



Australian Government

Department of Social Services

Discussion Paper

*Key directions for the
Commonwealth Home Support Programme
- Basic support for older people living
at home*

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Discussion Paper – Introduction

Australia faces a rapidly ageing population, with the number of people aged 85 and over projected to more than quadruple by 2050, increasing from 0.4 million in 2010 to 1.8 million (5.1 percent of the population). By 2050, it is expected that over 3.5 million older people will access aged care services each year, with around 80 per cent of services delivered in the community.

In recognition of the challenges posed by this fundamental shift in the structure of our population, the Australian Government is pursuing a reform agenda - in partnership with clients and carers, aged care providers, workers and health professionals - that will reshape the aged care system to make it easier for clients and carers to access services that are high-quality, client-centred, maximise independence and are responsive to the changing needs of people as they age.

A core component of this reform agenda is the establishment of the Commonwealth Home Support Programme. From 1 July 2015, the National Respite for Carers Program, the Day Therapy Centres Program and the Commonwealth HACC Program will be combined under a single streamlined Commonwealth Home Support Programme to provide basic maintenance, care, support and respite services for older people living in the community, and their carers.

In addition, funding for the current Assistance with Care and Housing for the Aged Program will continue. While this was originally anticipated as forming part of the Commonwealth Home Support Programme, given the specialised nature of this service this discussion paper seeks feedback on whether this should be maintained as a separate programme.

HACC Program for older people in Victoria and Western Australia

Coinciding with the establishment of the Commonwealth Home Support Programme, from 1 July 2015 it is anticipated that the Commonwealth will take on full policy and funding responsibility for Home and Community Care (HACC) and related services for older clients in Victoria.

The introduction of the Commonwealth Home Support Programme will seek to build on the strengths of the existing jointly funded HACC Program in Victoria. The transition arrangements in Victoria will be consistent with other jurisdictions where a period of stability was provided prior to full integration. Detailed transition arrangements are currently being developed jointly with Victoria. Further communication activities will be undertaken with Victorian HACC service providers.

Negotiations on a HACC transition in Western Australia are underway but at an early stage. While these negotiations are underway the jointly funded HACC Program will continue in Western Australia.

Purpose of this paper

This discussion paper sets out the context for the establishment of the Commonwealth Home Support Programme. It briefly discusses the current system of home support programmes for frail, older people, the challenges the system faces, and the need for reform. The paper then flags the key reform directions that are proposed for the Commonwealth Home Support Programme, including the role the Commonwealth Home Support Programme will play in the end-to-end aged care system that the Government is working towards, and then goes on to outline the major changes that clients and the sector can expect in the transition from the present arrangements to the new.

This paper has been released in order to seek feedback from aged care clients, their carers and their advocates, aged care providers, workers, health professionals and academics on the proposed design of the Commonwealth Home Support Programme.

It is intended that a draft of the Commonwealth Home Support Programme Manual will be prepared later in 2014. Comments and feedback from stakeholders on this paper, as well as final advice from the National Aged Care Alliance, will inform the development of the draft of the Programme Manual. This will provide greater detail about the Commonwealth Home Support Programme, including government and service provider responsibilities under the programme.

Have your say

The Department of Social Services is seeking feedback from stakeholders on the directions outlined in this paper. Written submissions are invited on questions raised in this Discussion Paper plus any other relevant feedback. All submissions received will be analysed and considered in the development of the Commonwealth Home Support Programme.

Please visit the [aged care reform](http://www.dss.gov.au/chsp) website at www.dss.gov.au/chsp to download the submission template to have your say. All completed submissions are to be sent to the Commonwealth Home Support Programme inbox at CHSP@dss.gov.au by Monday 30 June 2014. Any submissions received after this date may not be considered. Please email the Commonwealth Home Support Programme's inbox should you have any questions on the process.

Acknowledgements

The Department of Social Services acknowledges the assistance and expert advice contributed to date by the National Aged Care Alliance. This includes the Commonwealth Home Support Programme Advisory Group, which has been established to provide advice to support the overall development of the Commonwealth Home Support Programme. This Group provides independent advice to the Minister and Assistant Minister for Social Services and to the Department, with additional representation from HACC provider groups who are not represented on the National Aged Care Alliance, as well as state and local government representation. In addition several working groups have been established to provide advice on specific matters including the Gateway Advisory Group, Gateway Consultation Forum and working groups established to consider the reviews of specific HACC service groups.

As part of this process the National Aged Care Alliance has developed a number of papers which have been considered in the drafting of this discussion paper. These include a *Home Support Program Design Paper*, *Provision of Respite in the Commonwealth Home Support Program Paper* and *Assessment and the Aged Care Service System Paper*.

The development of this paper has been informed by advice from the National Aged Care Alliance and the above groups, but does not necessarily represent the views of all stakeholders.

At a Glance

Vision for the Commonwealth Home Support Programme

The Commonwealth Home Support Programme will help older people living in the community to maximise their independence. Through the delivery of timely, high quality basic support services centred around each person's individual goals, preferences and choices- and underpinned by a strong emphasis on wellness and reablement- the Programme will help its clients stay living in their own homes for as long as they can and wish to do so. In recognition of the vital role that carers play, where the older person has a carer the programme will support that care relationship.

Key Changes from 1 July 2015

In conjunction with other aged care reforms, the Commonwealth Home Support Programme will see simplified access to aged care services and a smoother transition through the system as needs change.

Greater integration within, and across, aged care services coupled with consistency in assessment practices will support client choice and maximise the independence and quality of life for older people and their carers.

Implementation of the Commonwealth Home Support Programme will result in the following changes from 1 July 2015:

- One consolidated programme providing basic support.
 - This will enable more older people to be able to access the care and respite services they need. Clients with more complex needs will be supported to transition over time to more appropriate levels of care such as Home Care Packages.
 - There will be continuity for most services types, with some changes and consolidation based on the outcomes of service reviews conducted during 2013-14. Service providers will be funded based on output based block funding from 1 July 2015.
 - Greater contestability will be introduced to ensure that client outcomes are maximised and that the best value for money is achieved.
 - The amalgamation of three community aged care programmes and clarification of programme boundaries, such as a single set of eligibility criteria, will reduce administrative burden for service providers and improve client outcomes by providing more consistent and integrated care.
- The Programme will have an increased focus on wellness and reablement (Section 2, pg 19-22 & 39).
 - This will be supported by a standardised national assessment process that will include the development of goal orientated, person-centred support plans for clients. The new assessment processes being introduced through My Aged Care will introduce a new level of independence of assessment from service provision to increase the level of control that clients have over the services they receive, ensure that services are based on a consistent assessment of need and to ensure that taxpayers are subsidising aged care services on the basis of need.
 - A network of restorative services will be formed, building on the services provided by allied health professionals and the current Day Therapy Centres. These services are already closely aligned with a reablement approach and their capacity to offer more short term restorative interventions for suitable clients will be pursued.

- Support will be provided to build the skills and capacity of the sector to implement a wellness approach across all service provision in the programme. This will involve a cultural change for many to move from a system of 'doing for' to 'doing with'.
- A more targeted approach to sector support and development (Section 3, pg 38-40).
 - Sector support and development for the Commonwealth Home Support Programme will be integrated into broader aged care processes for issues that extend beyond the programme, such as workforce development. In addition there will be a much clearer identification of which targeted activities will be supported to assist with Commonwealth Home Support Programme specific sector support and development. Service providers will be informed of which activities will be the focus of sector support and development with an opportunity to apply for funding commencing in July 2015.
- A nationally consistent fees policy will be introduced from 1 July 2015 (Section 3, pg 37-38).
 - For clients this will mean a fairer system where clients of similar means will pay consistent fees (regardless of location) for accessing Commonwealth Home Support Programme services.
 - For service providers the fee structure will acknowledge the differing cost drivers of service types, for example, home modifications may have a different fee structure to domestic assistance.

The implementation of the Commonwealth Home Support Programme will be supported by:

- An identifiable entry point to the aged care system via My Aged Care (Section 3, pg 25-29).
 - This will make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to locate and access services available to them.
 - A National Training Strategy for assessment that will deliver a standardised, national approach to key practices and processes for all assessors.
 - In recognition that vulnerable older people may need additional support to access services My Aged Care will also provide a linking service capability to ensure vulnerable people are identified and referred to the appropriate pathway for support. My Aged Care will also provide some linking service support through My Aged Care assessment organisations.

The following case study is an illustrative example which highlights some of the differences that are proposed in terms of current services and what will be available from July 2015.

Case study – Bill and Joan

Bill is 81 and lives with his 76-year-old wife Joan. Bill has a chronic respiratory condition and although his condition is stable at the moment, he can sometimes struggle with activities of daily living and relies on his wife Joan to assist him. Joan, who has arthritis, is finding it harder to care for Bill as her condition deteriorates.

Joan is worried about asking for help as she and Bill are keen to maintain their independence and continue to live in their family home, and do not want to enter residential care. Joan and Bill's daughter urges her mother to get some assistance in the home and Joan finally agrees.

Enquiring about services

<i>What they experience today</i>	<i>What they will experience in 2015</i>
<p>Joan and Bill visit their local GP who makes a number of referrals for Bill to receive services, including home help and personal care. He also recommends that Bill work on improving his endurance and sets up his home for safety in order to avoid falls.</p> <p>After the appointment, Joan begins to contact the service providers to enquire about their availability to deliver the recommended services. Some of the providers are unavailable and give Joan an alternative provider to try. Joan is on the phone on and off for a few days and is required to explain her situation multiple times before finding available providers. Service providers ask Joan how long the services are required for. Joan is unsure about this, and the service provider makes a recommendation based on the information provided by Joan. Each service provider informs Joan that they will be required to undertake an assessment before commencing services. Joan is required to coordinate a suitable time for these assessments which she finds confusing and time-consuming.</p> <p>Joan is also unsure about where to start in terms of a gym or home programme to work on Bill's physical abilities and endurance.</p>	<p>Joan calls My Aged Care contact centre after her daughter finds the contact details on the My Aged Care website. Joan speaks with a contact centre staff member who asks a number of basic screening questions about their current situation.</p> <p>After listening to Joan's responses, the contact centre staff member identifies that both Bill and Joan may require some basic assistance and registers them both with My Aged Care to create their client records.</p>

Assessment for services

<i>What they experience today</i>	<i>What they will experience in 2015</i>
<p>Bill undergoes several assessments in order to receive the services, which he finds repetitive and exhausting as all of the assessors ask similar questions.</p>	<p>The screening assessment conducted over the phone indicates an immediate need for some home help, and a referral is generated and sent to a local provider. The phone assessment also identifies that Bill may be suitable for a restorative care programme, which Bill agrees to participate in. A face-to-face assessment is arranged in order to develop a support plan for both Bill and Joan.</p> <p>The regional assessor makes contact with Joan and Bill and arranges a home visit for the face-to-face assessment. They assess Joan and Bill and work together to develop their support plans, including actions which support their goals to remain independent and living at home.</p> <p>Bill's goal is to maintain his own personal care in order to reduce the burden on his wife Joan. The assessor develops a support plan with a restorative care focus, with a number of short-term interventions recommended. This includes a strength and balance programme to increase his endurance levels and a referral for an occupational therapist to identify suitable equipment to promote functional independence, such as a shower stool and grab rail in the toilet.</p> <p>Joan's support plan directs her to support services for carers, including options around respite and availability of counselling if required.</p>

Receiving services

What they experience today	What they will experience in 2015
<p>The services all commence at different times and Joan finds it difficult to remember the multiple appointments that Bill needs to attend. She also struggles to remember which providers collect fees, and which ones don't.</p> <p>After a few months of receiving services, Bill decides that he wants to be more independent again and asks Joan to cancel his personal care services. Joan is required to phone up the service provider and ask for Bill's personal care services to be stopped. She is unsure if this is the right decision.</p>	<p>My Aged Care sends the client records and the support plans for both Bill and Joan to the service providers who will be delivering their services.</p> <p>The client records and support plans gives the service providers a more holistic view of Bill and Joan's needs and goals, including other services they will be receiving.</p> <p>Service providers also have the outcomes from the face-to-face assessment to inform their service level assessment which focusses on Work Health and Safety in the home and liaison within, or with other service providers that provide care to the same client. This allows them to commence Bill and Joan's services without the need to duplicate the whole assessment.</p> <p>Bill and Joan are required to contribute to the cost of the services they are receiving. Service providers feel comfortable about the fees they are charging their clients as they are nationally consistent for a comparable service.</p> <p>After a few weeks of Bill and Joan receiving services, the respite care provider feels that Joan's care needs are increasing and decides to refer her back to the regional assessment team for an assessment review. Following the review, Joan begins to receive physiotherapy to manage her arthritis.</p> <p>At the conclusion of Bill's restorative care programme, Bill finds that his functioning has improved and he is now independent in personal care. Bill has achieved his goals and does not require any further services at this point in time.</p>

Section 1: The home support system today – strengths and challenges

This section provides the context for the Commonwealth Home Support Programme's establishment. It describes the system as it is today, its strengths, its history and the challenges it faces.

With a budget allocation of around \$2 billion in 2015-16, the Commonwealth Home Support Programme represents a substantial investment by the Australian Government to support the independence of older people at home and in the community.

Under the programmes that will be consolidated to form the Commonwealth Home Support Programme, the community aged care sector has a long and proud history of delivering basic maintenance, care and support services and respite for people in the community who require support to stay at home. More than 2,000 organisations are currently funded to provide support to around three quarters of a million clients annually.

The aged care service sector has evolved in response to the diverse needs of local communities, often 'filling the gaps' in other service systems and programmes. Specialised services have been developed to address the needs of particular client populations, such as Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and other special needs groups. Flexibility within the programme has seen the introduction of innovative service models in the sector, including an increased focus on wellness and reablement, and the Active Service Model in Victoria. Separate programmes that target specific older clients have also been established, such as the Veterans' Home Care Program.

This sector is built on significant 'goodwill': charitable organisations make a substantial contribution to the sector and volunteers are integral to the delivery of services, delivering meals, and providing transport services and social interaction at day care centres and in the community. Community aged care workers report a high level of job satisfaction and there is a high level of client satisfaction with services. These services are a recognised part of the fabric of Australian civil society and of the Australian aged care system.

The Australian Government acknowledges these strengths within the aged care sector and will work to preserve, support and build on these elements under the Commonwealth Home Support Programme. In doing so, the Commonwealth Home Support Programme will provide timely, basic level support to older people and their carers to assist them to continue to live independently in their own home and community.

Some 70 per cent of people aged 65 years and over live at home without Government subsidised aged care services. Approximately 25 percent access support or care at home with a further 5 percent receiving residential aged care. As such, the role of informal carers is critical in supporting older people to stay at home. The Commonwealth Home Support Programme will ensure that services are tailored to address the needs of carers, including through the provision of respite to give carers a well-earned break.

Existing home support programmes

Currently, the home support system for older people is built on four separate programmes:

The Commonwealth Home and Community Care (HACC) Program

The largest part of the Australian Government's support for aged care services at home is provided through the Commonwealth HACC Program which delivers high quality, affordable and accessible services in the community. 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.

In Victoria and Western Australia HACC services are currently 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 this 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.

During 2012-13, the Australian Government provided \$1.1 billion to the Commonwealth HACC Program which provided services to over 486,000 people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people), not including people who received assistance in Victoria or Western Australia. In Victoria and Western Australia, another 357,446 people received services through the HACC Program in those states, of which 269,989 were aged 65 years or over (50 years and over for Aboriginal and Torres Strait Islander people). The Commonwealth HACC Program provides a coordinated and integrated range of basic maintenance, support and care services for frail older people and their carers. The basic services can be described as those which contribute to a person's wellbeing, for example, nutrition, community nursing, home help and personal care.

The National Respite for Carers Program

The National Respite for Carers Program is designed to support and assist relatives and friends caring at home for people who are unable to care for themselves because of disability or frailty. It provides respite and other carer supports in a variety of settings, including day care centres, overnight cottages and in-home respite services. In 2012-2013, the Australian Government provided funding of \$215 million to the National Respite for Carers Program to provide 5.1 million hours of planned respite through more than 550 respite services across Australia.

The Day Therapy Centre Program

The Day Therapy Centre Program provides a range of therapy services aimed at assisting older people to maintain their independence. In 2012–13, the Australian Government provided \$38.1 million to over 150 service outlets. Over 48,000 clients received services from Day Therapy Centres including physiotherapy, occupational therapy, podiatry and social work.

The Assistance with Care and Housing for the Aged Program

The Assistance with Care and Housing for the Aged Program supports older people who are homeless or at risk of becoming homeless. The program 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 2012–13, the Australian Government provided funding of \$5.5 million to the Assistance with Care and Housing for the Aged Program, supporting 54 services to assist 5,390 people.

In addition to these four programmes, there are a range of other programmes funded by state and territory governments, local governments and the non-government sector to help support older people to stay at home. While these are not the focus of this paper, it is acknowledged that linkages will need to be made to these other programmes, including through the assessment process.

Drivers for change

Since the introduction of the HACC Program in 1985, there have been significant changes in the population, within the sector, and within the broader environment of aged care policy and service delivery. The introduction of the Commonwealth Home Support Programme reflects the changing needs of the population, and the changing service delivery environment.

Significant and rapid expansion in recent decades has led to complexity and fragmentation

Community aged care services – and the aged care system more broadly – have expanded and evolved significantly over the past few decades. In 1984-5, when the Home and Community Care (HACC) Program was first established as a joint Commonwealth and state and territory government initiative, it attracted \$78 million from the Australian Government as well as matched contributions from state and territory governments.

Since that time, the Australian Government's annual investment in home support has increased dramatically in line with community preferences. New community care programmes such as the National Respite for Carers Program and the Day Therapy Centre Program have been established and repeatedly expanded. In 2012-13, Australian Government grant funding for home support programmes for frail older people totalled close to \$1.9 billion¹, including \$1.1 billion for the Commonwealth HACC Program, \$500.8 million through Treasury Certified Payments to Victoria and

¹ Department of Health and Ageing (2013) *2012-13 Report on the Operation of the Aged Care Act 1997*, Canberra, p17

Western Australia for the HACC Program in those states, \$215 million for the National Respite for Carers Program and \$38.1 million for the Day Therapy Centre Program.

As Government support for community-based aged care has grown, so has the number of separately funded home support programmes. While this expansion in the range and level of services is an achievement to be proud of, it has also led to an increasingly complex and diverse set of programmes and funding arrangements – resulting in a fragmented system which is difficult for clients and their carers to navigate, and unnecessarily complex for providers to operate within.

In addition to home support services, the Commonwealth provides significant funding to assist older Australians to remain living at home through the Home Care Packages Program. A Home Care Package is a co-ordinated package of services tailored to meet the person's specific care needs, with eligibility determined by an Aged Care Assessment Team. There are now four levels of packages. These have replaced the former Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages.

The changes to the community aged care sector have resulted in a home support system that is bigger and better funded than it has ever been, but also far more fragmented, inconsistent and confusing than it needs to be. It means that, depending on where they live, two clients of a similar age with similar support needs may have to pay a different fee for the exact same service, after completing different assessment processes, and meeting different eligibility criteria.

For providers, this complexity and duplication of processes makes providing care more administratively difficult than it needs to be. One submission to the Productivity Commission's 2010 inquiry into aged care, for example, reported in respect of the National Respite for Carers Program that:

*"For many providers NRCP is just one funding stream amongst many. Currently each funding stream has different standards and reporting mechanisms. This creates complexity for providers managing different funding streams and unnecessarily wasting time and resources on administrative tasks."*²

As the National Aged Care Alliance recently observed, Australia's current system is fragmented, based on funding programmes rather than on the individual, differs between organisations and creates variable outcomes for individuals.³

An ageing and increasingly diverse population

Apart from the complexity inherent in the current aged care system, Australia's aged care system also faces a number of other significant challenges, as reported by the Productivity Commission in its 2011 report into aged care, *Caring for Older Australians*⁴.

Over the coming decades, the ageing of our population will continue to place increased pressure on services. The number of people aged 85 and over is projected

² Victorian NRCP Services Network (2010) *Submission by the Victorian NRCP Services Network to the Productivity Commission July 2010*, p1, available at:

http://www.pc.gov.au/__data/assets/pdf_file/0004/101794/sub334.pdf

³ National Aged Care Alliance (2014) *Assessment and the Aged Care System* p1 Available from:

<http://www.naca.asn.au/Publications/Assessment%20&%20The%20Aged%20Care%20Service%20System%20Paper.pdf>

⁴ Productivity Commission (2011) *Caring for Older Australians*, Report No. 53. Final Inquiry Report. Canberra

to more than quadruple by 2050, increasing from 0.4 million in 2010 to 1.8 million (5.1 percent of the population). By 2050, it is expected that over 3.5 million older people will access aged care services each year, with around 80 percent of services delivered in the community. The *Intergenerational Report 2010* estimated that Australian Government spending on aged care services would increase from 0.8 per cent of GDP in 2010 to 1.8 percent of GDP by 2050.

The aged care workforce will need to expand considerably at a time of 'age induced' tightening of the overall labour market, an expected relative decline in family support and informal carers, and strong demand for workers from the health and disability systems.

There is increasing diversity among older people in their preferences and expectations (which continue to increase), including a greater desire for independent living and culturally relevant care. This is particularly relevant for many culturally and linguistically diverse, sexually diverse and Indigenous communities.

Broader aged care reforms: working towards an end-to-end aged care system

It is against this backdrop of an ageing population and an unnecessarily complex set of programme arrangements that the Australian Government is pursuing a reform agenda that will reshape the aged care system to make it easier for clients and carers to access services that are high-quality, client-centred and responsive to the changing needs of people as they age.

In addition to combining existing home support programmes under a single Commonwealth Home Support Programme, this reform agenda includes:

- The introduction of My Aged Care as an identifiable entry point to the aged care system. My Aged Care provides people with up-to-date information about aged care services and the aged care system. My Aged Care will develop to assist people to navigate and access the aged care system through the provision of information, screening, assessment services and referrals to service. It will provide a central client record accessible by the client, representatives, carers and relevant assessors and service providers. It will also provide a linking service to improve access to services for vulnerable people.
- The expansion of the number and type of Home Care Packages with a strong focus on client directed care and choice, and the introduction of more consistent and sustainable user fees arrangements;
- Reforms to residential aged care financing arrangements to increase investment in new residential aged care facilities and give clients more choice about how they pay for their accommodation;
- The introduction of a means test in residential care that considers both assets and income so that people with the same overall means will contribute consistently to the cost of their care and accommodation;
- Removal of the distinction between low care and high care in permanent residential aged care to give care recipients greater choice and control over their care; and
- The commencement of the Australian Aged Care Quality Agency to monitor quality consistently across the sector benefiting both clients and industry.

In combination, these reforms will lead to a simpler, more sustainable, accessible and client-centred aged care system that will serve the needs of more older Australians –

at all levels of dependency – than ever before. Further information on the Australian Government’s [reform agenda](#) is available at: www.dss.gov.au

A major review of the aged care reforms is planned for 2016-17 to assess their progress and inform any future changes.

Section 2: Key directions

This section sets out the broad vision proposed for the Commonwealth Home Support Programme, the role it will play in the establishment of a seamless, end-to-end aged care system, and the key reform directions underpinning its design.

In short, it is proposed that the Commonwealth Home Support Programme will:

- provide timely, basic home support services to frail older people and their carers, to help them remain living independently in the community - with people requiring higher levels of care eligible for Home Care Packages or residential aged care;
- streamline the home support system in order to cut red tape for providers and improve access for clients;
- increase sustainability through a more consistent approach to client fees;
- be underpinned by a wellness and reablement philosophy;
- be accessed through My Aged Care; and
- continue to build, and be informed by, a robust evidence base.

Question:

1. Are there any other key directions that you consider should be pursued in the development of the Commonwealth Home Support Programme from July 2015?

The Commonwealth Home Support Programme - the basic tier of an end-to-end aged care system

The Australian Government is working with clients, aged care providers, workers and health professionals to build a seamless, end-to-end aged care system. The system is intended to provide a continuum of increasingly intensive support and care options for frail, older people, along which they can travel in either direction as their care needs change.

Within this continuum, it is proposed that the Commonwealth Home Support Programme will play a fundamental role in providing basic home support services to those people (and their carers) who are able to remain living in the community with a small amount of assistance.

Basic support is a form of community care delivered in the care recipient's home or a community care centre and provides low intensity levels of support (for example, meals, domestic assistance and respite care) and is often delivered as individual interventions with limited coordination.

Older people living in the community who need ongoing case management and care coordination, or else require more intensive support than the Commonwealth Home Support Programme can deliver, will be able to be referred for a comprehensive assessment (currently conducted by an Aged Care Assessment Team). The assessment will determine the care needs and eligibility for a Home Care Package or residential care.

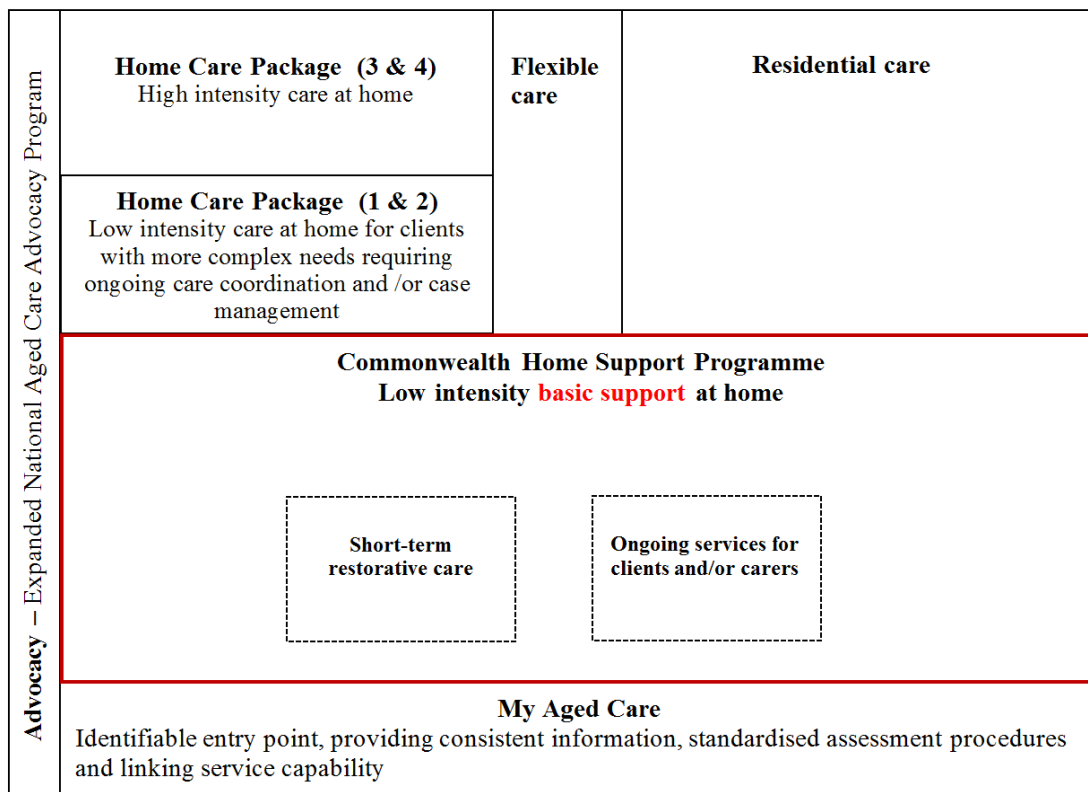
Home Care Packages offer clients case management and coordinated packages of services tailored to meet their specific needs. All new Home Care Packages allocated to providers since 2012 are governed by an individualised budget that the client has greater control over.

The Australian Government funds four levels of Home Care Package, which attract between \$7,500 and \$45,600 in basic care subsidies each year, plus other supplements depending on the needs of the client. By comparison, HACC clients in 2012-13 received on average a total \$2,300 in HACC services.

For frail, older people whose needs can no longer be met in the community, residential aged care is available. Residential care facilities are able to provide dedicated 24 hour care and support, helping their residents with the management of day-to-day tasks (such as cleaning, cooking, laundry); personal care (such as dressing, grooming, going to the toilet); or 24-hour nursing care (such as wound and catheter care). Aged care homes are also able to provide residential respite, to give carers a break from their usual caring arrangements.

To ensure clients are aware of their rights, and to help them exercise those rights, services funded under the National Aged Care Advocacy Program will be available to clients, or prospective clients, of all of the Australian Government's aged care programmes including the Commonwealth Home Support Programme. Other specialised programmes, such as the Transition Care Program and the Multi-Purpose Services Program, will also continue to be supported, although are not the focus of this paper.

The following diagram represents the aged care system that will be in place from July 2015. This paper focuses on the Commonwealth Home Support Programme, although associated relationships with advocacy, assessment and other forms of care are also discussed.



The importance of providing basic home support

There is a clear evidence base for providing a basic home support programme as part of an end-to-end aged care system, which is able to provide low intensity services to a very large population of older people.

From an economic perspective, there is good evidence to demonstrate that the provision of a small number of HACC services to a large number of clients provides better value for money than the provision of a larger number of services to a smaller number of clients. Research in the 1990s, for example, demonstrated that among clients assessed by Aged Care Assessment Teams, use of a single HACC service was associated with increased chances of remaining in the community (as opposed to moving into residential care), at all levels of dependency, but increases in the number of services used did not continue to increase that likelihood.⁵

Overseas studies have also shown a positive relationship between receiving community services and delay/avoidance of residential care admissions.⁶ They have also shown that the earlier older people receive community care services, the longer their admission to residential care can be delayed.⁷

That is not to say that the Government should stop providing higher levels of community aged care to people living in the community when they need it. The coordinated packages of higher intensity services delivered by the Government's Home Care Packages Program, that are relied upon by tens of thousands of older Australians across the nation, will be increasing in number over the coming years, and will continue to form a core component of the Government's aged care strategy.

This evidence does, however, demonstrate the importance of having a basic home support programme that is dedicated to providing timely low level support to people to assist them to continue to live independently in their own home and community. The Commonwealth Home Support Programme provides a strategy for delivering low intensity support to a great many people, in order to support older people to stay at home for as long as practical.

Streamlining the home support system

The Australian Government is strongly committed to reducing the administrative burden on the civil and private sectors, and empowering organisations to deliver services to respond to local need. A key principle in establishing the Commonwealth Home Support Programme will be to develop a more streamlined aged care service system in the long term, with single service agreements and reduced red tape. This will help address the fragmentation that has historically characterised the system and allow providers to spend less time on paperwork and more time on doing what they do best – providing support to the frail, older people who need it, and their carers.

Consolidating existing home support programmes within a single, comprehensive Commonwealth Home Support Programme will introduce common arrangements across Australia in respect of:

- Eligibility criteria;

⁵ Howe, A and Gray, L (1999) *Targeting in the Home and Community Care Program*, Aged and Community Care Services Development and Evaluation Report No.37. Canberra: Department of Health and Aged Care, as prepared by the National Ageing Research Institute and Bundoora Extended Care Centre

⁶ Teshuva, K (2007) *Outcomes for older people with chronic and complex needs: A longitudinal examination of the use of community services following an aged care assessment in Victoria*, Victoria: Brotherhood of St. Laurence, p1

⁷ *Ibid.*

- Client assessment;
- User fees;
- Accountability and financial reporting;
- Quality assurance;
- Information and data collection; and
- Planning and funds allocation.

Reporting requirements provide a good example of the streamlining that will occur under the Commonwealth Home Support Programme. The HACC Program, National Respite for Carers Program and Day Therapy Centres Program require each service provider (who may receive funding from one or more of these programmes) to complete Financial Activity Reports, Output Variation Reports, Service Activity Reports, Minimum Data Set reporting, Quality reporting and ad-hoc reporting on request. Under the Commonwealth Home Support Programme, providers will only complete one set of reporting.

In addition, the proposed changes will consolidate over 30 different service types (that currently exist in the Commonwealth HACC Program, National Respite for Carers Program and Day Therapy Centres Program) into 15 in the Commonwealth Home Support Programme which will also simplify arrangements for providers. The proposed groupings by a smaller number of service outcomes and flexibility arrangements will also assist in streamlining service provision.

In moving to a new programme, opportunity to remove the overlap between state and territory regulation and the requirements of the Commonwealth Home Support Programme will be explored. One example is home modifications where there is a perception that the current HACC Program adds an additional layer of regulation through specifying which tasks must be undertaken by which workers. For home modifications, the Commonwealth Home Support Programme could instead refer to a requirement to meet the obligations already set out in state and territory legislation for undertaking these kinds of tasks.

More work will be done over the course of 2014 in consultation with the National Aged Care Alliance, the Commonwealth Home Support Programme Advisory Group and the Aged Care Financing Authority to review existing financial accountability and service reporting arrangements to identify opportunities to further streamline funding arrangements under the Commonwealth Home Support Programme. Further advice on this subject will be included in the draft of the Commonwealth Home Support Programme Manual, to be released later this year.

Wellness and reablement

As recommended by the National Aged Care Alliance,⁸ the design of the Commonwealth Home Support Programme will be underpinned by a wellness and reablement approach to care that focuses on whole of system support to maximise clients' independence and autonomy. While improving older peoples' functioning and independence is a core component of the Commonwealth Home Support Programme, it is not intended that this replaces the range of services delivered for older people by the health system.

What is wellness and reablement?

Wellness and reablement or restorative approaches and programmes within home care are emerging as a powerful way to help older people improve their function, independence and quality of life. A shift to a stronger focus on this in the

⁸ National Aged Care Alliance (2013) *Commonwealth Home Support Program (HSP) Design*. Available from: <http://www.naca.asn.au/Publications/CHSP%20Design%20Paper.pdf>

Commonwealth Home Support Programme will be a significant change from the way many basic care services are currently delivered- from a model that may inadvertently foster dependence to one that actively promotes assisting people to be as independent as possible. Adopting a stronger wellness and reablement approach will influence the way we assess clients, organise, promote and deliver services and measure outcomes in our programme. Importantly, the implementation of a wellness approach will apply across all service provision in the Commonwealth Home Support Programme.

The National Aged Care Alliance in their *Commonwealth Home Support Program Design* paper discusses these approaches.

Wellness is a philosophy that focuses on whole of system support to maximise clients' independence and autonomy. It is based on the premise that even with frailty, chronic illness or disability, people generally have the desire and capacity to make gains in their physical, social and emotional wellbeing and to live autonomously and independently. It emphasises prevention, optimising physical function and active participation. It focuses on finding the service solutions to best support each individual's aspirations to maintain and strengthen their capacity to continue with their activities of daily living, social and community connections.

The provision of reablement services is a part of this philosophy. Reablement is the use of timely assessment and targeted interventions to:

- assist people to maximise their independence, choice and quality of life;
- appropriately minimise support required and reliance on future and/or alternative support;
- maximise the cost effectiveness of programmes; and
- support people to continue to participate and remain engaged in their local communities as they wish.

The basis of the approach is to help people regain and/or maintain their physical and cognitive function and independence (after an illness, disability or crisis or to halt any decline in capabilities) enabling the person to continue to look after themselves and reduce their reliance on support services. An assessment is undertaken which identifies the individual's goal in attaining, retaining or enhancing a particular function.

An example could be an older person who was previously independent at home with no services who had a recent fall and has lost general confidence and is now seeking assistance with personal care and other tasks. Using a reablement approach, this client could have an in home assessment of their current functional abilities and home safety (in particular the bathroom set up), and agree an action plan to meet their goals for reablement. The action plan may include advice or training in safe transfer techniques, suitable assistive equipment such as a shower stool or a grab rail, and a plan on how to pace the management of personal and household tasks. They may also participate in a four week strengthening and balance programme and have an extra hand rail installed at their front steps.

After this, they may have reached their goals to be able to walk up their stairs with confidence, shower themselves and be back to doing light household tasks. They may then participate in a home based exercise program that they are confident to continue independently or attend community based exercise programmes to help maintain their independence at home.

There is a growing body of evidence on the effectiveness of these approaches in assisting older people to improve their ability to function and reduce their need for ongoing services. Recent research in Western Australia that examined the service

records of older individuals who had received a reablement service versus a conventional home care service found that those using a reablement service were less likely to require home care services for several years after. This reduction in the use of home care services was associated with median cost savings per person of around \$12,500 over nearly five years.⁹ The implications of these findings are significant, given the need to contain the cost challenges associated with Australia's ageing population.

Wellness and reablement are not new concepts in aged care. Reablement has been used extensively in England and New Zealand. In Australia, Victoria and Western Australia and a number of individual organisations are already operating with a wellness and reablement focus embedded in their programmes and services. The central goal of Day Therapy Centres has for many years been the provision of services to help frail older people "...regain or maintain physical and cognitive abilities which support them to either maintain or recover a level of independence, allowing them to remain either in the community or in low-care residential aged care."¹⁰ This presents the opportunity to learn from existing providers' experience and apply the learnings to support the broader adoption of this approach in the Commonwealth Home Support Programme.

Embedding a wellness and reablement approach

Building on relevant Australian and international experiences, the Commonwealth Home Support Programme will be designed to support a wellness approach across all service delivery. The proposed model for reablement in the Commonwealth Home Support Programme is that it be delivered as both a time limited restorative care service and as an overarching wellness approach that can be integrated into all existing home support service delivery.

It is proposed this be achieved through:

- Standardised and integrated assessment processes, developed with a wellness focus and accessed through My Aged Care;
- The creation of a network of restorative services utilising the existing investment in allied health and Day Therapy Centres, to assist older people to improve their functioning and independence. These restorative services would also have close links to other services that help address functional limitation such as goods and equipment and home modifications;
- Supporting providers through the dissemination of training materials and case studies on best practice; and
- Evaluation activities that focus on the effectiveness of programme supports in restoring client function, where possible, rather than just maintaining it.

The wellness approach will benefit all older people who receive home support. Restorative services will only be of benefit to a smaller subset of older people seeking home support services, as its focus is more to help people regain and/or maintain their function and independence and reduce or eliminate their need for ongoing home support services. Given that not all people will have the ability to achieve this, the restorative care services will not be suitable for everyone, with some people continuing to need ongoing home support services.

⁹ Lewin G, Alfonso H, Alan, J (2013) *Evidence for the long term cost effectiveness of home care reablement programs* p1, Dovepress: Clinical Interventions in Aging. Available from: <http://www.dovepress.com/evidence-for-the-long-term-cost-effectiveness-of-home-care-reablement--peer-reviewed-article-CIA>

¹⁰ Department of Health and Ageing (2012) *Day Therapy Centre Program – Program Manual*. p11; Available from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/DC15CB1487A3AFAECA257BF0001FE9BC/\\$File/dtc_20_june_2012.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/DC15CB1487A3AFAECA257BF0001FE9BC/$File/dtc_20_june_2012.pdf)

The active involvement of carers and others supports will be an important factor in any reablement approach. Care will need to be taken to ensure that undue burden is not transferred to carers and that carers only undertake particular tasks or interventions where they choose to and are comfortable with these and that are appropriate for their capabilities.

It is proposed that wellness and reablement approaches be further considered in:

- The development of the My Aged Care assessment capability;
- The strategic priorities of the Commonwealth Home Support Programme; and
- The development of the draft of the Commonwealth Home Support Programme Manual.

Question:

2. How should restorative care be implemented in the new programme?

Workforce needs of the Commonwealth Home Support Programme

Australia's aged population is rapidly expanding with the expectation that by 2050, there will be more than 3.5 million older people accessing aged care services annually.

Into the future, the Commonwealth Home Support Programme will be servicing a larger client base. This combination of changing demographics and aged care policy reform will have significant implications for the home support workforce who, over time, will require a substantial expansion.

Changing to a wellness and reablement approach requires workers to have different attitudes, approaches and skills. These workforce requirements will be considered in the context of the broader aged care workforce.

The Aged Care Workforce Fund will be utilised to support the sector to identify and respond to future workforce needs. The Aged Care Service Improvement and Healthy Ageing Grants Fund will be utilised to support the needs of carers and volunteers who are critical to the effective delivery of aged care services.

Section 3: Key design elements

Based on the challenges and reform directions proposed in the previous sections, this section presents the key design elements that it is proposed will underpin the design and operation of the new Commonwealth Home Support Programme. It is grouped into three main areas – eligibility and entry to the Programme, service delivery within the Programme and sector support and development.

Aim

It is proposed that the aim of the Commonwealth Home Support Programme should be to support an older person to live as independently as possible, in their own home and community, for as long as they can and wish to do so through the provision of timely, basic home support services. Where the older person has a carer the Commonwealth Home Support Programme will also support the care relationship to enable both the client and carer to remain living in the community.

Target group

The target group for the Commonwealth Home Support Programme¹¹ will be:

- people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander peoples) who need basic assistance with daily living to remain living independently at home; and
- The carers of the above.

Client eligibility criteria

Eligibility will be based not solely on age, but on a person's assessed level of difficulty in carrying out activities of daily living without help or supervision.

To be eligible for the Commonwealth Home Support Programme a person must either meet the following criteria themselves, or else care for someone who meets the following criteria:

- Be an older person aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander peoples);
- Have difficulty performing activities of daily living without help due to functional limitations;
- Live in the community¹²; and
- Have needs that do not exceed a basic support programme.

A person's capacity to pay for their service will not be considered in establishing whether they are eligible to access the programme or not; however, it will determine the level of fees they are asked to contribute towards the cost of the services being provided for them.

Clients with special needs

Some older people require specific services that are sensitive to their backgrounds and circumstances. The Commonwealth Home Support Programme will recognise people with cultural or other special needs with appropriate services which reflect the diversity of the population. In doing this, consideration will be given to the following special needs groups:

¹¹ If the current Assistance with Care and Housing for the Aged Program were to be incorporated in the Commonwealth Home Support Programme then the target group and eligibility criteria would need to be amended to reflect the younger client group that this programme targets.

¹² As discussed subsequently, it is proposed that there will be transitional arrangements for existing Day Therapy Centre clients who are currently low care residential clients to continue to access services after 1 July 2015.

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse backgrounds;
- people who live in rural and remote areas;
- people who are financially or socially disadvantaged;
- veterans;
- people who are homeless, or at risk of becoming homeless;
- lesbians, gay men, bisexual, transgender and intersex people (including people who are perceived or imputed to be, or have in the past lived as such);
- people who are care leavers; and
- parents separated from their children by forced adoption or removal.

The Commonwealth Home Support Programme will continue to support providers that have a focus on particular client groups. At the same time, through sector support and development activities, the Programme will ensure that services are delivered in a way that is culturally safe and appropriate for older people from diverse backgrounds. Consistent with this a focus on special needs groups is already included in the priority areas of the Aged Care Service Improvement and Healthy Ageing flexible fund.

Interface with other community aged care programmes – the Home Care Packages Program

Clients who require ongoing case management, or receive several ongoing different service types, or a high number of hours of care per week (equivalent to the care available under a Home Care Package) will be beyond the scope of the Commonwealth Home Support Programme, and will instead be referred by My Aged Care for a comprehensive assessment. Dependent on the outcome of the assessment these clients may be eligible to receive a Home Care Package. This will enable the programme to target its resources to those with lower level needs, and maximise the number of people able to be supported under the Commonwealth Home Support Programme.

As much as possible, the care needs of a person receiving a Home Care Package should be addressed through their Home Care Package, and any Commonwealth Home Support Programme services delivered to them would generally be paid on a full cost-recovery basis from the Home Care Package client's individualised budget. This is intended to ensure that the Commonwealth Home Support Programme is able to provide basic support services to as broad a population as possible, and recognises that Home Care Package clients already receive an individualised budget that they control, with which they can purchase the services offered under the Commonwealth Home Support Programme.

It is proposed that Commonwealth Home Care Package clients can access additional Commonwealth Home Support Programme funded services in an emergency, or when a carer is not able to maintain their caring role. These instances should be time limited, monitored and reviewed. Priority for Commonwealth Home Support Programme services will generally be given to people who are not receiving any other aged care services.

Where a client has been assessed as eligible for a Home Care Package but is waiting to receive that Package, the client will be able to receive services under the Commonwealth Home Support Programme, as an interim arrangement, but only to a basic level of support consistent with other clients under the Commonwealth Home Support Programme.

Department of Veterans' Affairs programs

The Department of Veterans' Affairs (DVA) offers a range of programmes to assist veterans and war widows/widowers with their health and wellbeing and who wish to continue living independently in their own home, but who need some assistance to do so.

Through the DVA, eligible veterans and war widows/widowers may also access a range of services, for example the Coordinated Veterans' Care Program, Veterans' Home Care, the Rehabilitation Appliance Program, community nursing, allied health services such as physiotherapy and podiatry, counselling services and transport for health care.

Veterans and war widows/widowers are considered a Special Needs Group under the *Aged Care Act 1997* and have the same right of access to services available through the Commonwealth Home Support Programme as any other member of the community. Specifically, veterans and war widows/widowers should not be discriminated against when accessing Commonwealth Home Support Programme services on an assumption that DVA will provide for their overall care needs. However, where a veteran or war widow/widower is already receiving some services from DVA, duplication of services with Commonwealth Home Support Programme should be avoided.

Question:

3. Are these proposed client eligibility criteria appropriate? Should the eligibility criteria specify the level of functional limitation?

Entry to the Commonwealth Home Support Programme

From 1 July 2015, all new Commonwealth Home Support Programme clients (both care recipients and carers) will access aged care services through My Aged Care (where a client contacts a service provider directly, this may involve being referred to My Aged Care or the service provider facilitating client registration).

New assessment capability through My Aged Care is being developed in parallel with the establishment of the Commonwealth Home Support Programme. The development of the My Aged Care assessment relates to entry to the whole aged care service system and is being supported by a range of advisory groups and consultation processes. There is strong collaboration and integration between both pieces of work.

Developing a standardised national screening process will help to improve equity of access to services and create a clear and consistent pathway into, and through, the aged care system. As part of the screening process, My Aged Care will establish the reason for contact; screen function and current health status, including a client's ability to undertake basic daily activities; identify any carer support, and register the client on the centralised client record. This record will reduce the likelihood of clients having to tell their story multiple times as they move through the aged care system, and over time, data from the client record will likely reduce the need for separate reporting on service activity.

Following screening, My Aged Care will determine whether the client should be referred to:

- Service providers directly for basic support services;
- Face-to-face assessment for the Commonwealth Home Support Programme which will support a reablement/wellness approach;

- A comprehensive assessment conducted by an Aged Care Assessment Team if the client is potentially eligible for a Home Care Package, residential care or transition care, or is seeking respite in a residential facility; or
- Other programmes or information services.

Additional support for vulnerable people

In recognition that vulnerable older people may need additional support to access services, My Aged Care will also provide a linking service capability to ensure vulnerable people are identified and referred to the appropriate pathway for support. My Aged Care will also provide some linking service support through My Aged Care assessment organisations.

Persons identified as vulnerable through the screening process will be referred along the following service pathways:

- Vulnerable older people who are homeless or have insecure housing arrangements will be referred directly to service providers currently funded under the Assistance with Care and Housing for the Aged Program. These service providers will work closely with My Aged Care regional assessment organisations to arrange a face to face assessment at a time and place that best suits the client.
- Where vulnerability is not housing related, the vulnerable client will be referred to the My Aged Care assessment organisation that provides assessment and linking services.
- If vulnerability is identified and there is no aged care requirement, this could trigger referral to a support service outside of aged care, and if appropriate, one that provides coordination or case management.

To provide the most effective support to clients, My Aged Care regional assessment organisations that provide linking services may need to provide activities such as tailored advice, guided referral, active assistance with linking to services in and outside aged care, care coordination and short term case management. My Aged Care assessment organisation will need a robust understanding of service pathways and local services, both within and outside the aged care sector that support vulnerable clients. My Aged Care regional assessment organisations that provide linking services will work to facilitate access to services in other sectors that may be best placed to meet the needs of the client. For example, an older person whose primary issue is a mental health issue may be referred to a mental health programme outside the aged care sector.

The timing of aged care assessment for a vulnerable client will depend upon the client's ability or willingness to participate. This may occur upfront or after more pressing needs have been met such as health, housing, or financial support.

Assessment

My Aged Care will be an identifiable entry point to the aged care system. It will incorporate a network of regionally based My Aged Care assessment organisations across Australia that can assess a client's or carer's needs and eligibility for services across programmes through a face to face assessment (e.g. home support, home care, residential care or transition care).

From 1 July 2015, the assessment capability for the Commonwealth Home Support Programme will be enhanced. As a first step, My Aged Care will introduce a screening and face-to-face assessment capability for entry into the Commonwealth Home Support Programme in addition to Aged Care Assessment Teams. Both levels of assessment will be supported by a standardised national assessment tool and a central electronic client record. In the future there may be benefit in having the

Commonwealth Home Support Programme assessment come together with Aged Care Assessment Teams to create a single assessment service for aged care services. Further consideration of how to best integrate the assessment workforce will be included as part of the review of aged care reforms.

Direct referral from My Aged Care to service provision

Where a person is eligible for the Commonwealth Home Support Programme and My Aged Care screening identifies that there is not a need for a face to face assessment, the client may be referred straight through to a service provider.

The circumstances in which this would be appropriate need to be finalised. These could include:

- Where the need for support is episodic due to an event that means the client's ability to live independently is compromised temporarily, such as carer absence or while recuperating from a minor illness;
- For some service types which may include specialised assessment, such as allied health or nursing care; or
- Where there are relatively simple needs identified such as meals or transport.

It is acknowledged that there are some clients who will always require a face to face assessment, such as older people with communication difficulties.

Question:

4. Are the circumstances for direct referral from screening to service provision appropriate?
5. Are there particular service types that it would be appropriate to access without face to face assessment?
6. Are there any other specific triggers that would mean an older person would require a face to face assessment?

Face to face assessment

From 1 July 2015, My Aged Care will incorporate regional assessment organisations to conduct face to face assessment. Organisations will have an opportunity to apply through a formal tender process to be regional assessment providers for My Aged Care. Face to face assessment will be conducted in the client's or carer's home using a standardised national assessment form, building on the information collected by My Aged Care during the screening process. The assessment will focus on maintaining or building the strengths and needs of the individual client or carer, rather than be specific to a particular programme, care type or service provider. Assessors will be appropriately skilled, and trained by My Aged Care, to undertake assessments and identify services appropriate to a diverse range of clients.

Building on the lessons of the assessment models operating in states and territories and reflecting the approach to reablement, assessment for the Commonwealth Home Support Programme will include a strong focus on promoting client independence. There will be a two-way conversation between the client and the My Aged Care assessor to determine the needs and goals of the client and the best way of addressing these. Reflecting this, My Aged Care assessors will work with clients to develop an individually tailored support plan that emphasises identifying and achieving the goals of a client or carer, particularly client/carer independence, community connectedness and social and emotional wellbeing.

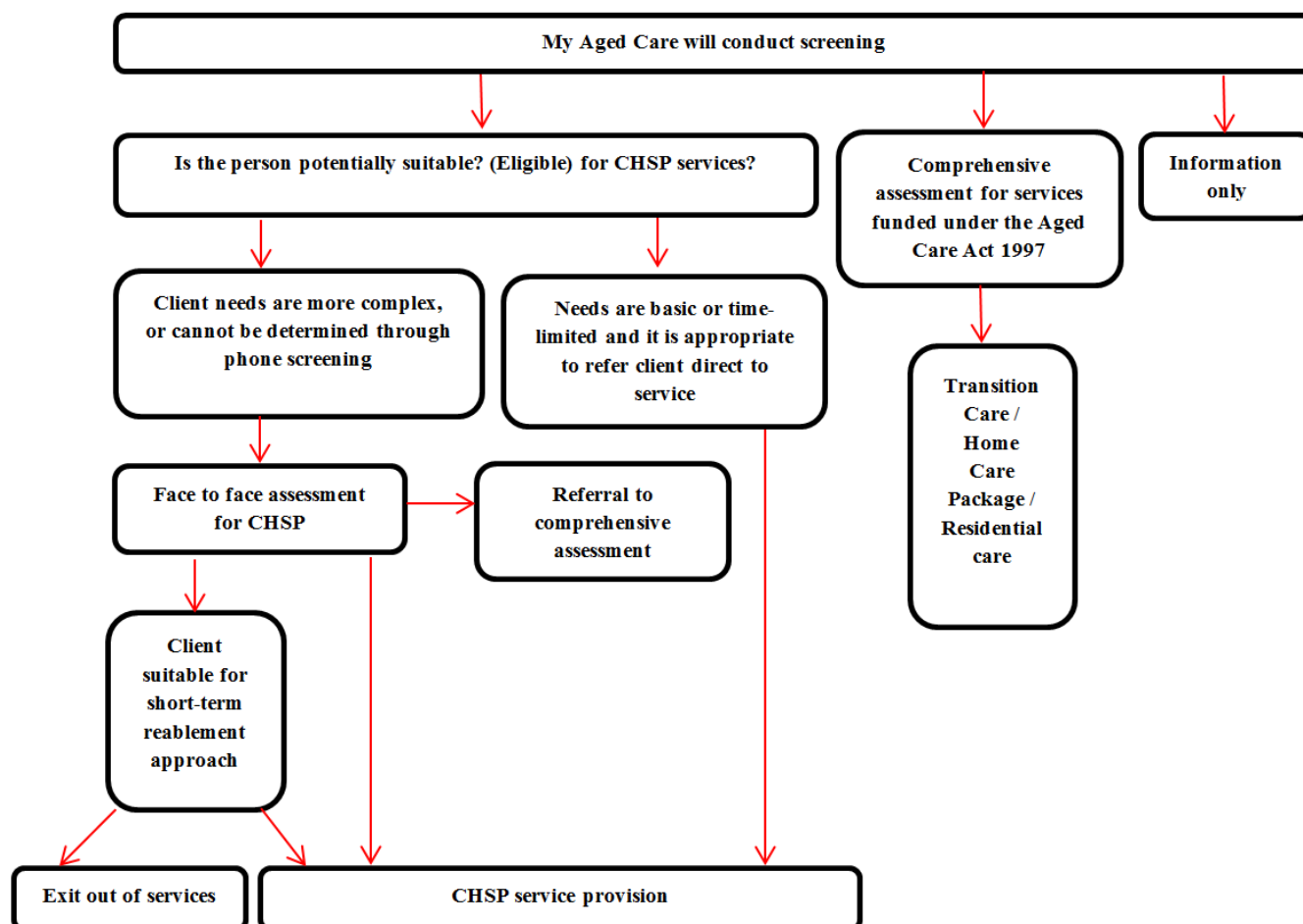
Short term intensive reablement services within the Commonwealth Home Support Programme

Where a client might benefit from a short course of intensive supports or interventions, as part of a reablement approach recommended by a My Aged Care assessor, the Commonwealth Home Support Programme will be able to deliver a goal orientated support plan for a time-limited period (say, 6-12 weeks).

The evidence suggests that client outcomes are maximised when reablement approaches are coordinated, time-limited, goal driven, allied health led interventions. Therefore, My Aged Care assessors will also match and refer clients to services that support the client to achieve the goals specified in the support plan, such as allied health services and the current Day Therapy Centres. The support plan will not be confined to Commonwealth funded aged care services, but may include other services that will support a client to achieve their goals. Face to face My Aged Care assessors will be able to draw on their knowledge of local services that would be most suitable to meeting a client's needs.

After the period of short term supports or interventions, a My Aged Care assessor will review the client's needs. Should the client's ability to live independently have improved (through a strength training process for example), the client may be referred for basic ongoing support through the Commonwealth Home Support Programme or require no further services.

Entry to the Commonwealth Home Support Programme



Service Delivery under the Commonwealth Home Support Programme

The service delivery framework proposed for the Commonwealth Home Support Programme reflects a number of different factors. These include:

- The consolidation of different home support programmes, providing an opportunity to streamline service provision where similar activities were previously delivered under different programmes;
- The embedding of consumer choice and client-centred care principles into service delivery;
- The results of a number of reviews that were undertaken to service groups currently delivered through the HACC Program; and
- The interaction of the Commonwealth Home Support Programme with other programmes and processes such as My Aged Care, the National Aged Care Advocacy Program and Flexible Funds.

Consumer direction

Consumer direction empowers individuals to take charge of decisions about the care and services they receive. In conjunction with a wellness and re-ablement approach, these

concepts will drive a model of service delivery that focuses on a client's life goals and strengths. Where there is a carer, their needs are also acknowledged and considered.

As noted elsewhere in this paper, it is not feasible to move generally to client controlled budgets as part of the Commonwealth Home Support Programme from July 2015. However, the new Programme will develop a consumer directed culture within service delivery by:

- ensuring assessments include two-way communication that identify client and carer needs, strengths and goals and;
- using the network of Commonwealth Home Support Programme Development Officers to promulgate these concepts.

Consumer direction will allow and encourage Commonwealth Home Support Programme clients to clearly identify, and be assisted in seeking services that meet, their needs. For example, a client may decide that rather than the standard weekly housecleaning service (dust, vacuum and cleaning the bathroom) what they really need from time to time is having the fridge or the pantry cleaned.

With this culture embedded in the Commonwealth Home Support Program, services will actively foster independence, and clients and their carers will experience a streamlined passage through basic support services that are consolidated under the one programme.

The Commonwealth HACC Program requires providers to comply with the Charter of Rights and Responsibilities for Home Care and to provide clients with a copy of the Charter. This requirement will similarly apply in the Commonwealth Home Support Programme.

Review of Service Types

In the development of the Commonwealth Home Support Programme, the Department, in consultation with the Commonwealth Home Support Programme Advisory Group and its respective Sub Groups, undertook a number of reviews of HACC Service Types, including:

- Streamlining Respite (including consideration of Service Group One, as well as interfaces with respite and related services delivered in other service types (eg. Service Group Four) and the National Respite for Carers Program);
- Service Group Two (Assessment, Client Care Coordination, Case Management and Counselling/Support, Information and Advocacy (for both the carer and care recipient));
- Service Group Five (Home Modifications, Home Maintenance, Goods and Equipment and Formal Linen);
- Service Group Six (including Other Meal Services); and
- Service Group Seven (Transport).

Reports from the various reviews will be made available on the [Department's website](#) at www.dss.gov.au/chsp. More detail on the reviews is contained in **Attachment A**, including the key findings, proposed elements that will change from 2015 and longer term considerations for each review. Specific findings of the reviews and their proposed application in the Commonwealth Home Support Programme are set out below.

Service delivery linked to outcomes

It is proposed that the grouping of services under the Commonwealth Home Support Programme reflect the outcome that each service is intended to contribute towards. Refer to **Attachment B** for the proposed service groups and service types. These outcomes are:

- Increased Independence;
- Nutrition;
- Social Participation;
- Assistance at Home;
- Access to the Community; and
- Care Relationships

This grouping by outcome is consistent with the National Aged Care Alliance's recommendation of grouping service types within a smaller number of service groups or "outcome streams". As such, the proposed service groups are organised by outcome, while still having regard to:

- Similarity in the way in which services are delivered;
- Similar policy intent or outcome sought; and
- Similar costs per unit.

Inevitably there are some compromises with the above considerations, for example where services may share the same outcome but have different units of output or variations in costs per unit. Further refinement of these categories will be considered in light of feedback from stakeholders on this paper.

It is proposed that there will continue to be some flexibility for service providers to deliver other services across service types. The current HACC Program outlines the approach to flexibility including a greater degree of flexibility to deliver outputs within a service group and some flexibility to deliver services across service groups. These arrangements are designed to meet the short term needs of clients and are not intended to change the funding arrangements in the longer term. It is proposed that similar flexibility arrangements are developed for the Commonwealth Home Support Programme. The HACC Program also has specific considerations for flexibility for the service group that currently contains goods and equipment and home modifications. The requirement for any specific arrangements for particular service types under the Commonwealth Home Support Programme will also be considered.

Attachment C shows the service types that it is proposed will fall within each outcome group and the way in which the services currently delivered under the HACC Program, the National Respite for Carers Program and Day Therapy Centre Program map to these outcome groups.

The following sets out the service types that it is proposed will be contained in each outcome group. Where a review of a service group / type has been undertaken, the changes proposed in light of the review have been noted.

Increased Independence

This outcome group includes services that are intended to either improve or maintain older peoples' health and functioning. It will be the key outcome group that will provide the restorative services networks, as part of the significant change to embed a reablement and wellness approach in the Programme. In light of the review of meals and Other Food Services, it is proposed Other Food Services are grouped with other activities that promote independence and wellness. In doing so, this group

includes services that share the same intent of improving function, such as allied health and therapy services, home modifications and goods and equipment. It is proposed that this outcome group include the following service types:

- Allied health and therapy services;
- Home modifications;
- Goods and equipment;
- Nursing; and
- Other Food Services.

The service types within this outcome group reflect:

- The integration of allied health services currently delivered under the HACC Program with the therapy services currently delivered under the Day Therapy Centre Program;
- The grouping of other food services with other activities that are intended to promote independence; and
- Some changes to the home modifications and goods and equipment service types, reflecting the outcomes of the review of HACC Service Group Five.

Following the review of HACC Service Group Five, it is proposed that the following changes are made to the home modifications and goods and equipment service types from July 2015:

Goods and Equipment

- Providers can purchase or loan items, up to the value of \$500 per year per person, for clients who are unable to purchase the item/s independently.
- Organisations such as Independent Living Centres will be positioned to provide information and assessment for clients as well as to support the sector to deliver equipment and assistive technology services.
- Providers of other service types, such as respite care, personal care or domestic assistance, can use a small proportion of their funds (consistent with the proposed flexibility provisions) for that service type to purchase an item for the client if it contributes to the independence of the person, if it is the client's choice, and if it is the most effective and efficient way to deliver the service.

Home modifications

Over 90 percent of home modifications undertaken in 2012-13 under the Commonwealth HACC Program were undertaken with a cost to the Commonwealth of less than \$1,000. A total of 98 percent were undertaken with a cost to the Commonwealth of less than \$10,000. In addition, many clients contribute a significant proportion towards the modifications.

In light of the review it is proposed that from July 2015:

- Commonwealth Home Support Programme home modifications focus on simple, lower cost modifications (with the vast majority having a Commonwealth contribution under \$1,000), with scope to undertake some higher cost modifications (up to a Commonwealth contribution of \$10,000).
- That the assessment process for receiving home modifications includes access to specialised input, such as occupational therapists.
- Existing state and territory regulation will determine who can undertake various home modifications.

- That the fees policy takes into account the specific factors associated with the provision of home modifications

Nutrition

This outcome group includes services that are intended to support access to nutritious meals, including the social interaction and connectedness associated with this service. The nutrition content of meals can play an important role in supporting an older person's health and their ability to remain living at home. Through sharing a meal at a centre or the visit from the meals service provider at home, meals also provide opportunities for social connection.

This outcome group will include the single service type of meals, which will combine those meals previously delivered under HACC Service Group Six and meals provided through the Day Therapy Centre Program. A review was undertaken which examined HACC Service Group Six, Other Food Services from Service Group One and allied health services from Service Group Three as they relate to meal services. In light of this review, the following changes are proposed from July 2015:

- Nutrition risk screening will be included through My Aged Care.
 - Clients identified as requiring meal services will be screened for nutrition risk through My Aged Care to ensure appropriate services are delivered to meet nutritional outcomes. Should a client be identified as at risk of malnutrition through screening, they will be referred to My Aged Care for face-to-face assessment services.

Social participation

This outcome group includes services that are intended to support older people's social connection. These services provide direct opportunities for older people to participate in social interactions with others including centre-based activities designed to develop, maintain and support social interaction and independent living. Supports include helping older people participate in community life through meeting their need for social contact and accompaniment such as group excursions. This outcome group includes the service types of social support and centre-based day care.

A review of respite services was undertaken which included consideration of group based respite services currently delivered under the National Respite for Carers Program.

With regard to the review of respite services, it is proposed that the following changes are made from July 2015:

- That the service types of centre-based day respite, residential day respite and group community access respite under the National Respite for Carers Program are consolidated within the service group of centre-based day care.

Assistance at home

This outcome group comprises of services that provide practical support with activities of daily living such as support with hygiene and grooming; help to maintain the house environment including cleaning and washing; and keep a client's home in a safe and habitable condition. This outcome group includes the service types of domestic assistance, home maintenance and personal care.

In light of the review of Service Group Five (which currently includes the service types of formal linen and home maintenance) the following changes are proposed from July 2015:

Formal linen

- Formal Linen will not be a separate service type in the Commonwealth Home Support Programme. The funding for Formal Linen Services will, where possible, be amalgamated with a provider's funding for domestic assistance.

Home maintenance

- Home maintenance in the Commonwealth Home Support Programme will be focused on those activities that are effective in supporting older people to stay in their homes.
- Service provision should focus on services that: promote independence; improve accessibility to areas of the home and garden; give consideration to safety issues related to areas of the home that require minor repairs; and promote health and wellbeing for clients and their carers.
- The provision and frequency of on-going home maintenance services (for example lawn mowing and garden pruning) should directly correlate to assessed client need related to accessibility, safety, independence or health and wellbeing and be subject to review.

Access to the community

This outcome group is focused on community transport that allows older people to access the community. Services support older people to access appointments, shopping and social engagements. This outcome group includes the service group of transport, including transport services that are currently provided through Day Therapy Centres.

In light of the review of Service Group Seven, the following changes are proposed from July 2015:

- A definition of "Commonwealth Home Support Programme Transport" will be developed over the coming months and included in the programme manual.
 - The definition will include the type of services (trip purposes) that are supported by the new Programme, with a proposed focus on social contact and support activities (including religious and cultural events), local health appointments (eg GP, allied health, dentist), and activities of daily living (eg shopping and banking).
- The Department will work closely with the Australian Community Transport Association, relevant state and territory bodies, and service providers to explore ways in which the transport sector can be supported through the Commonwealth Home Support Programme - particularly in areas such as improving co-ordination and networking of transport services, supporting volunteers, maximising opportunities for flexibility in service delivery, and minimising red tape.
- A national fee policy for the Commonwealth Home Support Programme will be introduced from July 2015. Development work (to be undertaken during 2014) will consider the implications of the introduction of the fees policy on transport service providers and clients.

Care relationships

This outcome group is targeted at providing carers of older people with respite services to support them in their caring role. It recognises and invests in the

relationship between older clients and their carers and provides a range of respite options that assists the older client and supports the care relationship to continue. This outcome group comprises the service types of flexible respite, cottage respite and emergency respite.

In light of the review into streamlining respite, the following changes are proposed from July 2015:

- The number of respite service types within this service group is streamlined to three. These would be:
 - Flexible respite (incorporating in home day, in home night, host home day, host home night, individual community access and mobile respite);
 - Emergency respite; and
 - Cottage respite.
- Centre-based day respite, residential day respite and group community access respite are funded under a separate outcome group (social participation) as part of centre-based day care.

While the above represents the proposed approach to respite services, it is acknowledged that service delivery to clients covered in other outcome groups may also have an indirect respite effect for carers.

In addition to the proposed changes regarding the streamlining of respite services, there are also questions as to the best way to support carers of older people. Support services for carers occur across a complex policy and legislative environment involving all levels of government, diverse providers, multiple policy areas and significant current reform agendas.

The new model for carer support services will need to work closely with My Aged Care with careful consideration in regard to the mechanisms by which a new model will intersect with other service sectors.

Further consultation work is required to identify a model that aligns with the Commonwealth Home Support Programme and disability reforms and enables the establishment of well-structured transition strategies.

Questions:

7. Are there better ways to group outcomes?
8. Are there specific transition issues to consider?
9. How are supports for carers (other than respite services) best offered? For example, should these be separate to or part of the Commonwealth Home Support Programme?

Quality Framework

The Commonwealth Home Support Programme will be underpinned by a quality framework. Specifically, it is intended that providers of Commonwealth Home Support Programme services will need to comply with the Australian Government's Quality Reporting Programme. The Quality Reporting Programme will be administered by the newly established Australian Aged Care Quality Agency. As part of this regime, providers will need to report on how their services meet the Home Care

Standards (previously called the Community Care Common Standards). As with the current Commonwealth HACC Program, the Aged Care Complaints Scheme will also be available to clients under the Commonwealth Home Support Programme.

Funding arrangements

Block funding versus individual funding

The National Aged Care Alliance has recommended, in the longer term, replacing the current output-based funding model with a mixed funding approach that includes:

- individualised funding, based on assessed need, for services and support that assist the older person to identify and achieve their goals and enable them to live as independently as possible; and
- block funding for:
 - services with substantial infrastructure and/or capital elements and costs, such as home maintenance and modifications, centre based services (including overnight accommodation), transport and volunteer services;
 - the creation of new and innovative services; and
 - service availability in areas (such as remote Australia) or for people (such as those with special needs) where there is limited or no competition between services and smaller populations.

In view of the pace and scale of change being experienced by the community aged care sector, particularly by those providers who are also involved in the establishment of the National Disability Insurance Scheme, it is not proposed to move away from traditional block funding arrangements in the short term. In addition, there are specific requirements that would be needed prior to making this change that would be challenging to have in place by July 2015. These include the need for an assessment process which identifies the amount of service a client requires and translates this into an individual funding amount and the capacity for fund holders to manage this (either clients or service providers). Ongoing consideration will be given to these suggestions through the work of the Aged Care Sector Committee.

The National Aged Care Alliance has also recommended that a single home care system incorporating the Commonwealth Home Support Programme and the Home Care Packages Program be considered as part of the review of aged care reforms.

Selection of service providers

Government supports the use of contestable processes to maximise client outcomes and achieve value for money.

Contestability will be implemented with the following considerations:

- Ongoing transition of Victoria and WA HACC services to the Commonwealth;
- Existing capacity to operate new services and programme infrastructure;
- Whether all service types are suitable for tendering (e.g. Meals on Wheels where there is a high volunteer contribution);
- The feasibility of tendering minimally funded services (e.g. where an organisation receives less than \$50,000 per annum); and
- Trialling different approaches to contestability (such as 'cashing out' respite funds to carers/consumers).

It is clear that contestability will need to be applied to create the new Regional Assessment Services and Sector Support and Development roles in advance of the programme commencement.

Streamlined funding agreements

From 1 July 2015, more streamlined contractual and reporting arrangements with the Department of Social Services will be implemented, consistent with the Government's commitments to reduce red tape.

This will mean that organisations will be funded through a single Commonwealth Home Support Programme schedule. It is anticipated that the funding agreement will be for a period of three years, commencing July 2015.

For the Commonwealth Home Support Programme, it is proposed that organisations will be funded on the basis of outputs at the service type level. As discussed earlier, the service types will be grouped into six service groups or outcomes (refer **Attachment B**).

Planning and allocation of funding

From 1 July 2015, funding for the expansion of home support services will be underpinned by a Commonwealth Home Support planning framework and population based funds allocation model. This would take into account existing services available in a given region, projected growth in the target population and other factors influencing service delivery supply and demand.

Planning processes for the Commonwealth Home Support Programme will need to consider parallel planning cycles and processes in other related sectors, including aged care more broadly, primary care, mental health and the disability care sectors. This will ensure that the needs of various clients are considered and the funding is allocated so that growth in home support services complement and enhance services already being delivered on the ground. In particular, the joint nature of the previous HACC Program (which has fostered linked infrastructure), service delivery networks and the subsequent impacts associated with the introduction of the National Disability Insurance Scheme will need to be considered.

Stakeholder consultation would be a feature of the new planning framework and would allow stakeholders to influence what service types were "grown" within their local region. This would acknowledge that within the nationally consistent programme that there are some regions or jurisdictions where a different mix of services is required. A competitive process open to new and existing providers is likely to be used to allocate any unallocated funding to individual providers.

Also informed by stakeholder consultation, the Commonwealth Home Support planning framework would include a more coordinated and strategic approach to service system capability funding as discussed further below. In delivering services under the Commonwealth Home Support Programme, it is expected that providers will work together collaboratively where the needs of a client extend beyond a single provider to ensure the best outcomes for the client are achieved.

A nationally consistent fees policy

The creation of the Commonwealth Home Support Programme provides an opportunity to address a number of inconsistencies and financial anomalies inherent in the existing fees and charges for services provided to people in their own homes.

Currently, the Commonwealth HACC Program Manual includes a fees policy which applies to all HACC service types. It comprises principles for the setting of client fees and explanatory notes on the implementation of the principles. It does not include a schedule that prescribes fee levels or methods for determining them. Similar arrangements for fees for the National Respite for Carers Program and Day Therapy Centres are also in place. The Assistance with Care and Housing for the Aged Program

does not currently have a fees policy and it is not proposed that these services will be included in the new fee arrangements.

New arrangements for the national fees policy will be introduced on 1 July 2015, as part of the establishment of the Commonwealth Home Support Programme. Through the introduction of a nationally consistent fees policy, it is envisaged fees will move incrementally from a current national average of around five per cent collection to fifteen per cent nationally by 2017-18. Not everyone will pay this amount; it will depend on the person's income, determined through a simple means test.

Fees will be considered in the context of the costs of service delivery and set in conjunction with funding levels provided. The fees policy will also ensure that people who need services receive them regardless of any inability to pay the set fee.

Development and implementation of the national fees policy

A stakeholder working group established by the National Aged Care Alliance is providing advice to the Department of Social Services on the development of the fees policy for the Commonwealth Home Support Programme. It is proposed that detailed advice on the fees policy will be disseminated in the middle of 2014 as part of the Commonwealth Home Support Programme manual.

There is likely to be some transitional funding available in 2015-16 and 2016-17 to assist service providers in the implementation of a national fees policy. This funding will support providers to establish information technology and administrative systems to charge and collect fees.

Sector support and development

The Commonwealth Home Support Programme will largely focus on direct service delivery. Historically, the HACC Program has supported a broad range of activities that are not direct service delivery, often focused on specific issues or regions, reflecting the varied management arrangements for the Programme. These have included research and evaluation projects, sharing models of good practice and the development and dissemination of resources and continuous quality improvement processes. In addition, there are some service delivery activities currently classified as 'non-outputs' that would be more appropriately classified as part of other service types.

The sector support and development activities that will be pursued under the Commonwealth Home Support Programme will be considered primarily in the context of whole of aged care supports available through the Aged Care Workforce Fund and the Aged Care Service Improvement and Healthy Ageing Grants Fund. This reflects that there are many common elements, such as workforce development, that should be approached at a system or sector level rather than at the programme level.

In addition to sector wide activities, there are some sector support and development activities that are specific to the Commonwealth Home Support Programme. It is proposed that from July 2015 these specific activities are targeted in the following areas:

- activities to support and improve service delivery under the Commonwealth Home Support Programme;
- the role of Development Officers (and their equivalents) in supporting implementation of the Commonwealth Home Support Programme. This includes assisting service providers and clients to move to the new arrangements,

including enabling consumer choice, and ensuring access to services for special needs groups;

- the implementation of a wellness approach; and
- support for volunteers.

Activities to support and improve service delivery under the Commonwealth Home Support Programme

As noted earlier, currently there are a wide range of services that are funded as part of sector support and development under the HACC Program. The intent is to more tightly focus on these areas that support and improve service delivery under the Commonwealth Home Support Programme. This could include activities such as independent advice and support in choosing assistive technology, the dissemination of good practice in particular service types or client groups and broader efforts to encourage the adoption of good practice nationally through communities of practice and other similar activities. Activities that help embed consumer choice, client-centred service delivery and consumer rights into all aspects of service delivery will also be included. There may also be support required to ensure access to services by special needs groups as well as specific training activities to help develop the Commonwealth Home Support Programme workforce.

Commonwealth Home Support Programme Development Officers

A national network of Commonwealth Home Support Programme Development Officers (Development Officers) will be an important component of the Commonwealth Home Support Programme. Development Officers with clearly defined roles will support a strategic, nationally consistent approach to the implementation of the Programme.

Development Officers will provide a critical conduit between the Government and Commonwealth Home Support Programme providers and clients on the ground, identifying and feeding back emerging issues and barriers to implementation. At the same time, they will help identify and promulgate models of practice that effectively respond to those issues and barriers.

Development Officers will also support providers to embed a wellness and consumer choice approach into their service delivery practices, facilitate the recruitment and coordination of volunteers, coordinate staff and volunteer training and provide specialist support to providers delivering services to special needs groups.

It is envisaged that the national network will be supported by a range of products, activities and resources that will enable Development Officers to facilitate the sector's effective transition to the Commonwealth Home Support Programme.

A Wellness Approach

Significant work will be required to implement a wellness approach throughout the Commonwealth Home Support Programme, including comprehensive capacity building, education and support in order to achieve cultural change across the Programme. The Commonwealth has in recent years funded several wellness and reablement projects and approaches, and lessons learned from these projects will be considered and built upon in the programme's design. Development Officers will play a key role in implementing these changes.

Volunteers

Volunteers will play a central role in the Commonwealth Home Support Programme. Volunteers are currently used extensively in delivering meals, providing transport and social interaction at day care centres and in the community. Meals on Wheels for

example, are estimated to have 80,000 volunteers. It is also recognised that volunteers play a key role in many services meeting the needs of CALD clients.

A portion of HACC non-output funding is currently directed to volunteers and training activities. These activities support HACC service delivery with recruiting, coordinating and managing volunteers and staff.

Many HACC providers and local councils have developed HACC specific and community specific resources to:

- promote volunteering,
- recruit volunteers,
- provide training material, and
- share examples of best practice and research findings.

It will be important to harness these existing resources and models to ensure the critical volunteering component of HACC is sustained through the transition to the Commonwealth Home Support Programme and in other Australian Government funded programmes.

The service reviews that have been conducted are helping to identify the extent to which volunteers currently support the different service types and the variety of roles they play. This information, together with an understanding of current dynamics and trends in the volunteering sector will be used in developing supports for volunteers.

Approach to implementation

It is proposed that most of the funding for sector support and development within the Commonwealth Home Support Programme will be allocated through a competitive approach. It is anticipated that a funding round would be undertaken prior to July 2015 to select sector support and development activities for the Commonwealth Home Support Programme that are consistent with the strategic priorities outlined earlier. There may be some activities that are currently funded that require continuity. The Department will seek advice from the Commonwealth Home Support Programme Advisory Group on these matters.

In addition, it is recognised that a number of the activities that are currently funded through non-output activities are better classified under other service types or will be dealt with in the same way (for example if some assessment activities are currently funded under non-outputs then the same approach would be taken to that more broadly for the assessment service type set out in Section 4).

In implementing the proposed approach to sector support and development, the Department will work closely with the Commonwealth Home Support Programme Advisory Group. This will include consideration of any currently supported activities that have not been highlighted as being included in the proposed approach but should be added.

Question:

10. What capacity building resources are needed to assist with the sector's transition to the Commonwealth Home Support Programme?

Section 4: Transition arrangements for activities no longer in scope

As outlined throughout this paper, the development of the Commonwealth Home Support Programme has been designed to introduce key reforms. There are some changes that will require specific transition arrangements. These include:

- where the programme framework (for example focusing on a basic level of service and eligibility based on older clients) means that transition arrangements are necessary for some providers or clients; and
- where some services will no longer be supported through the Commonwealth Home Support Programme, including the transition to other programmes where appropriate.

As noted earlier, the Department intends to work closely with the Commonwealth Home Support Programme Advisory Group in the implementation of the proposed transition arrangements. The transition arrangements will seek to provide early notice to service providers on planned arrangements and ensure continuity of service for clients and carers where possible.

Clients with high levels of need

Most clients under the programmes being consolidated within the Commonwealth Home Support Programme already receive only a basic level of support. HACC clients in 2012-13, for example, received on average HACC services valued at approximately \$2,300 per person. There is, however, a relatively small cohort of clients currently receiving large numbers of HACC services that are more comparable in volume to the type of care provided under a Home Care Package. Specific transition arrangements will be developed for these clients including consideration of the suitability of Home Care Packages.

Residential care clients

As noted earlier, residential care facilities are able to provide dedicated 24 hour care and support, helping their residents with the management of day-to-day tasks, personal care and nursing care where needed. In light of this, it is proposed that residential care clients will not be able to access Commonwealth Home Support Programme funded services. Residential care clients may choose to access these services, although on a cost recovery basis rather than funded through the Commonwealth Home Support Programme.

Services funded under the Day Therapy Centres Program are currently available to low care residents in Australian Government funded residential care facilities. It is proposed that from July 2015 new clients entering residential care facilities will not be able to receive these services funded through the Commonwealth Home Support Programme. This is consistent with the Commonwealth Home Support Programme responding to the needs of older people in the community, including those who require therapy services to maximise their functioning and independence. For residential care clients it will continue to be the case that, depending on the resident's Aged Care Funding Instrument classification, they may be eligible to receive therapy services through their residential care provider at no additional cost.

It is proposed that existing low care residents who are currently accessing Day Therapy Centres will be able to continue to access the services that they currently receive under the Commonwealth Home Support Programme, as part of transitional arrangements.

Assistance with Care and Housing for the Aged Program

The Assistance with Care and Housing for the Aged Program has been effective in extending outreach to older people who are homeless or at risk of homelessness and facilitating their access to the range of services appropriate to their needs. It was originally anticipated that this programme would form part of the Commonwealth Home Support Programme. However, given the specialised nature of this service, this discussion paper seeks feedback on whether this should be maintained as a separate programme. In addition, other sections of this paper that deal with linkage service capability also have an impact on the services provided for this specific group of clients. Possible options for the current Assistance with Care and Housing for the Aged Program include remaining as a separate programme or becoming an outcome or service type as part of the Commonwealth Home Support Programme. Alternatively it could be considered as part of the linking service capability.

Question:

11. How should the current Assistance with Care and Housing for the Aged Program be positioned into the future?

People under the age of 65

Consistent with the National Health Reform Agreement and current arrangements within the Commonwealth HACC Program, basic community services for people under the age of 65 and their carers are the responsibility of state and territory governments. While in many cases the people with disability who currently receive support in the HACC program will be eligible for the National Disability Insurance Scheme, some people under 65 who currently receive support under the HACC program will remain within state-funded community care services or state-based health systems.

Under the National Respite for Carers Program there are some carers of clients under the age of 65 currently receiving services. As noted above the National Respite for Carers Program is designed to support and assist relatives and friends caring at home for people who are unable to care for themselves because of disability or frailty. Carers who are looking after a person with a permanent impairment will be able to benefit from the National Disability Insurance Scheme which will provide increased assistance, including supports that provide respite to carers, for people with a disability. Other carers will remain within state-funded community care services or state-based health systems. Transition arrangements will be established to ensure continuity of care for these clients.

Services currently delivered under HACC Service Group Two

There are a range of functions that are currently delivered under HACC Service Group Two that will now be carried out by My Aged Care. In addition, there are other

activities that are either more consistent with routine service delivery or would sit more appropriately with other parts of the aged care system. The following sets out the proposed transition arrangements for services currently delivered under HACC Service Group Two.

Assessment

To reinforce the separation of assessment from programme delivery, assessment (i.e. delivered face to face assessment) will be funded under My Aged Care. Service level assessment activities such as work, health and safety (for both the care worker, and care recipient), establishing access to services for the client, and ongoing monitoring of the client, the home environment; and appropriateness of service arrangements and referral for review if care needs change will be activities considered within the scope of all Commonwealth Home Support Programme service types.

Existing service providers that are funded specifically for assessment under the Commonwealth HACC Program (including Access Points) will have the opportunity to apply to become part of the My Aged Care regional face to face assessment workforce. Further information regarding opportunities to apply to become a My Aged Care assessment organisation will be available in mid-2014.

Case Management and Client Care Coordination

Case Management

In recognition that the services provided under the Commonwealth Home Support Programme need to be consistent with a basic support programme and the role of My Aged Care into the future, case management will no longer be funded through the Commonwealth Home Support Programme.

From 1 July 2015, where service providers consider that clients currently receiving case management services have an on-going need for this type of support, the service provider may refer the client to My Aged Care for a face to face assessment to determine their suitability for short term case management support through a My Aged Care regional assessment organisation or current Assistance with Care and Housing for the Aged provider, or whether they may require more appropriate care through a Home Care Package (i.e. ongoing coordination for clients with more complex needs).

Client Care Coordination

It is proposed that client care co-ordination will no longer be funded as this is not a standalone activity but central to standard service provision.

Some degree of client care coordination activity happens every day for every client; for example implementing the care plan, liaison with other service providers that provide care to the same client and support to ensure that the client has access to the range of services required. The amount of time this consumes may vary according to the service the client is receiving, the intensity of the services they require and the client themselves. Therefore from 1 July 2015, at the discretion of service providers, clients receiving client care coordination may be referred to a face to face assessment to determine their suitability for case management support through a My Aged Care regional assessment organisation or a current Assistance

with Care and Housing for the Aged provider, or whether they may require more appropriate care through a Home Care Package.

Counselling/Support, Information and Advocacy (carer and care recipient)

The Commonwealth Home Support Programme will continue to fund counselling for clients delivered by a qualified counsellor. This will be included as part of the allied health and therapy services service type.

Informal counselling, support and information (from the Counselling/Support, Information and Advocacy service types) will no longer be separately funded by the Commonwealth Home Support Programme as these are intrinsic to day to day service delivery. Existing funding for these activities will be redirected to the My Aged Care regional face to face assessment service.

Funding for independent advocacy services will be transferred to the National Aged Care Advocacy Program. Given the changes that will flow from the inclusion of advocacy from the Commonwealth Home Support Programme into the National Aged Care Advocacy Program, and the changes to the aged care system since the National Aged Care Advocacy Program was established, it is timely to consider the role of advocacy as part of an end to end aged care system and the role that the National Aged Care Advocacy Program plays within it. Any changed approach to advocacy arrangements would be likely to commence from July 2016.

Question:

12. Are there any other issues that need to be considered in transitioning functions from the current HACC Service Group Two to My Aged Care?

Section 5: Beyond 2015

The implementation of the Commonwealth Home Support Programme will represent a significant amount of change and much needed reform. There will be substantial work to bed down these changes, including aspects such as new entry arrangements through My Aged Care, commencement of the national fees policy and the progressive implementation of a wellness approach in all service delivery. Given the scope of the proposed changes there will be a need for continued refinement throughout the implementation of the Programme to ensure that the reforms are delivering their intended outcomes.

It is proposed that strategic priorities will be established for the Commonwealth Home Support Programme, to help guide investment in the home support system over the period 2015-18. These will be reviewed over time to ensure that the programme continues to maximise the good it can deliver for frail, older people living in the community.

In addition, there are a number of issues where development work will be required ahead of any future implementation. These include moves towards individualised budgets, integration of the assessment workforce and reviews of advocacy programmes that will operate in the future.

As outlined in Attachment A, there are also a number of issues that have been identified in the reviews of particular service types that require longer term consideration. These will be progressively considered from July 2015 and include:

- The relationship between respite delivered under the Commonwealth Home Support Programme and residential respite funded under the *Aged Care Act 1997*;
- Future arrangements for goods and equipment for older people, including with reference to the model that is adopted as part of the National Disability Insurance Scheme;
- Systemic change to housing design to adopt universal housing principles to minimise the need for home modifications into the future. In parallel, consideration will be given to ways to support older people to make choices about appropriate housing options as they age;
- The development of voluntary National Nutrition Guidelines for delivered and centre-based meals (based on existing state guidelines); and
- Undertaking a review of the current funding models for transport services, including whether Commonwealth Home Support Programme transport should be funded on the basis of distance travelled (kilometres or a range of kilometres) or per client, developing a schedule/table of unit prices for transport and consideration of how capital costs and replacement of assets are funded under the Commonwealth Home Support Programme.

Attachment A – Outcomes of HACC Service Reviews

Streamlining Respite Review

In its paper *Provision of Respite in the Commonwealth Home Support Program*, the National Aged Care Alliance recommends that a carer support stream should be established which includes:

- The National Respite for Carers Program services for older people;
- Existing HACC funded respite services; and
- Residential respite.

It also recommends that only direct respite (planned, unplanned and emergency) be included within this stream and that other services that have an indirect respite effect (for example social support programs) should be funded through other, more appropriate streams. The paper also advocates for the reduction of boundaries between types of respite to give consumers and providers greater choice and flexibility.

Proposed changes for July 2015

In light of the findings of the review it is proposed that the following changes commence on July 2015:

- A respite service group is established as part of the Commonwealth Home Support Programme that would include the different forms of respite currently delivered under HACC and the National Respite for Carers Program;
- The number of respite service types within this service group would be streamlined from over ten to three. These would be:
 - Flexible respite (incorporating in home day, in home night, host home day, host home night, individual community access and mobile respite);
 - Emergency respite; and
 - Cottage respite.
- Funding for services that have an indirect respite effect will be funded under separate service groups, such as social participation; and
- The approach to carer support services other than respite will be considered separately as part of broader consultations.

Longer term considerations

In addition to the longer term vision that is set out in the NACA paper and will be considered as part of the major review of the aged care reforms, there are a number of specific respite issues that will be considered in the future. These include:

- The relationship between respite delivered under the Commonwealth Home Support Programme and residential respite funded under the *Aged Care Act 1997*;
- The interface between carer and respite services for carers of older clients and younger clients, including through the National Disability Insurance Scheme; and
- Interfaces with other programs and services such as home care packages, My Aged Care and carer support services.

Service Group Two Review

The Department, with the support of Australian Healthcare Associates, reviewed activity under HACC Service Group Two. This was carried out in consultation with the Service Group Two Sub Group of the Commonwealth Home Support Programme Advisory Group.

Service Group Two includes the following Service Types:

- Assessment;
- Client care coordination;
- Case management; and
- Counselling/support, information and advocacy for both the carer and the care recipient.

The following sets out the main findings for each of these service types.

Assessment Service Type

- Retaining assessment and service coordination services based at the local level is likely to facilitate better access to services.
- Assessments should be conducted face to face to provide the most accurate and comprehensive information.
- A suitably skilled and qualified workforce is essential to the conduct of holistic and wellness focused assessments.

Client Care Coordination Service Type

- Client care coordination is not a stand alone activity, but a part of the continuum of care for clients accessing the HACC system.
- It is the responsibility of all HACC service providers and should be a cornerstone of basic HACC service provision. However, one of the challenges is that it is often being used to ensure clients continue to receive at least the same level of service as they move from HACC to packaged care and/or from one service provider to another.
- It is recognised that many of these clients fall outside the eligibility criteria for HACC services. Consideration will need to be given to how these clients can transition to packaged care or other services that can better meet the client's needs.

Case Management Service Type

- There is considerable overlap between client care coordination and case management service types. Both involve similar functions including care planning and implementation, service coordination, review and reassessment.
- The implementation of new home support packages, including lower level packages raises questions about the need / scope of case management in HACC.
- Consideration could be given to confining case management in the Commonwealth Home Support Programme to short term episodic circumstances.

Counselling/Support, Information and Advocacy Service Types for both the carer and the care recipient

- Counselling/support, information and advocacy are all activities intrinsic to day to day HACC service delivery.

- There is a need to strengthen the definitions and guidelines for counselling to ensure this is being delivered by a qualified counsellor.
- Information and support are intrinsic to service delivery and should no longer be funded as discrete activities, but rather considered within the scope of all Commonwealth Home Support Programme service types.
- To support an end to end aged care system where clients can consistently access independent advocacy services to meet their needs, the National Aged Care Advocacy Program will be expanded to provide services for Commonwealth Home Support Programme clients, and access to such services be made available across the country.

The way in which the review of Service Group Two will be incorporated in the establishment of the Commonwealth Home Support Programme and longer term considerations is reflected in Section Three of the Discussion Paper.

Service Group Five Review

The Department, with the support of KPMG, reviewed activity under HACC Service Group Five. This was carried out in consultation with the Service Group Five Sub Group of the Commonwealth Home Support Programme Advisory Group.

Service Group Five includes the following Service Types:

- Formal Linen Services;
- Goods and Equipment;
- Home Maintenance; and
- Home Modifications.

The following sets out the main findings for each of these service types, including proposed changes for July 2015 and beyond.

Formal Linen Services

The review of Formal Linen Services found that there are a variety of models delivering this service under the Commonwealth HACC Program. This ranges from volunteers stripping and making beds and sending the laundry off site, to purpose built laundries. It provides a valued service for a small number of clients who may be too frail to launder their own linen and/or have a high volume of linen because of incontinence or illness. The service often supplements domestic assistance or is provided in lieu of domestic assistance if it is the most cost effective use of resources, or if the client's laundry presents health and safety issues to the worker or volunteer.

Proposed changes for July 2015

In light of the findings of the review it is proposed that the following changes commence from July 2015:

- Formal Linen will not be a separate service type in the Commonwealth Home Support Programme. The funding for Formal Linen Services will, where possible, be amalgamated with a provider's funding for domestic assistance.
- Where this is not possible, for example where a provider does not offer domestic assistance, the most appropriate option for that provider will be negotiated.

Home maintenance

The review of home maintenance services found that there are inconsistent approaches across the country with regards to client access, assessment, prioritisation and

approaches to the payment of fees. The review has also highlighted inequitable delivery of services and workforce issues particularly for rural and remote services. The review suggested the following potential client/carer benefits:

- **Accessibility:** there are links between home maintenance and accessibility, particularly in relation to garden maintenance.
- **Independence and safety:** home maintenance services can act as a preventive measure to reduce the risk of falls through hazard reduction which improves safety within the home and enables independent living.
- **Health and wellbeing:** services which maintain garden and outdoor spaces can reduce anxiety experienced by individuals, increase dignity and pride, and reduce the burden placed on an older individual's carer.

Proposed changes for July 2015

In light of the findings of the review it is proposed that the following changes commence from July 2015:

- That Home Maintenance will be a service type in the Commonwealth Home Support Programme in the Assistance at Home service group, along with Domestic Assistance
- Home maintenance in the Commonwealth Home Support Programme will be focused on those activities that are effective in supporting older people to stay in their homes and maintain their independence.
- Service provision should focus on services that: promote independence; improve accessibility to areas of the home and garden; give consideration to safety issues related to areas of the home that require minor repairs; and promote health and wellbeing for clients and their carers.
- The provision and frequency of on-going home maintenance services (for example lawn mowing and garden pruning) should directly correlate to assessed client need related to accessibility, safety, independence or health and wellbeing and be subject to review.

Longer term considerations

Longer term considerations for the provision of home maintenance services will include:

- The need for processes which target home maintenance services to older clients who have the least ability to maintain their homes. The role of fees in achieving this will need consideration.
- Delivery of a nationally consistent range/suite of services available from home maintenance services which encompass both minor home repairs and garden maintenance.

Goods and Equipment

The review of Goods and Equipment found that the provision of goods, equipment and assistive technology can contribute to an individual's ability to remain independent in their home and in the community. It also found:

- older people need a range of items, from smaller inexpensive 'off the shelf' items to larger expensive items and customised equipment and technology which requires assessment and prescription by professionals with specialised skills and knowledge;
- funds currently allocated to Goods and Equipment services under the Commonwealth HACC program form a very small proportion of government funds for goods and equipment compared with state and territory programs;
- the majority of assistive equipment and technology is purchased by the individual and their families;

- access to informed, independent information on the types of equipment available, and which equipment best meets their needs, is a very important part of the service delivery system; and
- client outcomes are better when the goods and equipment are provided as part of overall service provision and accompanied by training and support in using the equipment.

Proposed changes for July 2015

In light of the findings of the review it is proposed that the following changes commence on July 2015:

- Goods and Equipment will be a service type in the Commonwealth Home Support Programme in the Increased Independence group.
- Providers can purchase or loan items, up to the value of \$500 per year per person, for clients who are unable to purchase the item/s independently.
- Organisations such as the Independent Living Centres will be positioned to provide information and assessment for clients as well as to support the sector delivering equipment and assistive technology services.
- Providers of other service types, such as respite care, personal care or domestic assistance, can use a small proportion of their funds for that service type to purchase an item for the client if it contributes to the independence of the person, if it is the client's choice, and if it is the most effective and efficient way to deliver the service.

Longer term considerations

Concurrent with the reforms to aged care are the reforms for disability services, including the roll out of the National Disability Insurance Scheme. Any long term changes to goods and equipment programs for older people will need to take into account the work that is currently being undertaken by the National Disability Insurance Agency which will make recommendations on the future of goods and equipment and assistive technology provision across Australia.

Other considerations include the interface between the Home Care Program and goods and equipment schemes, and the role of specialised assessment for goods and equipment in the context of My Aged Care assessment.

Home modifications

The review of home modification services found that there are inconsistent approaches across the country with regards to client access, assessment, prioritisation and approaches to the payment of fees. The review has also highlighted inequitable delivery of services across the country, within and between regions and workforce issues related to access to occupational therapists, licenced builders, and other licensed tradespersons. Further, that these issues were more pronounced for rural and remote services. The review findings support evidence that home modifications can have positive outcomes for individuals and may reduce the need for downstream care. The likelihood of positive outcomes increased where modifications are not provided in isolation, but instead form part of a holistic, reablement focussed approach.

Key benefits associated with home modifications were:

- **Accessibility:** targeted home modification enhances accessibility within the home, as well as improved access to the broader community and participation in outdoor activities.
- **Independence:** home modification can have a positive impact on independence and engaging in activities of daily living, for individuals and carers. Home modifications have been linked to a reduced rate of functional decline in older people and can slow the impact of age related disability.
- **Safety:** the installation of home modifications can result in improved safety, particularly as it relates to risk for falls.
- **Health and wellbeing:** Individuals whose homes were more conducive to functional capacity following the installation of home modifications can experience a positive impact on their physical and mental health.

HACC MDS data indicates that over 90 per cent of HACC home modifications instances of expenditure undertaken in 2012-13 had a Commonwealth contribution of below \$1,000. A total of 98 per cent of modifications had a Commonwealth contribution of below \$10,000. HACC MDS data does not currently provide information on the types of modifications undertaken.

Proposed changes for July 2015

In light of the findings of the review it is proposed that the following changes commence from July 2015:

- That home modifications will be a service type in the Commonwealth Home Support Programme in the Increased Independence service group, along with Allied Health and Goods and Equipment.
- That home modifications focus on simple, lower cost modifications (with the vast majority being under \$1,000 for individual instances of Commonwealth expenditure), with scope to undertake some more complex higher cost modifications (up to \$10,000 of Commonwealth Home Support Programme expenditure).
- That the assessment process for receiving home modifications is inclusive of access to specialised input, such as completion of a functional assessment of the client by an Occupational Therapist. That clinical assessment and recommendations support client outcomes such as improvements in client function, increased client independence and possibly reduces the need for other services.
- Existing state and territory regulation will determine who can undertake various home modifications.
- That the fees policy takes into account the specific factors associated with the provision of home modifications.

Longer term considerations

Longer term considerations for the home modification service type include:

- Information and awareness: through the provision of information to assist clients to relocate and downsize housing as an alternative to major modifications; and
- Increased emphasis on forward planning: through the promotion of universal design principles to reduce or remove the need for substantial modifications into the future.
- Client reviews post modification: review forms a component of the assessment process where complex/higher cost modifications are recommended.

Service Group Six Review

The Australian Institute of Primary Care and Ageing (La Trobe University) was contracted to support the review of Meal Services (HACC Service Group Six in addition to Other Food Services from Service Group One and allied health services from Service Group Three as they relate to meal services), with advice from the Meals Review Sub-Group of the Commonwealth Home Support Programme Advisory Group.

The following sets out the main findings from the review, including proposed changes for July 2015:

- Meals, Other Food services and allied health play a key role in supporting older people to remain living at home through providing nutritious meals, advice on dietary requirements, connection with the community, informal health monitoring of clients and activities to support independence.
- The delivery of this highly valued support has evolved over time to remain responsive to local conditions, capacity and clients. Models are diverse, flexible, sometimes innovative and often driven by a substantial volunteer base working to create local solutions to meet individual client needs.
- These needs too are evolving and becoming increasingly challenging for providers to meet. For example, clients are seeking services that respond to cultural diversity; offer choice and variety; are tailored to health conditions and dietary requirements; fulfil social needs; support wellness where possible; and prioritise nutrition.
- For many clients, meals delivered at centres or at home are the 'main meal of the day', so nutrition content is important. However, the review found that a wide range of nutrition guidelines operate across jurisdictions; nutrition risk screening could be more consistent; and provider access to allied health professionals such as dietitians is limited.

The following options for meal services under the Commonwealth Home Support Programme recognise the diversity of client need; promote consistency alongside flexibility; and support sector development and capacity.

Proposed changes for July 2015

In light of the findings of the review, the following changes are proposed for July 2015:

- Nutrition risk screening will be included through My Aged Care.
 - Clients identified as requiring meal services will be screened for nutrition risk through My Aged Care to ensure appropriate services are delivered to meet nutritional outcomes. Should a client be identified as at risk of malnutrition through screening, they will be referred to My Aged Care for face-to-face assessment services for a detailed nutrition assessment, support plan and referral to appropriate services.
- Include Other Food Services as part of an independence / wellness approach.
 - Other Food Services include assistance with preparing meals at home and advice on nutrition. This is a growing service area and can contribute to a client's independence and self-care. These services will be offered under the Commonwealth Home Support Programme's broader approach to promoting independence within the Increased Independence group.

Longer term considerations

- Develop voluntary National Nutrition Guidelines for delivered and centre-based meals (based on existing state guidelines).
 - These guidelines will be developed from July 2015 to provide nationally consistent, practical advice to meal providers to support their existing efforts in enhancing the nutritional quality of meals and responding to nutrient requirements for frail aged clients in particular.
- Explore options for improving access to allied health professionals across all jurisdictions.
 - Mapping of the workforce will be undertaken from July 2015 to inform future options for improving access to these services.
- Improving integration between services types (eg meals and community transport) and encouraging partnerships that assist providers to support clients with special needs.

Service Group Seven Review

Verso Consulting was contracted to undertake a review of HACC Service Group Seven (Transport also known as Community Transport), in consultation with the Transport Review Sub-group of the Commonwealth Home Support Programme Advisory Group.

The review found that there is an increasing demand for community transport driven by a range of factors, including an ageing population (especially people aged 85 years and over) and their increasing support needs, the prevalence and impact of dementia, the high demand for health services, and reduced access to carers.

More specifically, the review found that:

- the current delivery of community transport services is complex and fragmented. There is not a single service model across Australia. Transport providers deliver services to both younger and older clients, and operate across a range of service delivery systems funded by local communities and different levels of government.
- there is a mix of directly funded transport services and "embedded" transport (where transport is an enabler of other service types or programs, but not separately reported on or funded, e.g. Social Support, Respite, Centre-Based Day Care. There is also a significant amount of community transport provided through Commonwealth-funded Home Care Packages and DVA programs.
- the volunteer workforce is an integral component of the community transport system and needs to be actively supported.
- there is a high demand for non-emergency medical transport, which is limiting the availability of transport to support activities of daily living, e.g. participation in community activities, social events, shopping, banking, etc.
- transport for non-emergency medical purposes (eg outpatient services such as oncology, renal dialysis and other hospital based treatments) should be outside the scope of the Commonwealth Home Support Programme. There will need to be further consultation between the Commonwealth and state governments on roles and responsibilities before changes are implemented in this area. These discussions should occur prior to the commencement of the Commonwealth Home Support Programme, but changes may not be introduced for July 2015.
- the current funding model for community transport under the Commonwealth HACC Program needs to be reviewed. A future funding model should take into

account a range of factors, including trips of varying lengths, the different costs of providing services in some areas (particularly rural and remote Australia), the relationship between the client and the carer, how capital assets and replacement of vehicles are funded, and client fees.

- a significant part of the community transport sector is characterised by small organisations with part-time administration and volunteers (particularly as drivers). As a result, introducing change will be difficult and should be done incrementally.

Proposed changes for July 2015

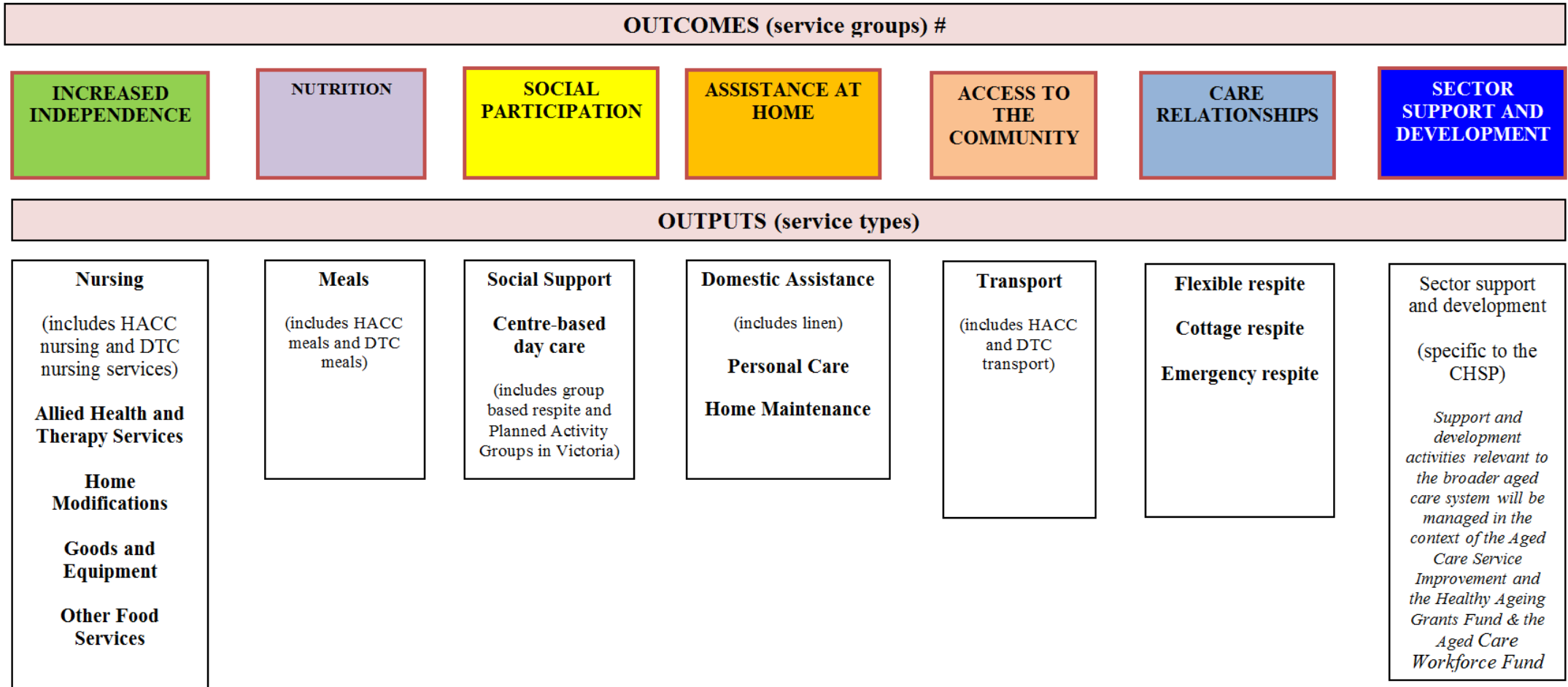
In light of the findings of the review, the following changes are proposed for July 2015:

- A definition of “Commonwealth Home Support Programme Transport” will be developed over the coming months and included in the programme manual.
 - The definition will include the type of services (trip purposes) that are supported by the new Programme, with a proposed focus on social contact and support activities (including religious and cultural events), local health appointments (eg GP, allied health, dentist), and activities of daily living (eg shopping and banking).
- The Department will work closely with the Australian Community Transport Association, relevant state and territory bodies, and service providers to explore ways in which the transport sector can be supported through the Commonwealth Home Support Programme - particularly in areas such as improving co-ordination and networking of transport services, supporting volunteers, maximising opportunities for flexibility in service delivery, and minimising red tape.
- A national fee policy for the Commonwealth Home Support Programme will be introduced from July 2015. Development work (to be undertaken during 2014) will consider the implications of the introduction of the fees policy on transport service providers and clients.

Longer term considerations

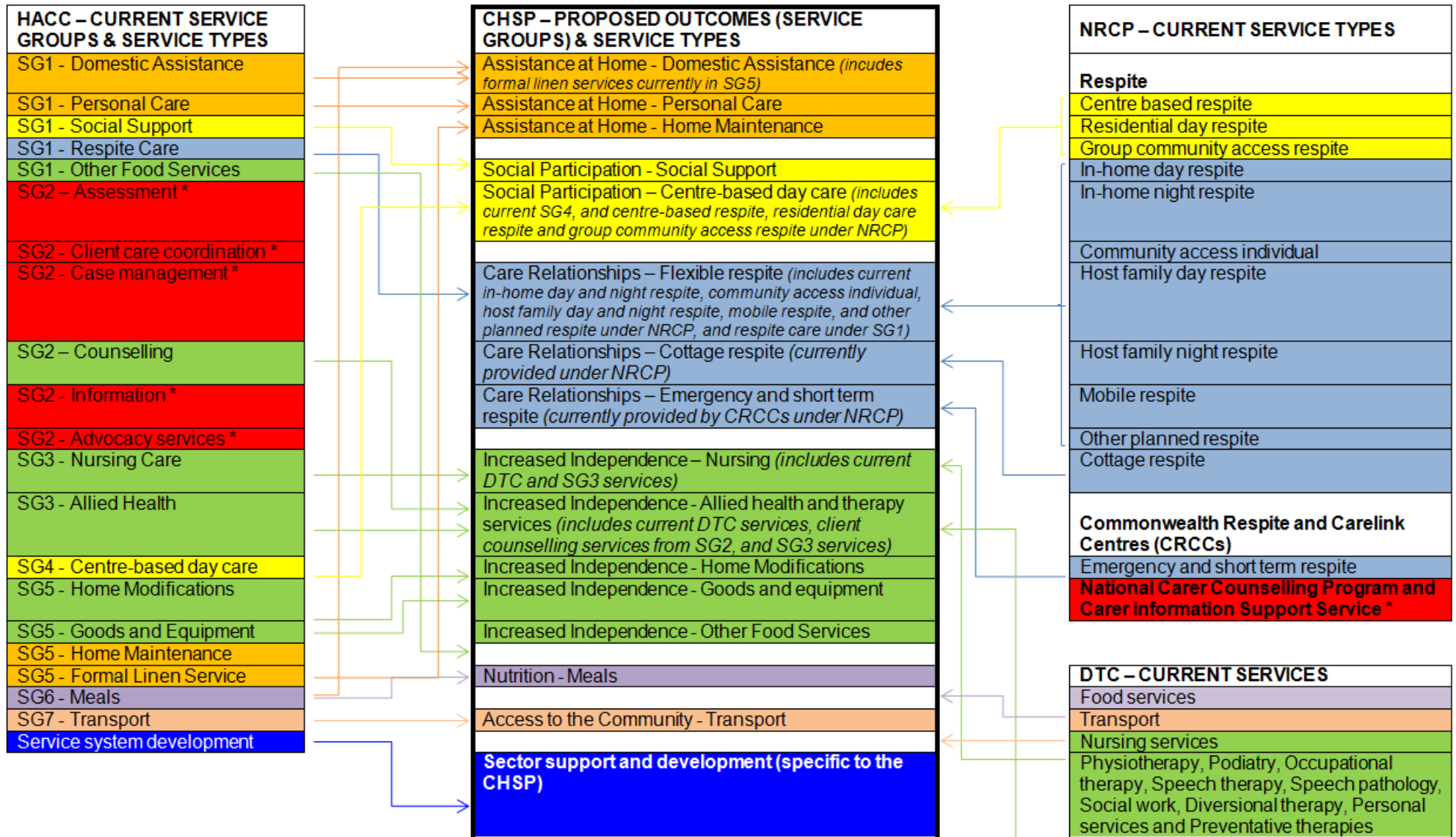
- Review of the current funding models, including whether Commonwealth Home Support Programme transport be funded on the basis of distance travelled (kilometres or a range of kilometres) per client, development of a schedule/table of unit prices for transport and consideration of how capital costs and replacement of assets are funded under the Commonwealth Home Support Programme.
 - To support this work, the review recommended the collection of additional data from service providers (eg from July 2015), with a new funding model to be introduced in the next funding period, eg from 2018.
 - The Department agrees in-principle to further work in this area. There will be further discussions with stakeholders on how and when this work is undertaken.
- Development of strategies to promote transport independence
 - The Department will work with stakeholders to explore opportunities for innovative programs aimed at promoting transport independence, either within the Commonwealth Home Support Programme or in other transport programmes.

Attachment B - Commonwealth Home Support Programme – proposed service groups and service types



Services provided as part of the Assistance with Care and Housing for the Aged (ACHA) Program could form part of a separate Outcome under the CHSP from July 2015

Attachment C - Mapping of current services into the Commonwealth Home Support Programme or other programmes from July 2015



Attachment C - Mapping of current services into the Commonwealth Home Support Programme or other programmes from July 2015

Functions to be undertaken as part of other programmes in the future (ie not under the CHSP)
My Aged Care
Assessment
Case management (short-term)
Client care co-ordination
Information
National Aged Care Advocacy Program
Advocacy

Still to be decided
National Carer Counselling Program and Carer Information Support Service – currently delivered through Carers Australia state and territory associations
Being considered in the context of future carer support services