

To: Australian Government – Department of Social Services

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Aged Care Sector Feedback: CHSP National Fees Policy Consultation Paper

1. BACKGROUND

The Seniors Collaborative Action Project (SCAP) is a Commonwealth HACC funded initiative operating in the region comprising the local government areas of Barossa, Gawler, Light and Mallala. The SCAP is one of 12 Collaborative Projects funded in SA to provide 'sector support and development' through the establishment of a regional structure that actively engages with services that support the Commonwealth HACC target group.

The SCAP is auspiced by the Barossa Council and is managed through a structure of an Executive Committee, a regionally representative Project Forum and regional Working Groups.

This submission was prepared following a meeting of regional stakeholders representing eight (8) HACC service providers in the SCAP region.

HACC service providers in the SCAP region have a range of concerns that are specific to their individual programs of service delivery. These specific concerns will be addressed in submissions from the individual organisations. The following points are those that were agreed to be common to all service providers.

2. KEY POINTS

3.1 General comments and concerns

- Service providers agreed that the Commonwealth Home Support Programme should not be viewed as a welfare programme, and that there is a need for an increase in the amount that consumers contribute to service delivery. It was also acknowledged that HACC clients in the past have received generous subsidies for services regardless of their ability to pay and that this is economically unsustainable. However, it was strongly felt that in the interests of equality, national consistency and competitive neutrality, the responsibility for setting a realistic maximum fee should lie with the Commonwealth Government and not with service providers. Further, to avoid hardship for the client target group, there was strong support for the view that the co-payment should be capped.
- Service providers were concerned at the lack of clarity and consistency in the Consultation Paper regarding some elements of service delivery. Specifically, definitions of Transport services, and the inconsistency of proposed fees across similar service types eg the cost of respite in a group setting compared with the cost of group support, formerly centre-based day care.
- Service providers predict a rash of enquiry and complaints calls from existing clients regarding increased fees for CHSP services. This will put pressure on existing resources. A national communication campaign is required to promote the transition to CHSP along with the increased fees, and to encourage use of the Aged Care Complaints Scheme contact number and DSS website.

3.2 Proposed Fees

Service providers expressed concern that if fees were set too high, consumers would be reluctant to take up or continue services.

For many HACC clients, the only regular contact they have with others is through the HACC service/s they receive. If they cannot afford these services, regardless of the type of service, they will quickly become socially isolated. There will also be reduced opportunity for service providers to identify and refer clients to other non-HACC services and supports that could potentially improve clients' quality of life.

There was concern that a large proportion of clients who rely on Transport services in the region, would not be able to afford the proposed costs outlined in the Consultation Paper. This would be of particular significance for those who rely on the service to travel to and from medical appointments. This would have a detrimental impact on the well-being of clients, as it may result in worsening and/or undetected and untreated health conditions.

There were concerns that the costs of Nursing and Allied Health & Therapy services for part pensioners would prohibit a significant number from accessing the home care they require which would have a detrimental impact on their health.

Therefore it was perceived that the high fees proposed for CHSP services in the Consultation Paper would result in:

- Increased social isolation
- Increased accident and emergency admissions
- Premature entry into residential care

This was seen to contradict the original intent of HACC, and of the CHSP, both which were designed to prevent these outcomes. It also contradicts the re-ablement and wellbeing ethos that purportedly underpins the CHSP.

3.3 Fee Waiver

Service providers indicated that there would likely be a number of clients - existing and new, who would be eligible for a fee-waiver. As it is unclear the role that the RAS will have in determining eligibility for a fee-waiver it is assumed that service providers will be responsible for this. The implementation of a fee-waiver policy and process by service providers will require additional resources that will need to be factored in to the cost of service-delivery and will be reflected in future funding submissions.

3.4 My Aged Care Registrations

Service providers predict that a large number of clients will not access aged care services through either the My Aged Care call centre or web site. They predict most will approach service providers directly. Service providers will then be required to enter client data on their behalf. This will place pressure on existing resources as it is a service that is not currently funded. The cost of providing this service will need to be factored into the cost of service-delivery and will be reflected in future funding submissions.

3. CONCLUSION

Whilst service providers in the SCAP region support the principle of user-pays for CHSP services, they are concerned that the fees proposed in the Consultation Paper are unrealistically high, especially for existing HACC clients. They are also concerned that the transition to CHSP and the introduction of the Fees Policy will generate additional work load that is currently un-funded.

SCAP would like to see the Commonwealth Government play a greater role in:

- 1) Setting the maximum fee for CHSP services, and introducing a cap
- 2) Promoting the changes to the general public through a national publicity campaign