2013–14 Report on the Operation of the *Aged Care Act 1997*

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Contact officer

Branch Manager

Reform Support and Engagement Branch

Department of Social Services
PO Box 7576
Canberra Business Centre ACT 2610

Telephone: 1300 653 227

Email: AACStream@dss.gov.au

Web address of this report: Department of Social Services website (https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/tools-and-resources/reports-on-aged-care)

Acknowledgements

Reporting, Briefing and Correspondence Section

Jennine Jones, Acting Director

Kate Rose, Assistant Director

Ryan Webeck, Departmental Officer

The Ageing and Aged Care Stream

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Foreword

By the Assistant Minister for Social Services, Senator the Hon Mitch Fifield.

This has been a significant year for the aged care sector.

A number of changes were implemented on 1 July 2013 and 1 July 2014 to help ensure we get the best outcomes for older Australians—now and into the future.

The changes aim to create an aged care system driven by the needs and demands of older Australians. These changes are also designed to make the system more sustainable, efficient, flexible, and easier to access and navigate.

My Aged Care, a national contact centre and website, is now playing a major role in assisting older people, their families and carers, to access a wide range of information on the aged care system. Being able to access this information is crucial to ensuring that older Australians are able to make informed decisions about what services are right for them.

We will continue to expand the role of My Aged Care to make sure it is a simple and effective entry point into the aged care system. The My Aged Care Gateway now provides an unprecedented level of transparency and information, listing all accommodation prices in one place since 19 May 2014.

Older Australians will be the driving force behind the design and delivery of aged care services, providing significant opportunities for services that can harness the waves of change and adapt their business model.

The changes to aged care are also aimed at reducing the red tape burden on aged care providers, to increase business flexibility and allow them to focus on meeting the needs of their consumers.

The Government is encouraging greater investment in the market through incentives for residential care providers to build and refurbish their facilities through the introduction of a higher accommodation supplement.

The Government has simplified accommodation pricing while ensuring consumers have access to clear information on accommodation.

The Government has also repealed residential aged care building certification which was an unnecessary burden and duplicated state and territory building regulation. This was proposed in the 2013–14 financial year, and I was pleased to see its formal passage by Parliament in September 2014.

We will continue to monitor the real world effects of the changes to aged care closely, through reports provided by the Aged Care Financing Authority and feedback from both providers and consumers.

While the changes progress, this report shows that the Government continues to subsidise the majority of aged care services. In 2013–14:

- over 231,500 people accessed permanent residential care;
- over 83,100 people accessed home care packages;
- over 23,500 people accessed transition care; and
- over 775,900 people aged 65 years and over (50 years and over for Indigenous Australians) accessed Home and Community Care (HACC) services.

As at 30 June 2014, there were 259,788 operational aged care places, including 192,834 residential aged care places, and 66,954 home care places, in addition to 4,000 transition care places.

On 29 April 2014, through the 2014 Aged Care Approvals Round (ACAR), 9,330 residential aged care places and 6,653 home care places were advertised nationally. The ACAR also provides up to $103 million for capital grants, which includes approximately $11.6 million to support access to residential aged care for older people from culturally and linguistically diverse backgrounds.

As at 30 June 2014, there were 111.3 operational aged care places (82.6 residential places plus 28.7 home care places) available per 1,000 people aged 70 years and over.

We recognise that most people want to remain living in their own home for as long as possible.

To this end, the Government has committed to increasing the overall provision of aged care with an emphasis on expanding the number of home care places, moving towards 45 home care places and 80 residential aged care places per 1,000 people aged 70 years and over by 2021–22.

I am pleased to present this Report on the Operation of the *Aged Care Act 1997* for 2013–14.

I look forward to continuing to work with the sector as we strive to build a vibrant, dynamic and responsive aged care system.

Mitch Fifield

Assistant Minister for Social Services

Executive Summary

The Australian Government ensures the provision of aged care services for residential care, home care, home support, and flexible care to those approved to receive it, and provides capital grants to assist in the establishment of new services and the expansion or upgrade of existing aged care services where providers are unable to meet these costs through other sources. It also has in place quality assurance and consumer protection programmes.

The *Aged Care Act 1997* (the Act) and associated Aged Care Principles provide the legislative framework for a range of aged care services in Australia. Section 63-2 of the Act requires the Minister to present to Parliament a report on the operation of the Act for each financial year.

This Report meets the requirements under section 63-2 of the Act.

Responsibility for operation of the Act transferred from the Department of Health and Ageing to the Department of Social Services, in September 2013, following Machinery of Government changes.

On 28 June 2013, major legislative changes to the Act and associated principles were passed by Parliament and became law. Throughout 2013–14, the Australian Government monitored the impact of these changes to ensure that they delivered the improvements sought and that there were no unintended consequences, while also progressing further changes to the aged care system that commenced on 1 July 2014.

In 2013–14, through aged care programmes under the Act, a total of 231,515 people received permanent residential care, and 48,295 received short-term respite care in aged care homes. In addition, 83,144 people who would otherwise be eligible for residential care chose to receive care in their own home through a home care package, and a further 23,519 people on discharge from hospital received transition care to optimise their functioning and allow more time for them to consider long term support arrangements. Some people received care through more than one aged care programme during 2013–14.

Ensuring access to quality care

The Act is designed to encourage diverse, flexible, and responsive aged care services and to promote ageing in place through the linking of care and support services to the places where older people prefer to live. The Act further protects and promotes the rights of care recipients, and gives them a voice. Aged care services funded under the Act must meet quality standards designed to protect the health and well-being of care recipients.

The Act provides the regulatory, funding and quality foundations of Australia's aged care system, and are based on the set of objectives set out in the Act, namely to:

- provide funding that takes account of the quality, type and level of care;
- promote a high quality of care and accommodation;
- protect the health and well-being of residents;
- ensure that aged care services and funding are targeted towards people and areas with the greatest needs;
- facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance, or location;
- ensure that care is accessible and affordable for all residents;
- provide respite for families and others who care for older people;
- encourage services that are diverse, flexible and responsive to individual needs;
- help residents enjoy the same rights as all other people in Australia;
- plan effectively for the delivery of aged care services; and
- promote ageing in place through the linking of care and support services to the places where older people prefer to live.

Funding under the Act

The Report finds that Australian Government expenditure for aged care, increased by 5.6 per cent in 2013–14. The expenditure for 2013–14, included aged care support and assistance provided under and outside the Act, and totalled $14.2 billion.

In 2013–14, expenditure for Australian Government programmes provided under the Act was:

- $9.8 billion on residential care subsidies and supplements, compared with $9.2 billion in 2012–13, an increase of 6.8 per cent;
- $1.3 billion on home care packages, compared with $1.2 billion in 2012–13, an increase of 9.9 per cent; and
- $367.4 million on flexible care programmes[1], compared with $354.2 million in 2012–13, an increase of 3.7 per cent.

The largest single component of Australian Government expenditure outside the Act was $1.2 billion for the Commonwealth HACC programme. The Government also provided $539.8 million through Treasury Certified Payments to Victoria and Western Australia[2], bringing the total Australian Government contribution for HACC services to $1.7 billion. In addition in 2013–14, $212.3 million was provided for the National Respite for Carers Programme (NRCP) and $38.5 million was provided to deliver therapy services through the Day Therapy Centre (DTC) programme.

People with special needs

One of the objectives of the Act is to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location. To give effect to this objective, the Act designates certain people as 'people with special needs'.

In accordance with the Act's objectives, the Secretary may decide under section 12-5 of the Act that a number of aged care places will be made available to focus on the care of particular groups of people. People from special needs groups also have access to places allocated to service the needs of the general population. Under the *User Rights Principles 1997*, all aged care providers must have regard to the particular physical, physiological, social, spiritual, environmental and other health related care needs of individual recipients. Establishing and maintaining links with representatives of relevant community groups, and other support agencies and organisations, is regarded as an integral part of providing relevant levels of care and facilitating the provision of culturally appropriate care.

On 1 August 2013, an amendment to the Act moved all descriptors of people with special needs as named in the *Allocation Principles 1997* into the *Aged Care Act 1997.* Special needs groups that are now included in the Act are:

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- veterans;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are homeless or at risk of becoming homeless;
- care-leavers;
- parents separated from their children by forced adoption or removal; and
- lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

The Commonwealth HACC programme has similar arrangements to take into account people with special needs in considering the planning and allocation of services.

[1] Flexible care programmes includes the Transition Care Program, Multi-Purpose Services and Innovative Care Services.

[2] In 2013–14, the Australian Government, through Treasury Certified Payments, funded the Victorian Government $378.2 million and the Western Australian Government $161.7 million to support HACC services in their states.

Since July 2012, a total of 59 projects have been funded across the two Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) funding rounds that target the needs of people from CALD backgrounds. These projects involve activities such as capacity building, consultation and engagement, information translation and dissemination, and raising awareness.

Additionally in 2013–14, funding to support Partners in Culturally Appropriate Care (PICAC) organisations in each state and territory was extended until June 2015. PICAC organisations provide support to aged care providers to deliver culturally appropriate care to older people from CALD backgrounds.

Financial support was also provided to Government funded residential aged care services and home care package providers to access the Department of Immigration and Border Protection's Translating and Interpreting Services (TIS National). TIS National is available 24 hours a day, seven days a week and provides both telephone and onsite interpreting.

In 2013–14, the National LGBTI Health Alliance delivered three train-the-trainer sessions (with 42 people trained) and 19 local training sessions of the LGBTI aged care awareness training. The training is also being delivered through an e-learning module.

Quality outcomes and protection for aged care recipients

The Government's approach to quality and regulation, including the accreditation system for residential aged care and the quality reporting system for home care and home support, is based on providers having responsibility for providing, maintaining and improving services, and encouraging or requiring compliance when needed.

The Australian Aged Care Quality Agency (and, prior to 1 January 2014, its predecessor, the Aged Care Standards and Accreditation Agency) accredits all Australian Government subsidised aged care homes. During 2013–14, the Quality Agency identified 140 homes as not having met one or more of the 44 expected outcomes of the Accreditation Standards. At 30 June 2014, 2,577 of the 2,693 accredited homes were accredited for three years.

'Quality Reporting' is the Australian Government's process to promote ongoing improvement of the quality of aged care services provided in the community. It is a Government requirement that applies to providers funded for home care packages, NRCP and Commonwealth HACC services. Providers of these services must appraise their performance against the Home Care Standards and complete a quality review at least once during a three year cycle.

In 2013–14, quality reviews were completed on 545 out of a total of 1,505 (36.2 per cent) home care and NRCP outlets. Quality reviews were completed on a total of 390 Commonwealth HACC services.

During 2013–14, the Aged Care Complaints Scheme (the Scheme) continued to seek to achieve quality outcomes for recipients of aged care services. There was a focus on communicating Scheme outcomes and influencing industry, in line with the Scheme's Strategic Business Plan. This was achieved by engaging with service providers and their staff across the country, through the complaint management process and at events and conferences. The Scheme supported aged care service providers to implement better practices for complaint resolution within their services through the development and distribution of the Better Practice Complaint Handling Toolkit, thereby influencing positive outcomes for care recipients.

The Scheme also implemented measures to improve its accessibility to socially isolated care recipients by providing information about the Scheme to public guardians, advocacy groups and Community Visitors Scheme auspices. Additionally, the Scheme consulted with CALD stakeholders and translated materials into 17 languages.

During 2013–14, the Scheme:

- received 11,803 contacts;
- considered 69.7 per cent of these (8,228 contacts, including 3,903 complaints) to be 'in-scope' and subsequently examined;
- resolved 84.3 per cent of complaints within 90 days;
- made 976 referrals to external agencies better placed to deal with the matters raised, including 945 referrals to the Quality Agency or its predecessor;
- conducted 355 site visits during the course of investigating cases;
- issued 117 Notices of Intention to Issue Directions which gives approved providers the opportunity to demonstrate how they have or will resolve the issues; and
- issued 28 Directions requiring approved providers to demonstrate how they have or will meet their responsibilities under the Act.

Glossary

Term	Meaning
ACAP	Aged Care Assessment Programme
ACAR	Aged Care Approvals Round
ACAT	Aged Care Assessment Team
Accreditation Agency	the Aged Care Standards and Accreditation Agency Ltd
ACETI	Aged Care Education and Training Incentives
ACFI	Aged Care Funding Instrument
ACHA	Assistance with Care and Housing for the Aged
ACNS	Aged Care Nursing Scholarships
ACPAC	Aged Care Planning Advisory Committee
ACSIHAG	Aged Care Service Improvement and Healthy Ageing Grants Fund
Act, the	the *Aged Care Act 1997*
ACWVET	Aged Care Workforce Vocational Education and Training
ADL	the ACFI funding category/domain - Activities of Daily Living
APCS	Annual Prudential Compliance Statements
Approved Provider	a person or organisation approved under Part 2.1 of the Act to be a provider of care for the purpose of payment of subsidy (A provider approved since the commencement of the Act must be a corporation)
BBC	the Bladder Bowel Collaborative
BEH	the ACFI funding category/domain - Behaviour
CACP	Community Aged Care Package
CALD	Culturally and Linguistically Diverse
CAP	Conditional Adjustment Payment
CDC	Consumer Directed Care
CFA	the Continence Foundation of Australia
CHC	the ACFI funding category/domain - Complex Health Care
CHSP	Commonwealth Home Support Programme

Term	Meaning
Commissioner, the	the Aged Care Commissioner
CVS	Community Visitors Scheme
DBMAS	Dementia Behaviour Management Advisory Services
Department, the	Refers to the Department responsible for aged care, the Department of Social Services
DTC	Day Therapy Centres
EACH	Extended Aged Care at Home package
EACHD	Extended Aged Care at Home Dementia package
EBPAC	Encouraging Better Practice in Aged Care
HACC	Home and Community Care
HCS	On 1 August 2013, the Community Care Common Standards were renamed to the Home Care Standards.
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex people
Minister, the	Senator the Hon Mitch Fifield, Assistant Minister for Social Services
NACAP	National Aged Care Advocacy Program
NRCP	National Respite for Carers Programme
PICAC	Partners in Culturally Appropriate Care
Principles, the	Aged Care Principles, which are subordinate legislation made by the Minister under subsection 96-1(1) of the *Aged Care Act 1997*
Quality Agency	the Australian Aged Care Quality Agency, successor to the Accreditation Agency
Secretary, the	Secretary responsible for the administration of aged care
Scheme, the	the Aged Care Complaints Scheme
TIS National	the Department of Immigration and Border Protection's Translating and Interpreting Services
ZRIL	Zero Real Interest Loans

1 Introduction

The *Aged Care Act 1997* (the Act) and associated Aged Care Principles (the Principles) provide the legislative framework for the provision of a range of aged care services in Australia. These arrangements determine:

- who can provide care, and their roles and responsibilities;
- who can receive care, and their rights and responsibilities;
- what types of aged care services are available; and
- how aged care is funded.

1.1 Purpose of this report

This report details the operation of Australia's aged care system during the 2013–14 financial year and is the sixteenth in the series. It is delivered to Parliament and the Australian community by the Minister in accordance with section 63-2 of the Act, which requires that the report include information about:

- the extent of unmet demand for places;
- the adequacy of the Australian Government subsidies provided to meet the care needs of residents;
- the extent to which providers are complying with their responsibilities under the Act;
- the amounts of accommodation bonds and accommodation charges charged, noting that future reports will also consider the amounts of accommodation payments and contributions;
- the duration of waiting periods for entry to residential care;
- the extent of building, upgrading and refurbishment of aged care homes; and
- the imposition of any sanctions for non-compliance under Part 4.4 of the Act, including details of the nature of non-compliance and the sanctions imposed.

In addition to information required by the Act, the report includes information on related matters to provide a more useful and comprehensive picture of the Australian aged care system.

1.2 Structure of the report

Chapter 2 provides an overview of Australia's ageing population and the Government's support for provision of aged care services.

Chapter 3 outlines the Australian Government's support services for older people on the threshold of aged care, and their carers, including information and assessment of care needs.

Chapter 4 outlines the Commonwealth HACC programme, including respite support services.

Chapters 5, 6 and 7 outline the operation of the three primary service streams under the Act – home care, residential aged care and flexible care services.

Chapter 8 discusses the additional support arrangements that the Australian Government has put in place for people with special needs.

Chapter 9 outlines support for the aged care workforce.

Chapters 10 and 11 focus on measures to support service improvement, quality and safety in aged care, including regulation and compliance arrangements.

Chapter 12 reports activity under the Aged Care Complaints Scheme.

Appendix A provides further detail on the aged care legislative context.

Appendix B lists the legislative amendments that were made during 2013–14.

Appendix C provides detail on the responsibilities of approved providers under the Act.

Appendix D lists the sanctions that were imposed on approved providers for breaching their responsibilities between 1 July 2013 and 30 June 2014.

1.3 Sources

Information for this report was collected primarily from Departmental information systems and records. Information has also been obtained from the Australian Aged Care Quality Agency, the Aged Care Commissioner and Aged Care Assessment Teams.

The data in relation to the Aged Care Commissioner examinable decisions and process reviews were confirmed with the Commissioner.

Information for the report was also obtained through a survey of aged care homes, which was conducted by Sweeney Research. Overall, 92 per cent of aged care homes responded to the 2014 survey.

Please note some numbers may not total exactly due to rounding, however, all care has been taken to ensure that figures provided are the most accurate reflection of the data.

2 Overview of the Australian Aged Care System

The Australian Government recognises that older people make invaluable contributions to our communities. It is committed to helping older people enjoy active, healthy, engaged and independent lives by encouraging positive approaches to ageing.

The Government is also committed to ensuring that all frail older people have timely access to appropriate care and support services as they age by providing:

- comprehensive information, assessment, and referral mechanisms;
- support for carers looking after frail older people living at home;
- support for people with special needs in our communities;
- a choice of service types;
- high quality, accessible and affordable care; and
- a safe and secure aged care environment.

This chapter provides an overview of Australia's ageing population, the Government's support for the provision of aged care services, and the Government's needs-based planning arrangements. The Australian Government's programmes and services are discussed in detail in the following chapters.

2.1 Australia's ageing population

Longevity

As at 30 June 2014, 15 per cent of Australia's population were aged 65 years and over (3.5 million people) and 1.9 per cent were aged 85 years and over (456,000 people). By 2024, it is estimated that 17 per cent of the population will be aged 65 years and over (4.7 million people)[3].

The life expectancy of people in Australia compares well with those of other developed nations, with life expectancies at birth of 79.9 years for males and 84.3 years for females, with both expected to live many years beyond 'retirement'. Of people aged 85 years and over, there are 1.8 times as many women as men.

Population ageing is changing the ratio of working age to retirement age for people. For each older person (aged 65 years or more) in 2014, there were 4.5 'traditional' working-age people (15 - 64 years) and by 2024, this ratio will decrease to 3.7 'traditional' working-age people for every older person. This change is opening opportunities for older people to continue participating in the workforce and, at the same time, will potentially reduce the number of informal carers.

Diversity

The ageing process affects each person differently. In part, this depends on the life choices individuals make and whether they take practical measures to adapt to the normal ageing process. Ageing is also influenced by a range of interdependent drivers – from the protection of people's rights, to the critical issues of employment, liveable housing and community environments, lifelong learning, retirement incomes, and healthy ageing.

There is also significant cultural diversity among older Australians, many of whom are now seeking culturally appropriate aged care information and services. Aboriginal and Torres Strait Islander people comprise 3.0 per cent of the population, or 2.9 per cent of older Australians (aged 65 or over, or 50 and over for Aboriginal and Torres Strait Islander people).

[3] Revised population projections based on 2012 Estimated Resident Population prepared for the Department of Social Services by the Australian Bureau of Statistics, according to assumptions set by the Department.

Furthermore, 46 per cent of Australians (both the general population and the population of older Australians) were born overseas or are 'second generation' Australians with one or both parents born overseas. While many of these people have come from European countries since the 1970s, many migrants arrived in Australia from South-East Asia. In recent migration streams, people from the United Kingdom (14%), India (13%) and China (10%) accounted for the highest numbers of migration to Australia[4].

Independence

The majority of older people continue to live active, independent lives in the community and go on contributing to their communities and the economy. Around 94 per cent live in private dwellings in the community, including some 74 per cent of those aged 85 years and over. Among them are many centenarians.

In June 2014, 34 per cent of men and 20 per cent of women aged 65-69 were active in the labour force.

During 2013–14, 68 per cent of Australians aged 65 years and over lived at home without accessing Government subsidised aged care services, 25 per cent accessed some form of support or care at home, while only 7 per cent accessed residential aged care.

Dementia

People with dementia are significant users of all aged care services, with approximately 52 per cent of aged care residents and 17 per cent of recipients of home care packages having a diagnosis of dementia. As such, the Australian Government recognises that dementia is now core business across the aged care system. As a result, funding for a range of programmes and initiatives aimed at improving the care and support for people with dementia and their carers is also provided. These include:

- Dementia Behavioural Management Advisory Services;
- Dementia Training Study Centres;
- Dementia Education and Training for Carers;
- National Dementia Support Programme;
- Younger onset dementia key workers programme;
- More support for timely diagnosis; and
- Improving acute care services for people with dementia.

More information on the government's funding of programmes to support people with dementia can be found in Section 10.1.

2.2 Support for aged care services

The Australian Government funds and regulates the provision of residential care, home care, home support and flexible care to those approved to receive it, and provides capital grants to assist in the establishment of new services and the expansion or upgrade of existing aged care services where providers are unable to meet these costs through other sources. It also has in place quality assurance and consumer protection programmes.

The Act provides the regulatory, funding and quality foundation of Australia's aged care system and are based on the set of objectives set out in the Act, namely to:

- provide funding that takes account of the quality, type and level of care;
- promote a high quality of care and accommodation;
- protect the health and well-being of residents;
- ensure that aged care services and funding are targeted towards people and areas with the greatest needs;

[4] Australian Bureau of Statistics, ABS 1301.0 Year Book 2012.

- ensure that care is accessible and affordable for all residents;
- provide respite for families and others who care for older people;
- encourage services that are diverse, flexible and responsive to individual needs;
- help residents enjoy the same rights as all other people in Australia;
- plan effectively for the delivery of aged care services; and
- promote ageing in place through the linking of care and support services to the places where older people prefer to live.

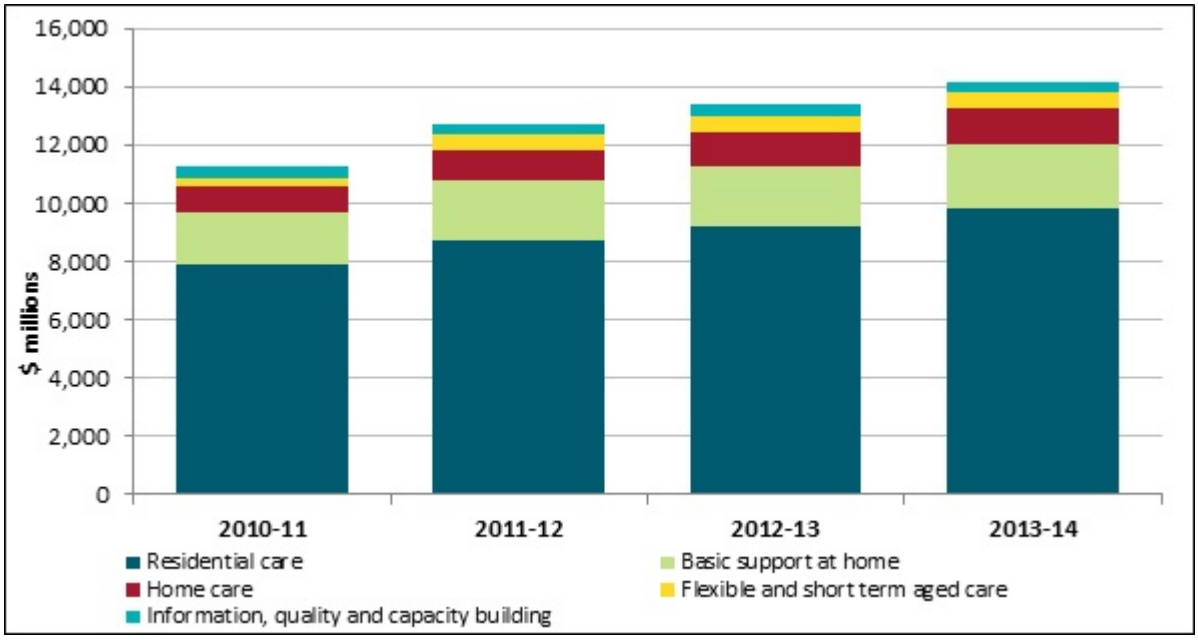
Australian Government expenditure for aged care during 2013–14, including aged care support and assistance provided under and outside the Act, totalled $14.2 billion, an increase of 5.6 per cent from the previous year (Figure 1).

In 2013–14, for Australian Government programmes provided under the Act:

- expenditure on residential care subsidies and supplements was $9.8 billion, compared with $9.2 billion in 2012–13 – an increase of 6.8 per cent;
- expenditure on home care packages was $1.3 billion, compared with $1.2 billion in 2012–13 – an increase of 9.9 per cent; and
- expenditure on flexible care programmes[5] was $367.4 million, compared with $354.2 million in 2012–13 – an increase of 3.7 per cent.

The largest single component of Australian Government expenditure outside the Act was $1.2 billion for the Commonwealth HACC programme. The Government also provided $539.8 million through Treasury Certified Payments to Victoria and Western Australia, bringing the total Australian Government contribution for HACC services to $1.7 billion. In addition in 2013–14, $212.3 million was provided for the National Respite for Carers Programme (NRCP) and $38.5 million was provided to deliver therapy services through the Day Therapy Centre (DTC) programme.

FIGURE 1: AUSTRALIAN GOVERNMENT OUTLAYS FOR AGED CARE, 2010–11 TO 2013–14



The outlays in this figure includes administered funding provided by the Departments of Social Services and Veterans' Affairs, and administered funds provided through the National Partnership Payments to the states and territories.

[5] Flexible care programmes includes the Transition Care Program, Multi-Purpose Services and Innovative Care Services.

Over one million older people receive some form of aged care each year, with approximately 1 in 11 people aged 70 or over receiving permanent residential care. During 2013–14, through aged care programmes administered by the Australian Government under the Act:

- 231,515 people received permanent residential care with 9.3 per cent of people aged 70 years or over, and 30.5 per cent of people aged 85 years or over receiving permanent residential care;
- 83,144 people received care through a home care package (levels 1 to 4) with 3.3 per cent of people aged 70 years or over receiving a home care package;
- 48,295 people received residential respite care, of whom 24,912 were later admitted to permanent care. 1.9 per cent of people aged 70 years or over, and 5.6 per cent of people aged 85 years or over received residential respite care; and
- 23,519 people received care under the Transition Care Program – an increase of 1.5 per cent from 2012–13.

Many older Australians receive home support through the Commonwealth HACC programme. In 2013–14, 500,615 individual clients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) received assistance through the Commonwealth HACC programme.

In Victoria and Western Australia, 363,530 people received services through the HACC program, of which 275,344 were aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people).

In addition, 106,756 carers were assisted through the NRCP in 2013–14.

Some people received care through more than one of these programmes throughout 2013–14.

2.3 The needs-based planning framework

The Australian Government's needs-based planning framework aims to ensure sufficient supply of residential and home care places by ensuring that the growth in the number of aged care places matches growth in the aged population. It also ensures balance in the provision of services among metropolitan, regional, rural and remote areas, as well as among people needing differing levels of care.

Under the framework, the Government seeks to achieve and maintain a specified national provision level of subsidised operational aged care places for every 1,000 people aged 70 years or over. This is known as the aged care provision ratio.

The provision ratio is planned to increase to 125 operational aged care places per 1,000 people aged 70 years or over by 2021–22. Within this provision ratio, the number of home care packages will increase to 45 places.

The process for allocating aged care places as set out in the Act provides for open and clear planning that identifies community needs and allocates places in response to those needs. Each year, the planning arrangements determine the number and type of new places to be made available and the way in which the new aged care places are distributed across the aged care planning regions in each state and territory. These arrangements may specify a proportion of places that may be provided to certain groups of people specified in the Act, such as those with special needs, and any other particular care requirements, such as the need for residential respite care.

Each year, the Minister determines the number of new residential care, home care and flexible care places that should be made available for allocation in each state and territory. The number of new places made available each year considers the planning benchmarks, the number of people aged 70 years or over, and current levels of service provision, including newly allocated places that have not yet become operational.

Aged care places are distributed to aged care planning regions, in each state and territory.

Providers are invited to apply for places through an Aged Care Approvals Round (ACAR). The ACAR is an open, competitive process where the Department invites applications from new and existing approved aged care providers for an allocation of new aged care places and/or capital grants. Places are allocated to applicants that demonstrate that they can best meet the aged care needs within a particular planning region.

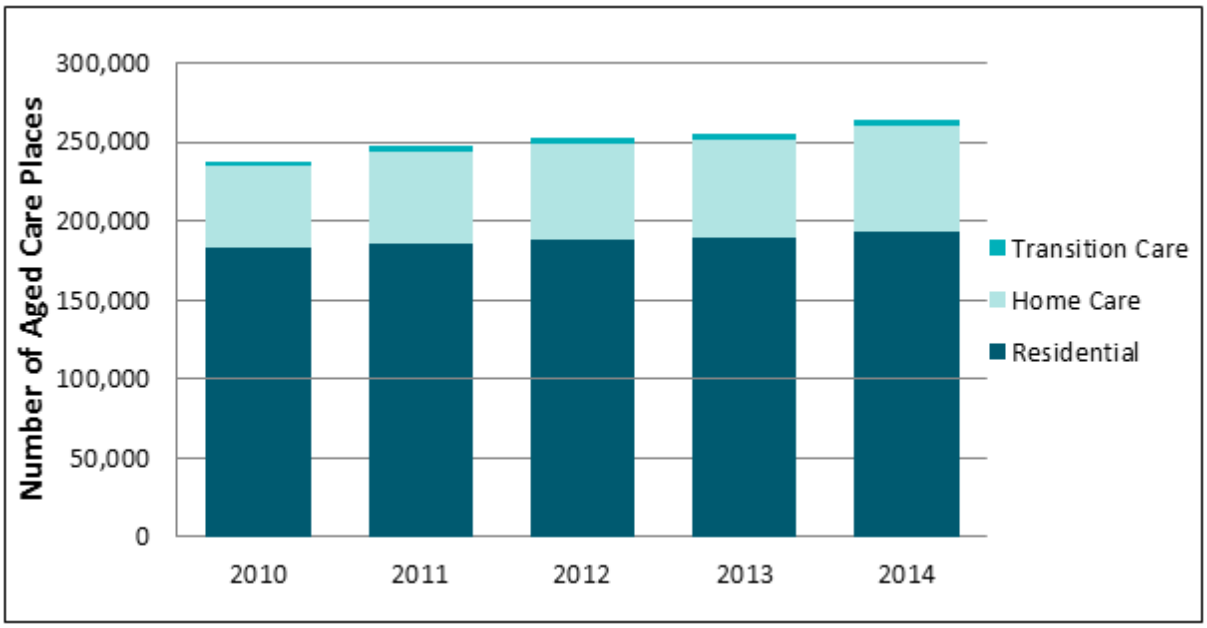
The capacity of applicants to bring places into operation as quickly as practicable is a consideration in the ACAR's assessment process.

The Act provides for places to become operational within two years after allocation. In practice, this time can be longer, particularly in respect of residential care places which are often reliant on acquisition of land, finance, planning and construction approvals, and availability of builders. Approved providers with an allocation of residential aged care places are required to lodge quarterly reports on progress towards making these places operational. If no reasonable progress is being made, the Department can revoke the places. Home care packages generally become operational soon after allocation.

Current provision

The total number of operational aged care places rose from 254,848 at 30 June 2013 to 263,788 at 30 June 2014, an increase of 3.5 per cent. This includes 192,834 residential care places, 66,954 home care places and 4,000 transition care places (Figure 2).

FIGURE 2: OPERATIONAL AGED CARE PLACES AT 30 JUNE 2010 TO 2014



The number of operational aged care places per 1,000 people aged 70 years or over at 30 June 2014 was 111.3 (excluding transition care places). The number of allocated and operational aged care places per 1,000 people aged 70 years or over at 30 June 2014 is provided in Table 1.

TABLE 1: ALLOCATED AND OPERATIONAL RESIDENTIAL CARE, HOME CARE AND TRANSITION CARE PLACES PER 1,000 PEOPLE AGED 70 YEARS OR OVER, AT 30 JUNE 2014, BY STATE AND TERRITORY

State / Territory	Residential Care - low	Residential Care - High	Residential Care - total	Home Care - Low	Home Care - High	Home Care - Total	Transition care	Total ratio (excluding Transition care)
Allocated ratios								
NSW	45.9	49.7	**95.6**	21.9	4.8	**26.7**	1.7	**122.3**
Vic.	47.9	48.1	**95.9**	22.0	5.0	**27.0**	1.7	**122.9**
Qld	46.7	48.2	**94.9**	22.4	7.2	**29.5**	1.7	**124.4**
WA	42.2	44.2	**86.4**	22.3	13.4	**35.7**	1.6	**122.0**
SA	43.4	52.8	**96.2**	22.4	4.3	**26.7**	1.8	**122.9**
Tas.	39.1	46.5	**85.7**	21.9	5.6	**27.5**	1.8	**113.2**
ACT	49.7	50.7	**100.5**	23.5	16.6	**40.1**	2.0	**140.6**
NT	38.4	53.8	**92.2**	101.3	21.2	**122.5**	3.4	**214.7**
Australia	**45.8**	**48.7**	**94.5**	**22.4**	**6.3**	**28.7**	**1.7**	**123.2**
Operational ratios								
NSW	40.7	43.7	**84.5**	21.9	4.8	**26.7**	1.7	**111.2**
Vic.	43.2	40.9	**84.1**	22.0	5.0	**27.0**	1.7	**111.1**
Qld	40.6	38.2	**78.8**	22.4	7.2	**29.5**	1.7	**108.3**
WA	38.4	36	**74.4**	22.3	13.4	**35.7**	1.6	**110.0**
SA	42	49.5	**91.5**	22.4	4.3	**26.7**	1.8	**118.2**
Tas.	36.7	43.3	**80.0**	21.9	5.6	**27.5**	1.8	**107.5**
ACT	40.8	29.8	**70.6**	23.5	16.6	**40.1**	2.0	**110.7**
NT	29.2	47.2	**76.4**	101.3	21.2	**122.5**	3.4	**198.9**
Australia	**41.1**	**41.6**	**82.6**	**22.4**	**6.3**	**28.7**	**1.7**	**111.3**

Note: Residential care includes flexible residential care places in the Multi-Purpose Service (MPS) Programme, Aged Care Innovative Pool Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, which are notionally allocated as high care and low care residential care places.

Home care (low care) includes home care Level 1 and Level 2 places and the flexible home care places in the: Multi-Purpose Service (MPS) Programme, Aged Care Innovative Pool Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (these services operate outside the regulatory framework of the Act (see Section 8.1). Home care (high care) includes home care Level 3 and Level 4 places only.

Government planning is based on a target provision ratio of a specified number of places per 1,000 people aged 70 years. However, in recognition of poorer health among Aboriginal and Torres Strait Islander communities, planning in some cases also takes account of the Aboriginal and Torres Strait Islander population aged 50–69 years. This means that the provision ratio based on the population aged 70 years or over will appear high in areas with a high Indigenous population (such as the Northern Territory). Transition Care Program places are not included in the target ratio. Totals may not sum exactly, due to rounding.

Under the Act, the Australian Government provides packages of home care of varying levels of assistance, depending on the care needs of the person. The Home Care Packages Programme commenced on 1 August 2013, replacing the former packaged care programmes – Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) packages and Extended Aged Care at Home Dementia (EACHD) packages.

At 30 June 2014, there were 263,788 operational aged care places across Australia, comprising 192,834 residential care places, 1,303 Level 1 packages, 50,962 Level 2 packages, 1,010 Level 3 packages, 13,679 Level 4 packages and 4,000 transition care places, across Australia (Table 2).

TABLE 2: NUMBER OF OPERATIONAL PLACES BY SERVICE TYPE AT 30 JUNE 2014, BY STATE AND TERRITORY

State/ Territory	Residential High Care	Residential Low Care	Home Care Level 1	Home Care Level 2	Home Care Level 3	Home Care Level 4	Transition Care	Total
NSW	34,575	32,205	485	16,822	375	3,451	1,378	**89,291**
Vic.	24,284	25,637	350	12,712	272	2,705	1,000	**66,960**
Qld	16,577	17,631	245	9,465	210	2,897	733	**47,758**
WA	7,856	8,382	30	4,833	10	2,911	346	**24,368**
SA	9,772	8,305	135	4,292	100	746	347	**23,697**
Tas.	2,640	2,240	50	1,284	35	308	109	**6,666**
ACT	875	1,198	0	691	0	487	58	**3,309**
NT	406	251	8	863	8	174	29	**1,739**
Australia	**96,985**	**95,849**	**1,303**	**50,962**	**1,010**	**13,679**	**4,000**	**263,788**

Note: Residential places include Innovative Pool, Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program residential places. Home care includes home care places and the flexible places in the: Multi-Purpose Service Programme, the Aged Care Innovative Pool Programme and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Aged Care Approvals Round

The application period for the 2014 ACAR was from 24 May 2014 until 4 July 2014. A total of 15,983 places were advertised in the 2014 ACAR, comprising 9,330 residential care places and 6,653

home care places. Up to $103 million in capital grants were also made available. The results of the 2014 ACAR are expected to be announced before the end of 2014.

Addressing gaps in service provision

The Secretary may seek the advice of Aged Care Planning Advisory Committees (ACPACs) to assist in determining how the new places that have been made available by the Minister are distributed among aged care planning regions. Any advice provided is incorporated in the Regional Distribution of Aged Care Places, which is published in conjunction with the Invitation to Apply for places and/or a capital grant in the ACAR.

The Regional Distribution of Aged Care Places may list, by aged care planning region, a geographic location(s), special needs group(s) and/or key issue(s) identified by the planning process as having a particular focus in the relevant ACAR.

The final allocation of places is dependent upon the quantity and quality of the applications received, and will reflect the best use of all the available places, having regard to the need to obtain, as far as possible, a balanced outcome for each aged care planning region.

2.4 Commonwealth Home and Community Care Programme

On 1 July 2012, the Australian Government assumed full policy, funding and day-to-day responsibility for HACC services for people aged 65 years and over and for Aboriginal and Torres Strait Islander people aged 50 years and over in all states and territories except Victoria and Western Australia.

The Commonwealth HACC programme arrangements do not apply to Victoria and Western Australia. In these states, HACC services continue to be delivered as a jointly funded Commonwealth-State programme that provides services to older people and younger people with disabilities. The Australian Government and the Victorian and Western Australian Governments maintain bilateral agreements for that purpose.

However, in the context of negotiations regarding the National Disability Insurance Scheme, the Victorian Government agreed to transition responsibility of HACC services for older people to the Commonwealth from 1 July 2015 and the Western Australian Government agreed to commence negotiations on implementing a transition of HACC services for older people to Commonwealth responsibility from 2016–17.

While service delivery mechanisms for basic home support are not being substantially altered before 1 July 2015, these changes provide the foundations upon which the Australian Government will build a consistent and unified aged care system that delivers a continuum of high quality, accessible and affordable care. The Commonwealth Home Support Programme (CHSP) is due to commence from 1 July 2015. The new programme will bring together a number of existing programmes providing home support services, including the Commonwealth HACC programme, the NRCP and the DTC programme. Combining these programmes under the CHSP will create a single programme that is better coordinated and easier for older people and their carers to access.

3 Information, Needs Assessment and Support

The Australian Government provides a variety of types of support and assistance to older people and their carers in the community, both under and outside the Act, to ensure people are fully informed and their needs are properly assessed. This support recognises that good information and comprehensive, needs-based assessment services are essential to ensure that older people on the threshold of aged care, and their carers, know about the support services available to meet their needs and how to access them. It enables older people and their carers to make informed decisions about their care.

Support for consumers of aged care services is also provided through the National Aged Care Advocacy Program and the Community Visitors Scheme.

3.1 Enabling older people to make informed choices

Good information and support services are important for achieving timely and appropriate access to care. The Australian Government provides services to ensure that older people, their families and carers can access the information they need.

My Aged Care was launched on 1 July 2013 with the My Aged Care website (www.myagedcare.gov.au) and My Aged Care contact centre (1800 200 422). My Aged Care assists older people, their families and carers to access aged care information, and find Commonwealth funded aged care services in their local area. To support access to information on aged care services, the website has three service finders: a Help at Home finder, an Aged Care Home finder and an Assessment finder. The contact centre phone line operates 8am-8pm weekdays and 10am-2pm on Saturdays, across Australia.

In 2013–14, the My Aged Care contact centre received 146,439 calls. Of the 132,431 callers that identified caller type, 71 per cent were consumers, 17 per cent were carers, and 9 per cent were service providers, and the remainder 3 per cent was made up of assessors and healthcare professionals. Of the 45,619 contact records where the caller's relationship to the care recipient was identified, 72 per cent were family members, 17 per cent were the care recipient, 9 per cent were carers, and 2 per cent were friends.

During 2013–14, the My Aged Care contact centre referred 85,741 callers. Table 3 provides a breakdown of referrals.

TABLE 3: BREAKDOWN OF REFERRALS FOR 2013–14

Referrals to	Number	Percentage of Calls
Service Provider	34,402	40%
Assessment	16,063	19%
DHS	7,220	8%
Other[6]	28,056	33%
Total	**85,741**	**100%**

[6] Includes other Commonwealth and State/Territory Government services and other Health services not directly providing aged care.

In 2013–14 the My Aged Care website had a total of 815,816 visits, this includes 572,127 unique visits. The percentage of views by category is provided in Table 4.

TABLE 4: PERCENTAGE OF VIEWS BY TOP FIVE CATEGORIES

Page category	Percentage
Welcome Pages	30%
Service Finders	45%
General Aged Care Information	2%
Aged Care Homes	12%
Home Care Information	11%

For 2013–14, the number of visits for each of the websites service finders is provided in Table 5.

TABLE 5: SERVICE FINDER VISITS FOR 2013–14

Service Finders	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD	Percentage
Aged Care Home Finder	32,657	19,947	36,551	116,333	205,488	58%
Assessment Finder	15,018	6,180	11,188	12,890	45,276	13%
Help at Home finder	11,457	13,856	29,371	48,343	103,027	29%

On 19 May 2014, the My Aged Care website Aged Care Home finder was expanded to include descriptions and prices for all different room types offered across all aged care homes listed on the My Aged Care website. As of 30 June 2014, 89 per cent of providers had their accommodation payments information published on the My Aged Care website. The availability of this expanded information contributed to the increased use of the Aged Care Home Finder in the last quarter of 2013–14.

The Department also disseminates information such as fact sheets, newsletters and updates on ageing and aged care to consumers, care providers, health professionals and the general community.

Over 200,000 individual information products were distributed to consumers during 2013–14 including:

- 70,894 items from the Department's stock of aged care information products, such as the *5 Steps to Entry into Residential Aged Care*;
- 37,005 continence information products such as application guidelines for the Continence Aids Payment Scheme;
- 36,851 information resources, such as fact sheets on legal arrangements, managing money, and services available to consumers from the carer information products published by the Department;
- 42,376 Commonwealth Respite and Carelink Centre products; and
- 19,529 dementia information products such as fact sheets, brochures and DVDs for consumers and health professionals.

The Commonwealth Respite and Carelink Centres are an important contact point for carers and other people seeking information. Over 329,000 episodes of information about carer respite and support, disability and community services were delivered by the 54 Centres in 2013–14. The general public are not the only people to utilise the Centres - general practitioners, health professionals, and service providers also use the service.

To further assist carers, the Carer Information and Support Service developed and distributed a range of carer information products including educational programmes for carers and information about Government programmes that support carers. In 2013–14, 277,214 of these products were distributed.

3.2 Assessments for subsidised care

The Australian Government engages state and territory governments to manage and administer the Aged Care Assessment Programme (ACAP), including the employment of assessment staff for Aged Care Assessment Teams (ACATs) and the delivery of assessment services in each state or territory. Australian Government expenditure in 2013–14 for the ACAP was around $100 million.

ACATs comprehensively assess the care needs of frail older people and assist them to access services most appropriate to meet their care needs. This may involve referring clients to services that do not require approval under the Act, such as those available under the Commonwealth HACC Programme. Alternatively, they may approve a person as eligible for residential aged care, home care and flexible care services.

A person must generally be assessed and approved by an ACAT before they can access residential aged care, home care or flexible care services. In 2013–14, requirements for the approval of care recipients were outlined in Part 2.3 of the Act and in the *Approval of Care Recipients Principles 1997.*

At 30 June 2014, 95 ACATs operated across all regions in each state and territory, based in hospitals or in the local community. Assessments are conducted in accordance with the aged care legislation and Commonwealth guidelines for the programme.

ACATs generally comprise, or have access to, a range of health professionals, including geriatricians, physicians, registered nurses, social workers, physiotherapists, occupational therapists and psychologists. Their role is to expertly assess the care needs of frail older people and to work closely with the client, their carer and their family to identify the most suitable aged care services available. In 2013–14, where this involved a client moving from the community into an aged care home, the ACAT approved the client for either high or low level care. The distinction between high and low level care for permanent residential care ceased to apply on 1 July 2014.

Once a person is approved as eligible for aged care services, ACAT assessors normally assist clients by making direct referrals to a service provider or by providing information on how to apply for services. Following up on referrals may also be part of the care coordination function performed by ACATs, however an ACAT approval does not guarantee that a person will receive either a place in an aged care home or a home care place.

ACATs are encouraged to develop and maintain links with hospital services and provide an interface between acute care, home care and residential aged care. These links are critical for effective hospital discharge planning and continuity of care. Where appropriate, ACATs are involved in discharge planning to facilitate the referral and linkage of clients to post-discharge care and other forms of support required.

In recent years, legislative amendments have been made to the Act and associated Principles to reduce the number of unnecessary assessments (and reassessments), including by removing the automatic 12 month lapsing date for approvals for some types of subsidised care. The total number of complete assessments has reduced from 201,393 in 2008–09 to 184,280 in 2012–13, a decrease of 17,113 assessments or 8.5 per cent[7]. In addition to the reduction in assessments, there have also been improvements in the time from referral to assessment by ACATs.

[7] Data for 2013–14 is not available at the time of publication.

Between 2008–09 and 2012–13, the average elapsed (waiting) time nationally from referral to assessment (first intervention) has reduced to 12.5 days in 2012–13 compared with 19.7 days in 2008–09. Over that same period the average elapsed (waiting) time from referral to approval of an assessment reduced to 20.7 days in 2012–13, compared with 29.4 days in 2008–09.

There is evidence that these changes have significantly improved the efficiency of ACATs by ensuring that ACAT reassessments are conducted only for the people who genuinely need them. During the 2012–13 reporting period, ACATs undertook more than 184,000 complete assessments (Table 6).

TABLE 6: NUMBER OF COMPLETE ACAT ASSESSMENTS, 2008–09 TO 2012–13, BY STATE AND TERRITORY

State/Territory	2008–09	2009–10	2010–11	2011–12	2012–13
NSW	71,827	60,562	59,499	60,176	60,996
Vic.	52,474	49,776	49,210	51,384	53,374
Qld	31,947	29,096	28,677	30,049	30,640
WA	19,627	19,447	19,106	18,382	18,097
SA	16,652	16,533	13,625	13,690	13,338
Tas.	5,630	4,994	4,864	5,170	4,854
ACT	2,280	2,212	1,942	2,294	2,089
NT	956	959	1,057	1,044	892
Total	**201,393**	**183,579**	**177,980**	**182,189**	**184,280**

3.3 Support for consumers

The Australian Government supports consumers of aged care services by funding advocacy services as well as the Community Visitors Scheme.

National Aged Care Advocacy Program

The Department funds aged care advocacy services in each state and territory under the National Aged Care Advocacy Program (NACAP). In 2013–14, the nine existing NACAPs received an additional 20 per cent in funding to June 2015, to meet an identified unmet demand for advocacy services, particularly in rural and regional areas of Australia. On top of individual advocacy services, NACAP organisations also provide information and education to aged care recipients and approved providers on the rights and responsibilities of care recipients.

In 2013–14, services under the NACAP undertook more than 3,400 advocacy cases, handled more than 4,400 general enquiries, and provided over 1,400 face-to-face education sessions.

Community Visitors Scheme

The Community Visitors Scheme (CVS) provides volunteer visitors to residents of Australian Government subsidised aged care homes and consumers of home care packages who are socially or culturally isolated, and whose quality of life would be improved by companionship. CVS organisations work with aged care providers to match individuals with CVS volunteers in their aged care planning region.

In 2013–14, the Department funded, monitored and supported 153 community-based organisations to deliver one-on-one visits to residents of aged care homes. These organisations reported that visitors undertook more than 174,000 visits to more than 8,700 residents in aged care homes.

In 2013–14, the CVS expanded to include visits to people receiving home care packages, and group visits in residential aged care. The expansion also includes a focus on targeting special needs groups, including people from CALD backgrounds, people from LGBTI communities, veterans, care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations) and Aboriginal and Torres Strait Islander peoples.

A total of 116 organisations signed funding agreements in 2013–14 and established the required infrastructure, including recruitment of volunteers, to commence volunteer visiting to home care package recipients in 2014–15.

4 Home Support

Home support, including respite, provides basic aged care support services to people in their homes and offers support to carers. In 2013–14, services were delivered through the Commonwealth Home and Community Care (HACC) Programme, the jointly funded, state operated, HACC program in Victoria and Western Australia, the National Respite for Carers Programme (NRCP), the Day Therapy Centres (DTC) Programme, the Assistance with Care and Housing for the Aged (ACHA) Programme, and through residential respite in aged care homes.

Within the aged care system, home support programmes are complemented by the Home Care Packages Programme (see Chapter 5), which provides clients with higher intensity, coordinated packages of home care services, tailored to meet their individual needs. All new home care packages allocated since 2012 are governed by an individualised budget controlled by the client.

The Commonwealth Home Support Programme is due to commence from 1 July 2015. The new programme will bring together a number of existing programmes providing home support, including the Commonwealth HACC programme, the NRCP and the DTC programme. Combining these programmes under the CHSP will create a single programme that is better coordinated and easier for older people and their carers to access.

4.1 What is provided?

2013–14 was the second year of operation of the Commonwealth HACC programme arrangements in all states and territories except Victoria and Western Australia. The Commonwealth HACC programme provides 19 basic maintenance, support and care services to assist people to remain in the community. These are:

- domestic assistance;
- personal care;
- social support;
- respite care;
- other meal services;
- assessment;
- client care coordination;
- case management;
- carer counselling/support, information and advocacy;
- client counselling/support, information and advocacy;
- nursing care;
- allied health care;
- centre-based day care;
- goods and equipment;
- home modifications;
- home maintenance;
- formal linen services;
- meals; and
- transport.

The services focus on supporting different areas of need that an individual may have due to a limitation in their ability to undertake tasks of daily living. The services support these people to be more independent at home and in the community, and to reduce the potential or inappropriate need for admission to residential care.

In Victoria and Western Australia, HACC services continue to be delivered as a jointly funded Commonwealth-State program that provides services to older people and younger people with disabilities. The Australian Government and the Victorian and Western Australian Governments maintain bilateral agreements for that purpose.

Respite care services

Carers play a valuable role to the community by providing care and support to family and friends who are frail aged, disabled, or have a mental or physical illness.

Respite care is an important support service for frail older people and their carers. Respite care is provided in a number of settings to allow greater flexibility for carers. Under the Act, respite care can be provided in an Australian Government funded aged care home. Outside of the Act, respite services are available under the NRCP, the Commonwealth HACC programme, and the HACC program in Victoria and Western Australia. Funding is also supplied by the Australian Government for Multi-Purpose Services to provide respite care in rural areas.

Residential respite provides short-term care in aged care homes to people who have been assessed as eligible and approved by an ACAT. It can be used on a planned or emergency basis. Residential respite care is not intended for rehabilitation following a post-acute episode, nor is it to be used as a waiting facility for people seeking a permanent residential care place. Residential respite care may include assistance with meals, laundry, room cleaning, personal grooming, as well as nursing care, and a variety of services such as physiotherapy or podiatry.

The NRCP contributes to the support and maintenance of caring relationships between carers and the people for whom they care, by providing respite, facilitating access to information, and providing other support.

Respite is delivered in a number of settings to provide more options for older people and their carers. These settings include:

- day respite in community centres;
- respite in the home – both day and overnight;
- overnight respite in community cottages;
- community outings – either group or individual;
- mobile respite;
- employed carer respite; and
- day respite in a residential home.

The Commonwealth Respite and Carelink Centres are funded under the NRCP to provide information and respite services. The Centres help frail older people and their carers by arranging short-term and emergency respite, and by linking people to support services available in their local area.

The National Carer Counselling Programme provides short-term emotional and psychological support services to carers in order to reduce carer stress, improve carer coping skills, and facilitate wherever possible the continuation of the caring role. Counselling can be offered in different ways to suit the different needs of carers with individual face-to-face sessions, web-based, telephone or group counselling sessions offered. Funding also supports provision of specialist advice to carers and guided referrals to other support services.

The Carer Information Support Service assists carers in their role by providing timely and high quality information, specialist advice and community awareness raising that is both culturally and linguistically sensitive.

Assistance with Care and Housing for the Aged

The Assistance with Care and Housing for the Aged (ACHA) programme helps older clients who are at risk of becoming homeless, or who are experiencing homelessness, to remain in the community by assisting them to access appropriate, sustainable and affordable housing help, and linking them to community care. In 2013–14, $6.1 million was provided to 55 ACHA services, which assisted 5,470 clients.

Day Therapy Centres

The Day Therapy Centres (DTC) Programme provides a range of therapy services aimed at assisting older people to maintain their independence. In 2013–14, the Australian Government provided $38.5 million to 148 DTC outlets across Australia, assisting 49,129 clients.

4.2 Who provides care?

In 2013–14, all Commonwealth HACC organisations were required to provide services in accordance with the Home Care Standards and the Commonwealth HACC programme manual. At 30 June 2014, there was a total of 1,110 Commonwealth funded HACC service providers. Table 7 provides details, by state and territory, of the types of providers delivering Commonwealth HACC services.

TABLE 7: COMMONWEALTH HACC SERVICE PROVIDERS BY ORGANISATION TYPE, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/ Territory	Religious	Charitable	Community Based	Private Incorporated Body	Publicly Listed Company	State/Territory Govt.	Local Govt.	Total
NSW	17	119	227	41	1	19	74	**498**
Qld	9	79	181	23	3	14	36	**345**
SA	8	30	63	9	0	7	28	**145**
Tas.	3	14	30	6	0	2	4	**59**
ACT	2	9	14	1	0	3	0	**29**
NT	3	6	14	1	0	1	9	**34**
Australia	**42**	**257**	**529**	**81**	**4**	**46**	**151**	**1,110**

Note: This table does not include Vic. or WA HACC service providers.

Under the NRCP, there are 563 respite services and 54 Commonwealth Respite and Carelink Centres across Australia (Table 8). In addition, the Carer Information Support Service has one service in each state and territory.

The NRCP complements the respite services provided under the Act in Australian Government funded residential aged care homes. In 2013–14, there were 2,391 residential aged care homes that provided residential respite services.

TABLE 8: RESPITE SERVICE PROVIDERS AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	NRCP Respite Services	Commonwealth Respite and Carelink Centres
NSW	198	17
Vic.	120	9
Qld	88	7
WA	42	11
SA	54	4
Tas.	31	3
ACT	11	1
NT	19	2
Australia	**563**	**54**

Across all home support programmes, volunteers play an important role in the delivery of vital services to older people. Volunteers make a significant contribution to the lives of those they support, and are involved extensively in delivering meals, and providing transport and social interaction at day care centres and in the community.

4.3 Who receives care?

The HACC programme delivers high quality, affordable and accessible aged care services in the community that are essential to the well-being of older people, younger people with a disability and their carers. In 2013–14, 500,615 people aged 65 years and over (50 years for Aboriginal and Torres Strait Islander people) received services through the Commonwealth HACC programme (Table 9). In Victoria and Western Australia, 363,530 people received services through the HACC program, of which 275,344 were aged over 65 years or 50 years and over for Aboriginal and Torres Strait Islander people.

TABLE 9: COMMONWEALTH HACC CLIENTS, DURING 2013–14, BY STATE AND TERRITORY

State/Territory	NSW	Qld	SA	Tas.	ACT	NT	**Australia**
Clients	229,332	152,583	83,370	22,708	10,556	2,066	**500,615**

Note: HACC clients aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people). This table does not include Victorian or Western Australian HACC clients.

NRCP services are targeted to support carers of frail older people, younger people with disabilities, people with dementia and challenging behaviours and people in need of palliative care.

During 2013–14, 106,756 people received assistance including:

- 67,595 people who received information, carer support and emergency respite through Commonwealth Respite and Carelink Centres;
- 6,612 carers who received counselling services; and
- 32,549 people who received respite services.

In 2013–14, there were 63,561 admissions to residential respite care, and the number of residential respite days used in 2013–14 was 1.5 million (Table 10). On average, each recipient received 1.3 episodes of residential respite care during 2013–14, and their average length of stay per episode was 23.9 days.

TABLE 10: RESIDENTIAL RESPITE CARE DAYS BY LEVEL OF CARE, DURING 2013–14, BY STATE AND TERRITORY

State/Territory	High care	Low care	**Total**
NSW	352,701	295,582	**648,283**
Vic.	129,075	244,030	**373,105**
Qld	115,522	72,377	**187,899**
WA	45,987	39,843	**85,830**
SA	113,281	49,950	**163,231**
Tas.	22,371	12,867	**35,238**
ACT	6,322	6,943	**13,265**
NT	5,607	3,392	**8,999**
Australia	**790,866**	**724,984**	**1,515,850**

4.4 How are these services funded?

Australian Government funding for the Commonwealth HACC programme in 2013–14 totalled $1.2 billion. The Australian Government's contribution to the HACC program in Victoria and Western Australia was $539.9 million (Table 11).

The total expenditure by the Australian Government for HACC services in 2013–14 was $1.7 billion.

TABLE 11: AUSTRALIAN GOVERNMENT EXPENDITURE FOR THE HACC PROGRAMME DURING 2013–14, BY STATE AND TERRITORY

State/Territory	2013–14 $m
Commonwealth HACC	
NSW	516.0
Qld	411.3
SA	151.6
Tas.	51.3
ACT	21.0
NT	10.2
Total	**1161.4**
HACC Treasury Certified Payments	
Vic.	378.2
WA	161.7
Total	539.8
Australia	**1,701.3**

Note: Totals may not sum exactly, due to rounding.

Across Australia, expenditure on residential respite care was $206.0 million in 2013–14, compared with $198.8 million in 2012–13, an increase of 3.7 per cent (Table 12).

TABLE 12: AUSTRALIAN GOVERNMENT EXPENDITURE FOR RESIDENTIAL RESPITE CARE, 2009–10 TO 2013–14, BY STATE AND TERRITORY

State/Territory	2009–10 $m	2010–11 $m	2011–12 $m	2012–13 $m	2013–14 $m
NSW	74.5	83.2	84.1	88.4	89.8
Vic.	31.7	34.5	37.5	40.3	43.6
Qld	21.6	22.8	24.5	25.3	27.2
WA	9.4	11.0	11.6	12.1	11.7
SA	17.6	19.4	20.9	23.8	25.3
Tas.	3.6	3.9	4.3	5.2	5.3
ACT	2.1	2.0	2.1	2.0	1.7
NT	1.2	1.4	1.5	1.0	1.4
Australia	**161.7**	**178.2**	**186.4**	**198.8**	**206.0**

5 Home Care

The Australian Government recognises that older Australians want to remain independent and to live at home, while also having the option of entering residential care. Home care packages provide home-based care that can improve older Australians' quality of life and help them to remain active and connected to their own communities. They are coordinated by a home care provider, with funding provided by the Australian Government under the Act. Consumers are assessed by ACATs for eligibility of packages.

5.1 What is provided?

Home Care Packages

The Home Care Packages Programme commenced on 1 August 2013, replacing the former packaged care programmes – Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) packages and Extended Aged Care at Home Dementia (EACHD) packages. Four levels of packages are available:

- Home Care Level 1 – to support people with basic care needs;
- Home Care Level 2 – support people with low level care needs, equivalent to the former CACP;
- Home Care Level 3 – to support people with intermediate care needs; and
- Home Care Level 4 – support people with high care needs, equivalent to the former EACH package.

Home care packages are tailored to meet the needs of the individual consumer, based on the person's assessed care needs. The range of personal care, support services, clinical services and other services that can be provided under a package is dependent on the consumer's care needs, the cost of providing services including administrative costs, the costs of coordinating care and services, and the subsidy available. As at 30 June 2014 there were 66,149 operational home care packages (Table 13). For the 2013–14 financial year the total number of operational places, was equal to the total number of allocated places.

In conjunction with the introduction of the Home Care Packages Programme on 1 August 2013, two new supplements commenced: the Dementia and Cognition Supplement and the Veterans' Supplement. These supplements replaced the dementia component of the EACHD package. These supplements apply across all four home care package levels where a consumer meets the relevant eligibility criteria for the supplement. While a veteran may be eligible for both supplements, the service provider may claim only one supplement per consumer.

TABLE 13: NUMBER OF OPERATIONAL HOME CARE PACKAGES BY PACKAGE LEVEL, AS AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Home Care Level 1	Home Care Level 2	Home Care Level 3	Home Care Level 4	Total
NSW	485	16,673	375	3,451	**20,894**
Vic.	350	12,624	272	2,705	**15,951**
Qld	245	9,316	210	2,897	**12,668**
WA	30	4,666	10	2,911	**7,617**
SA	135	4,210	100	746	**5,191**
Tas.	50	1,220	35	308	**1,613**
ACT	0	691	0	487	**1,178**
NT	8	757	8	174	**947**
Australia	**1,303**	**50,157**	**1,010**	**13,679**	**66,149**

Note: Additional details on home care can be sourced from the Stocktake of Australian Government Subsidised Aged Care Places and Ratios as at 30 June 2014, available on the Department's website.

Consumer Directed Care

As part of the changes to aged care, there have been modifications to the way the Home Care Packages Programme is delivered. All new home care packages allocated through the 2012–13 and 2014 Aged Care Approval Rounds (ACAR) are required to be delivered on a Consumer Directed Care (CDC) basis. As at 30 June 2014, there were 6,833 home care packages being delivered on a CDC basis (Table 14). From July 2015, all home care packages will transition to a CDC model of care.

CDC is a new way of providing home care. It gives a consumer more choice and control about the types of care and services they access and how the care is delivered. CDC will also provide greater transparency to the consumer about what funding is available under their package of care and how those funds are spent through the use of an individualised budget. This will assist the consumer in accounting for the funds spent on their care and ensures greater accountability for the way service providers deliver their home care packages.

The consumer decides the level of involvement they wish to have in managing their package, which could range from involvement in all aspects of the package, including co-ordination of care and services, to a less active role in decision-making and management of the package. There should also be ongoing monitoring and a formal re-assessment by the provider (at least every 12 months) to ensure that the package continues to be appropriate for the consumer.

TABLE 14: NUMBER OF OPERATIONAL HOME CARE PLACES DELIVERING CDC BY PACKAGE LEVEL, AS AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Level 1	Level 2	Level 3	Level 4	Total
NSW	485	1,233	375	324	**2,417**
Vic.	350	939	272	220	**1,781**
Qld	245	899	210	154	**1,508**
WA	30	77	10	83	**200**
SA	135	277	100	126	**638**
Tas.	50	73	35	36	**194**
ACT	0	15	0	12	**27**
NT	8	44	6	10	**68**
Australia	**1,303**	**3,557**	**1,008**	**965**	**6,833**

5.2 Who provides care?

Home care services are delivered to older Australians by service providers who have been approved under the Act. Matters considered in approving service providers include the applicants' suitability to provide aged care, which encompasses aspects such as suitability and experience of key personnel, previous experience in providing aged care, record of financial management, and ability to meet standards for the provision of aged care.

Approved providers are also required to comply, on an ongoing basis, with a range of responsibilities under the Act relating to factors such as quality of care, user rights, accountability requirements, and conditions that have been attached to certain aged care places (see Appendix C). Home care service providers vary from small community based groups to large charitable and for-profit organisations that operate nationally.

Australian Government subsidised home care packages are primarily provided by religious, charitable and community-based (not-for-profit) providers (82 per cent of places) with the remaining 18 per cent of places provided by for-profit organisations, and state, territory and local governments (Table 15).

TABLE 15: NUMBER OF OPERATIONAL HOME CARE PACKAGES, OTHER THAN FLEXIBLE PLACES, BY PROVIDER TYPE, AS AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Religious	Charitable	Community Based	For Profit	State/ Territory Govt.	Local Govt.	**Total**
NSW	6,459	7,172	4,284	1,998	420	651	**20,984**
Vic.	5,972	3,511	2,357	919	1,949	1,243	**15,951**
Qld	5,486	3,174	2,489	1,193	126	200	**12,668**
WA	2,486	2,883	351	1,477	104	316	**7,617**
SA	1,389	2,566	586	216	294	140	**5,191**
Tas.	514	416	371	237	75	0	**1,613**
ACT	189	567	269	153	0	N/A	**1,178**
NT	317	71	130	170	0	259	**947**
Australia	**22,812**	**20,360**	**10,837**	**6,363**	**2,968**	**2,809**	**66,149**
% of total	**34.5%**	**30.8%**	**16.4%**	**9.6%**	**4.5%**	**4.2%**	**100`.0%**

5.3 Who receives care?

Home care provided under the Act delivers support and assistance to a wide demographic of older Australians and in a range of locations. Packages are available in all states and territories, including rural and remote locations.

Home care provides varying levels of assistance depending on the care needs of the consumer. The number of home care recipients at 30 June 2014 was 59,739 (Table 16).

TABLE 16: NUMBER OF HOME CARE CONSUMERS, BY CARE LEVEL AND STATE, AT 30 JUNE 2014

Care level	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	**Total**
L1	286	196	65	13	65	N/P	N/P	N/P	**667**
L2	15,583	12,268	7,745	3,537	3,875	1,189	651	650	**45,498**
L3	268	205	151	10	82	N/P	N/P	N/P	**752**
L4	3,309	2,641	2,709	2,544	711	300	446	162	**12,822**
Total	19,446	15,310	10,670	6,104	4,733	1,547	1,107	822	**59,739**

N/P - Not published, to protect potential identification of individuals.

Note: Location of home care consumers is based on the physical address of the service delivering the care.

The Home Care Packages Programme has been developed to assist older Australians to remain in their homes, particularly targeting frail older people. However, there are no minimum age requirements for eligibility purposes. In 2013–14, the average national age of admission into a home care package was 81.9 years.

Throughout 2013–14, 83,144 people received support through a home care package. The occupancy level of operational home care packages was 88.4 per cent during 2013–14 (Table 17).

TABLE 17: OCCUPANCY RATES IN HOME CARE PACKAGES BY LEVEL, 2013–14

Care Level	Occupancy (%)
Level 1	48.7
Level 2	88.8
Level 3	59.9
Level 4	90.1
Total	**88.4**

5.4 How are home care packages funded?

Australian Government financial assistance for home care packages provided under the Act is paid to service providers as a contribution to the cost of providing care. The Minister determines the rates for home care subsidies and supplements to apply from 1 July of each year. The current rates of payment can be found on the Current Australian Government Subsidies and Supplements site on the Department's website[8].

[8] Department of Social Services website (www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-funding/aged-care-subsidies-and-supplements/aged-care-subsidies-and-supplements-new-rates-of-payment-from-1-july-2014) (at the time of publication).

What the Government pays

The Australian Government's expenditure on home care packages increased from $1.2 billion in 2012–13 to $1.3 billion in 2013–14, an increase of 9.9 per cent (Table 18).

TABLE 18: AUSTRALIAN GOVERNMENT EXPENDITURE FOR HOME CARE PACKAGES, 2009–10 TO 2013–14, BY STATE AND TERRITORY

State/Territory	2009–10 $m	2010–11 $m	2011–12 $m	2012–13 $m	2013–14 $m	Increase: 2012–13 to 2013–14
NSW	275.6	294.9	329.7	352.2	383.1	**8.8%**
Vic.	209.9	226.3	257.7	275.4	299.9	**8.9%**
Qld	132.3	154.4	201.2	219.3	246.6	**12.5%**
WA	76.2	93.5	129.1	153.6	174.9	**13.8%**
SA	69.8	73.2	76.2	83.8	88.7	**5.9%**
Tas.	22.9	24.8	27.0	29.2	29.0	**-0.4%**
ACT	14.3	15.1	21.6	25.6	29.5	**15.2%**
NT	13.2	14.3	15.8	17.6	19.2	**9.2%**
Australia	**814.3**	**896.5**	**1,058.2**	**1,156.6**	**1,270.9**	**9.9%**

What consumers pay

Consumers prior to 1 July 2014

Home care recipients also contribute to the cost of their care. While the Australian Government does not set the fees that home care recipients are asked to pay, it does set a maximum level for the daily fees that providers may ask care recipients to pay. Fees must be negotiated and agreed upon by both the care recipient and the service provider.

All care recipients can be asked to pay a basic daily fee of up to 17.5 per cent of the single basic age pension ($9.17 from 1 July 2013 to 19 September 2013, $9.39 from 20 September 2013 to 19 March 2014 and $9.57 from 20 March 2014 to 30 June 2014). For care recipients in receipt of a home care package before 1 July 2014, those on higher incomes may be asked to pay an additional income tested care fee (limited to 50 per cent of any income above the single rate of basic age pension).

Consumers post 1 July 2014

On 1 July 2014, new income testing arrangements became effective for care recipients entering into a home care agreement from that date, with income tested care fees being applied consistently to ensure that people with similar income pay similar fees.

Care recipients starting home care from 1 July 2014 can still be asked to pay a basic daily fee of up to 17.5 per cent of the single basic age pension. In addition, if their income is over a certain amount, they can expect to be asked to pay an income tested care fee, which reduces the amount of care subsidy paid by the Government. Significant safeguards including annual caps and lifetime caps on the income-tested care fees payable by care recipients are built into the new arrangements to limit the maximum amount a person can be asked to pay as an income tested care fee.

Supplements

Where a consumer meets the relevant eligibility criteria, the Government will also pay a supplement to providers. In the 2013–14 financial year, the Government introduced the following supplements as part of the Home Care Packages Programme:

Dementia and Cognition Supplement and Veterans' Supplement

The Dementia and Cognition Supplement can be applied across all four levels of home care package where a consumer meets the relevant eligibility criteria for the supplement. While a veteran may be eligible for both supplements, the service provider may claim only one supplement per consumer.

Oxygen Supplement

The Oxygen Supplement is available to consumers at any home care package level, who have a clinical need (i.e. meet the eligibility criteria). Previously, it was only available to consumers receiving an EACH or EACHD package.

The Oxygen Supplement is paid to the home care provider for a consumer who has an ongoing medical need. The Oxygen Supplement covers the cost of oxygen, oxygen equipment and other costs associated with the administration of continual oxygen therapy.

Enteral Feeding Supplement

The Enteral Feeding Supplement is available to consumers at any home care package level, who have a clinical need (i.e. meet the eligibility criteria). Previously, it was only available to consumers receiving an EACH or EACHD package.

The Enteral Feeding Supplement is paid to the home care provider for a consumer who requires enteral feeding on an ongoing basis. To be eligible for an enteral feeding supplement, the consumer must be receiving a complete food formula by means of a nasogastric, gastrostomy or jejunostomy tube.

Top-up Supplement (for continuing EACHD consumers)

Home care packages commenced on 1 August 2013, replacing the former packaged care programmes – CACPs, EACH and EACHD packages. To ensure that existing EACHD consumers (i.e. those who were receiving an EACHD package on 31 July 2013) continued to receive the same level of funding plus indexation, a "Top-up" Supplement is payable in respect of existing EACHD consumers. This is in addition to the Dementia and Cognition Supplement and applied from 1 August 2013.

Home care viability supplement

The Act provides for a viability supplement to assist service providers of home care and flexible care programmes in rural and remote areas. This is available to eligible providers of home care and Multi-Purpose Services[9] providing home care and services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. The supplement recognises the high costs associated with attracting and retaining staff to rural and remote areas, and difficulties associated with resource availability that are faced by these services.

The Australian Government also provides a viability supplement to residential care services in rural and remote areas of Australia (see Section 6.4).

[9] The Multi-Purpose Service programme is described in Section 7.2.

6 Residential Care

Residential aged care provides a range of supported accommodation services for older people who are unable to continue living independently in their own homes. Australian Government subsidised residential aged care is governed by the Act, the *Aged Care (Transitional Provisions) Act 1997* and the Aged Care Principles.

At 30 June 2014, there were 2,688 aged care homes delivering residential care under these arrangements, with an average occupancy rate of 93.0 per cent over 2013–14. This compares to 92.7 per cent in 2012–13 and 92.8 per cent in 2011–12.

6.1 What is provided?

In 2013–14 there were two main types of residential care in Australia: low level and high level care. While some aged care homes specialised in low or high level care, many homes offer the full continuum of care, allowing residents to stay in the same home as their care needs increase (ageing in place). During 2012–13, work progressed on removing the distinction between low and high care which took effect from 1 July 2014.

Low level care focused on personal care services (help with the activities of daily living such as dressing, eating and bathing); accommodation; support services (cleaning, laundry and meals); and some allied health services, such as physiotherapy. Nursing care can be given when required.

High level care provided people who need almost complete assistance with most activities of daily living with 24 hour care, either by registered nurses, or under the supervision of registered nurses. Nursing care is combined with accommodation; support services (cleaning, laundry and meals); personal care services (help with dressing, eating, toileting, bathing and moving around); and allied health services (such as physiotherapy, occupational therapy, recreational therapy and podiatry).

Residential care is provided on a permanent or respite basis. Residential respite provides short-term care on a planned or emergency basis in aged care homes to people who have been assessed and approved to receive it (see Section 4.3).

Ageing in place

For the benefit of care recipients in 2013–14, the Act allowed low care places allocated to an aged care home to be used for high level care, as care recipients care needs increase from low to high care. The advantages of ageing in place for care recipients include less disruption, and continuity of care in a familiar environment. Even with these arrangements, ageing in place was not available in all circumstances, as it was dependent on the capacity of individual aged care homes to accommodate increased care requirements within their physical environment and staffing arrangements. In 2013–14, 61.2 per cent of operational residential care places that were allocated as low care were utilised for high care (Table 19).

TABLE 19: UTILISATION OF OPERATIONAL RESIDENTIAL CARE PLACES, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Proportion of all operational residential care places utilised for high care	Proportion of operational residential care places allocated as low care and utilised for high care
NSW	74.7	56.4
Vic.	75.4	60.1
Qld	78.4	65.0
WA	81.4	69.3
SA	81.4	67.5
Tas.	75.5	60.0
ACT	78.2	65.4
NT	80.4	45.1
Australia	**76.8**	**61.2**

From 1 July 2014, the distinction between high care and low care was removed for all new and existing residents. The approval for permanent residential aged care will no longer be limited to a care level. A person with a permanent residential aged care approval may be admitted to any residential aged care place that meets the resident's needs, subject to availability of places and the provider's agreement. Services that are unable to accommodate residents changing needs must clearly identify any limitations in the resident agreement.

Extra Service

Some aged care homes may be approved under the Act to offer extra services to recipients of residential care. This involves a significantly higher than average standard of accommodation, services and food. Approval may be for the whole of a residential home or for a distinct part which, from 1 July 2014, reduces from a minimum of five places to a minimum of one place. Extra service does not affect the care provided to care recipients, as all aged care homes are required to meet designated care standards for all care recipients.

Up until 30 June 2014, aged care homes providing extra service attracted a reduced residential care subsidy payment from the Australian Government. Aged care services approved for extra service were able to charge care recipients the approved extra service fee plus an additional amount equal to the reduction in subsidy, as well as charge accommodation bonds for recipients of both high care and

low care. From 1 July 2014, regulations concerning accommodation payments, including extra service, changed. Information on the changes to extra service is below.

At 30 June 2014, there were 23,950 residential care places approved for extra service status. The total number of places approved for extra service represented 11 per cent of all allocated mainstream residential care places.

Changes to Extra Service

The *Extra Service Principles 2014* replaced the *Extra Service Principles 1997* during 2013–14. The key changes that took effect from 1 July 2014 were:

- new care recipients entering residential care on an extra service basis will not have a reduction in the Australian Government subsidy applied, and hence providers may not charge care recipients more than the approved extra service fee;
- rules regarding payment of accommodation charges apply across all new residents from 1 July 2014, regardless of extra service status or care level;
- an application for approval of an extra service fee is to be made to the Aged Care Pricing Commissioner, rather than the Secretary of the Department of Social Services; and
- when reviewing an application to charge an extra service fee, the Aged Care Pricing Commissioner will need to be satisfied that the accommodation, food and services proposed to be provided for the proposed fee have not been included in any other fees or amounts that may be charged by way of an accommodation payment or with the agreement of the care recipient. In doing this the Aged Care Pricing Commissioner must have regard to the amount of the proposed fee and the accommodation, food and services that will be provided for the proposed fee.

6.2 Who provides care?

Residential aged care is delivered to older Australians by service providers who have been approved under the Act. Matters considered in approving service providers include the applicants' suitability to provide aged care, which encompasses aspects such as suitability and experience of key personnel, previous experience in providing aged care, record of financial management, and ability to meet standards for the provision of aged care.

Approved providers are also required to comply, on an ongoing basis, with a range of responsibilities under the Act relating to factors such as quality of care, user rights, accountability requirements, and conditions that have been attached to certain aged care places (see Appendix C).

An approved provider can receive Australian Government payments (subsidies and supplements) for residents occupying places allocated to it through the ACAR.

Occupancy rates for residential places averaged 93.0 per cent nationally during 2013–14 (Table 20).

TABLE 20: OCCUPANCY RATES OF RESIDENTIAL CARE PLACES, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Residential Care Occupancy Rates
NSW	93.1%
Vic.	92.5%
Qld	92.8%
WA	94.6%
SA	93.9%
Tas.	92.1%

State/Territory	Residential Care Occupancy Rates
ACT	95.5%
NT	86.0%
Australia	**93.0%**

Residential aged care in Australia is delivered by providers from the religious and charitable, community, for-profit and government sectors. In 2013–14, the not-for-profit group (comprising religious, charitable and community-based providers) were responsible for 57.5 per cent of operational residential care places, for-profit providers were responsible for 37.4 per cent, and government providers were responsible for 5.1 per cent (Table 21).

TABLE 21: OPERATIONAL RESIDENTIAL CARE PLACES, OTHER THAN FLEXIBLE CARE PLACES, BY PROVIDER TYPE, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Religious	Charitable	Community Based	For Profit	State/ Territory Govt.	Local Govt.	Total
NSW	17,343	15,422	10,247	21,899	405	447	**65,763**
Vic.	7,465	3,785	6,959	25,501	5,480	315	**49,505**
Qld	12,674	5,502	3,262	10,997	1,176	135	**33,746**
WA	4,829	2,481	1,874	6,016	66	287	**15,553**
SA	4,800	3,749	2,163	5,357	864	432	**17,365**
Tas.	2,086	1,122	878	616	87	0	**4,789**
ACT	513	706	398	456	0	N/A	**2,073**
NT	328	135	26	0	0	0	**489**
Australia	**50,038**	**32,902**	**25,807**	**70,842**	**8,078**	**1,616**	**189,283**
% of Total	**26.4%**	**17.4%**	**13.6%**	**37.4%**	**4.3%**	**0.9%**	**100.0%**

N/A – Not Applicable. Totals may not sum exactly, due to rounding.

6.3 Who receives care?

The Australian Government funds residential aged care for frail older people who require a level of continuing personal care, and are unable to remain living in the community without support.

Throughout 2013–14, a total of 231,515 people received permanent residential care in aged care homes, and 48,295 people received residential respite care. On 30 June 2014, there were 173,974 people receiving permanent residential care and 2,842 people receiving residential respite (Table 22).

TABLE 22: NUMBER OF PERMANENT AND RESPITE RESIDENTS BY LEVEL OF CARE, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Permanent - High	Permanent - Low	Respite – High	Respite - Low	Total
NSW	48,523	11,732	611	532	**61,398**
Vic.	37,056	8,015	252	510	**45,833**
Qld	26,236	4,989	236	137	**31,598**
WA	12,573	2,016	91	83	**14,763**
SA	13,995	2,196	145	106	**16,442**
Tas.	3,563	696	53	28	**4,340**
ACT	1,604	334	18	20	**1,976**
NT	380	66	13	7	**466**
Australia	**143,930**	**30,044**	**1,419**	**1,423**	**176,816**

Note: The number of residential care recipients is less than the overall number of places available as at any one time a small proportion of places are vacant.

People entering into Australian Government subsidised residential care must first be approved as a care recipient under Part 2.3 of the Act. Under these arrangements, comprehensive assessments are conducted to take account of the restorative, physical, medical, psychological, cultural and social dimensions of the person's care needs. This assessment is undertaken by an Aged Care Assessment Team (ACAT) (see Section 3.2). In emergency situations, a person in need of care may be placed in an aged care home before an ACAT assessment.

People who have been approved for care will often take time to consider their options, visit different aged care homes, settle their affairs, and make arrangements with the home of their choice before entering care.

Table 23 shows the proportion of residents placed in permanent residential care within a specified time period after assessment (and recommendation for residential care) by an ACAT, by level of care.

TABLE 23: PROPORTION OF NEW ENTRANTS TO PERMANENT RESIDENTIAL CARE ENTERING WITHIN A SPECIFIED PERIOD AFTER AN ACAT ASSESSMENT, BY LEVEL OF CARE AT ENTRY, DURING 2013–14

	2 days or less	7 days or less	Less than 1 month	Less than 3 months	Less than 9 months
High care	6.0%	19.3%	47.0%	69.4%	84.2%
Low care	3.5%	10.6%	31.5%	62.3%	90.8%
All residents	5.1%	16.0%	41.2%	66.7%	86.7%

This entry period measure is not a proxy for waiting time for admission to an aged care home. The ACAT recommendation is simply an option for that person. Many people who receive a recommendation for residential care may also receive and take up a recommendation for a home care package, or they may simply choose not to take up residential care at that time. The increased availability of home care, transition care and respite care has a significant effect in delaying entry into permanent care.

6.4 How is residential aged care funded?

The Act provides for a combination of public and private financing of aged care services.

During 2013–14, approximately two-thirds of the total funding for residential care was provided by the Australian Government. Subsidy and supplement payments are paid directly to approved providers of aged care services on behalf of the residents in those services. Where they can afford to do so, residents are asked to contribute to the cost of their care and accommodation.

Subsidies and payments can be grouped into two main categories:

1. care payments which include the basic subsidy amount, care related supplements and income-tested fees. These payments fund care and related services. In general, the Australian Government funds most of these payments, through the basic subsidy and supplements such as the oxygen and enteral feeding supplements. In 2013–14 residents who had sufficient income could be asked to contribute to the cost of their care through an income tested fee. The amount of subsidy payable by the Government was reduced by the amount of the income tested fee; and
2. payments for accommodation and hotel-type services, which cover the cost of food, utilities and providing accommodation for residential care. These payments include the standard resident contribution (or basic daily fee), accommodation payments and related supplements. In most cases, residents pay for the majority of these charges, with the Government paying where residents cannot afford to make these payments.

6.5 What the Government pays

The Australian Government subsidises the provision of residential care to approved residents. The payment for each resident consists of a basic subsidy plus any relevant supplements. Since 20 March 2008, the amount of basic subsidy payable for permanent residents has been assessed by approved providers using the Aged Care Funding Instrument (ACFI). There are two levels of basic subsidy for respite residents based on whether the ACAT approves the resident as requiring high or low respite care.

During 2013–14, the total amount of payment for each resident was determined by the basic subsidy and applying relevant supplements and/or deductions as follows:

- a basic subsidy amount determined, for permanent residents, by the resident's classification under the ACFI or, for respite residents, by the ACAT approval of the resident for care;
- plus a Conditional Adjustment Payment (CAP) which is an additional percentage of the basic subsidies paid to eligible providers of residential care;
- plus any primary supplements for new supported residents or former concessional residents, transitional residents, respite residents, oxygen, enteral feeding and payroll tax;
- less any reductions in subsidy resulting from the provision of extra service, adjusted subsidies for government (or formerly government) owned aged care homes or the receipt of a compensation payment[10];
- less any reduction resulting from the income testing of residents who entered residential care on or after 1 March 1998; and
- plus any other supplements, including the pensioner supplement, the viability supplement and the hardship supplement (the last of which reduces fees and accommodation payments for residents who would otherwise experience financial hardship).

The Minister determines the rates for subsidies and care supplements to be paid from 1 July of each year and the rates of accommodation-linked supplements on 20 March and 20 September each year (at the same time the Australian Government's age pension changes). The current rates of payment are available on the Schedule of Resident Fees and Charges on the Department's website[11] and from My Aged Care.

[10] The adjusted subsidy reduction was removed from former Government owned homes effective from 1 July 2007. Transfers of places from Government to a non-Government owned service have the adjusted subsidy reduction removed from the date of transfer.

[11] Current Australian Government subsidies and supplements (www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-funding/aged-care-subsidies-and-supplements)

Australian Government funding for residential care subsidies and supplements has risen from $9.2 billion in 2012–13 to $9.8 billion in 2013–14 (Table 24). This includes funding appropriated through the Department of Social Services portfolio, and funding for veterans in residential care through the Department of Veterans' Affairs. These combined appropriations are paid as subsidies and supplements to aged care homes through payment systems managed by the Department of Human Services.

TABLE 24: AUSTRALIAN GOVERNMENT RECURRENT RESIDENTIAL CARE FUNDING, 2009–10 TO 2013–14, BY STATE AND TERRITORY

State/Territory	2009–10 $m	2010–11 $m	2011–12 $m	2012–13 $m	2013–14 $m	**Increase: 2012–13 to 2013–14**
NSW	2,429.6	2,734.4	2,998.9	3,115.1	3,348.9	**7.6%**
Vic.	1,801.4	2,032.8	2,237.8	2,363.3	2,539.8	**7.6%**
Qld	1,268.6	1,407.5	1,573.8	1,655.2	1,762.6	**6.6%**
WA	594.2	669.1	727.3	791.6	860.3	**8.8%**
SA	736.1	800.7	872.6	911.8	942.4	**3.5%**
Tas.	177.8	196.1	215.3	234.7	239.9	**2.3%**
ACT	68.9	80.9	91.0	96.9	94.0	**-2.9%**
NT	20.5	25.1	29.0	34.0	26.5	**-21.9%**
Australia	**7,097.1**	**7,954.4**	**8,738.4**	**9,192.0**	**9,814.4**	**6.8%**

Totals may not sum exactly, due to rounding. Table includes funding through the Department of Veterans' Affairs. This table presents recurrent funding to residential care providers using accrual based reporting. Due to accrual adjustments, for smaller jurisdictions in particular, this can lead to significant year on year variation. Based on claims data, recurrent funding for each state and territory grew between 4.7 per cent and 9.6 per cent between 2012–13 and 2013–14.

Table 25 shows recurrent residential care funding broken down by different types of Australian Government payments for subsidies and supplements.

TABLE 25: SUMMARY OF AUSTRALIAN GOVERNMENT PAYMENTS BY SUBSIDIES AND SUPPLEMENTS, 2009–10 TO 2013–14

Type of payment	2009–10 ($m)	2010–11 ($m)	2011–12 ($m)	2012–13 ($m)	2013–14 ($m)
Basic Subsidy					
Permanent	5,844.00	6,560.30	7,288.50	7,561.60	8,027.40
Respite	140	153.7	160	168	173.6
Conditional Adjustment Payment	518	581.9	645.5	674.9	716.4
Primary Care Supplements					
Oxygen	11.9	12.8	13.4	14.6	15.3
Enteral Feeding	10	8.6	8.6	8.3	7.8
Payroll Tax	111.5	126.4	147.1	178.8	191.3
Respite Incentive	11.7	12.9	13.7	14.9	15.9
New Supplements					
Dementia and Severe Behaviours					117.6
Veterans'					2.1
Homeless					4.5
Workforce*					3.8
Hardship					
Hardship	4.4	4	3.6	3.4	3.6
Hardship Accommodation	1.2	2.1	2.9	3.7	4.1
Accommodation Supplements					
Accommodation Supplement	216	328.7	446.9	525.2	580.9
Transitional Accommodation Supplement	59.3	80.4	76.1	58.3	44.8
Viability Supplement					
Viability	15.9	20.6	28.4	28.6	29.8

Type of payment	2009–10 ($m)	2010–11 ($m)	2011–12 ($m)	2012–13 ($m)	2013–14 ($m)
Supplements Relating to Grand-parenting					
Concessional	219.3	175.2	132.4	101.7	76.1
Transitional	21.8	17.4	14.2	11.3	9.2
Accommodation Charge Top-up	19.6	14.8	10	6.9	4.7
Charge Exempt	2.1	1.8	1.6	1.3	1.3
Pension	188.7	146.2	112.1	83.8	63.7
Resident Contribution Top-up**	4	12.5	12.6	5.2	0.03
Basic Daily Fee				1.5	1.1
Reductions					
Income Testing Reduction	-233.7	-304.1	-323.1	-329.5	-320.5
Other Reductions	-57.6	-60.4	-60.5	0	0
Other	12.8	86.1	27.1	69.5	39.9
Total $billion	**7,097.4**	**7,954.4**	**8,738.4**	**9,192.0**	**9,814.4**

*The Workforce Supplement was only paid for those providers who were eligible before cessation of the supplement.

**This supplement ceased on 20 March 2013.

The average level of Australian Government payments for permanent residents in aged care was $56,100 per care recipient, an increase of 5.6 per cent per care recipient from 2012–13 (Table 26).

TABLE 26: AVERAGE AUSTRALIAN GOVERNMENT PAYMENTS (SUBSIDIES PLUS SUPPLEMENTS) FOR EACH PERMANENT RESIDENTIAL CARE RECIPIENT, BY CARE LEVEL TYPE, 2009–10 TO 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Increase: 2012–13 to 2013–14
High care	$51,550	$55,100	$58,900	$60,050	$62,750	4.5%
Low care	$20,150	$23,000	$24,700	$25,000	$25,900	3.6%
All residents	$43,050	$46,900	$51,400	$53,100	$56,100	5.6%

Care payments

The basic care subsidy is based on the appraised care needs of a resident by applying the ACFI. The ACFI consists of questions about assessed care needs, some of which are supported by specified assessment tools and two diagnostic sections. The ACFI consists of 12 questions and are rated by the aged care home on a scale of A, B, C, or D and used to determine the actual ACFI rating.

The ACFI has three funding categories or domains: Activities of Daily Living (ADL), Behaviour (BEH) and Complex Health Care (CHC). Funding in each of these domains is provided at four levels, namely high, medium, low or nil. The defined daily funding rates, as at 30 June 2014, are set out in Table 27. The subsidy paid for a resident is made up of the sum of the amounts payable for the three care domains (ADL + BEH + CHC).

TABLE 27: DAILY ACFI SUBSIDY RATES AS AT 30 JUNE 2014

Level	ADL	BEH	CHC
Nil	$0.00	$0.00	$0.00
Low	$31.43	$7.18	$14.14
Medium	$68.42	$14.88	$40.27
High	$94.79	$31.03	$58.15

Quarterly reports of the proportion of residents in each of the ACFI categories are provided on the Department's website[12].

During 2013–14, the CAP provided financial assistance to residential care providers to encourage improvements in corporate governance and financial management practices.

Receipt of CAP funding by individual approved providers was voluntary, and conditional on compliance with requirements set out in the *Residential Care Subsidy Principles 1997*[13]. During 2013–14, four approved providers chose not to participate in the CAP. Participating approved providers met the CAP requirements in 2012–13 by:

- participating in the 2012 aged care workforce census;
- satisfying the CAP staff training requirements for the 2012 calendar year; and
- satisfying the CAP audited financial reporting requirements, by lodging a written notice in respect to the 2011–12 financial year.

The CAP was calculated as a percentage of the basic subsidy payable in respect of each resident and increased each year from the initial rate of 1.75 per cent in 2004–05 to reach a level of 8.75 per cent of the basic subsidy in 2010–11. The CAP continued at 8.75 per cent of the basic subsidy in 2013–14. Legislative changes, which took effect from 1 July 2014, have removed the need to meet eligibility requirements to receive the CAP. From 1 July 2014, the existing 8.75 per cent CAP for residential care providers has been rolled into the basic subsidy amount.

[12] Department of Social Services website (https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/tools-and-resources/aged-care-funding-instrument-acfi-reports)

[13] Division 4, Part 10 *Residential Care Subsidy Principles 1997.*

In 2013–14 primary supplements included the:

- oxygen supplement, payable for residents (including respite residents) who have a medical requirement to receive oxygen treatment on an ongoing basis;
- enteral feeding supplement, which is payable for residents (including respite residents) who have a medical requirement to receive enteral feeding assistance on an ongoing basis. There is a higher level of supplement for non-bolus feeding and a lower level for bolus feeding;
- payroll tax supplement, which provides assistance to those providers who are required to pay state/territory-based payroll tax (during 2013–14, the Government announced that this supplement will cease from 1 January 2015); and
- respite incentive, which is payable for each eligible day a respite resident is in care, in acknowledgment of the higher administration and care costs of respite care.

The Dementia and Severe Behaviours Supplement was introduced in residential care on 1 August 2013 and ceased on 31 July 2014. When first introduced, 2,000 people per year were expected to attract this supplement at a cost of $11.7 million in 2013–14, or $52 million over the four years from 2014–15. On 30 June 2014 more than 29,000 residents attracted the Supplement, and Government expenditure for 2013–14 was around $117 million. If claiming patterns continued, the estimated cost to Government would have been $780 million over the four years from 2014–15.

From 1 August 2013, a Veterans' Supplement became available for approved providers for veterans living in a Commonwealth-subsidised residential aged care facility whose mental health condition has been accepted by the Department of Veterans' Affairs (DVA) as associated with their service.

Supplements are payable for some residents where the Secretary has made a determination that the imposition of care or accommodation payments would cause financial hardship for the particular resident. For example, a hardship supplement and/or accommodation supplement may be payable. Care recipients can seek financial hardship assistance with their basic daily fee, income tested fee, accommodation charge or bond (see Section 8.5).

Accommodation supplement

The accommodation supplement (which replaced the concessional resident supplement and pensioner supplement from 20 March 2008) is paid to approved providers on behalf of residents who have been assessed as not being able to meet all or part of their own accommodation costs. The accommodation supplement is only payable for eligible permanent residents who entered an aged care service from 20 March 2008.

The supplement ensures that providers receive the equivalent of the maximum accommodation charge for all residents, either from the resident, the Government, or from a combination of both (Table 28).

The level of a new resident's accommodation supplement depends on:

- the level of their assessable assets;
- whether the aged care service in which they are a resident meets the 1999 fire safety and 2008 privacy and space requirements; and
- whether the aged care service provides more than 40 per cent of its eligible care days to supported residents.

TABLE 28: MOVEMENT IN THE MAXIMUM RATE OF THE ACCOMMODATION SUPPLEMENT

Date Range	Maximum Supplement
20 March 2013 to 19 September 2013	$33.29
20 September 2013 to 19 March 2014	$33.55
20 March 2014 to 19 September 2014	$34.20

A transitional accommodation supplement is available to approved providers for some permanent residents who entered low level care after 20 March 2008 and before 19 September 2011, for whom the level of the accommodation supplement would be less than the level of the pensioner supplement that it replaced.

An accommodation charge top-up supplement was payable for some pensioner high care residents who entered aged care from 20 March 2008 to 19 March 2010 to compensate providers for the lower cap on the maximum accommodation charge that applied to pensioners until 20 March 2010. It ensures that providers can receive the equivalent of the highest legislated maximum accommodation charge (for self-funded retirees) in respect of all residents, either from the resident or the Government or both.

From 1 July 2014, the maximum amount of accommodation supplement increased from $34.20 to $52.49 for services that have been newly built or significantly refurbished on or after 20 April 2012. The intention of the higher accommodation supplement is to encourage the development of additional capacity in the residential aged care sector and enhanced quality and amenity of accommodation for residents.

Other supplements

The Homeless Supplement commenced from October 2013, to better support aged care homes that specialise in caring for people with a history of, or at risk of, homelessness. This funding is in addition to the funding provided under the viability supplement. Aged care homes registered for the homeless component of the viability supplement with greater than 50 per cent of their residents meeting the homeless criterion automatically receive the Homeless Supplement.

The Hardship Supplement is payable to reduce the rate of a resident's fees or accommodation payment, if they meet certain requirements or if they are having difficulty paying their fees and payments. Further information is provided in Section 8.4.

From 1 July 2013 aged care providers who met the terms and conditions of the Workforce Compact could apply for the Aged Care Workforce Supplement. On 26 September 2013, the Government announced that all new applications for the Workforce Supplement were to be suspended. On 12 December 2013, the Workforce Supplement was removed from legislation and transitional arrangements for affected providers were put in place.

In 2013–14, redirecting of $1.5 billion in Aged Care Workforce Supplement funding commenced. The funding has been redirected into the general pool of aged care funding over five years, and will provide residential care, home care, and flexible care providers, with an increase in funding of 2.4 per cent of their basic subsidy. Eligible grant programmes, such as the Commonwealth HACC programme, will also receive a 2.4 per cent increase in funding.

The viability supplement for residential care is a payment made under the Act to assist aged care services in rural and remote areas with the extra cost of delivering services in those areas.

The residential viability supplement is payable for care recipients in residential care homes which meet specific criteria, such as the location of the service and the number of allocated places. Eligible services are generally those with fewer than 45 places in less accessible locations.

The Australian Government also provides a viability supplement to provide additional practical support to eligible Multi-Purpose Services, services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and home care services in rural and remote areas (see Section 5.4).

During 2013–14, the Australian Government contributed $48.5 million (excluding home care component) in viability supplement funding (Table 29).

TABLE 29: AUSTRALIAN GOVERNMENT EXPENDITURE FOR THE RESIDENTIAL VIABILITY SUPPLEMENT, AND THE NUMBER OF AGED CARE HOMES RECEIVING THE RESIDENTIAL VIABILITY SUPPLEMENT, DURING 2013–14, BY STATE AND TERRITORY

State/Territory	Mainstream Residential Care Services	Mainstream Residential Care Services - $'000	National Aboriginal and Torres Strait Islander Flexible Aged Care Program	National Aboriginal and Torres Strait Islander Flexible Aged Care Program - $'000	Multi-Purpose Services	Multi-Purpose Services - $'000
NSW	106	7,261.3	2	191.3	52	4,098.6
Vic.	97	5,881.2	2	501.6	6	598.0
Qld	97	7,809.3	3	678.3	33	2631.4
WA	30	3,140.7	2	548.5	29	3137.5
SA	53	2,435.2	5	1,282.8	12	2724.1
Tas.	23	1,058.9	0	0.0	3	232.7
ACT	0	0.0	0	0.0	0	0
NT	14	2,226.2	10	1,955.8	1	58.9
Australia	**420**	**29,812.9**	**24**	**5,158.3**	**136**	**13,481.2**

Note: This table includes all services receiving a payment, including positive adjustments, based on a previous year's entitlement. At 30 June 2014, there were 147 operational Multi-Purpose Services, 136 of which received the viability supplement.

Grand-parented payments

Grand-parented supplements, which only apply to those residents retained on former arrangements (and do not apply to new residents) include the:

- concessional supplement, payable for concessional and assisted residents who entered an aged care home from 1 October 1997 but before 20 March 2008 or transferred within 28 days: a higher level of concessional supplement is paid for all concessional residents in homes where more than 40 per cent of their post-30 September 1997 residents are concessional or assisted;
- transitional supplement, payable for residents who entered an aged care home prior to 1 October 1997 and has remained in the same home (in lieu of a determination of their concessional status);
- charge exempt supplement, payable for residents who were in high care (nursing home) on 30 September 1997 and who moved to another home where they would otherwise be eligible to

pay an accommodation charge. Aged care providers cannot ask charge exempt residents to pay the accommodation charge; and

- pensioner supplement, payable for residents who entered before 20 March 2008 and who were on an income support payment or who had a dependent child. The supplement recognises that pensioners who are aged care residents are not entitled to rent assistance with their pension.

6.6 What residents pay

The Australian Government does not set the level of fees and accommodation payments that residents in aged care homes are asked to pay. However, it does set the maximum level of the daily fees and accommodation payments that providers of care may ask residents to pay.

Daily Fees

When a person enters residential care, an approved provider must provide the person with a resident agreement that both the provider and the resident sign. The resident agreement sets out the policies and practices the provider will follow in setting fees for the resident and the resident's date of permanent entry to the aged care service.

For residents who entered permanent residential care prior to 1 July 2014, fees for residents fell into four categories: basic daily fees, income tested fees, extra service fees, and additional service fees. Not all residents pay all types of fees.

The provider calculates the maximum daily amount that a resident may be asked to pay by:

- working out the applicable standard resident contribution, that is, the maximum basic daily fee;
- adding any compensation payment reduction that applies for the resident;
- adding any applicable maximum income tested fee for the resident;
- subtracting any hardship supplement that applies for the resident;
- adding any other amounts agreed between the provider and the resident, in accordance with the User Rights provisions;
- adding the extra service amount if the resident is in an extra service place and receiving care on an extra service basis; and
- adding the eligible remote area allowance amount if the aged care service is located in a remote area.

The result is the maximum daily fee that a resident may be asked to pay.

All residents in aged care homes pay a basic daily fee (standard resident contribution). This fee is used by the home to cover costs such as cleaning, maintenance and laundry. Residents in financial hardship can apply for help paying the basic daily fee under financial hardship provisions.

The maximum basic daily fee is indexed on 20 March and 20 September each year, at the same time as changes to the age pension.

From 1 July 2012, the maximum basic daily fee increased by one per cent to 85 per cent of the single basic age pension, in recognition of increases to the cost of supporting aged care infrastructure as a result of the introduction of a carbon tax. At the same time, residents also received an increase in their government payments to assist with increases to the cost of living. For residents who do not receive any financial support from the Government, the Department introduced the basic daily fee supplement to ensure that these residents were not financially disadvantaged by the increase to the basic daily fee.

There are four rates of basic daily fee. These are the:

1. standard rate that applies to most aged care residents, including full pensioners and some part-pensioners with lower amounts of private income;

2. protected rate that applies to people who were in permanent care on 19 September 2009, including part-pensioners with private income amounts above the income threshold and self-funded retirees;
3. non-standard rate that applies to certain people who entered care prior to 20 March 2008, including: self-funded retirees, pensioners who have agreed to pay a big bond, or residents who chose not to disclose their financial information to Centrelink; and
4. phased rate that applies to people who entered permanent care from 20 September 2009 to 19 March 2013, including part-pensioners with private income amounts above the income threshold for phased residents, and self-funded retirees. From 20 March 2013, the phased resident rate equalled the standard rate.

The income tested fee is paid by those residents who are assessed as having sufficient income to contribute to the cost of their care. Each resident was subject to an income test and the Government reduces the amount of care subsidies going to the provider (called the income test reduction amount) based on the amount that the resident's income exceeds the threshold amount. The provider could increase the amount of fee charged to the resident up to or equal to the income test reduction amount.

The maximum income tested fee payable by all post-2008 reform residents was equal to 5/12 of the resident's total assessable income in excess of the maximum income of a full single pensioner.

However, a resident's income tested fee could not be greater than the lesser of:

- 135 per cent of the basic age pension; or
- the value of basic subsidies and primary supplements paid by the Government to the provider of the residential care services in respect of the resident.

The extra service amount is the maximum amount a provider can charge a resident for receiving extra service in a residential care home with extra service status (see Section 6.1). A resident in an extra service place pays an extra service amount in addition to other fees, which may include the basic daily fee and the income tested fee.

The remote area allowance amount is added to the maximum daily fee for residents residing in an aged care home that is located in a remote area. Approved providers can check whether their aged care home is located in a qualifying remote area by contacting the Department of Human Services. The maximum amount an approved provider could charge during 2013–14 was $1.06 per day.

An approved provider may also charge a resident for additional services such as hairdressing, which the resident has asked the provider to provide. The amount of any charge for additional services must be agreed with the resident, with an itemised account given to the resident once the service has been provided.

A new fee structure applies to residents who enter permanent residential care from 1 July 2014. All new residents can be still asked to pay a basic daily fee of up to 85 per cent of the single basic age pension and some residents can expect to be asked to pay an additional means-tested care fee based on an assessment of both their assets and income. Significant safeguards including caps on the means tested care fees payable by recipients have been built into the new arrangements to limit the amount a person can be asked to pay.

Accommodation payments

Income to assist with the capital costs of maintaining and upgrading aged care homes is available to service providers through resident and Government accommodation payments (accommodation charges, bonds and supplements). Where providers are unable to meet the whole cost of essential capital works, limited capital grant funding is available from the Rural, Regional and Other Special Needs Building Fund.

In 2013–14 entrants to high care were usually required to pay an accommodation charge, which was capped and its value set at the time of entry. Entrants to low care could be asked to pay an

accommodation bond, which was nominally uncapped; however, there was a requirement that the new resident be left with a minimum level of assets. All entrants to extra service could be asked to pay an accommodation bond.

The Australian Government assists those residents who do not have sufficient means to pay their accommodation payments.

In 2013–14, providers received up to a maximum of $33.29 from 1 July 2013 to 19 September 2013, $33.55 from 20 September 2013 to 19 March 2014, and $34.20 from 20 March 2014 to 30 June 2014, per day in accommodation payments for all new residents entering high care, either as a Government supplement or a resident contribution, or a combination of the two, depending on the assessed value of the new resident's assets. In 2013–14 the accommodation supplement was paid by the Australian Government for all new residents entering high or low care who had less than $43,000 (from 1 July 2013) in assets. For those with more assets, the Government supplement reduces, with the supplement cutting out altogether for those with more than $112,243.20 (from 1 July 2013) in assets.

In 2013–14, 82.3 per cent of homes collected accommodation charges, compared with 75.9 per cent in 2012–13. The average daily accommodation charge for new residents in 2013–14 was $30.06 compared with $28.89 in 2012–13 (Table 30).

TABLE 30: PROPORTION OF HOMES COLLECTING AN ACCOMMODATION CHARGE AND AVERAGE DAILY ACCOMMODATION CHARGE FOR NEW RESIDENTS, 2009–10 TO 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14
Homes collecting charges	73.9%	77.1%	71.6%	75.9%	82.3%
Average daily accommodation charge for new residents[14]	$23.91	$25.49	$28.18	$28.89	$30.06

In 2013–14 an accommodation bond was payable by all low care residents who could afford to pay at the time of their entry to aged care. Residents who entered permanent high level care in an extra service place could also be asked to pay an accommodation bond. Residents who have previously paid an accommodation bond and who moved to high care could elect, with the agreement of the second home, to roll over their accommodation bond balance.

Residents could choose to pay an accommodation bond as a lump sum, a regular periodic payment or a combination of both. The bond amounts and the payment arrangements are negotiated between approved providers and residents.

The payment of a bond typically requires a significant rearrangement of the financial affairs of a resident, including sale or rental of the person's home, unless that asset is protected under the Act. A resident had up to six months for the bond to be paid, however interest generally accrued from the date of entry.

Approved providers derive income from accommodation bonds by deducting monthly retention amounts and by retaining any earnings accruing from the investment of the bonds.

There are strict prudential requirements related to the accounting and handling of bonds collected by aged care providers. The Department closely monitors how effectively providers are meeting these requirements and conducts an annual review of providers' prudential arrangements (see Section 11.8).

At 30 June 2014, 87.0 per cent of aged care homes held accommodation bonds, compared with 81.4 per cent at 30 June 2013. The average accommodation bond agreed with a new resident in

[14] Based on the accommodation supplement reduction of the resident. Previous reports used data reported through the Survey of Aged Care Homes.

2013–14 was $296,404 compared with $273,386 in 2012–13. The median bond amount in 2013–14 was $295,000 which is an increase of $45,000 from 2012–13[15].

As shown in Table 31, the method of payment of bonds most frequently used was payment by lump sum.

TABLE 31: METHOD OF PAYMENT OF ACCOMMODATION BONDS AS A PERCENTAGE OF ALL BOND-PAYING NEW RESIDENTS, 2009–10 TO 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14
Lump sum	89.6%	90.3%	88.8%	89.7%	87.3%
Periodic payments	4.1%	3.7%	3.6%	3.0%	4.0%
Combination of lump sum and periodic payments	6.3%	5.9%	7.6%	7.3%	8.7%

Note: 2012–13 figures have changed as data has now been finalised. 2013–14 figures are preliminary and may be subject to change.

The size of individual bonds has increased substantially over recent years. The Australian Government has taken measures to strengthen the protection of residents' bonds, as a bond can represent a significant proportion of a resident's life savings (see Section 11.8).

Further information on residential care fees and charges can be found on the My Aged Care website or by calling 1800 200 422.

Changes to accommodation payments

The *User Rights Amendment (Publication of Accommodation Payment Information) Principles 2014* were made during the year, requiring providers to publish accommodation prices and descriptions from 19 May 2014 if they were intending to charge accommodation payments from 1 July 2014. Accommodation prices (including any extra service amounts) above a threshold amount, to be determined by the Minister, will require the approval of the Aged Care Pricing Commissioner.

The Fees and Payments Principles 2014 (No. 2) were made during the year. These principles came into force on 1 July 2014 and include new provisions reflecting changes made to the Act in 2012–13 that took effect on 1 July 2014:

- allowing residents, who can pay for their accommodation, to be able to choose whether they do this through a refundable deposit, a daily payment or a combination of these methods;
- providing residents, who can pay for their accommodation, with 28 days after entering care in which to decide on their method of paying for their accommodation;
- allowing providers to be able to receive refundable deposits (bonds) in high care for new residents;
- removing the ability to charge new residents retention amounts;
- additional information that must be given to a resident before they enter care;
- additional information to be included in an accommodation agreement; and
- rules about charging accommodation payments including publishing, ensuring equivalence between a refundable deposit and a daily payment, matters regarding an application to the Aged

[15] Accommodation bond and charge data for 2013–14 are based on preliminary results of the 2014 Survey of Aged Care Homes and are subject to further refinement following detailed analysis of the survey results.

Care Pricing Commissioner for approval to charge an accommodation payment that is higher than the Minister's maximum accommodation payment amount.

The Government will continue to supplement or meet the cost of accommodation on behalf of residents with low means.

Increases to the accommodation supplement paid for new or significantly refurbished services will support providers accommodating residents with low means, and encourage investment in residential aged care homes.

These changes to the accommodation payment arrangements that commenced on 1 July 2014 are subject to close monitoring by the Aged Care Financing Authority.

6.7 Aged Care Pricing Commissioner

The Aged Care Pricing Commissioner commenced operation during the year and on 31 January 2014 began accepting applications from providers who wish to charge an accommodation price above the threshold determined by the Minister ($550,000 from 1 July 2014). Further information on the Aged Care Pricing Commissioner's operations for the year will be available from the Aged Care Pricing Commissioner's Annual Report at www.acpc.gov.au/publications.

6.8 Building activity

Through accommodation payments, residential aged care providers can access funding to upgrade and maintain buildings. The sector is continuing to invest significant funds in new buildings, rebuilding, and upgrading of homes.

A total of $1,554 million of new building, refurbishment and upgrading work was completed during 2013–14, involving 12.0 per cent of all homes. A further $1,588 million of work was in progress at 30 June 2014, involving 16.9 per cent of all homes. At 30 June 2014, 17.2 per cent of homes were planning building work (Table 32).

TABLE 32: ESTIMATED BUILDING WORK EXPENDITURE BY RESIDENTIAL CARE SERVICES, 2009–10 TO 2013–14[16]

	2009–10	2010–11	2011–12	2012–13	2013–14
Building Work					
Estimated total building work completed during the year or in progress at 30 June ($m)	$2,358	$1,953	$1,850	$2,533	$3,142
Proportion of homes that completed any building work during the year	13.30%	12.90%	15.70%	16.40%	12.05%
Proportion of homes with any building work in progress at the end of the year	7.50%	5.60%	6.90%	11.50%	16.91%
New building work[17]					
Proportion of homes that completed new building work during the year	2.70%	2.20%	1.70%	1.30%	1.79%
Proportion of homes with new building work in progress at the end of the year	1.50%	1.50%	1.70%	2.00%	2.22%
Estimated new building work completed during the year ($m)	$1,028	$750	$523	$440	$703
Estimated new building work in progress at the end of the year ($m)	$441	$428	$464	$735	$865
Proportion of homes that were planning new building work	3.10%	4.20%	3.60%	3.90%	3.50%
Rebuilding work[18]					
Proportion of homes that completed rebuilding work during the year	0.98%	0.40%	0.80%	0.80%	0.91%
Proportion of homes with rebuilding work in progress at the end of the year	0.64%	0.90%	0.80%	1.40%	0.91%
Estimated rebuilding work completed during the year ($m)	$155	$116	$85.30	$190	$337
Estimated rebuilding work in progress at the end of the year ($m)	$216	$245	$251	$449	$240

[16] Source: Survey of Aged Care Homes, 2010, 2011, 2012, 2013 and 2014.

[17] New building is defined as work relating to a new building to accommodate new or transferred aged care places.

[18] Rebuilding work is defined as the complete demolition and reconstruction of an approved service on the same site.

	2009–10	2010–11	2011–12	2012–13	2013–14
Proportion of homes that were planning rebuilding work	1.70%	2.20%	1.80%	2.70%	3.76%
Upgrading work[19]					
Proportion of homes that completed upgrading work during the year	10.00%	10.30%	13.30%	14.50%	9.31%
Proportion of homes with upgrading work in progress at the end of the year	5.50%	3.20%	4.30%	8.40%	14.02%
Estimated upgrading work completed during the year ($m)	$257	$184	$288	$290	$514
Estimated upgrading work in progress at the end of the year ($m)	$261	$231	$237	$429	$484
Proportion of homes that were planning upgrading work	6.60%	8.60%	9.20%	9.50%	11.97%

Note: 2012–13 figures have changed as data has now been finalised. 2013–14 figures are preliminary and may be subject to change.

Capital assistance

The Australian Government acknowledges that some homes may not be in a position to attract sufficient residents who can pay accommodation payments because, for example, of their rural or remote location or because the homes target financially disadvantaged people or people from special needs groups as defined in the Act. An ongoing programme of targeted capital assistance helps providers who, as a result of such circumstances, are unable to meet the cost of necessary capital works.

In the 2014 ACAR, up to $103 million in capital grants has been made available nationally to approved providers to undertake necessary capital works to establish, upgrade or expand residential aged care services.

Zero Real Interest Loans

Under the Zero Real Interest Loans (ZRIL) programme, $300 million was made available from each of the 2008–09 and 2010–11 Budgets for the provision of loans to assist aged care providers to build or extend residential aged care services in areas of high need. Loans provided under the programme attract an interest rate equivalent to the Consumer Price Index. Four funding rounds have been completed with the final funding round run in conjunction with the 2012–13 ACAR. No further loans will be available under the programme.

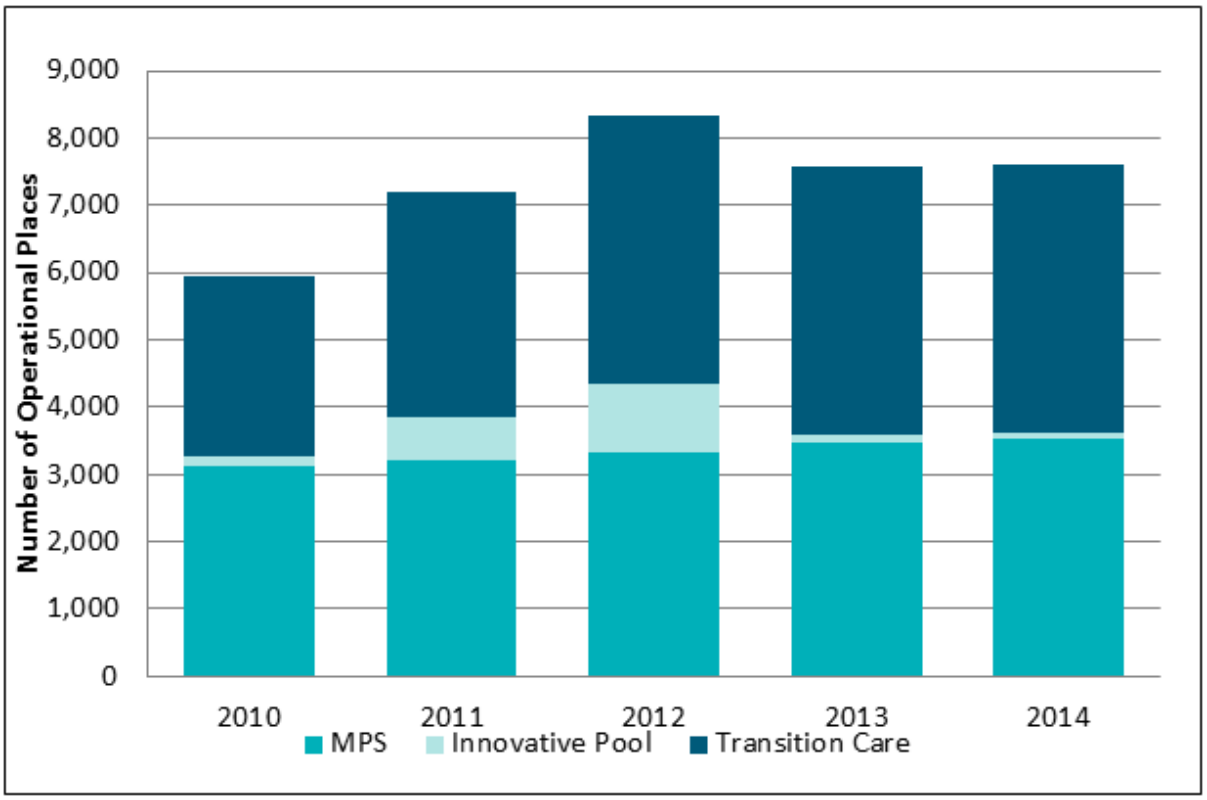
[19] Upgrading work is defined as renovation or refurbishment of an existing service including extensions.

7 Flexible Care

Flexible care acknowledges that the needs of care recipients, in either a residential or home care setting, may require a different care approach than that provided through mainstream residential and home care. Three types of flexible care arrangements are provided for under the Act; transition care, Multi-Purpose Services and innovative care. This is in addition to the Home Care Packages Programme, which commenced on 1 August 2013 (details on the Home Care Packages Programme are in Chapter 5). Arrangements for the various types of flexible care are set out in the *Flexible Care Subsidy Principles 1997*.

At 30 June 2014, there were 7,617 operational flexible care places (Figure 3).

FIGURE 3: OPERATIONAL FLEXIBLE CARE PLACES, AS AT 30 JUNE EACH YEAR BETWEEN 2010 AND 2014



Note: The number of flexible care places does not include places allocated under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, which is a grants based programme administered by the Department of Social Services. Innovative Pool places included those places provided on a consumer directed care (CDC) basis in 2010–11 and 2011–12.

Flexible models of care are also provided under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. Services funded under this programme provide culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home, and are located mainly in rural and remote areas. These flexible aged care services operate outside the regulatory framework of the Act (see Section 8.1). As at 30 June 2014, 30 aged care services were funded to deliver 739 aged care places through this programme.

The Dementia and Veterans' Supplements are also provided for in the Transition Care, Multi-Purpose Services, National Aboriginal and Torres Strait Islander Flexible Aged Care, and Innovative Care Programs.

7.1 Transition Care

The Transition Care Program was established in 2004–05 as a jointly funded initiative between the Australian Government and state and territory governments. Transition care service delivery is managed by the state and territory governments, administered by the respective health departments. Within the framework of the programme, state and territory governments have the flexibility to determine service delivery models for transition care that best respond to local service, and individual care recipient needs.

Most state and territory governments have subcontracted the provision of transition care services.

At 30 June 2014, there were a total of 4,000 operational transition care places nationally.

The Transition Care Program enables older people to return home after a hospital stay, rather than prematurely entering a residential aged care home. To enter transition care, an older person must have been assessed as eligible for transition care by an ACAT, while they are an in-patient of a hospital. A person can only enter transition care directly after being discharged from hospital.

The programme provides time-limited, goal-oriented and therapy-focused packages of services to older people after a hospital stay. These packages include low intensity therapy (such as physiotherapy and occupational therapy), social work and nursing support or personal care, which is intended to help them to return home rather than prematurely enter residential care. The programme also gives older people, their families and carers, time to consider long-term care arrangements.

Transition care is provided for up to 12 weeks (with a possible extension of another six weeks) in either a home-like residential setting or in the community. In 2013–14, the average length of stay for completed episodes of transition care was 60 days.

Transition care is provided in metropolitan and rural settings. Transition care may be provided either in a person’s own home or in a 'live-in' setting (either part of an existing aged care home or health facility). Where appropriate, care can be provided in hospitals in rural and remote areas.

At 30 June 2014, 3,339 people were receiving transition care. Overall, 23,519 people received transition care during 2013–14 (Table 33).

TABLE 33: NUMBER OF TRANSITION CARE RECIPIENTS BY STATE AND TERRITORY, AT 30 JUNE 2014 AND DURING 2013–14

State/Territory	Number of people receiving transition care at 30 June 2014	Number of people who received transition care during 2013–14
NSW	1,149	7,289
Vic.	881	6,321
Qld	641	4,769
WA	240	2,074
SA	303	2,049
Tas.	70	613
ACT	33	311
NT	22	120
Australia	**3,339**	**23,519**

Note: Data for number of recipients across the financial year shows a distinct count of individual clients with one or more episodes of transition care at any time in the 12 month period to 30 June 2014. An individual client may receive care in multiple states, but will be only counted once in the total for Australia.

Australian Government funding for the Transition Care Program is provided in the form of a flexible care subsidy for each person that receives transition care. In 2013–14, the Australian Government met, on average, 69 per cent of the recurrent costs of the programme. Combined Australian Government and state and territory expenditure on transition care totalled $335.2 million in 2013–14 (Table 34).

TABLE 34: AUSTRALIAN GOVERNMENT EXPENDITURE ON TRANSITION CARE, DURING 2013–14, BY STATE AND TERRITORY

	NSW $m	Vic. $m	Qld $m	WA $m	SA $m	Tas. $m	ACT $m	NT $m	**Total $m**
Australian Government	78.9	60.1	42.4	19.6	21.3	5.6	2.9	1.4	**232.3**
State/Territory	26.3	38.8	18.5	8.9	7.2	2.0	1.2	0.2	**102.9**
Total	**105.2**	**98.9**	**60.8**	**28.5**	**28.5**	**7.6**	**4.1**	**1.6**	**335.2**

7.2 Multi-Purpose Services

The Multi-Purpose Service Programme is a joint initiative between the Australian Government and all states and territories, other than the Australian Capital Territory, where such services are not needed. The programme recognises that the delivery of some health and aged care services may not be viable in rural and remote communities if they are provided separately. By bringing the services together, economies of scale are achieved to support the services.

Multi-Purpose Services operate under the Act and deliver a mix of aged care, health and community services in rural and remote communities. In general, they are operated by state, territory, and local governments, and are primarily located in hospital settings.

At 30 June 2014, there were 147 operational Multi-Purpose Services, with a total of 3,525 flexible care places (Table 35).

TABLE 35: MULTI-PURPOSE SERVICES AND OPERATIONAL PLACES, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Multi-Purpose Services with Operational Places	Operational High Care Residential Care Places	Operational Low Care Residential Care Places	Operational Community Care Places	Total Operational Places
NSW	58	735	235	119	**1,089**
Vic.	7	225	131	19	**375**
Qld	33	268	143	141	**552**
WA	31	318	317	159	**794**
SA	14	390	203	14	**607**
Tas.	3	66	21	15	**102**
ACT	0	0	0	0	**0**
NT	1	4	0	2	**6**
Australia	**147**	**2,006**	**1,050**	**469**	**3,525**

Australian Government funding for Multi-Purpose Services is provided as a flexible care subsidy under the Act, depending on the number of flexible care places approved for each Multi-Purpose Service. Australian Government funding is combined with state and territory government health services funding to provide a range of integrated health and aged care services that meet the needs of the community.

There was continued growth in Australian Government expenditure for the Multi-Purpose Services Programme, from $126.7 million in 2012–13 to $133.0 million in 2013–14 (Table 36).

TABLE 36: AUSTRALIAN GOVERNMENT EXPENDITURE FOR MULTI-PURPOSE SERVICES, 2009–10 TO 2013–14, BY STATE AND TERRITORY

State/Territory	2009–10 $m	2010–11 $m	2011–12 $m	2012–13 $m	2013–14 $m	Increase: 2012–13 to 2013–14
NSW	32.9	36.7	38.8	41.8	44.5	**6.4%**
Vic.	12.8	8.6	12.4	12.6	12.8	**1.8%**
Qld	13.8	15.8	16.2	18.5	20.6	**11.4%**
WA	22.2	23.3	23.3	25.2	25.8	**2.4%**
SA	19.1	20.1	20.9	24.5	25.0	**2.0%**
Tas.	3.4	3.5	3.6	3.8	3.9	**3.5%**
ACT	0	0	0	0	0	**0**
NT	0.3	0.3	0.3	0.3	0.3	**1.9%**
Australia	**104.5**	**108.2**	**116.2**	**126.7**	**133.0**	**4.9%**

Note: 1st quarter payment of 2010–11 was pre-paid in 2009–10.

7.3 Innovative Care services

The Aged Care Innovative Pool programme was established in 2001–02 and provides opportunities to use flexible care places to test new approaches to providing care for specific target groups.

Pilot projects that are approved under the Innovative Pool have clear client eligibility criteria, and have controlled methods of service delivery. Evaluation is an integral element of all projects.

At 30 June 2014, there were nine operational disability/aged care interface pilots with a total of 92 operational innovative care places. These services were operated by approved providers from the home care sector through five services in New South Wales, two in South Australia, and one in each of Tasmania, Victoria and Western Australia.

Following a recommendation in 2006, the nine pilots have been delivered to care recipients on an ongoing basis. However, the places cease as individual care recipients leave them.

The Australian Government provided $2.2 million for the nine services under the Aged Care Innovative Pool programme in 2013–14.

8 Support for People with Special Needs

One of the objectives of the Act is to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location. To give effect to this objective, the Act designates certain people as 'people with special needs'.

On 1 August 2013, an amendment to the Act moved all descriptors of people with special needs as named in the *Allocation Principles 1997* into the *Aged Care Act 1997.* Special needs groups that are now included in the Act from 1 August 2013 are:

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- veterans;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are homeless or at risk of becoming homeless;
- care-leavers;
- parents separated from their children by forced adoption or removal; and
- lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

In accordance with the Act's objectives, the Secretary may decide under section 12-5 of the Act that a number of aged care places will be made available to focus on the care of particular groups of people. People from special needs groups also have access to places allocated to service the needs of the general population. Under the *User Rights Principles 1997*, all aged care providers must have regard to the particular physical, physiological, social, spiritual, environmental and other health related care needs of individual recipients. Establishing and maintaining links with representatives of relevant community groups, and other support agencies and organisations, is regarded as an integral part of providing relevant levels of care and facilitating the provision of culturally appropriate care.

Similarly to the Act, the Commonwealth HACC programme provides appropriate and accessible services to people who need them. In recognition that some people face greater challenges in accessing services, these groups include all those recognised under the Act as well as people with dementia.

8.1 People from Aboriginal and Torres Strait Islander communities

Health conditions associated with ageing often affect Aboriginal and Torres Strait Islander people earlier than other Australians. In some cases, planning for aged care services provided under the Act is therefore based on the Aboriginal and Torres Strait Islander population aged 50 years or older, compared with 70 years or older for non-Indigenous Australians.

As well as general access to all mainstream Aged Care Services, a range of additional strategies are in place to ensure access. This includes:

- the allocation of specific places in residential and home care as part of the Aged Care Assessment Round; and
- a viability supplement for providers with more than 50 per cent Aboriginal and Torres Strait Islander residents and workforce grants for rural and remote areas to support recruitment and retaining of Aboriginal and Torres Strait Islander Aged Care staff (see Section 9).

Priority 5 under the Aged Care Service Improvement and Healthy Ageing Grants Fund (ACSIHAG) also supports services for older Aboriginal and Torres Strait Islander people through grants for (but not limited to) capital assistance to support the construction of new aged care services, major maintenance, purchasing equipment, and the provision of staff housing (see Section 10.1).

As well as having access to aged care services funded under the Act, Aboriginal and Torres Strait Islander people also have access to services funded through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program. These services are funded and operated outside of the regulatory framework of the Act to deliver a mix of residential and home care services in response to the needs of each community. At 30 June 2014, there were 30 aged care services funded through this programme to deliver 739 aged care places. The aim of the programme is to provide culturally appropriate care close to the homes and communities of older Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people can also access services funded through the Commonwealth HACC programme. At 30 June 2014, the percentage of Commonwealth HACC recipients identifying as Aboriginal and Torres Strait Islander peoples was 3.3 per cent.

Support services for rural and remote aged care

Providers of aged care services located in remote areas face particular challenges in service provision. These challenges can include issues related to the operation of small services which may be remote from professional assistance and support. There may also be higher infrastructure and supply costs and difficulties in attracting and retaining staff.

In recognition of these challenges, the Department administers the Peer and Professional Support Program to provide funding to assist aged care providers delivering services to Aboriginal and Torres Strait Islander people located anywhere in Australia, and aged care providers located in remote and very remote areas. This programme makes available a range of professional services and emergency assistance. Professional services are provided to build the capacity of eligible aged care services and assist in the areas of care delivery, quality delivery, financial and organisational management and governance. Emergency assistance is provided to eligible aged care services to ensure the continuity of aged care services and improve the health, safety and well-being of care recipients. In 2013–14, funds of over $12.6 million were provided under the programme.

The aged care planning system outlined in the Act ensures that aged care places are provided in rural and remote areas in proportion to the number of older people who live in these non-metropolitan areas.

In recognition of the higher costs of providing care in those regions, some aged care services in rural and remote areas receive a viability supplement. The viability supplement aims to improve the capacity of small, rural aged care services to offer quality care to older people.

In 2013–14, the Australian Government provided viability supplement funding for mainstream residential care ($29.8 million), home care ($5.1 million), Multi-Purpose Services ($14.2 million), and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program ($5.9 million).

As part of the repurposing of the aged care workforce supplement, the viability supplement was increased by 20 per cent from 1 July 2014.

The Aged Care Financing Authority will consider the impact of the viability supplement on rural, regional and remote providers as part of its project examining the financial performance of providers to be completed in 2015.

The Multi-Purpose Services programme supports improvement in the integration and provision of health and aged care services for small rural and remote communities. The flexibility inherent in the programme can be used to respond to the specific needs of each community, and to allow change as the community's needs change.

The Australian Government also provides funding to assist aged care services operating in remote areas, and those providing care to Aboriginal and Torres Strait Islander people.

8.2 People from culturally and linguistically diverse backgrounds

Australia is one of the most culturally diverse nations in the world, with an estimated 22 per cent of people aged 65 years and over born overseas in countries other than main English speaking

countries. The needs and preferences of these groups can be very different and aged care services need to be sensitive to this diversity when delivering care and support.

The *National Ageing and Aged Care Strategy for people from Culturally and Linguistically Diverse Backgrounds* (CALD Strategy) has been developed to help inform the way Government responds to the needs of older people from CALD backgrounds and better support the aged care sector to deliver care that is sensitive, appropriate and inclusive. The CALD Strategy contains a number of goals and action areas for implementation. A range of activities which support the achievement of these are funded through the Aged Care Service Improvement and Healthy Ageing Grants Fund (see Section 10.1).

Additionally, to support Goal 3 of the CALD Strategy, the My Aged Care website expanded the language set of resources available to consumers to 18 languages. The contact centre also accesses interpreting services for consumers.

The Australian Government funds one Partners In Culturally Appropriate Care organisation in each state and territory to equip aged care providers with the necessary skills to delivery culturally appropriate care to older people from CALD backgrounds.

At 30 June 2014, the number of recipients in care, aged 70 years and over, from CALD backgrounds totalled 29,848 and 13,481 in home care (Table 37).

TABLE 37: NUMBER OF RESIDENTS 70 YEARS AND OVER FROM CALD BACKGROUNDS IN RESIDENTIAL CARE AND HOME CARE, AT 30 JUNE 2014, BY STATE AND TERRITORY

State/Territory	Residential Care	Home Care
NSW	10,897	4,584
Vic.	10,067	4,667
Qld	2,931	1,415
WA	2,537	1,423
SA	2,740	926
Tas.	267	160
ACT	355	232
NT	54	74
Australia	**29,848**	**13,481**

Older people from CALD backgrounds can also access services funded through the Commonwealth HACC programme. At 30 June 2014, the number of CALD clients as a proportion of Commonwealth HACC recipients within the target population, where CALD is defined as country of birth, was 18.1 per cent.

8.3 People who are veterans

Veterans are designated as 'people with special needs' under the Act. The Department of Veterans' Affairs issues gold and white treatment cards to veterans, their war widows and widowers and dependents, to ensure they have access to health and other care services that promote and maintain self-sufficiency, well-being and quality of life.

There were 24,678 gold or white treatment card holders in residential care at 30 June 2014 (Table 38), a decrease from 27,132 at 30 June 2013.

TABLE 38: NUMBER OF GOLD OR WHITE TREATMENT CARD HOLDERS IN RESIDENTIAL CARE, AT 30 JUNE 2014, BY STATE AND TERRITORY

NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	**Total**
8,636	6,063	4,951	1,832	2,142	722	312	20	**24,678**

Note: These figures are preliminary and may be subject to change.

From 1 August 2013, a veteran living in a Commonwealth-subsidised residential aged care facility, or in receipt of a home care package, whose mental health condition has been accepted by the Department of Veterans' Affairs (DVA) as associated with their service, may attract the Veterans' Supplement.

8.4 People who are financially or socially disadvantaged

Frail older people who are financially or socially vulnerable are protected from being disadvantaged in gaining access to aged care services. There are special arrangements under the Act for supported residents, assisted residents and concessional residents in residential care and hardship provisions for care recipients in residential care. In home care, a person may not be denied a home care package because they cannot afford to pay. Support is also provided for people in insecure housing arrangements.

Supported, concessional and assisted residents

Arrangements established under the Act mean that older people can access residential care, irrespective of their capacity to make accommodation payments. Assistance is provided to supported, concessional and assisted residents.

Supported residents are those who:

- entered care for the first time on or after 20 March 2008, or who re-entered care on or after 20 March 2008 after a break of more than 28 days (referred to as post-20 March 2008 residents); and
- have assets equal to or less than an amount determined by the Secretary to be the maximum asset threshold for supported resident status.

Concessional residents are those who:

- entered care before 20 March 2008 and who have not re-entered care on or after 20 March 2008 after a break of more than 28 days; and
- receive an Australian Government means-tested income support payment; and
- have not owned a home for the last two or more years (or whose home is occupied by a 'protected' person, for example, the care recipient's spouse or long term carer); and
- have assets of less than 2.5 times (or if the resident transferred after 20 September 2009, 2.25 times), the annual single basic age pension.

For each aged care planning region, there is a minimum target ratio for supported and concessional residents to total residents, based on regional socio-economic indices. The lowest regional target ratio is 16 per cent and the highest is 40 per cent. The supported resident ratio includes supported, concessional and assisted residents, and certain residents approved under the hardship provisions.

The Australian Government gives additional supplements to aged care providers on behalf of supported, assisted and concessional residents. The amount of accommodation supplement paid for supported residents depends on the level of residents' assets, whether or not the service meets fire and safety requirements (see Section 11.4), and the proportion of residents in the service that are supported, concessional or assisted residents.

The rate of the concessional supplement depends upon the assets of the resident and whether or not more than 40 per cent of an aged care home's residents are supported, concessional or assisted residents.

Of the 231,515 people receiving permanent residential care during 2013–14, financial support with accommodation costs was provided for around 92,000 supported, concessional and assisted residents. In 2013–14, a total of $656.9 million was paid to approved providers as supplements for accommodation costs for residents who were unable to meet the full cost of their accommodation.

From 1 July 2014, residential aged care homes that are newly built, or significantly refurbished, on or after 20 April 2012 are eligible to receive the higher accommodation supplement on behalf of residents who qualify for government assistance with their accommodation costs (see Section 6.4).

Hardship provisions

Financial hardship assistance provisions under the Act cater for the minority of residents who have difficulty paying care fees and accommodation payments. Applicants for financial hardship assistance may seek assistance with their daily fees, the income tested fee, accommodation charge, or accommodation bond. Hardship is payable if the resident can demonstrate to the Department that they are in financial hardship as a result of paying their aged care fees and associated care related expenses. Where assistance is granted, an additional supplement may be payable by the Australian Government so that the aged care provider is not disadvantaged.

During 2013–14, the Department processed 1,602 applications for financial hardship assistance. Of these, 46.5 per cent were approved and 8.36 per cent were rejected as ineligible. Following advice from the Department, the remaining 45.14 per cent of applications were withdrawn when, for example, the Department was able to recommend more appropriate ways to obtain needed support. Approvals of financial hardship assistance are reviewed on a case-by-case basis or when a resident's financial circumstances change.

There were some classes of care recipients who were automatically eligible for a hardship supplement. These classes included:

- Class A residents who are care recipients less than 21 years of age. These residents receive income of less than the age pension;
- Class B residents who are care recipients under 16 years of age. These residents seldom have income of their own;
- Class C residents who are self-funded retirees, who entered care prior to 20 March 2008, whose income is just above the pension cut-off and who may be disadvantaged by paying a higher (non-pensioner) rate of the basic daily fee;
- Class D residents who were in residential aged care prior to 1 October 1997 who lost eligibility for a payment called the residential care allowance. The automatic reduction in their fees is designed to leave them with income comparable to the amount they had retained after payment of their fees before the 1997 aged care arrangements; and

- Class E residents who were living in hostels on 30 September 1997 and who, with the alignment of nursing home and hostel fees, were left with less income after paying their fees. The automatic reduction in their fees is designed to leave them with an income comparable to what they received before the 1997 aged care arrangements.

From 1 July 2014, there will no longer be automatic financial hardship assistance provisions for new residents entering residential aged care from that date. Residents in care prior to 1 July 2014 who were receiving the hardship supplement automatically will continue to receive it while they continue to meet the eligibility requirements as noted above. Residents who enter care from 1 July 2014 will continue to have access to the individual financial hardship assistance provisions under the Act.

The Australian Government provided $7.7 million in hardship supplements during 2013–14.

Amendments to the Act in 2012–13 introduced arrangements for care recipients receiving a home care package to be able to seek financial hardship assistance with their daily fee and income tested care fee for care recipients who commenced a package from 1 July 2014. The expanded provisions coincide with the introduction of new income testing arrangements in home care for care recipients entering on or after 1 July 2014.

8.5 People who are homeless or at risk of becoming homeless

The Assistance with Care and Housing for the Aged (ACHA) programme supports older people who are homeless or at risk of becoming homeless. The programme links clients to suitable accommodation services with the aim of helping clients to remain in the community rather than inappropriately entering residential care. While accommodation support is a key feature of the programme, clients are also referred to a range of care and other services to help them maintain their independence.

In 2013–14, Australian Government funding of $6.1 million was provided to the ACHA programme, supporting 55 services to assist 5,470 people.

As part of the viability supplement, support is available for eligible residential services specialising in care for people at risk of homelessness, low care in rural and remote areas, and care for Aboriginal and Torres Strait Islander Australians (see Section 6.4).

From October 2013, more than $29 million in additional funding over four years is being provided under the Homeless Supplement to better support aged care homes that specialise in caring for people with a history of, or at risk of, homelessness.

8.6 Care-leavers

A care-leaver is 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. This includes the Forgotten Australians, Former Child Migrants and Stolen Generations. Institutional care refers to residential care provided by a government or non-government organisation, including (but not limited to) orphanages; children's homes; industrial, training or farm schools; dormitory or group cottage houses; juvenile detention centres; and mental health or disability facilities.

The experiences of care-leavers while in institutional or out-of-home care may affect their ongoing well-being and have an impact on members of this group who need to access aged care services or enter an aged care home later in life. In 2013–14, an information package was developed and endorsed by key stakeholders to assist aged care providers recognise the special needs of these groups and provide appropriate and responsive care. The package is currently in production.

8.7 Parents separated from their children by forced adoption or removal

On 1 August 2013, parents separated from their children by forced adoption or removal were included in the Act as a special needs group. This was in recognition of the traumatic experiences, health issues and socio-economic disadvantages that parents affected by those adoption practices are disproportionately likely to face. It also recognised the importance of the identification of people who may require assistance from time to time in ensuring that they receive appropriate aged care services that are sensitive to their care needs.

In addition to considering this group of people in the allocation of aged care places, the Department provides funding to improve access to specialist support services.

8.8 Lesbian, gay, bisexual, transgender and intersex people

It is recognised that LGBTI Australians have specific needs, particularly as they age, stemming from decades of inequitable treatment and social isolation as a result of stigma and family rejection.

The *National LGBTI Ageing and Aged Care Strategy* informs the way the Government responds to the needs of older LGBTI people and better support the aged care sector to deliver care that is sensitive, appropriate and inclusive. The Strategy contains a number of goals and action areas for implementation.

A range of activities which support the achievement of strategy goals are funded through the Aged Care Service Improvement and Healthy Ageing Grants Fund (see Section 10.1).

These projects aim to raise awareness of the issues affecting older LGBTI people, support aged care services to better understand the needs of LGBTI people, and break down the barriers of real and perceived discrimination of LGBTI people within the aged care system.

Additionally, the expansion of the Community Visitors Scheme (CVS) to specifically target special needs groups, including people who identify as LGBTI, addresses Goal 2 of this strategy. As part of the CVS expansion, three LGBTI-specific organisations (ACOON, Gay and Lesbian Switchboard (Victoria) Inc., and the Queensland Association of Healthy Communities Inc.) have been funded to deliver CVS visits specifically to older LGBTI people. A further 16 CVS auspices are targeting older LGBTI people, among other special needs groups.

9 Aged Care Workforce

In supporting and encouraging improvements in the delivery of aged care and ensuring the best possible care for older Australians, a number of strategies have been implemented to support the development and maintenance of a sufficient and skilled aged care workforce.

9.1 Support for the Aged Care Workforce

Support for the aged care workforce includes training and education funded through the Aged Care Workforce Fund. Under the Aged Care Workforce Fund, $289.6 million is available over four years to 2017–18.

The Aged Care Workforce Fund's primary objective is to improve the quality of aged care by developing the skills of the aged care workforce by providing a range of training, education and support. This includes facilitating collaborations among the aged care, acute care, training and research sectors, providing targeted training strategies for priority target groups, such as Aboriginal and Torres Strait Islander people, responding to emerging issues, and supporting the introduction of innovative practices in aged care.

The Department has committed to undertake a stocktake and analysis of Commonwealth-funded aged care workforce activities funded over the last three years. The information obtained through the stocktake will identify any duplication and gaps across activities, synergies, and areas of overlap between the aged care and disability workforces. It is anticipated that the stocktake will provide an evidence-based foundation for developing an aged care workforce development strategy which is expected to help inform future funding priorities. The following projects are currently funded through this Fund.

Aged Care Workforce Vocational Education and Training

This project directly funds Registered Training Organisations (RTOs) to deliver relevant aged care certificate and diploma qualifications to personal care workers and enrolled nurses working in aged care. Qualifications eligible for funding range from entry-level aged care certificates, through to a management and leadership qualification and a Diploma of Enrolled Nursing.

Between 2010–11 and 2013–14, the Department provided 12,927 Aged Care Workforce Vocational Education and Training (ACWVET) (full qualifications) and 1,471 Enrolled Nursing places. The Department also funds RTOs to deliver short course and skill set training to aged care workers. Palliative and dementia care are among the specifically targeted areas of need.

Organisations funded to deliver this training report that approved providers of aged care have expressed a high level of interest in the skill sets and short courses offered, such as the Medication Management skill-set.

Funding agreements for the ACWVET initiative were due to expire on 30 June 2014. Existing funding agreements have been extended for a further 12 months to RTOs delivering ACWVET (full qualifications), ACWVET Enrolled Nursing and Dementia Care Essentials.

Dementia workforce training and support

This project, known as Dementia Care Essentials, provides funding for the delivery of dementia-specific units of competency to aged care workers across all states and territories, including nurses and ancillary staff employed in aged care homes. In 2013–14, funding was provided to support 5,899 training places in dementia care skills for aged care workers.

Aged Care Education and Training Incentives

The Aged Care Education and Training Incentives (ACETI) programme, which began in 2010, continues to provide financial support for aged care workers to undertake training to improve their skills and build a career in aged care. In 2013–14, 13,290 payments were made to the value of $10.6 million.

Aged Care Nursing Scholarships

The Aged Care Nursing Scholarships (ACNS) project provides financial support to eligible aged care workers to undertake nursing studies at a University or to attend continuing professional development activities. Scholarships are provided for undergraduate, postgraduate (including continuing professional development and nurse re-entry) and nurse practitioner courses. The Royal Australian College of Nursing administers these scholarships on behalf of the Department. Since July 2010, more than 2,200 aged care nursing scholarships have been offered. Of these, 751 scholarships were offered in 2013–14.

Aged care student nurse clinical and graduate nurse placements projects

The Aged Care Nursing Clinical and Graduate Placements projects aim to improve the quality of the clinical placement experience for student nurses and help graduate nurses transition into employment. Since 2011, 14 organisations have been funded, with up to 1,300 aged care nursing clinical and graduate placements delivered in aged care services across Australia through to June 2014.

Nurse practitioner aged care models of practice initiative

The nurse practitioner aged care models of practice initiative established in 2010–11, funded 30 organisations to deliver 31 projects through to June 2014. This initiative aims to identify appropriate models of practice and promote access to nurse practitioner services in aged care. At 30 June 2014, there were 37 endorsed nurse practitioners employed by services funded under this initiative. The University of Canberra is undertaking a national evaluation which is expected to be completed in early 2015.

Teaching and research aged care services

Teaching and research aged care services are aged care services that combine teaching, research and care provision, in the one location, to create a learning environment for aged care students and employees. During 2012–13, 16 projects were funded, with universities and aged care providers equally represented amongst the successful organisations. The funded projects collectively support training and professional development in a range of disciplines, including nursing, psychology, medicine, physiotherapy and occupational therapy. These projects have progressed well, and findings from the ongoing formative evaluation are being disseminated to the wider sector by the national evaluator, the Australian Workplace Innovation and Social Research Centre. The projects end in December 2014, and the evaluation report is expected to be available in mid-2015.

Aboriginal and Torres Strait Islander workforce

In 2013–14, the Department continued to build and support the five Indigenous Employment Initiatives which provide over 750 permanent part-time positions for Aboriginal and Torres Strait Islander people in aged care services nationally. Funding for these positions includes award wages, superannuation and leave entitlements.

In 2013–14, funding was provided for two training projects, the Northern Territory Aged Care Training Project, and the Rural and Remote Aged Care Training Project. These projects provide culturally appropriate models of accredited training to Aboriginal and Torres Strait Islander aged care workers on-site within eligible communities.

Under these programmes, approximately 130 rural and remote Aboriginal communities in the Northern Territory, Queensland, Western Australia and South Australia are currently receiving training. At any one time more than 1,000 students are enrolled across the two projects, with access to training made available to community members to potentially progress into careers in aged care. These programmes have been extended to 30 June 2015.

In 2013–14, the Department also provided 50 business and management traineeships to Aboriginal and Torres Strait Islander people under the Indigenous Remote Service Delivery Traineeships programme. Indigenous Remote Service Delivery Traineeships are available in remote and Aboriginal and Torres Strait Islander aged care and primary health care services and provide a range of training from certificate level to advanced diploma courses.

10 Ageing and Service Improvement

The Aged Care Service Improvement and Healthy Ageing Grants Fund enables the Australian Government to better support activities that strengthen the capacity of the aged care sector, to promote healthy and active ageing, to better respond to existing and emerging challenges including dementia care, and to better support services targeting people from diverse backgrounds, including Aboriginal and Torres Strait Islander people.

10.1 Aged Care Service Improvement and Healthy Ageing Grants Fund

Support for aged care services and promoting healthy and active ageing are funded through the Aged Care Service Improvement and Healthy Ageing Grants Fund (ACSIHAG). Under this Fund, approximately $339.4 million is available over four years to 2017–18.

Following the establishment of the ACSIHAG, guidelines were developed in consultation with stakeholders. These guidelines were updated prior to the most recent ACSIHAG funding round. The programme guidelines provide information on the operation and priorities for the Fund. A funding round across the six priorities was launched on 19 June 2014 and closed in late July 2014. The following projects are currently funded through this Fund.

Activities that promote healthy and active ageing

In 2013–14, funding continued for a number of initiatives that support the community to value older Australians, and that promote active and healthy ageing. This includes funding to the National Seniors Productive Aged Centre and the Australian Association of Gerontology. Some of the key activities include:

- research into the advancement of knowledge and understanding to improve the quality of life of people aged 50 years and over;
- enabling older people to be more productive and independent and to make informed choices about their community and aged care services available to them as they age;
- supporting community organisations to integrate health and wellbeing lifestyle strategies in their existing programmes; and
- increasing access and building the capacity of aged care services to deliver high quality, appropriate services and promote healthy ageing.

The Ambassador for Ageing programme was ceased on 30 June 2014. In its place, the programme's objectives will be incorporated into the broader communication and media strategy for the Department's Ageing and Aged Care Stream which aims to better support the aged care reforms and the growing and changing needs of older Australians.

As part of the National Continence Program, the Continence Foundation of Australia (CFA) is funded to manage the National Continence Helpline which provides consumers, carers and health professionals with practical information and advice on bladder and bowel health. This confidential and free service is staffed by specialist continence nurse advisors. In 2013–14, the Helpline recorded a total of 27,054 episodes (an episode refers to an interaction with the Helpline via phone, email or fax).

The National Public Toilet Map provides locations, opening times and disability access information for over 16,000 public toilets across Australia. The Toilet Map can also be accessed via a smart phone application. In 2013–14, there were approximately 270,810 visitors to the Toilet Map website.

The Bladder Bowel website provides information about bladder and bowel health as well as incontinence prevention and management. In 2013–14, there were approximately 124,763 visitors to the website.

Funding is also provided to the CFA to undertake the Bladder Bowel Collaborative (BBC) project. This project promotes bladder and bowel health through a range of educational and awareness-raising activities and events. Health promotion is a key component of the BBC and in 2013–14, the CFA undertook a special project promoting pelvic floor awareness in pregnancy, childbirth and beyond. This special project involved the development of a specific pregnancy guide for consumers as well as the development of a smartphone app on pelvic floor exercises.

Existing and emerging challenges, including dementia care

On 10 August 2012, dementia became the ninth National Health Priority Area. This has helped drive collaborative efforts aimed at tackling dementia at national, and state and territory levels.

In 2012–13, $39.2 million over five years was allocated to improve outcomes for people with dementia admitted to hospital, activities that target safety, staff training, environmental design and awareness raising. In 2013–14, the following activities and strategies were undertaken:

- an audit of dementia training in the acute care sector to determine what resources are available and identify gaps;
- promotion of the National Safety and Quality Health Service Standards as they relate to the care of people with cognitive impairment;
- a national evidence based consultation service on the design and development of acute care physical environments that are sympathetic to people with cognitive impairment; and
- a national trial of Dementia Care in Hospitals Program which utilises a visual bedside alert symbol and includes training for hospital staff on appropriate care for patients with cognitive impairment.

Funding was also provided to support people with dementia across the health system. Part of this funding was utilised for training and education in the primary care sector to enable a timely diagnosis of dementia. A more timely diagnosis will allow greater opportunity for earlier medical and social interventions.

In 2013–14, $3.7 million was provided to five Dementia Training Study Centres. The aim of the Dementia Training Study Centres is to improve the quality of care and support provided to people living with dementia and their families, through the development and up-skilling of the dementia care workforce and the transfer of knowledge into practice. Activities included the roll-out of national Sexualities and Dementia ‘train-the-trainer’ workshops; an environmental design education and consultancy service for healthcare and residential aged care environments; a national Fellowship Program to support health professionals to translate knowledge into day to day practice; and the development of specialist education and training resources for special needs groups.

In 2013–14, $14 million was provided for Dementia Behaviour Management Advisory Services (DBMAS). The DBMAS consist of multi-disciplinary teams that may include, but are not limited to, psychologists, registered nurses and allied health professionals. The DBMAS teams provide advice and education on appropriate interventions to assist aged care workers, health professionals and family carers improve their care of people with dementia where the behaviour of the person with dementia impacts on their care. Activities in 2013–14 included assessment and short-term case management, clinical supervision and mentoring and modelling of behaviour management techniques and education and tailored information workshops.

DBMAS services have been expanded to include acute and primary care sectors ensuring support is available for care workers and health care professionals in all care settings and in transitioning from one care setting to another.

The total number of episodes of care (an episode of care may comprise one or more face to face contacts and follow up phone contact) reported in 2013–14 was 6,715, an increase of 6.8 per cent from 2012–13.

Alzheimer's Australia continued to deliver the National Dementia Support Programme, a suite of activities which aim to build capacity in dementia care. Services include:

- the National Dementia Helpline (1800 100 500) and referral service;
- counselling and support groups;
- early intervention programmes such as Living with Memory Loss Program;
- operation of dementia and memory community centres including outreach activities in rural and remote regions;
- education and training for family carers, health professionals and care workers;
- awareness activities including Dementia Awareness Month (annually in September); and
- support for people with special needs.

In 2013–14, funding of $17.2 million continued for a national network of Younger Onset Dementia Key Workers. Younger Onset Dementia Key Workers will provide a single point of contact to assist younger people with dementia to access the care and support services most appropriate for their needs.

In 2013–14, funding was provided to support the continuation of the Service Access Liaison Officer (SALO) projects across Australia. SALOs explore a range of approaches to support service access and inclusiveness for all people living with dementia including Aboriginal and Torres Strait Islander people, those from CALD backgrounds, people in rural and remote areas, LGBTI people and those experiencing or at risk of homelessness.

In 2013–14, 36 Commonwealth Respite and Carelink Centres continued to deliver the Dementia Education and Training for Carers programme. This programme aims to improve the quality of life of people with dementia by increasing the competence and confidence of carers through the provision of courses that enhance carers' skills, as well as providing support and access to information.

Activities that build the capacity of aged care services to deliver high quality care

The Encouraging Better Practice in Aged Care (EBPAC) initiative aims to encourage and support the uptake of evidence-based, person-centred, better practice in Australian Government subsidised aged care services, through a focus on improving staff knowledge and skills and developing supporting resources/materials, to improve outcomes for aged care recipients.

While there are a number of existing evidence-based guidelines to assist aged care staff in providing appropriate care for residents and people in the community, it is recognised that there is a need to establish strategies to translate the evidence into everyday practice.

EBPAC consists of three elements - evidence translation projects, national roll-out projects and resource management.

A number of projects continued to receive funding in 2013–14, including in the areas of oral health, wound management, social engagement and physical activity, emotional wellbeing and person-centred dementia support.

In 2013–14, projects received funding to promote best practice in medication management and to improve the Quality Use of Medicines within the aged care sector. Other activities are focusing on improving the care of residents with dementia and Parkinson's disease. In addition, a number of projects will support both job quality and care quality in aged care.

The University of Wollongong has been engaged to undertake a targeted evaluation to identify critical success factors to inform future national roll-out or wider dissemination of evidence-based materials/resources from the successful projects.

Support activities that provide information and support to assist carers maintain their caring role

In 2013–14, $3.6 million was provided to Carers Australia which provides carers with access to specialist information and advice, emotional support, pathways to counselling, support groups, education and training, advocacy, referrals, and assistance in planning for the caring role.

In addition, $0.5 million was provided to support a project that assists carers to maintain their caring role through increasing their skills and providing training for carers.

Support to services providing aged care to Aboriginal and Torres Strait Islander people and people living in remote areas

Remote and Indigenous Capital Infrastructure and Support grants recognise the challenges faced by facilities operating in remote areas away from professional support. Projects funded in 2013–14 provided capital assistance to support the construction in communities identified as having critical unmet needs, support for upgrading of aged care buildings and major maintenance.

Aboriginal and Torres Strait Islander Assistance and Support grants assist aged care facilities provide services to Indigenous populations. In 2013–14, projects were funded to support provision of staff housing and acquisition of equipment essential for the delivery of aged care services, staff support, and emergency assistance for services to meet critical needs (see Section 8.1).

Support for older people with diverse needs, particularly those from CALD backgrounds, care-leavers and people from LGBTI communities

Since July 2012, a total of 59 projects have been funded across the two funding rounds held to date that target people from CALD backgrounds. These projects involve activities such as capacity building, consultation and engagement, information translation and dissemination, and raising awareness.

Additionally in 2013–14, funding to support Partners in Culturally Appropriate Care (PICAC) organisation in each state and territory was extended until June 2015. PICAC organisations provide support to aged care providers to deliver culturally appropriate care to older people from CALD backgrounds. This support is provided through a range of activities and services including the provision of culturally appropriate training to staff of aged care services and dissemination of information on high quality aged care practices (see Section 8.2).

The Department also provides financial support to Government funded residential aged care services and home care package providers to access the Department of Immigration and Border Protection's Translating and Interpreting Services (TIS National). TIS National is available 24 hours a day, seven days a week and provides both telephone and onsite interpreting.

There are ten projects currently being funded through the Fund to support older people from LGBTI communities. These projects involve activities such as capacity building, consultation and engagement, and raising awareness.

In 2013–14, the National LGBTI Health Alliance delivered three train the trainer sessions (with 42 people trained) and 19 local training sessions of the LGBTI aged care awareness training. The training is also being delivered through an e-learning module (see Section 8.8).

11 Regulation and Compliance

Australians expect high standards of care and accommodation in aged care services. The Government's approach to quality and regulation, including the accreditation system for residential care and the quality reporting system for home care, emphasises providers accepting responsibility for providing, maintaining and improving services. If an approved provider is not meeting its obligations under the Act, the Department may take regulatory action. This action is aimed at protecting current and future care recipients' health, welfare and interests as well as returning the approved provider to compliance.

11.1 Approved provider regulation

To receive Australian Government subsidies for providing aged care, an aged care service must be operated by an organisation that has been approved under the provisions of the Act, and hold an allocation of places in respect of care recipients occupying those places in a service. In 2013–14, the Department received 137 applications from entities seeking approval as providers. Of these, 73 were approved, five were still being considered and 55 were withdrawn or returned to the applicant as not being valid applications. At 30 June 2014, there were 1,277 operational approved providers of residential and home care services (excluding providers of flexible aged care services).

An approved provider and associated key personnel must continue to be suitable under the legislative provisions. One of the obligations of an approved provider is to notify any changes in key personnel within 28 days. In 2013–14, approved providers notified 7,423 changes.

Approved providers of Australian Government funded aged care must comply with the legislative obligations as set out in the Act and the *Quality Agency Principles 2013*. The Department monitors compliance by approved providers with their responsibilities, and should the approved provider cease to be suitable, the Department is required to revoke approved provider status under the provisions set out in the Act.

In 2013–14, it was necessary to revoke the status for three approved providers. Two approvals were revoked through a determination under section 10-3 of the Act which provides for approved providers' approval to be revoked where they are found to no longer be suitable to provide care, and a third was revoked by sanction.

11.2 Quality Reporting

'Quality Reporting' is the Australian Government's process to promote ongoing improvement of the quality of aged care services provided in the community. It is a Government requirement that applies to providers funded for home care packages, NRCP and Commonwealth HACC services. Providers of these services must appraise their performance against the Home Care Standards and complete a quality review at least once during a three year cycle.

In 2013–14, quality reviews were completed on 545 out of a total of 1,505 (36.2 per cent) home care and NRCP outlets. Quality reviews were completed on a total of 390 Commonwealth HACC services.

11.3 National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework

The National Aboriginal Torres Strait Islander Flexible Aged Care Program Quality Framework aims to improve the quality of care provided by services funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program by setting culturally appropriate standards for care delivery, information, governance, management and accountability. A quality review is conducted at least once every two years to assess and monitor services' performance against the Quality Framework. Of the 30 services operating during 2013–14, 16 quality reviews were finalised.

11.4 Residential care accreditation

The Act provides for an accreditation-based quality assurance system. Aged care homes must be accredited in order to receive Australian Government subsidies. The accreditation process assesses the performance of homes against the 44 expected outcomes of the four Accreditation Standards:

- management systems, staffing and organisational development;
- health and personal care;
- resident lifestyle; and
- physical environment and safe systems.

The Australian Aged Care Quality Agency (Quality Agency) manages the accreditation of aged care homes in accordance with the *Quality Agency Principles 2013*. As part of aged care changes, the Quality Agency replaced the Aged Care Standards and Accreditation Agency Ltd on 1 January 2014. The Quality Agency's role is to promote high quality care through:

- managing the accreditation process using the Accreditation Standards;
- promoting high quality care and helping the sector to improve service quality, by identifying best practices and providing information, education and training to industry;
- assessing and strategically managing services working towards accreditation; and
- liaising with the Department about aged care services that do not comply with the Accreditation Standards.

During 2013–14, the Quality Agency and its predecessor conducted industry education and learning activities including:

- Better Practice conferences, attended by a total of 1,149 delegates;
- a series of one-day courses, attended by 694 participants, covering *Information systems, Making the most of complaints* and *Foundations for managing risk*;
- a three-day *Understanding Accreditation: a practical toolkit for homes* programme directed at aged care managers, attended by 750 participants;
- Quality Education on the Standards (*QUEST*) sessions, delivered to 8,046 aged care staff, in topics including privacy and dignity, accreditation overview, assessing the Standards, accreditation for consumers - your role in aged care, continuous improvement for residential aged care, turning data into results and using resident feedback; and
- various presentations at industry conferences made by Quality Agency executives.

The Quality Agency has developed an e-learning strategy for aged care managers and staff to have improved access to its industry education programmes.

Aged care homes must remain accredited to receive Australian Government subsidies. Throughout 2013–14, the Quality Agency and its predecessor conducted 5,313 visits to assess and monitor the performance of Australian Government subsidised aged care homes against the Accreditation Standards. These visits included:

- 484 re-accreditation site audits;
- 35 review audits, of which six were unannounced; and
- 4,794 assessment contacts, of which 3,017 were unannounced.

Review audits

A review audit is an assessment of the quality of care provided by a home against all 44 expected outcomes of the Accreditation Standards. Review audits occur when there are concerns about a home's performance against the Accreditation Standards. Review audits are carried out on-site by an assessment team made up of at least two quality assessors and generally take two to four days.

Assessment contacts

An assessment contact is a visit by aged care quality assessors to an aged care home for the purpose of assessing performance against the Accreditation Standards. Assessment contacts are usually conducted over a full day by a team of assessors. Assessment contacts may involve an overview of the home's performance against all the Accreditation Standards, may be focused on certain aspects of care or services, or cover one or more of the 'assessment modules'. In particular, any matters previously identified as requiring improvement will be reviewed.

Unannounced visits

An unannounced visit is an assessment contact or review audit that is carried out by an assessment team without prior notification to the approved provider.

In 2013–14, all homes received one unannounced visit. In addition to this, a number of unannounced assessment contacts and review audits were conducted by the Quality Agency in response to identified risk, including from referrals from the Department of Social Services.

There were a total of 3,023 unannounced visits comprising 3,017 unannounced assessment contacts, and six unannounced review audits.

Accreditation outcomes

At 30 June 2014, 2,577 of the 2,693 accredited homes (95.7 per cent) were accredited for three years.

During 2013–14, the Quality Agency and its predecessor identified 140 homes (5.2 per cent) as not having met one or more of the 44 expected outcomes of the Accreditation Standards. Homes found to have not met the Accreditation Standards were placed on a timetable for improvement, providing them with an opportunity to meet the Accreditation Standards.

During 2013–14, 36 review audit decisions were made, as follows:

- 12 homes were the subject of a decision not to revoke or vary the period of accreditation;
- 18 homes were the subject of a decision to vary accreditation; and
- six homes were subject to a decision to revoke accreditation. On reconsideration, two homes were granted a period of accreditation.

During 2013–14, the Quality Agency and its predecessor identified 140 homes (5.2 per cent) as not having met one or more of the 44 expected outcomes of the Accreditation Standards. Homes found to have not met the Accreditation Standards were placed on a timetable for improvement, providing them with an opportunity to meet the Accreditation Standards.

Information about a home's accreditation status, including copies of the most recent accreditation and review audit reports, is published on the Quality Agency's website[20]. The Quality Agency also publishes an annual report which provides details about its operations.

The Quality Agency operates under the *Public Governance, Performance and Accountability Act 2013.* The Quality Agency assumed responsibility for the quality review of home care services from 1 July 2014 and is the sole agency that approved providers will deal with in relation to the quality assurance of the aged care services that they deliver.

[20] Australian Aged Care Quality Agency (www.aacqa.gov.au).

11.5 Residential care certification

Residential aged care buildings were assessed against the Department's Certification Assessment Instrument, which was based on the Building Code of Australia. The requirements of the Instrument do not override the building regulations within each state and territory. Through the Building Code, the state and territory building regulations set the minimum community standard for safety, health and amenity of buildings. At 30 June 2014, all residential aged care homes met the Act's certification requirements.

Aged care homes constructed before July 1999 are required to have no more than four residents accommodated in any room; no more than six residents sharing each toilet; and no more than seven residents sharing each shower or bath. Aged care homes constructed after July 1999 are required to have an average, for the whole aged care home, of no more than one and a half residents per room; no room may accommodate more than two residents; there may be no more than three residents per toilet, including those off common areas; and there may be no more than four residents per shower or bath. At 30 June 2014, all residential aged care homes met these requirements.

On 17 October 2014, as part of the *Omnibus Repeal Day (Autumn 2014) Act*, certification was removed from the Act. This means that providers do not need to apply to the Department for certification in respect of new services and there is no provision for a review of certification for existing services. Further, certification is no longer relevant for eligibility for supplements and the ability to charge accommodation payments.

The Accreditation Standards still require that residential aged care services comply with all relevant Commonwealth, state or territory regulations and requirements. This includes building; privacy and space; fire; and work, health and safety regulations.

11.6 Compliance/sanctions

Approved providers of Australian Government funded aged care services must comply with responsibilities specified in the Act and the Aged Care Principles. These responsibilities encompass quality of care, user rights, accountability and allocation of places. The responsibilities of approved providers are set out in Appendix C.

The accreditation system for residential care and the quality reporting system for home care, NRCP and the Commonwealth HACC programme, requires providers to accept responsibility for providing, maintaining and improving service. The regulatory processes ensure that providers understand what actions need to be taken to rectify non-compliance.

Both the Quality Agency and the Department have a role in monitoring aged care services. In broad terms, the Quality Agency manages the accreditation process and assesses performance against the Accreditation Standards for residential care. From 1 July 2014, the Quality Agency will assess performance against the Home Care Standards for home care, NRCP and Commonwealth HACC providers.

The Department assesses the performance of approved providers with all their responsibilities under the Act, taking into account the assessments of the Quality Agency. The Department is also responsible for taking regulatory action when approved providers breach their responsibilities, including failing to implement improvements required by the Quality Agency or the Department.

11.7 Protecting residents' safety

Allegations and suspicions of assault

To help protect residents, the Act has compulsory reporting provisions. Services must report suspicions or allegations of assaults to local police and the Department.

This legal requirement ensures that those affected receive timely help and support and that operational and organisational strategies are put in place to prevent the situation from occurring again. Such strategies help maintain a safe and secure environment for residents. The police have the responsibility for substantiating the allegations.

Reportable assaults

A reportable assault is:

- unreasonable use of force on a resident, ranging from deliberate and violent physical attacks on residents to the use of unwarranted physical force; or
- unlawful sexual contact, meaning any sexual contact with residents where there has been no consent.

Services make a report based on a suspicion or allegation. This means services must make a report if someone suspects that an assault may have occurred or if someone has witnessed or been informed of a reportable assault.

Unlawful sexual contact

Unlawful sexual contact refers to non-consensual sexual activity involving residents in aged care homes. Reporting requirements under the law are designed to protect vulnerable residents, not to restrict their sexual freedoms.

When aged care staff first have a suspicion of a reportable assault or become aware of an allegation of a reportable assault, they should report it immediately to the most senior member of staff on duty. Within 24 hours, a service must report the incident to local police and the Department.

There are limited circumstances where service providers have discretion not to report alleged assaults and unlawful sexual contact. These relate to incidents:

- that have already been reported to police and the Department (for example, where multiple staff members report an assault to the service provider); and
- where the alleged assault was perpetrated by a resident with a previously diagnosed cognitive or mental impairment.

In applying their discretion not to report incidences involving a resident with a previously diagnosed cognitive or mental impairment, service providers are required to meet certain conditions, including:

- the resident who is alleged to have, or is suspected of committing an assault having a documented clinical assessment of mental or cognitive impairment prior to the alleged assault taking place; and
- developing, documenting and implementing strategies to manage the behaviour of the resident within 24 hours of becoming aware of an alleged assault.

In 2013–14, the Department received 2,353 notifications of reportable assaults. Of those, 1,983 were recorded as alleged or suspected unreasonable use of force, 333 as alleged or suspected unlawful sexual contact and 37 as both. With 231,515 people receiving permanent residential care in 2013–14, the incidence of reports of suspected or alleged assaults was 1.0 per cent.

People can make a report directly to local police or the Department without fear of reprisal from their employer. The Act provides certain protections for service staff who report, in good faith, suspicions or allegations of assault.

Missing residents

A resident is considered missing when they are absent and the service is unaware of any reasons for the absence.

The Department must be informed within 24 hours by service providers about missing residents in circumstances where:

- a resident is absent from a residential care service; and
- the absence is unexplained; and
- the absence has been reported to police.

The Department must also be notified where the provider was unaware that a resident was missing and the police returned the resident to the service before the service provider had the opportunity to lodge a report.

In 2013–14, there were 1,090 notifications of unexplained absences of care recipients.

Sanctions

In 2013–14, the Department issued 17 Notices of Decision to Impose Sanctions to 14 approved providers. On 30 June 2014, five of these sanctions remained in place. Details of sanctions imposed in 2013–14 are included in Appendix D. In 2013–14, the Department also issued 57 Notices of Non-Compliance against aged care services in relation to quality of care matters. An additional two Notices of Non-Compliance were issued in relation to prudential matters and three Notices of Non-Compliance were issued in relation to Aged Care Funding Instrument (ACFI) matters.

The majority of cases of non-compliance with approved provider responsibilities were identified by the Quality Agency. A small number of cases were identified by the Department. In all cases of identified non-compliance, the Department assesses the risk to care recipients and determines if regulatory action will be initiated in order to return the approved provider to compliance with its responsibilities. During 2013–14, the main areas of non-compliance related to approved providers not meeting the Accreditation Standards, particularly in relation to Standard 2: Health and personal care.

Compliance/sanction information

From 1 July 2009, additional information became available on the Aged Care Australia website in relation to compliance action taken by the Department against residential aged care services. This initiative followed representations from consumer and advocacy groups. From 1 July 2013, this information is now published on the My Aged Care website.

The information includes aged care services that have received a sanction, are currently the subject of a Notice of Non-Compliance or have received a Notice of Non-Compliance in the previous two years.

The information published on a Notice of Non-Compliance includes the name and address of the service, the name of the approved provider, the reasons for the Notice of Non-Compliance and the date of issue. Information is moved to the archived list when either the provider has resolved the non-compliance or has a sanction imposed on it.

Risk management for emergency events

The Department works with the aged care sector, state, territory and local governments and emergency planning authorities to support emergency preparedness of Australian Government subsidised residential aged care homes, and aged care services in the community.

Under the Act, the Accreditation Standards and the Home Care Standards require that all aged care services have emergency management plans and protocols in place to protect the health, safety and wellbeing of care recipients.

Between October 2013 and April 2014, bushfire and cyclone events in Queensland, New South Wales, and Victoria, led to the partial or complete evacuation of more than 10 aged care homes, effecting over 600 residents. The Department liaised with state health emergency management agencies to monitor and provide support to affected approved providers.

11.8 Prudential

Approved providers of residential and flexible aged care services that hold accommodation bonds and entry contributions must comply with the prudential requirements stated in the Act and the *User Rights Principles 1997*. The prudential requirements aim to protect accommodation bonds and entry contributions paid to approved providers by residents of aged care homes.

The prudential requirements are supplemented by the Accommodation Bond Guarantee Scheme (Guarantee Scheme) established under the *Aged Care (Bond Security) Act 2006* (from 1 July 2014 the *Aged Care (Accommodation Payment Security) Act 2006*). This scheme guarantees that residents' accommodation bond and entry contribution balances will be repaid if their approved provider becomes bankrupt or insolvent and defaults on its bond refund obligations to residents.

Approved providers holding accommodation bonds or entry contributions must comply with four Prudential Standards: the Liquidity Standard, the Records Standard, the Disclosure Standard, and the Governance Standard. The Prudential Standards seek to reduce the risk that approved providers default on their bond refund obligations to residents by:

- requiring providers to systematically assess their future accommodation bond and entry contribution refund obligations and the associated funding implications to ensure that they are able to meet their refund obligations as they fall due;
- requiring providers to establish and maintain a register that records information about bonds and the residents who pay them;
- requiring providers to establish and document governance arrangements for the management of accommodation bonds; and
- promoting the transparency of approved providers' management of accommodation bond and entry contribution funds by requiring disclosure to residents, prospective residents, and the Department, of information on the approved provider's prudential compliance and their financial position.

The Prudential Standards require an Annual Prudential Compliance Statement (APCS) to be completed by each approved provider that has held bonds within four months of the end of its financial year, disclosing bond holdings and compliance with the prudential requirements. In 2012–13, 1,064 approved providers were asked to complete and lodge an APCS by 31 October 2013. The APCS outcomes for 2011–12 and 2012–13 are seen in Table 39.

The 903 approved providers that held bonds at 30 June 2013 reported through their APCS that they held 67,631 bonds with a total bond balance value of $14.4 billion. These figures include the bonds held at 31 December 2013 by the four providers that reported on a calendar year. This is an increase of $1.3 billion in bonds held on 30 June 2012. The average holding per approved provider that held bonds was $15.9 million.

TABLE 39: ANNUAL PRUDENTIAL COMPLIANCE STATEMENT OUTCOMES, 2011–12 AND 2012–13

Annual Prudential Compliance Statement Reported Non-Compliance	2011–12	2012–13
Reported instances of non-compliance with the Records Standard	4	10
Reported instances of non-compliance with the Disclosure Standard	64	22
Reported instances of non-compliance with the Liquidity Standard	8	7
Reported instances of non-compliance with the Governance Standard	43	11
Reported instances of non-compliance with refunding responsibilities	89	63

Note: 2013–14 data unavailable at the time of publication.

The reported level of compliance with the Prudential Standards is high, with over 95 per cent of providers reporting compliance with all four Prudential Standards. The number of instances of reported non-compliance with any of the Prudential Standards decreased from 119 in 2011–12 to 50 in 2012–13. The decrease in reported non-compliance against the Disclosure and Governance Standards may reflect providers fully implementing the Governance Standard following its introduction

in 2011–12 and adjusting processes to comply with amendments to the Disclosure Standard that came into force in the same period.

Accommodation Bond Guarantee Scheme

In the event that an approved provider becomes insolvent and defaults on the refund of accommodation bonds, the Guarantee Scheme enables the Government to refund all accommodation bond and entry contribution balances owed to residents by their approved provider. In return for the payment, the rights that each resident had to recover the amount from their approved provider are transferred to the Commonwealth so it can pursue the approved provider for the funds. The Guarantee Scheme is automatically triggered if the approved provider has been placed into bankruptcy or liquidation and there is at least one outstanding accommodation bond or entry contribution balance.

The Guarantee Scheme was triggered three times in 2013–14. At 30 June 2014, the Department had paid $9.6 million in respect of these events.

11.9 Validation of providers' appraisals under the Aged Care Funding Instrument

Approved providers are accountable for the subsidies they receive based on the Aged Care Funding Instrument (ACFI) appraisals for funding classifications they complete to show the assessed care needs of their residents. The Department checks the accuracy of the appraisals to ensure that homes are correctly funded according to the care needs of their residents and that public expenditure is protected.

In 2013–14, 20,349 reviews of funding classifications under the ACFI were completed. Of these reviews, 3,295 (16.2 per cent) resulted in reductions in funding and 281 (1.4 per cent) resulted in increased funding classifications. The Department analysed the cause of the 16.2 per cent funding reductions and found that questions relating to the Complex Health Care domain had the highest level of downgrade followed by the Activities of Daily Living domain. During 2013–14, the Department also began using its ACFI compliance powers to address cases of significant and repeated failures to correctly apply the ACFI. In 2013–14, two approved providers were required to re-appraise some of their aged care residents under section 27-3 of the Act, and three approved providers were issued with notices of non-compliance under section 67-2 of Act due to ACFI related non-compliance.

If an approved provider is dissatisfied with a change to a funding classification made by a Departmental review officer, the provider can request a reconsideration of that decision. Decisions were reconsidered for 365 residents or 11 per cent of the 3,295 downgraded classifications involved 556 ACFI question decisions. Of the 368 cases the Department reconsidered, 149 (40.8 per cent) of Departmental review officer decisions were confirmed. In 140 cases (38.4 per cent), the original classification by the approved provider was reinstated. New decisions were determined for 76 (20.8 per cent) of the cases. In the majority of these cases, the decision was changed because the approved provider was able to supply evidence that was unavailable at the time of the review visit.

12 Aged Care Complaints Scheme

During 2013–14, the Aged Care Complaints Scheme (the Scheme) continued to seek to achieve quality outcomes for recipients of aged care services.

The Scheme has facilitated proportionate and timely resolution of complaints since the new options for complaints resolution and risk assessment tools began in September 2011. Early resolution is used, where appropriate, to improve timeliness of resolution for the complainant and the service provider. More complaints are now being resolved through non-investigative techniques.

Phase 4 of the Scheme's Strategic Plan (2013–14), *leading good practice in complaints management,* was supported by:

- engaging with industry to share better practice complaint handling insights and advice, to contribute to continuous improvement in aged care;
- increasing awareness of aged care complaints and the Scheme with socially isolated care recipients, including those from Aboriginal and Torres Strait Islander, CALD and LGBTI communities;
- continuing to educate industry on better practice in complaint management, for example, through resources on service providers' compulsory reporting responsibilities, What can we learn? Reports, and industry feedback alerts;
- making presentations about the Scheme to consumers and industry at conference and events; and
- producing a suite of resources for industry, including the Better Practice Complaint Handling Toolkit, which focuses on effective complaint handling systems within a service.

12.1 Overview of contacts with the Scheme

The Scheme responds to complaints regarding Australian Government subsidised aged care services such as residential care and home care. From 1 July 2012, the Scheme began responding to complaints relating to the Commonwealth HACC programme.

The Scheme received 11,803 contacts in 2013–14. A total of 8,228 contacts were in-scope for the Scheme, representing 69.7 per cent of all contacts. A contact is in-scope when it relates to an approved provider's responsibilities under the Act or a Commonwealth HACC provider's responsibilities under the Commonwealth HACC Funding Agreement, including complaints, inquiries and notifications[21].

Of the in-scope contacts, 72.5 per cent were open, that is, the person disclosed their name and contact details to the Scheme.

Of the in-scope contacts, 18.9 per cent were from an approved provider, 35.6 per cent were from a representative or family member of a care recipient and 8.4 per cent were from the care recipient themselves. The remainder of contacts were received from external agencies, other areas of the Department or from persons who wished to remain anonymous.

A total of 3,575 contacts were out-of-scope, representing 30.3 per cent of all contacts. A contact is out-of-scope when it is not related to an approved provider or an approved provider's responsibilities under the Act or a Commonwealth HACC provider's responsibilities under the Commonwealth HACC Funding Agreement. Where possible, the Scheme will provide the person making the contact with information about their options or they may be referred to an appropriate alternative organisation.

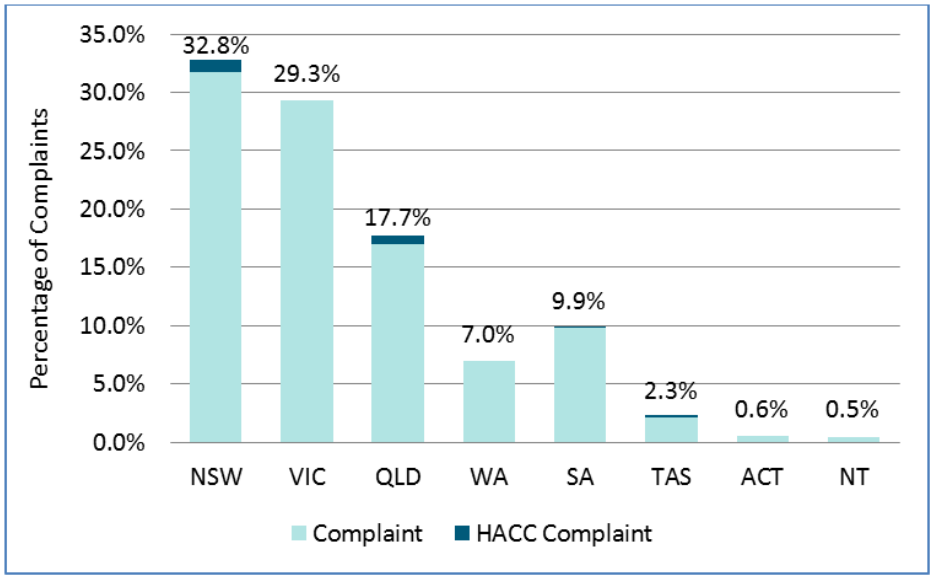
[21] Prior to 2012–13, this report included numbers in relation to allegations or suspicions of assaults and notifications of missing residents as part of the total in-scope contacts received by the Scheme. Although these reports continue to be made through the Scheme's telephone number (1800 550 552) these reports are not managed via the complaints resolution process. Data in relation to these reports can be found in Section 11 under 'Protecting residents' safety.

Examples of out-of-scope contacts include complaints about retirement villages, questions about industrial matters and requests for legal or clinical advice.

Complaints to the Scheme

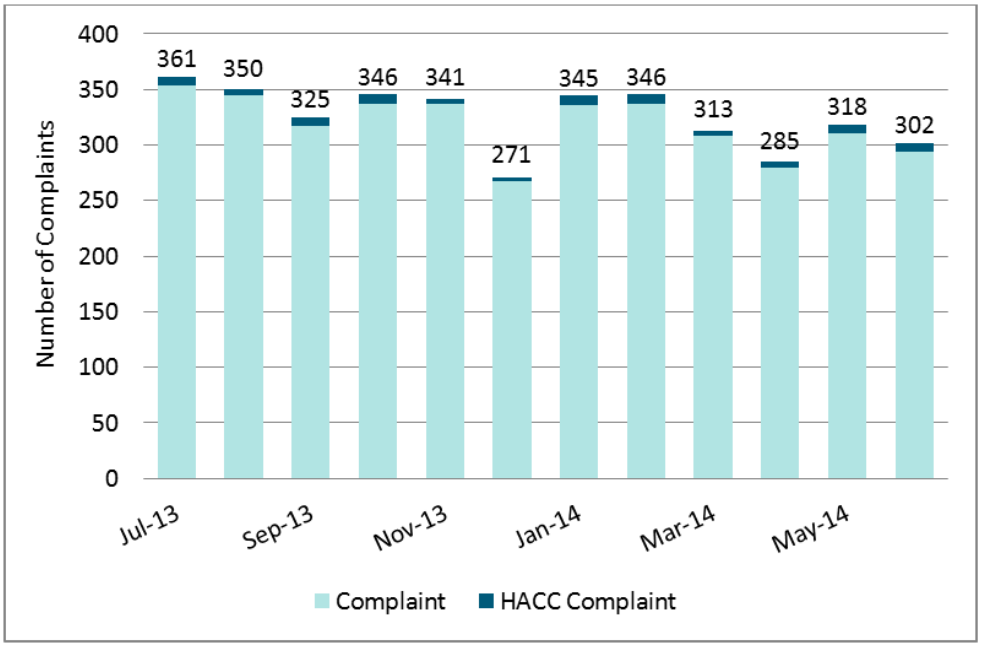
Of the 8,228 in-scope contacts, the Scheme received 3,903 complaints relating to Australian Government subsidised residential care home care and home support; on average 325 complaints were received each month. A breakdown of national complaints by state and territory can be seen in Figure 4.

FIGURE 4: PERCENTAGE OF TOTAL NATIONAL COMPLAINTS RECEIVED IN 2013–14, BY STATE AND TERRITORY



The fewest number of complaints were recorded in December 2013, with the highest number of complaints recorded in July 2013 (Figure 5).

FIGURE 5: NUMBER OF COMPLAINTS RECEIVED EACH MONTH IN 2013–14



12.2 Average number of complaints per care type

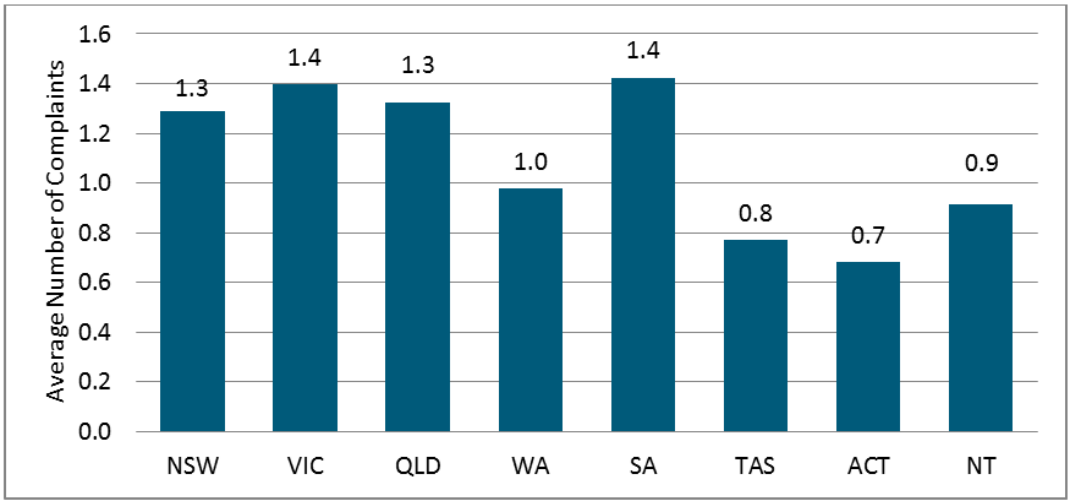
Of the 3,903 complaints received in 2013–14:

- 88.9 per cent (3,469) related to residential aged care services;
- 8.4 per cent (328) related to home care services;
- 1.5 per cent (60) related to Commonwealth HACC services; and
- 1.2 per cent of complaints (46) were not linked to a corresponding care type.

The national average was 1.3 complaints per residential care service (compared with 0.1 complaints per home care service and 0.1 complaints per Commonwealth HACC service) provider. These figures are based on those residential care services that were operational during 2013–14.

State by state, the average number of complaints per residential care service ranged from 0.7 in the Australian Capital Territory to 1.4 in Victoria and South Australia (Figure 6). Numbers of complaints for home care services and Commonwealth HACC services are too small to be usefully reported by state and territory.

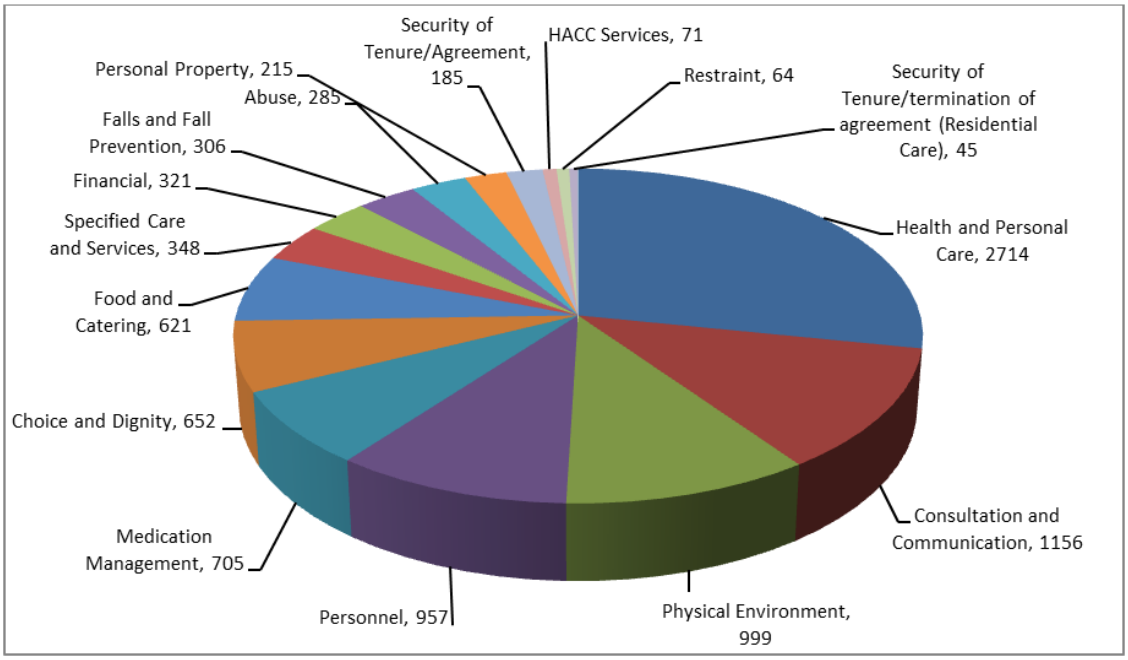
FIGURE 6: AVERAGE NUMBER OF COMPLAINTS PER RESIDENTIAL AGED CARE SERVICE IN 2013–14, BY STATE AND TERRITORY



12.3 Most commonly reported complaint issues

Complaints examined by the Scheme often incorporate more than one issue. In 2013–14, there were 9,644 individual issues identified within a total of 3,903 complaints. Figure 7 identifies the top 16 issue keywords identified in complaints to the Scheme in 2013–14.

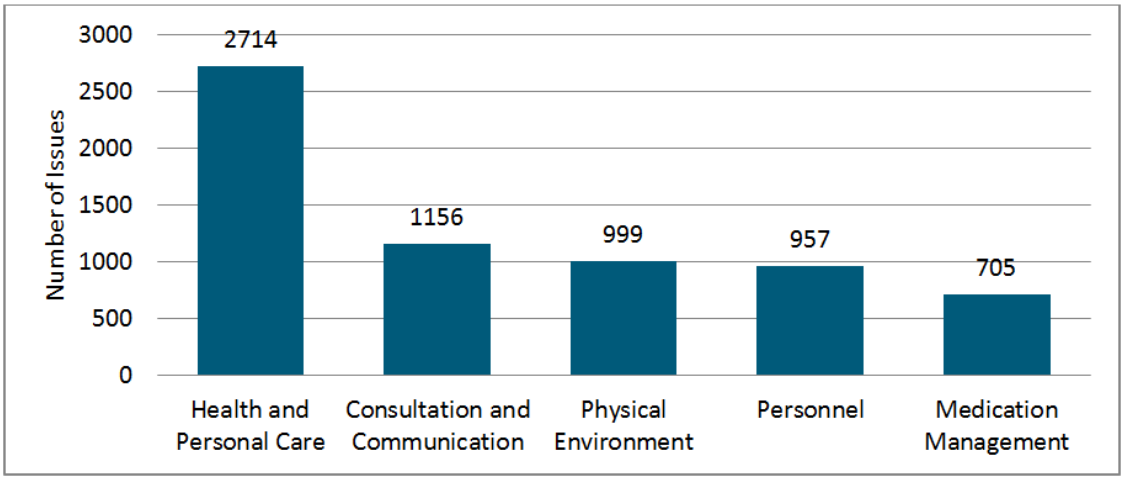
FIGURE 7: ISSUES RECORDED IN COMPLAINTS TO THE SCHEME IN 2013–14



The top five (67.7 per cent) issues were (Figure 8):

1. Health and personal care, including for example, issues associated with infections, infection control, infectious diseases, clinical care, continence management, behaviour management and personal hygiene (28.1 per cent);
2. Consultation and communication, including for example, issues associated with internal complaints process, information, family consultation and failing to advise enduring powers of attorney or guardians (12.0 per cent);
3. Physical environment, including for example, issues associated with call bells, cleaning, equipment, safety and temperature (10.4 per cent);
4. Personnel, including for example, issues associated with number of staff and training/skills/qualifications (9.9 per cent); and
5. Medication management, including for example, issues associated with access and administration (7.3 per cent).

FIGURE 8: TOP FIVE ISSUES RECORDED IN COMPLAINTS TO THE SCHEME IN 2013–14

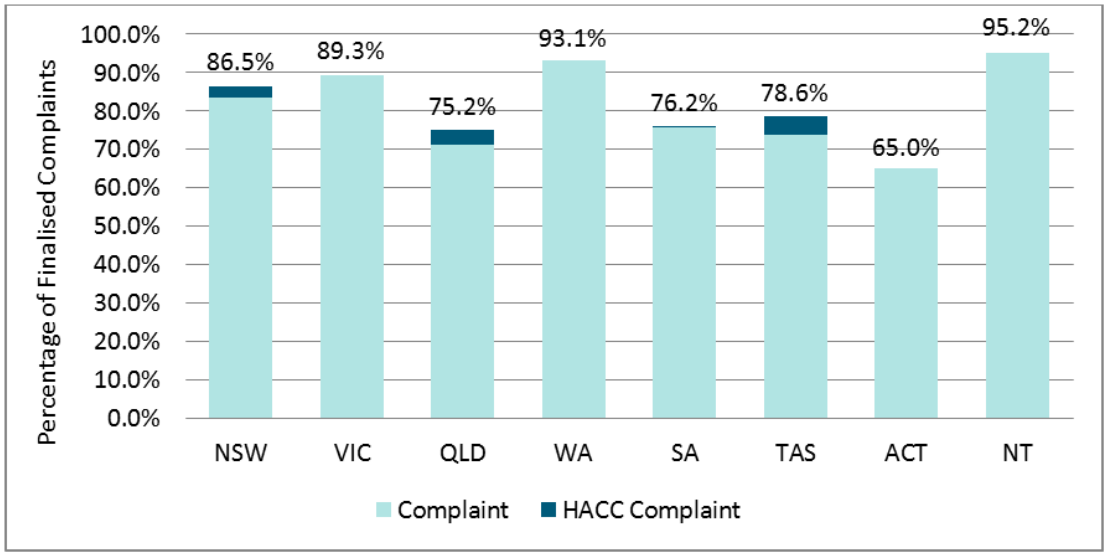


12.4 Complaints finalised

During 2013–14, the Scheme finalised 4,007 complaints, an average of 334 complaints finalised per month, nationally. This number includes some complaints which were received in 2012–13.

The Scheme released its Service Charter to the public in 2011. In this charter, the Scheme committed to resolve complaints within a benchmark timeframe of 90 days wherever possible. In 2013–14, the Scheme resolved 84.3 per cent of complaints within 90 days. On average, cases were resolved within 43 days. A breakdown by state and territory can be seen in Figure 9.

FIGURE 9: PERCENTAGE OF COMPLAINTS FINALISED IN 90 DAYS IN 2013-14, BY STATE AND TERRITORY

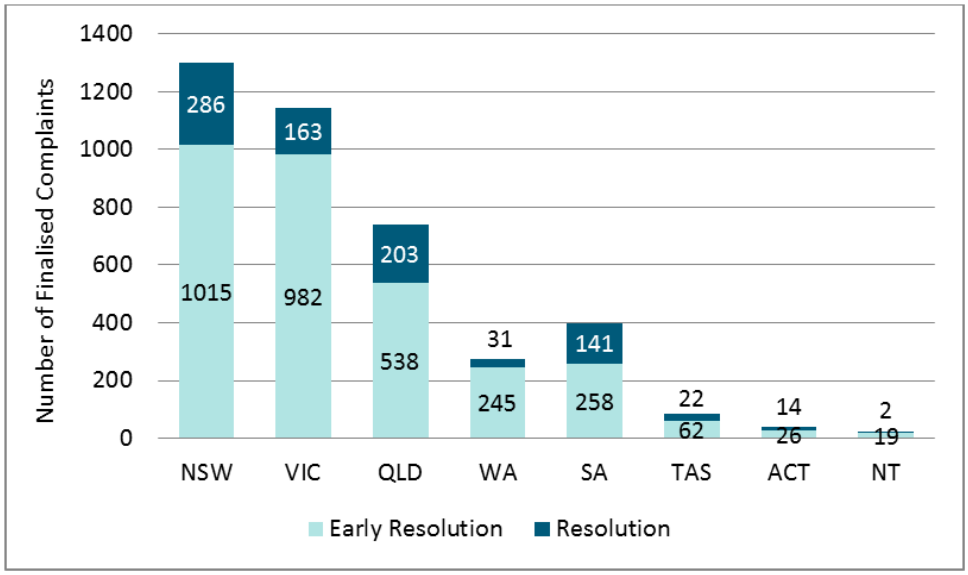


12.5 Early resolution vs. other resolution approaches

The Scheme aims to resolve concerns as soon as possible to achieve quality and timely outcomes for care recipients. In the Scheme this is known as early resolution. This may involve helping the complainant clarify their issues, assisting communication between complainants and the service provider and providing information.

During 2013–14, 78.5 per cent of complaints were finalised in early resolution, the remaining 21.5 per cent of complaints progressed to the resolution stage of the complaints process. The stages of complaints resolution for each state and territory can be seen in Figure 10.

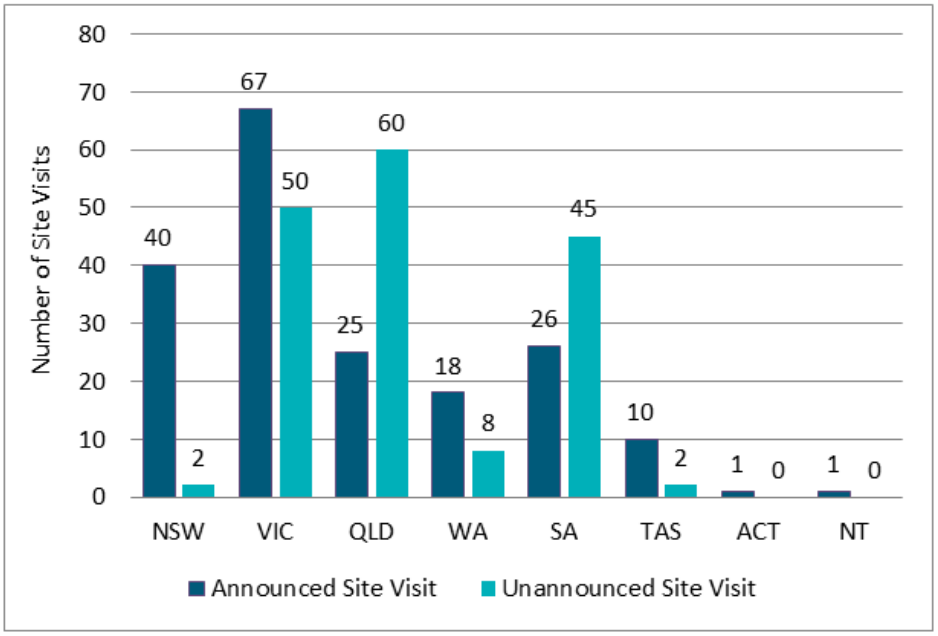
FIGURE 10: STAGE OF COMPLAINTS RESOLUTION IN 2013–14, BY STATE AND TERRITORY



12.6 Site visits

Scheme officers may visit either the approved provider's premises or the aged care service during the course of resolving a complaint. Visits may be announced or unannounced depending on the nature of the issue being examined. Officers conducted 355 visits in 2013–14, comprising 188 announced and 167 unannounced site visits. A breakdown of announced and unannounced visits can be seen in Figure 11.

FIGURE 11: ANNOUNCED AND UNANNOUNCED SITE VISITS CONDUCTED BY THE SCHEME IN 2013–14, BY STATE AND TERRITORY



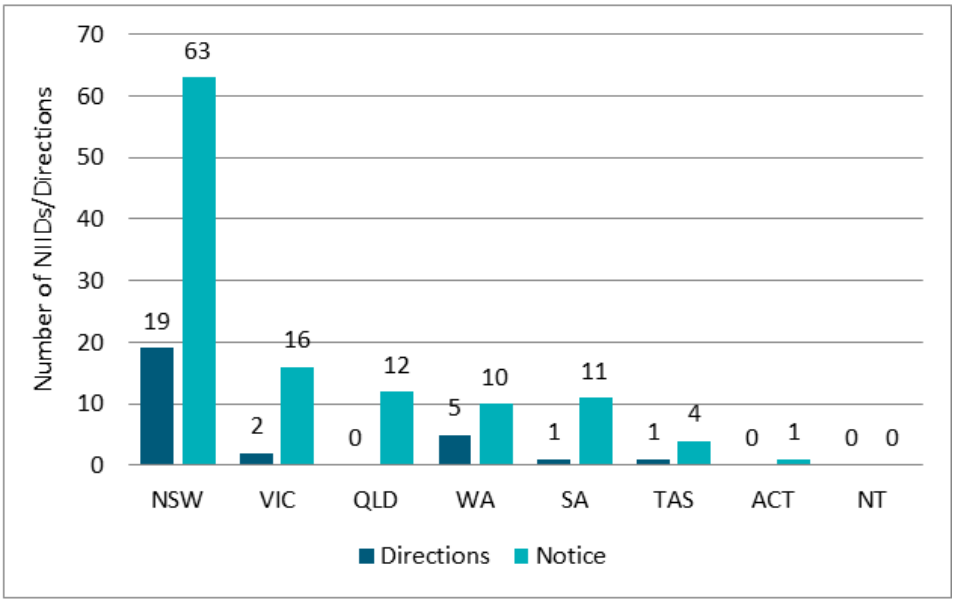
12.7 Directions (including notices of intention)

Directions require an approved provider to take stated actions in order to comply with the approved provider's responsibilities under the Act.

Before issuing Directions, the Scheme will typically give a provider a Notice of Intention to Issue Directions (NIID). The NIID gives the approved provider the opportunity to demonstrate to the Scheme how they have, or will solve the issues. Depending on the approved provider's response to the NIID, the Scheme may or may not issue Directions.

Figure 12 indicates that in 2013–14, 117 complaints resulted in a NIID being issued. Of these, 14 ultimately resulted in Directions. In addition, there were 14 complaints where the Scheme decided to proceed straight to issuing Directions without a NIID. As a result there were a total of 28 Directions issued in 2013–14.

FIGURE 12: NOTICES OF INTENTION TO ISSUE DIRECTIONS AND DIRECTIONS ISSUED BY THE SCHEME IN 2013–14



12.8 Referrals to external organisations

At any time, the Scheme might refer issues to an external agency more appropriately placed to deal with the matters raised. For example, criminal matters are referred to the relevant state or territory police service, while concerns regarding the conduct of a health professional are referred to the relevant health professional regulatory body, such as the Australian Health Practitioner Regulation Agency. Depending on the matters being referred, the Scheme may continue to manage the complaint.

In 2013–14, the Scheme made 976 referrals to external agencies. Of these, 96.8 per cent (945) were made to the Australian Aged Care Quality Agency (formerly the Aged Care Standards and Accreditation Agency).

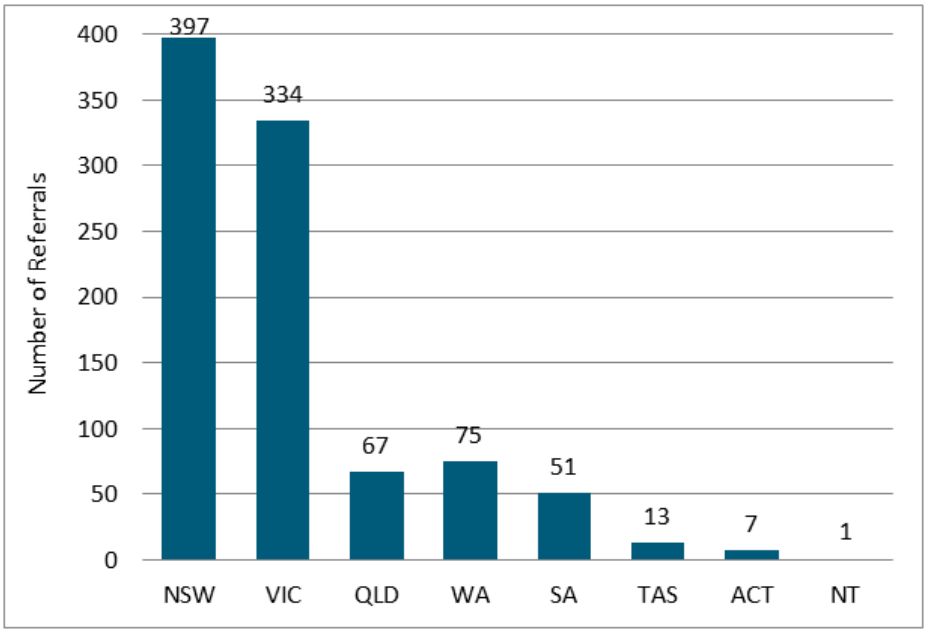
If the Scheme finds a problem that may be related to systemic issues within a residential aged care service, it may refer the matter to the Australian Aged Care Quality Agency (the Quality Agency) while continuing to examine the original complaint. The Quality Agency will consider this information in its case management of residential aged care services. It may bring forward a visit already scheduled, change the scope of the planned visit or hold the information for the next planned visit.

Of the 945 referrals to the Quality Agency, the Scheme:

- asked the Quality Agency to consider information at the next assessment contact in 85.7 per cent of referrals;
- provided the Quality Agency with information about matters considered to be non-urgent in 8.4 per cent of referrals;
- requested an accreditation assessment contact in 5.8 per cent of referrals; and
- requested the Quality Agency conduct a review audit in 0.1 per cent of referrals.

A breakdown of referrals to the Quality Agency by state and territory is provided in Figure 13.

FIGURE 13: REFERRALS TO THE QUALITY AGENCY IN 2013–14, BY STATE AND TERRITORY



The remaining 3.2 per cent of external referrals were to other agencies, such as health care complaints commissions, coroners or relevant health professional regulatory bodies.

12.9 Internal reconsideration

In line with good administrative practice and the *Complaints Principles 2011*, if either party to a complaint is dissatisfied with certain decisions made by the Scheme in the complaints process, they can seek reconsideration of these decisions by the Scheme. During 2013–14, 26 applications were received for internal reconsiderations (Table 40).

TABLE 40: APPLICATIONS FOR INTERNAL RECONSIDERATION RECEIVED IN 2013–14

State/Territory	NSW	Vic.	Qld	WA	SA	Tas.	ACT	NT	**Total**
Internal Reconsideration	13	9	2	1	1	0	0	0	**26**

12.10 External review

The Aged Care Commissioner (the Commissioner) is a statutory office created under the Act. Amongst other functions, the Commissioner has the capacity to conduct a review of an examinable decision when service providers or complainants appeal against decisions made by the Scheme. The Commissioner also has the capacity to undertake reviews of Scheme processes at the request of service providers or complainants or on their own initiative.

Reviews of examinable decisions

The Commissioner completed 28 reviews of the Scheme's examinable decisions representing approximately one per cent of finalised complaints.

Prior to 1 August 2013 following examination of Scheme decisions, the Commissioner could make a recommendation for the Scheme to undertake a new resolution process or not undertake a new resolution process. Legislative changes which came into effect on 1 August 2013, now enable the Commissioner to direct the Scheme to undertake a new resolution process or recommend that a new resolution process is not required.

Of the 28 reviews conducted, five recommendations and 11 directions were for the Scheme to undertake a new resolution process (57 per cent) and 12 recommendations were for the Scheme not to undertake a new resolution process (43 per cent). The Scheme completed 16 new processes.

Reviews of Scheme processes

The Commissioner provided 21 final reports to the Scheme resulting from reviews of Scheme processes. As at 30 June 2014, the Scheme had responded to all reports.

The Scheme accepted 14 of the 16 recommendations made by the Commissioner. The Scheme is considering advice in relation to the remaining recommendations.

Recommendations arising from these reviews were used to refine and improve the Scheme and its processes.

Whilst the Commissioner can examine complaints made to her about Scheme processes, she can also decide to initiate her own review of Scheme processes.

In addition to investigating individual complaints, under 95A-1(c) of the Act, the Commissioner may investigate Scheme or Quality Agency process matters within her jurisdiction on her own initiative. The 'own initiative' power allows the Commissioner to act on concerns such as those arising from trends identified by her Office, media reports or information provided or requested by the Minister. The Commissioner commenced one 'own initiative' review during 2013–14.

Appendix A: Aged Care Legislation

Legislative framework for aged care

The *Aged Care Act 1997* (the Act) and delegated legislation, Aged Care Principles and Determinations, provide the regulatory framework for Australian Government funded aged care providers, and provide protection for aged care recipients.

The legislative framework sets out the requirements to be an approved provider of Australian Government funded aged care, for the allocation of aged care places, the approval and classification of care recipients, the certification and accreditation of services, and the subsidies paid by the Australian Government. The framework also sets out the responsibilities of providers in relation to aged care quality and compliance.

Further legislative changes that commenced on 1 July 2014 were made in the 2013–14 reporting period. These changes include the replacement of all Aged Care Principles and Determinations made under the Act, and the creation of a new Act, the *Aged Care (Transitional Provisions) Act 1997*.

Aged Care Principles

Aged Care Principles are made under subsection 96-1 (1) of the Act.

The Act enables the Minister to make Principles that are required or permitted under the Act, or that the Minister considers are necessary or convenient to carry out or give effect to a Part or section of the Act.

22 sets of Principles under the Act were in force in 2013–14 (listed below). The Principles may be amended at any time.

List of Principles	Description of Principles purpose
Accountability Principles 1998	These Principles set out: • various aspects of the access that must be given by an approved provider to persons for the purposes of paragraphs 63-1(1) (j), (l) and (m) of the Act; • requirements relating to police certificates and statutory declarations for certain staff members and volunteers; • circumstances in which care recipients are absent without explanation and need to be reported by an approved provider; • circumstances in which reportable assaults need to be reported by an approved provider to a police officer or the Secretary; and • requirements for circumstances mentioned in paragraph (c) or for alleged or suspected reportable assaults.
Accreditation Grant Principles 2011	These Principles set out the procedures to be followed and the matters to be taken into account, by the Aged Care Standards and Accreditation Agency Limited (the accreditation body) for accreditation of residential care services, the accreditation body's responsibilities for services that have received accreditation, and the conditions to which the accreditation grant is subject.
Advocacy Grant Principles 1997	These Principles set out the requirements to be met in making advocacy grants to organisations under Part 5.5 of the Act. Advocacy grants support activities to allow care recipients to understand and exercise their rights as care recipients.

List of Principles	Description of Principles purpose
Allocation Principles 1997	These Principles deal with a number of aspects of the process for allocating aged care places to approved providers.
Approval of Care Recipients Principles 1997	These Principles deal with a number of matters about approving care recipients for residential care and home care, and in some cases flexible care, so that subsidy can be paid to the approved provider.
Approved Provider Principles 1997	These Principles deal with a number of matters that are important in operating the approved provider process. Approval under Part 2.1 of the Act is a precondition to a provider of aged care receiving subsidy under the Act for provision of care.
Certification Principles 1997	These Principles deal with a number of aspects of the certification of residential care services under Part 2.6 of the Act.
Classification Principles 1997	These Principles deal with a number of aspects of the classification of care recipients. A care recipient's classification affects the amount of residential care, or flexible care, subsidy payable to an approved provider for providing care to the care recipient.
Committee Principles 2013	These Principles describe the functions, constitution and certain operational arrangements for the Aged Care Financing Authority. The Aged Care Financing Authority provides independent advice to the Government on funding and financing issues, informed by consultation with consumers, and the aged care and finance sectors.
Community Visitors Grant Principles 1997	These Principles set out some of the requirements to be met in making community visitors grants. Community visitors are sponsored by an organisation to allow care recipients to maintain contact with their community.
Complaints Principles 2011	These Principles enable a flexible approach that not just investigates, but also conciliates, mediates and facilitates other non-investigative techniques to better meet the needs of complainants.
Extra Service Principles 1997	These Principles deal with various aspects of extra service places for the purposes of Part 2.5 of the Act. Extra service places involve providing a significantly higher standard of accommodation, food and services to care recipients.
Fees and Payments Principles 2014 (No.1)	These Principles describe some of the requirements relating to aged care payments. One type of aged care payment dealt with in the Principles is an accommodation payment. Accommodation payments are an amount of money agreed between an approved provider and a person seeking entry from 1 July 2014 to a residential aged care service, or eligible flexible aged care service, operated by an approved provider. A person can only be asked to pay an accommodation payment if they have sufficient means to be able to contribute towards the cost of their aged care accommodation. The person has the choice of paying the agreed accommodation payment as a lump sum refundable accommodation deposit, an equivalent daily accommodation payment or a combination of both. The daily accommodation payment must be equivalent to the refundable accommodation deposit, and any combination of refundable accommodation deposit and daily accommodation payment must also be equivalent to the agreed accommodation payment.

List of Principles	Description of Principles purpose
Flexible Care Subsidy Principles 1997	These Principles set out who is eligible for flexible care subsidy, paid to approved providers for providing flexible care to care recipients, and on what basis flexible care subsidy may be paid.
Home Care Subsidy Principles 2013	These Principles provide details regarding the payment of home care subsidy. This includes arrangements for the temporary suspension of home care at the request of the care recipient. Details such as when the home care agreement remains in force and the period within which home care services are suspended are set out in the Principles. That a care recipient is taken to be provided with home care during a suspension period enables the payment of subsidy to the approved provider to continue during a period when the care recipient is on leave from their home care package. The Principles also sets out how advance payments of home care subsidy to an approved provider by the Commonwealth are calculated.
Information Principles 1997	These Principles specify kinds of persons to whom the Secretary may disclose protected information, and for what purposes the information can be disclosed.
Quality of Care Principles 1997	These Principles set out a number of standards relating to the responsibilities of approved providers (Part 4.1 of the Act) for the quality of the aged care they provide through their aged care services. The standards are: • the Accreditation Standards; • the Community Care Standards; and • the Flexible Care Standards.
Records Principles 1997	These Principles deal with a number of aspects relating to the keeping and retention of records by approved providers and former approved providers under Part 6.3 of the Act.
Residential Care Grant Principles 1997	These Principles set out a number of matters that relate to the allocation and amounts of residential care grants. Residential care grants contribute towards the capital works costs associated with some projects undertaken by approved providers to establish residential care services or to enhance their capacity to provide residential care.
Residential Care Subsidy Principles 1997	These Principles deal with eligibility for the subsidy, paid to approved providers for providing residential care to care recipients, how it is paid, and what amount is paid.
Sanctions Principles 1997	These Principles deal with a number of matters that are important to the operation of the sanctions process under Part 4.4 of the Act. This process relates to the consequences of non-compliance with an approved provider's responsibilities under Parts 4.1, 4.2 or 4.3 of the Act.
User Rights Principles 1997	These Principles set out a number of user rights and approved provider responsibilities in association with Part 4.2 of the Act.

Copies of the Act, the Aged Care Principles, Amending Principles and Aged Care Determinations are published on the Federal Register of Legislative Instruments (FRLI) at Comlaw's website www.comlaw.gov.au.

Aged Care Determinations

The *Aged Care Act 1997* (the Act) provides for the regulation and funding of aged care services. Persons who are approved under the Act to provide residential, community or flexible care services (approved providers) can be eligible to receive subsidy payments in respect of the care they provide to approved care recipients.

Chapter 3 of the Act empowers the Minister to determine, in writing (by legislative instruments or 'Determinations'), the daily amounts of residential care, home care and flexible care subsidies that are payable to aged care providers. Accommodation-related supplements and charges are indexed on 20 March and 20 September each year, in line with the Government's pension indexation arrangements. Other care-related subsidies and supplements are indexed annually in July each year.

While the majority of Determinations relate to the amount of Australian Government subsidies, the Act also empowers the Minister and/or the Secretary to determine other matters, such as conditions on the allocation of aged care places.

Appendix B: Legislative Amendments made in the Reporting Period

Amendments to Aged Care Principles

The following table lists changes to the Aged Care Principles that were made and came into effect in 2013–14.

List of Amendments to the Aged Care Principles	Description of amendment made
Accountability Amendment (Quality Agency) Principle 2013	**1 January 2014** This instrument amended the *Accountability Principles 1998* to: • Remove references related to the Aged Care Standards and Accreditation Agency Ltd (ACSAA Ltd) throughout, replaced by the Australian Aged Care Quality Agency; and • Minor technical changes and removal of redundant provisions.
Accreditation Grant Principles 2011	**1 January 2014** This instrument was repealed on 1 January 2014 by the *Quality Agency Reporting Principles 2013*.
Advocacy Grant Amendment Principle 2013	**1 July 2013** This instrument amends the *Advocacy Grant Principles 1997* to remove redundant provisions.
Aged Care Revocation Instrument 2013	This instrument repealed the following instruments from **1 August 2013**: • *Community Care Grant Principles 1997*; • *Community Care Subsidy Principles 1997*; and • *Flexible Care Grant Principles 2008*
Allocation Amendment (Various Measures) Principle 2013	**1 August 2013** This instrument amended the *Allocation Principles 1997* to: • Replace references to community care with references to home care in relation to the allocation of places and to provide for transitional arrangements for places allocated for the provision of community care of flexible care in the form of EACH and EACH-D; • The reference within the Principles listing people with special needs was taken from these Principles and included at Part 2.2 of the Act; • Add kinds of people to be taken into account in determining places. This list has been moved from the Act; • Describe criteria for the Secretary to determine the proportion of care to be provided as part of the allocation process; and • Make minor technical changes and remove redundant provisions.

List of Amendments to the Aged Care Principles	Description of amendment made
Approval of Care Recipients Amendment (Home Care) Principle 2013	**1 August 2013** This instrument amended the *Approval of Care Recipients Principles 1997* to: • Reflect the establishment of home care and to set out the eligibility requirements for a person to receive home care; • Include transitional provisions to support the seamless transition of people with approvals to receive community care, EACH or EACH-D that are in force immediately before the commencement of Schedule 1 to the Act to be taken to be approved to receive home care; and • Make minor technical changes and remove redundant provisions.
Approved Provider Amendment (Home Care) Principle 2013	**1 August 2013** This instrument amended the *Approved Provider Principles 1997* to incorporate: • Consequential changes made to remove references to 'community care' and replace them with 'home care'. Also, references to 'community care' were replaced with references to 'home care in a note at the end of section 6.3 and in a list of examples at the end of subsection 6.8(2); • Transitional provisions relating to providers approved to provide community care or flexible care prior to 1 July 2013; and • Minor technical changes and removal of redundant provisions.
Classification Amendment (Aged Care Funding Instrument) Principle 2013	**1 July 2013** This instrument updates the definitions for the Aged Care Funding Instrument Answer Appraisal Pack and the Aged Care Funding Instrument User Guide found in the *Classification Principles 1997*. These Principles were amended to include changes to definition of the Appraisal Pack, Assessment Pack and User Guide to reflect proposed updates to these documents to take effect from 1 July 2013. Minor technical changes and removal of redundant provisions were also made.
Classification Amendment (Dementia and Severe Behaviours Supplement) Principle 2013	**1 August 2013** This instrument amends the *Classification Principles 1997* to make consequential amendments (consistent with the changes in the Act relating to home care) and to make changes to support the commencement of the dementia and severe behaviours supplement by allowing approved providers to renew the classification of a care recipient if that care recipient becomes eligible for the dementia and severe behaviours supplement.
Committee Amendment (Aged Care Financing Authority) Principle 2013	**24 December 2013** This instrument amends the *Committee Principles 2013* to appoint the Aged Care Pricing Commissioner to the Aged Care Financing Authority as a government representative and repeals Part 3 of the Principles which relates to transitional provisions put in place for operation prior to 1 August 2013.
Community Care Grant Principles 1997	**1 August 2013** This instrument was repealed under the *Aged Care Revocation Instrument 2013*. From 1 August 2013, home care replaced community care and some forms of flexible care as part of the aged care reforms.
Community Care Subsidy Principles 1997	**1 August 2013** This instrument was repealed under the *Aged Care Revocation Instrument 2013*. The *Community Care Subsidy Principles 1997* were replaced by the *Home Care Subsidy Principles 2013*.

List of Amendments to the Aged Care Principles	Description of amendment made
Community Visitors Grant Amendment (ABS Material) Principle 2013	**1 July 2013** This instrument amends the *Community Visitors Grant Principles 1997* to make minor consequential amendments to align the principles with contemporary drafting practice and changes in statistical geography terminology.
Complaints Amendment (Living Longer Living Better) Principle 2013	**1 August 2013** This instrument amended the *Complaints Principles 2011*, strengthening the powers of the Aged Care Commissioner, enabling the Commissioner to: • Direct the Complaints Scheme to undertake a new resolution process following the Commissioner's examination of a complaint; • Require the Complaints Scheme to take matters identified by the Commissioner into account in undertaking the new resolution process; • Confer on the Commissioner the power to make a special report to the Minister if the Commissioner is dissatisfied with the response by the Scheme to the Commissioner's findings; • Provide for the Commissioner to seek information from the Complaints Scheme where the information is relevant to a matter under examination; and • Provide circumstances in which the Commissioner may take no further action during an examination of a complaint. The Principles also outline the processes of the Aged Care Commissioner in examining the decisions and processes of the Secretary in relation to a complaint.
Complaints Amendment (Quality Agency) Principle 2013	**1 January 2014** This instrument amended the *Complaints Principles 2011* to reflect the role of the new Australian Aged Care Quality Agency (the Quality Agency) under the *Australian Aged Care Quality Agency Act 2013*. This body replaced the Aged Care Standards and Accreditation Agency from 1 January 2014. The Principles were amended to: • Provide for the Aged Care Commissioner (ACC) to deal with complaints relating to the Quality Agency's processes; and • Remove the requirement for the Secretary to advise the ACC of the Secretary's intention to, and reason for, ending an ACC directed new resolution process when the Secretary initiates compliance action under Part 4.4 of the Act in relation to the issues raised in the complaint. This power was inadvertently provided to the ACC as part of amendments to these Principles in August 2013; however, the ACCs jurisdiction does not extend to compliance activity.
Fees and Payments Principles 2014	**31 January 2014** This instrument was created as a new set of Principles, describing some of the requirements relating to aged care payments. The Principles: • Require approved providers to publish the maximum accommodation payment for a room or part of a room along with a key features statement and a description of the payment options available; • Enable the Aged Care Pricing Commissioner to approve prices above the maximum amount of accommodation payment determined by the Minister; and • Provide the methodology for equivalence between refundable accommodation deposits and daily accommodation payments.
Flexible Care Grant Principles 2008	**1 August 2013** This instrument was repealed under the *Aged Care Revocation Instrument 2013*. As grants were no longer paid under the *Community Care Grant Principles 1997* and the *Flexible Care Grant Principles 1997*, these Principles were no longer required. If there is a need to make grants to providers of home care or flexible care in the future, such grants can be made under the other grants power in Part 5.7 of the Act.

List of Amendments to the Aged Care Principles	Description of amendment made
Flexible Care Subsidy Amendment (Various Measures) Principle 2013	**1 August 2013** This instrument amended the *Flexible Care Subsidy Principles 1997* to: • Include the circumstances in which an approved provider is taken to provide flexible care (consistent with amendments to the Act); • Remove references to 'community care' EACH and EACH-D given the establishment of home care; • Remove references to consumer directed care in the context of innovative care services as the requirement to offer care recipients care on a consumer directed care basis is part of the home care program, rather than an innovative care pilot program; • Create the new dementia, veterans' and workforce supplements (in Determination); and • Make minor technical changes and remove redundant provisions.
Home Care Subsidy Principles 2013	**1 August 2013** This instrument provided details regarding the payment of home care subsidy. This includes arrangements for the temporary suspension of home care at the request of the care recipient. Details such as when the home care agreement remains in force and the period within which home care services are suspended are set out in these Principles. That a care recipient is taken to be provided with home care during a suspension period enables the payment of subsidy to the approved provider to continue during a period when the care recipient is on leave from their home care package. The Principles also set out how advance payments of home care subsidy to an approved provider by the Commonwealth are calculated. Amendments were made to these Principles, including: • Change to the name of the instrument; • Replacing 'community care' with 'home care' throughout; • Provide additional information regarding the new levels of home care; • Provisions relating to suspension of home care services were included in the Principles (previously in the Act); • New dementia, veterans' and workforce supplements were created (in Determination); and • Minor technical changes and removal of redundant provisions.
Information Amendment (AIHW) Principle 2013	**1 July 2013** This instrument amended the *Information Principles 1997* to allow the disclosure of protected information under the Act to the AIHW to assist with its new role as a centralised data clearinghouse in relation to aged care, subject to the confidentiality and other information protection provisions under the *Australian Institute of Health and Welfare Act 1987*, including but not limited to section 29.
Information Amendment (Quality Agency) Principle 2013	**1 January 2014** This instrument amended the *Information Principles 1997* for consistency across the legislation, enabling the Secretary to disclose protected information (as defined in the Act) to: • The Chief Executive Officer (CEO) of the new Australian Aged Care Quality Agency (which replaced the existing Aged Care Standards and Accreditation Agency from 1 January 2014); and • The Aged Care Pricing Commissioner. The Principles were also changed to make minor technical amendments and remove redundant notes.

List of Amendments to the Aged Care Principles	Description of amendment made
Quality of Care Amendment (Home Care) Principle 2013	**1 August 2013** This instrument amended the *Quality of Care Principles 1997* to include the following: • To reflect the establishment of home care and to outline the care and services that may be provided as part of home care packages; • Remove references to the Community Care Common Standards, replaced with references to the Home Care Common Standards; • Removal of references to Flexible Care Standards which only apply to EACH and EACHD (as they will become types of home care subject to the Home Care Standards); and • Make minor technical changes and removal of redundant provisions.
Residential Care Grant Amendment (Various Measures) Principle 2013	**1 August 2013** This instrument amended the *Residential Care Grant Principles 1997* to: • Insert the relevant information into the Principles that was previously in Part 5.1 of the Act. These amendments were consequential, to improve consistency with other grants under the Act and increase flexibility in administration; and • Make minor technical changes and remove redundant provisions.
Residential Care Subsidy Amendment (Workforce Supplement) Principle 2013 (27/06/2013)	**1 July 2013** This instrument amended the *Residential Care Subsidy Principles 1997* to create the new workforce supplement as an additional primary supplement.
Residential Care Subsidy Amendment (New Supplements and Other Measures) Principle 2013	**1 August 2013** This instrument amended the *Residential Care Subsidy Principles 1997* to create a new additional primary supplement, the dementia and severe behaviours supplement, and a new other supplement, the veterans' supplement.
Residential Care Subsidy Amendment (Workforce Supplement) Principle 2013 (25/09/2013)	**26 September 2013** This instrument amended the *Residential Care Subsidy Principles 1997* to remove, from 26 September 2013, the Secretary's power to accept applications for the workforce supplement and prevent the Secretary from making decisions on applications made for the workforce supplement where the application is received after 26 September 2013.
Residential Care Subsidy Amendment (Transitional Homeless Supplement) Principle 2013	**1 October 2013** This instrument amended the *Residential Care Subsidy Principles 1997* to create the new transitional homeless supplement as an additional primary supplement.
Residential Care Subsidy Amendment (Homeless Supplement) Principle 2013	**27 November 2013** This instrument amended the *Residential Care Subsidy Principles 1997* to introduce a new homeless supplement, as an additional other supplement and to replace the transitional homeless supplement.
Residential Care Subsidy Amendment (Quality Agency) Principle 2013	**1 January 2014** This instrument amended the *Residential Care Subsidy Principles 1997* to give effect to amendments made as a consequence of the Aged Care Standards and Accreditation Agency Ltd (ACSAA Ltd) being replaced by the Australian Aged Care Quality Agency.

List of Amendments to the Aged Care Principles	Description of amendment made
Residential Care Subsidy Amendment (Transitional Workforce Supplement) Principle 2014	**29 January 2014** This instrument amended the *Residential Care Subsidy Principles 1997* and provided for the payment of a transitional workforce supplement on and after 12 December 2013 and before 1 July 2014 to approved providers that were eligible to receive the workforce supplement on 11 December 2013.
Sanctions Amendment (Various Measures) Principle 2013	**1 August 2013** This instrument amended the *Sanctions Principles 1997* to include the following: • Minor amendments which support changes made to the Act through the program of reforms; • Consequential amendments flowing from changes to the Act relating to administrator and adviser panels; • Replace references to 'Community Care Standards' with references to 'Home Care Standards'; and • Make minor technical changes and remove redundant provisions.
User Rights Amendment (Various Measures) Principle 2013	**1 August 2013** This instrument amended the *User Rights Principles 1997* to remove references to 'community care' and replace them with references to 'home care' and also broaden the permitted uses for accommodation bonds and make related changes to the Governance Standard and the Disclosure Standard.
User Rights Amendment (September Indexation Measures) Principle 2013	**20 September 2013** This instrument amended the *User Rights Principles 1997* to specify the maximum daily accrual amount of accommodation charge for specified types of post 2008 reform residents.
User Rights Amendment (Investment of Accommodation Bonds) Principle 2013	**24 December 2013** This instrument amended the *User Rights Principles 1997* to update the references to the list of Religious Charitable Development Funds (RCDFs) in the 2013 Exemption. It also clarified that it is not a permitted use if an approved provider invests accommodation bonds in a controlling entity of a fund (rather than the fund itself) listed within the Schedule to the 2013 Exemption.
User Rights Amendment (March Indexation Measures) Principle 2014	**20 March 2014** This instrument amended the *User Rights Principles 1997* to specify the maximum daily accrual amount of accommodation charge for specified types of post-2008 reform residents.
User Rights Amendment (Publication of Accommodation Payment Information) Principles 2014	**19 May 2014** This instrument amended the *User Rights Principles 1997* to specify, for the purposes of sections 56-1 and 56-3 of the Act, an additional responsibility of approved providers of residential care and flexible care provided through a multi-purpose service.

Amendments to Aged Care Determinations

Determinations that commenced in 2013–14 are listed below. Unless they had been rescinded, Determinations made in previous years were also in effect during 2013–14.

List of Amendments to Aged Care Determinations	Description of amendments made
Aged Care (Amount of Flexible Care Subsidy – Extended Aged Care at Home - Dementia) Determination 2013 (No. 1)	**1 July 2013** This determination specifies the method for working out the daily amount of flexible care subsidy payable in respect of an EACHD care recipient, with rates effective from 1 July 2013. The determination ensured coverage for the period between the end of the financial year and the commencement of the *Aged Care (Living Longer Living Better) Act 2013* on 1 August 2013.
Aged Care (Amount of Flexible Care Subsidy - Extended Aged Care at Home) Determination 2013 (No. 1)	**1 July 2013** This determination specifies the method for working out the amount of flexible care subsidy for a day in respect of an EACH care recipient, with rates effective from 1 July 2013. The determination ensured coverage for the period between 1 July 2013 and the commencement of the *Aged Care (Living Longer Living Better) Act 2013* on 1 August 2013.
Aged Care (Amount of Flexible Care Subsidy - Innovative Care Services) Determination 2013 (No. 1)	**1 July 2013** This determination specifies the amount of flexible care subsidy payable in respect of different types of innovative care. The determination ensured coverage for the period between 1 July 2013 and the commencement of the *Aged Care (Living Longer Living Better) Act 2013* on 1 August 2013.
Aged Care (Amount of Flexible Care Subsidy - Transition Care) Determination 2013 (No. 1)	**1 July 2013** This determination sets the amount of flexible care subsidy that is payable for flexible care in the form of transition care for each day that an approved provider's flexible care place is occupied by a care recipient who is approved to receive, and is provided with, transition care on that day, with rates effective 1 July 2013.
Aged Care (Community Care Subsidy Amount) Determination 2013 (No. 1)	**1 July 2013** This determination specifies the method for working out the amount of community care subsidy payable for a day in respect of a community care recipient, with rates effective from 1 July 2013. The Determination ensures coverage for the period between 1 July 2013 and the commencement of the *Aged Care (Living Longer Living Better) Act 2013* on 1 August 2013.
Aged Care (Flexible Care Subsidy Amount - Multi-Purpose Services) Determination 2013 (No. 1)	**1 July 2013** This determination specifies the method for working out the amount of flexible care subsidy payable for a day to an MPS, with rates effective from 1 July 2013.
Aged Care (Residential Care - Amount of Basic Subsidy) Determination 2013 (No. 1)	**1 July 2013** This determination specifies the indexed rates of basic subsidy to apply from 1 July 2013.
Aged Care (Residential Care Subsidy - Amount of Enteral Feeding Supplement) Determination 2013 (No. 1)	**1 July 2013** This determination sets the daily rates for bolus and non-bolus feeding with effect from 1 July 2013, outlines a method for calculating the amount for enteral feeding supplement to be paid where the actual cost to the approved provider for providing enteral feeding to the care recipient is equal to or more than 125 per cent of the daily rate.

List of Amendments to Aged Care Determinations	Description of amendments made
Aged Care (Residential Care Subsidy -Amount of Oxygen Supplement) Determination 2013 (No. 1)	**1 July 2013** This determination sets the oxygen supplement rate with effect from 1 July 2013 and also outlines a method for calculating the amount of oxygen supplement to be paid where the actual cost to the approved provider of administering oxygen to the care recipient is equal to, or more than, 125 per cent of the daily rate.
Aged Care (Residential Care Subsidy -Amount of Viability Supplement) Determination 2013 (No. 1)	**1 July 2013** This determination sets the amount of the viability supplement payable under each of the three viability supplement schemes, with rates effective 1 July 2013.
Aged Care (Residential Care Subsidy - Workforce Supplement Amount) Determination 2013	**1 July 2013** This determination sets the level of funding provided though the workforce supplement.
Continence Aids Payment Scheme Variation 2013 (No. 2)	**1 July 2013** This instrument varies the Continence Aids Payment Scheme 2010 to specify an additional category of people who are not eligible to participate in the Continence Aids Payment Scheme, people who are participants in the National Disability Insurance Scheme (NDIS) whose NDIS plan contains a statement specifying the reasonable and necessary supports (including continence aids) that will be funded under the NDIS. This change is consequential to the enactment of the *National Disability Insurance Scheme Act 2013*.
Continence Aids Payment Scheme Variation 2013 (No. 3)	**1 August 2013** This instrument varies the Continence Aids Payment Scheme 2010 to replace a reference to an Extended Aged Care at Home (EACH) or Extended Aged Care at Home-Dementia (EACH-D) package with a reference to a home care package. This change is consequential to the enactment of the *Aged Care (Living Longer Living Better) Act 2013*.
Aged Care (Flexible Care Subsidy Amount - Innovative Care) Determination 2013 (No. 2)	**1 August 2013** This determination specifies the amount of flexible care subsidy payable to an approved provider in respect of innovative care provided to a care recipient and also repeals the *Aged Care (Amount of Flexible Care Subsidy - Innovative Care Services) Determination 2013 (No. 1)* and the *Aged Care (Amount of Flexible Care Subsidy-Innovative Care Service-Congress Community Development and Education Unit Ltd) Determination 2012 (No. 1)*.
Aged Care (Flexible Care Subsidy Amount - Multi-Purpose Services) Determination 2013 (No. 2)	**1 August 2013** This determination includes the method for working out the amount of flexible care subsidy payable for a day to an MPS, an additional payment in the form of a new dementia and veterans' supplement equivalent amount.
Aged Care (Flexible Care Subsidy Amount - Transition Care) Determination 2013 (No. 2)	**1 August 2013** This determination specifies the amount of flexible care subsidy that is payable for flexible care in the form of transition care for each day that an approved provider's flexible care place is occupied by a care recipient who is approved to receive, and is provided with transition care.
Aged Care (Home Care Subsidy Amount) Determination 2013	**1 August 2013** This determination sets out the rates and the method for calculating the amount of home care subsidy that is payable in respect of a day from 1 August 2013.

List of Amendments to Aged Care Determinations	Description of amendments made
Aged Care (Residential Care Subsidy -Dementia and Severe Behaviours and Veterans' Supplement Amounts) Determination 2013	**1 August 2013** This determination sets the level of funding paid by the Commonwealth to approved providers in the form of the dementia and severe behaviours supplement and the veterans' supplement.
Aged Care (Residential Care Subsidy—Amount of Accommodation Supplement) Determination 2013 (No. 2)	**1 September 2013** This determination sets out a method for working out the amount of the accommodation supplement and sets the maximum rate of accommodation supplement for a service that either meets or does not meet building requirements with effect from 1 September 2013.
Aged Care (Residential Care Subsidy—Amount of Concessional Resident Supplement) Determination 2013 (No. 2)	**20 September 2013** This determination sets the concessional resident supplement rate for concessional and assisted residents with effect from 20 September 2013.
Aged Care (Residential Care Subsidy—Amount of Pensioner Supplement) Determination 2013 (No. 2)	**20 September 2013** This determination sets the amount of the pensioner supplement with effect from 20 September 2013.
Aged Care (Residential Care Subsidy - Amount of Respite Supplement) Determination 2013 (No. 2)	**20 September 2013** This determination sets the amount of the respite supplement with effect from 20 September 2013.
Aged Care (Residential Care Subsidy - Amount of Transitional Accommodation Supplement) Determination 2013 (No. 2)	**20 September 2013** This determination sets the increased maximum amount of Transitional Accommodation Supplement with effect from 20 September 2013.
Aged Care (Residential Care Subsidy - Amount of Transitional Supplement) Determination 2013 (No. 2)	**20 September 2013** This determination sets the increased maximum amount of Transitional Supplement with effect from 20 September 2013.
Aged Care Subsidies Amendment (Workforce Supplement) Determination 2013	**27 September 2013** This determination amends the *Aged Care (Home Care Subsidy Amount) Determination 2013* and the *Aged Care (Flexible Care Subsidy Amount - Multi-Purpose Services) Determination 2013 (No. 2)* to remove, from 26 September 2013, the Secretary's power to accept applications for the workforce supplement and prevents the Secretary from making decisions on applications made for the workforce supplement where the application is received after 26 September 2013.
Aged Care (Residential Care Subsidy - Transitional Homeless Supplement Amount) Determination 2013	**1 October 2013** This determination sets the level of funding provided through the transitional homeless supplement.
Aged Care (Residential Care Subsidy - Homeless Supplement Amount) Determination 2013	**27 November 2013** This determination sets the amount of the homeless supplement in recognition of the additional costs of caring for people with a history of, or at risk of, homelessness.

List of Amendments to Aged Care Determinations	Description of amendments made
Residential Care Subsidy Amendment (Leave from Care) Determination 2013	**1 January 2014** This determination amends eight Aged Care determinations to improve consistency in subsidies paid to aged care providers by aligning residential care leave provisions with similar provisions in home care.
Home Care Subsidy Amendment (Transitional Workforce Supplement and Various Measures) Determination 2014	**29 January 2014** This determination provides for the payment of a transitional workforce supplement to eligible approved providers from 12 December 2013 until 30 June 2014.
Aged Care Act 1997 - Determination under paragraph 44-19(1)(b) (ACA Ch. 3 No. 5/2007) Revocation Determination 2014	**1 February 2014** This determination reflects changes to adjusted subsidy residential care services. Such changes are made periodically and may occur if residential care places are relinquished, or if the name of a service changes.
Aged Care (Residential Care Subsidy -Amount of Transitional Supplement) Determination 2014 (No. 1)	**20 March 2014** This determination sets the increased maximum amount of Transitional Supplement with effect from 20 March 2014.
Aged Care (Residential Care Subsidy -Amount of Respite Supplement) Determination 2014 (No. 1)	**20 March 2014** This determination sets the amount of the respite supplement with effect from 20 March 2014.
Aged Care (Residential Care Subsidy -Amount of Transitional Accommodation Supplement) Determination 2014 (No. 1)	**20 March 2014** This determination sets the increased maximum amount of Transitional Accommodation Supplement with effect from 20 March 2014.
Aged Care (Residential Care Subsidy -Amount of Accommodation Supplement) Determination 2014 (No. 1)	**20 March 2014** This determination sets the maximum rates of accommodation supplement payable for a supported resident in a residential aged care service.
Aged Care (Residential Care Subsidy -Amount of Concessional Resident Supplement) Determination 2014 (No. 1)	**20 March 2014** This determination sets the concessional resident supplement rate payable for residential aged care services provided to concessional and assisted residents.
Aged Care (Residential Care Subsidy -Amount of Pensioner Supplement) Determination 2014 (No. 1)	**20 March 2014** This determination sets the amount of the pensioner supplement with effect from 20 March 2014.

Appendix C: Responsibilities of Approved Providers under the *Aged Care Act 1997*, as at 30 June 2014

Approved providers were required to comply with their responsibilities under the Act. These included meeting their responsibilities in relation to:

Quality of care

- providing the care and services that are specified in the *Quality of Care Principles 1997* for the type and level of aged care that is provided by the service;
- complying with the Accreditation Standards, Home Care Standards and Flexible Care Standards; and
- maintaining an adequate number of skilled staff to ensure that the care needs of care recipients are met.

User rights

- providing care and services of a quality consistent with the Charter of care recipients' rights and responsibilities – residential care and other requirements in the *User Rights Principles 1997* relating to:
    - residents' security of tenure of their places;
    - access to the service by residents' representatives, advocates and community visitors;
    - providing information to residents about their rights and responsibilities and about the financial viability of the service;
    - restrictions on moving a resident within a residential service;
    - prudential and other requirements in relation to any accommodation payments charged; and
    - accommodation bonds, including refunding bonds in accordance with the legislative timeframes.
- providing care and services for community care and certain types of flexible care consistent with the Charter of care recipients' rights and responsibilities - home care and other requirements in the *User Rights Principles 1997*, including:
    - treating care recipients as individuals and respecting their individual preferences;
    - facilitating involvement by care recipients in identifying the community care most appropriate for their needs and in making decisions affecting themselves;
    - providing reliable, coordinated and safe quality care and services;
    - effectively communicating with care recipients; and
    - determining fees for care recipients in a transparent, accessible and fair manner.
- charging no more than the amount permitted under the Act and *User Rights Principles 1997*;
- charging no more for other care or services than an agreed amount;
- offering to enter into a resident agreement with the resident and, if the resident wishes, entering into such an agreement;
- ensuring that personal information about the care recipient is used only for purposes connected with providing aged care to the care recipient, or for a purpose for which the information was given to the provider; and
- establishing a complaints resolution mechanism for the service and using it to resolve any complaints made by, or on behalf of, a care recipient.

Accountability requirements

- keeping and maintaining records that enable claims for payments of residential care subsidy to be verified;
- cooperating with any person who is exercising the powers of an authorised officer under the Act*;*
- notifying the Department of any change of circumstances that materially affects the approved provider's suitability to be a provider of aged care;
- notifying the Department of any change to the approved provider's key personnel;
- ensuring that none of the approved provider's key personnel is a disqualified individual;
- complying with any conditions that apply to the allocation of any places included in the service;
- providing records to another approved provider relating to any places transferred to that provider;
- complying with the requirements in relation to the relinquishment of places;
- conducting in a proper manner, appraisals or reappraisals of the care required by residents;
- complying with any undertaking given to the Secretary to remedy non-compliance with the provider's responsibilities;
- complying with the prudential requirement relating to accommodation bonds;
- allowing people acting for an accreditation body to access the service for the purpose of accrediting the service;
- complying with the requirement to report allegations or suspicions of assaults on residents of aged care homes; and
- ensuring that staff and volunteers who have access to care recipients, undertake a national criminal history record check to determine their suitability to provide aged care services.

Appendix D: Sanctions imposed under the *Aged Care Act 1997* – 1 July 2013 to 30 June 2014

State and Service	Approved Provider	Sanctions Imposed	Date Imposed	Reason for Imposing Sanctions	Outcomes
New South Wales					
Mathew John Aged Care Facility	Terrigal Grosvenor Lodge Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of six months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents. 4. Approval as an approved provider of aged care services revoked unless an administrator is appointed for a period of six months.	19 February 2014	The Quality Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanction 2 was lifted on 13 June 2014. Sanctions 1, 3 and 4 were lifted on 4 August 2014.
Sir William Hudson Memorial Centre	Sir William Hudson Memorial Centre Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of six months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	11 April 2014	The Quality Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions expired on 10 October 2014.

State and Service	Approved Provider	Sanctions Imposed	Date Imposed	Reason for Imposing Sanctions	Outcomes
Shorty O'Neil Village Hostel	Broken Hill City Council	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of six months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	13 June 2014	The Quality Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions are due to expire on 12 December 2014.
Queensland					
Peninsula Aged Care Service	Macbo Pty Ltd as Trustee for Begonia Family Trust	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of three months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	14 September 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanction 2 expired on 13 December 2013. Sanctions 1 and 3 expired on 13 March 2014.
Ashmore Retreat	Shalimah Aust Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of three months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	20 April 2014	The Quality Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanction 2 expired on 19 July 2014. Sanctions 1 and 3 expired on 19 October 2014.

State and Service	Approved Provider	Sanctions Imposed	Date Imposed	Reason for Imposing Sanctions	Outcomes
Victoria					
Brunswick Manor	De'Ryan Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an administrator is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of three months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	9 July 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanction 1 expired on 8 January 2014. Sanctions 2 and 3 expired on 8 October 2013.
Woodhaven Lodge	Woodhaven Lodge Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of three months. 3. Approval as an approved provider of aged care services revoked unless an administrator is appointed for a period of six months.	30 July 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	See details of sanction imposed 15 August 2013.
Rosewood Mews	Kalinda Craft Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of three months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	31 July 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	See details of sanction imposed 16 August 2013.

State and Service	Approved Provider	Sanctions Imposed	Date Imposed	Reason for Imposing Sanctions	Outcomes
Woodhaven Lodge	Woodhaven Lodge Pty Ltd	1. Approval as an approved provider of aged care services revoked.	15 August 2013	The Department determined that it was appropriate to revoke Approved Provider status, due to immediate and severe risk caused by delays in the appointment of an adviser and administrator, ongoing non-compliance and serious risk and significant concern regarding adequate staffing.	Approved Provider status revoked 23 August 2013.
Rosewood Mews	Kalinda Craft Pty Ltd	1. Approval as an approved provider of aged care services revoked.	16 August 2013	The Department determined that it was appropriate to revoke Approved Provider status due to ongoing immediate and severe risk to residents and significant concerns regarding adequate staffing.	Approved Provider status revoked 24 August 2013.
Arcare Overton Lea	Arcare Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of three months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of 30 days after the commencement of a nurse adviser as outlined in sanction 1. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	31 August 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions 1 and 3 expired on 30 November 2013. Sanction 2 expired on 5 October 2013.
N/A	Nepean Hospital Pty Ltd	1. Approval as an approved provider of aged care services revoked.	1 April 2014	The Department determined that it was appropriate to impose sanctions because of: • Continuing non-compliance in relation to Prudential Standards; and • The approved provider had not refunded accommodation bonds	Approved Provider status revoked 1 April 2014.

State and Service	Approved Provider	Sanctions Imposed	Date Imposed	Reason for Imposing Sanctions	Outcomes
South Australia					
Parkview Aged Care (High Care)	Moonta Health & Aged Care Services Inc	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of six months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents. 4. Approval as an approved provider of aged care services revoked unless an administrator is appointed for a period of six months.	4 July 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions expired on 3 January 2014.
Parkview Aged Care (Low Care)	Moonta Health and Aged Care Services Inc	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of three months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents. 4. Approval as an approved provider of aged care services revoked unless an administrator is appointed for a period of six months.	4 July 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions 1, 3 and 4 expired on 3 January 2014. Sanction 2 expired on 3 October 2013.
Gloucester Residential Care	Goel Nominees Pty Ltd	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of six months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	9 November 2013	The Accreditation Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions expired on 8 May 2014.

State and Service	Approved Provider	Sanctions Imposed	Date Imposed	Reason for Imposing Sanctions	Outcomes
Western Australia					
Halls Creek Peoples Church Frail Aged Hostel	Halls Creek Peoples Church Incorporated	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months.	18 October 2013	The Department determined that the health, welfare or interests of care recipients was threatened and that it was appropriate to impose sanctions because of: • Continuing non-compliance in relation to the Accreditation Standards; and • The approved provider did not comply with an Undertaking to Remedy non-compliance within the agreed time frame.	Sanction expired on 17 April 2014.
Waratah Lodge	Wagin Frail Aged Inc	1. Approval as an approved provider of aged care services revoked unless an adviser approved by the Commonwealth, with appropriate clinical skills, qualifications and background, is appointed for a period of six months. 2. The approved provider is not eligible to receive Australian Government subsidies for any new residents for a period of six months. 3. Revocation of approved provider status unless the approved provider agrees to provide, at its expense, training for its officers, employees and agents.	24 March 2014	The Quality Agency identified serious risk and the Department determined that there was an immediate and severe risk to the safety, health or well-being of residents.	Sanctions expired on 23 September 2014.

Note: Section 68-1 of the *Aged Care Act 1997* provides that a sanction that has been imposed on an approved provider for non-compliance with its responsibilities ceases to apply if (a) the sanction period ends or (b) the Secretary decides under section 68-3 of the Act that it is appropriate for the sanction to be lifted. When applicable, the duration of a sanction is fixed by the Secretary and specified in the notice of decision to impose a sanction.

List of Tables and Figures

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