2. The Aged Care Financing Authority (ACFA) urgently proposes to the Minister arrangements, including effective consumer protections that enable residents to make voluntary payments for their care contribution and/or services from any bond they have paid.
3. The ACFA also be charged with identifying and recommending alternative funding methods for rural, regional and remote (RRR) and special need (e.g. homeless) aged care services to ensure their ongoing availability and viability.
4. Government undertakes comprehensive consultation and collaboration with the aged care sector, through the National Aged Care Alliance (the Alliance), to successfully scope and implement the recommended changes.

The Alliance is committed to working with the Government, the Opposition, Greens and Independents on the implementation of reform that ensures quality aged care services for all older Australians who need them.

Attachment Two: Funding and Aged Care Reform was endorsed in 2012 by the following Alliance Members:



Please note the following member of the Alliance abstained from endorsing the Funding and Aged Care Reform document in 2012:



The Pre-Costing Progress Report is endorsed by the National Aged Care Alliance, which is the representative body of peak national organisations in aged care including consumer groups, providers, unions and professionals.

