

Stage 1 Increasing Choice in Home Care Feedback April- May 2017

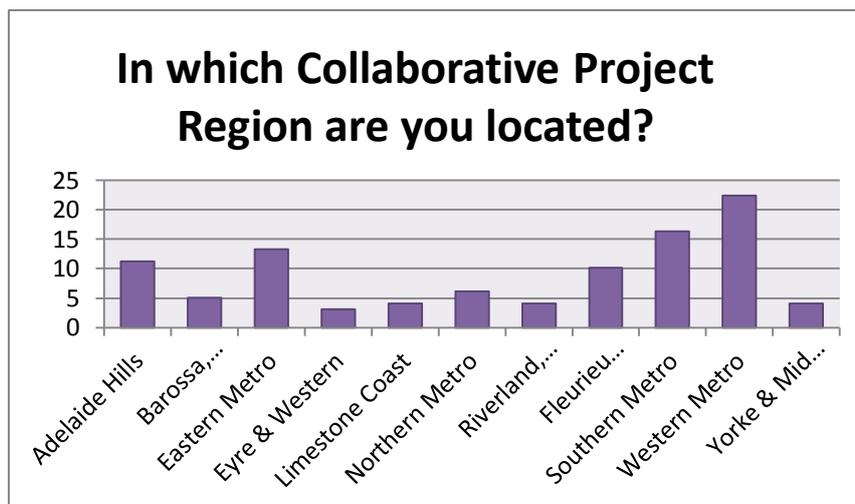
1. Introduction

One of the key roles of the Collaborative Project Officers is to identify the impact of Aged Care Reforms on the South Australian aged care sector and feedback pertinent information to the Department of Health.

On 27th February 2017, Stage 1 of the Increasing Choice in Home Care reforms commenced, and the former Home Care Packages system was superseded by “A new national process (that) will deliver a consistent national system for assigning home care packages to eligible consumers managed by My Aged Care.”

To ascertain the impact of the new system on service providers and consumers, the SA Collaborative Project network conducted a survey of service providers.

This report summarises the findings of the survey which was completed by 100 respondents from the following regions during the period 21st April – 4th May 2017.



2. Executive Summary

There was disagreement that two of the underlying principles of the Reform were being achieved, namely regarding a reduction of red tape for service providers and a more equitable distribution of packages for consumers, however some comments acknowledged that is was “Too early to tell”.

Whilst the majority of respondents indicated that they understood the National Prioritisation process for Stage 1, some comments indicated that the MAC Contact Centre does not have the same level of understanding. Also the lack of information regarding waiting times was frustrating for both service providers and consumers, and there was a perception that there are less packages being allocated in SA.

The new system has not addressed the perennial problem of a lack of level 3 and 4 packages.

“There are not enough L3 and L4 packages available so clients are forced to go to up to 4 organisations to get services under CHSP to service their needs, eg a client has personal care from Dom Care, social support from Wesley Care, cleaning from the council, respite from ECH, dementia support from AASA.”

Consumer confusion regarding the assessment, approval and allocation process was cited a number of times.

“The lack of information about waiting times is creating great unrest, particularly amongst older people and their carers. The lack of transparency in the process also is frustrating. Clients new to the system do not understand why they have to wait and why they can't be told where they are on the waiting list.

Respondents indicated that they need advice from the Department of Health particularly regarding the use of CHSP as a gap filling measure. A large number of clients were being advised to utilise CHSP services in the interim period between approval and allocation of a HCP. Service providers expressed concern at the impact on the long term CHSP capacity to fill these gaps.

On a positive note, the majority of respondents indicated that their organisation has the workforce capacity and flexibility to respond to market demand.

The majority of respondents indicated that they were dissatisfied with the number of HCP referrals they had received since 27th February with a number stating *"We have yet to receive one referral"*. Again there was acknowledgement that it is *"Still early days."*

Respondents provided a range of specific examples about service providers and consumer experience with Stage 1. A number of examples demonstrated consumer confusion regarding the process and frustration with the length of time it takes to receive a service.

"Most of our clients are now so confused about who has called them, not knowing who to contact to get services and end up just giving up and going without any services, resulting in extreme carer stress and increased vulnerability of clients that don't have carers. I have been informed by QEH of carers who are presenting to outpatients exhausted and desperate."

Ongoing issues with MAC were cited in particular regarding inconsistency with initial screening and eligibility assessment.

Again there were examples of clients using CHSP to fill gaps whilst waiting for an allocation of a package, and also in preference to accepting a Package due to the cost.

"Many clients are not taking up HCP due to confusion, being overwhelmed and financial implications, instead CHSP is being accessed because affordable, and because volunteer supported, is flexible to client need rather than imposed for specific time periods."

The delay in the release of the Discussion Paper and Ministerial announcement regarding Stage 2 is causing angst for a number of organisations.

The largest impact, expressed by nearly 80% of respondents, was the fear of losing good people if staff contracts couldn't be extended.

"Our organisation has lost more than half its staff due to this uncertainty, we are finding it hard to get new replacements due to no guarantee for contract with CHSP, this is putting enormous stress on remaining staff and has increased the wait time for our clients."

"Low staff morale" was recorded by two thirds (66.29%). Nearly half (46.07%) indicated that the delay was resulting in an inadequate time frame for effective decision making by Elected Members, specifically for local Government service providers. Nearly a quarter (24.72% of respondents indicated that the uncertainty was causing their organisation to consider leaving the sector.

"Adequate and realistic time-frames are needed to ensure that any further reform implementation is sustainable and appropriate. This allows consultation processes to occur and effective systems to be developed prior to further changes being introduced. Not knowing what may lie ahead in the not too distant future does have an impact on staff morale, management stability and organisational planning."

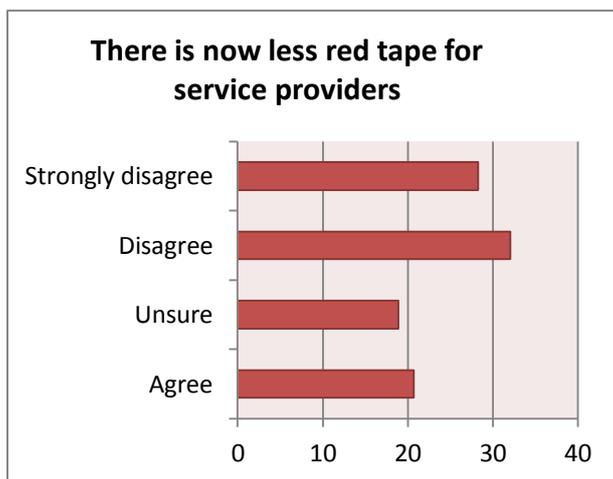
"We are trying to plan ahead for the changes which we can't do because of the lack of information. The uncertainty impacts on staff because they have undergone so much change already and they are weary. The rumours in the sector don't help either, particularly about whether the change will happen in June/July next year or whether it will be deferred until 2019. An immediate decision on this is essential."

Service providers also expressed concern about the apparent drop in the number of CALD clients and about the welfare of consumers who have no advocates. Also, about the future of community transport and respite and the need for block funding for group social support.

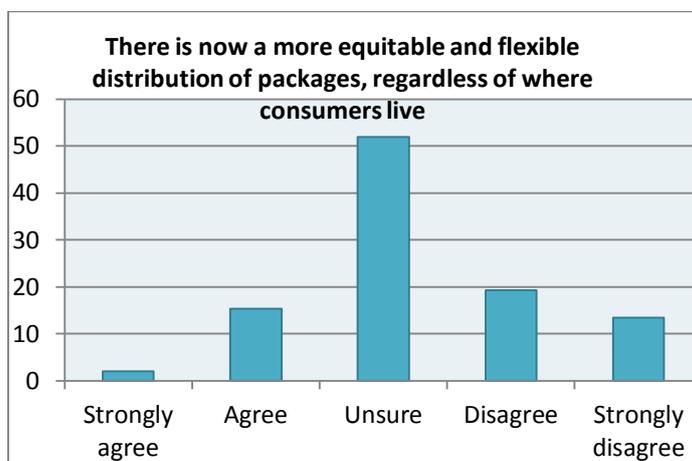
3. Perceptions of Stage 1

Respondents were asked if they agreed or disagreed with some statements regarding Stage 1 of Increasing Choice in Home Care. These first couple of statements referred to the underlying principles of the new system and other questions sought information about the level of understanding of the system, the advice they required from DoH and workforce capacity.

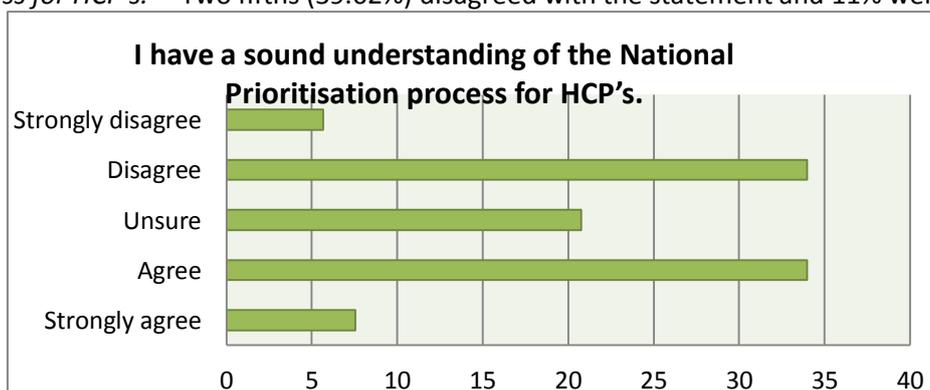
- A fifth of respondents (20.75%) indicated that they agreed that *“There is now less red tape for service providers”*. Nearly one fifth were unsure but a significant 60.4% disagreed or strongly disagreed with the statement.



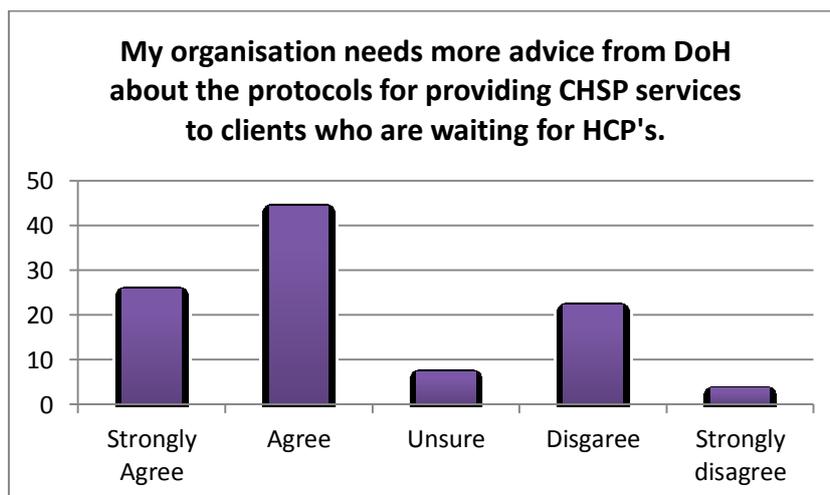
- A third of respondents (32.69%) disagreed or strongly disagreed that *“There is now a more equitable and flexible distribution of packages, regardless of where consumers live.”* Over half (52%) were unsure and 17.3% agreed.



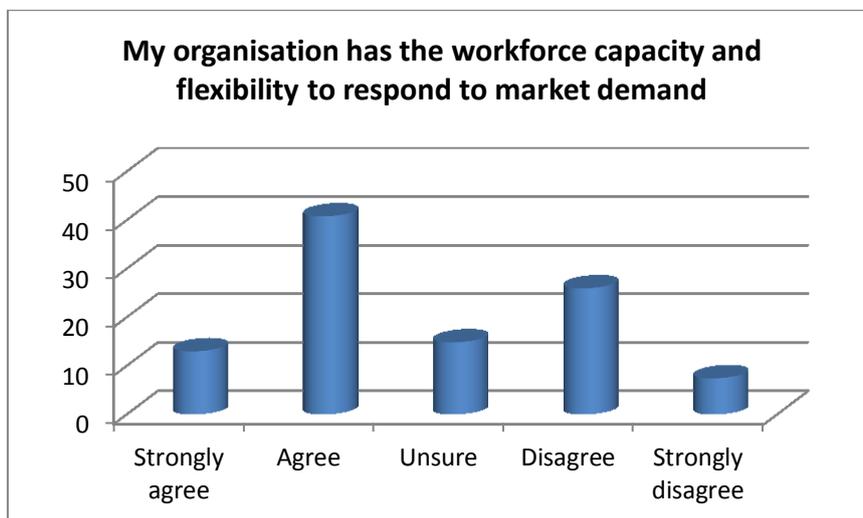
Over two fifths (41.51%) of respondents indicated that they *“...have a sound understanding of the National Prioritisation process for HCP’s.”* Two fifths (39.62%) disagreed with the statement and 11% were unsure.



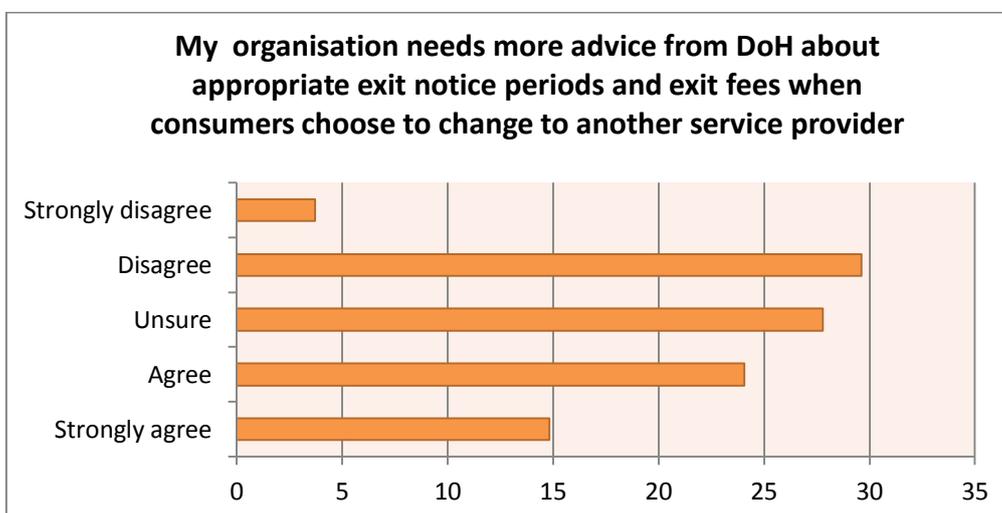
A significant proportion of respondents (70.37%) indicated that *“My organisation needs more advice from DoH about the protocols for providing CHSP services to clients who are waiting for HCP's.”*



A third of respondents (33.34%) disagreed that with the statement that *“My organisation has the workforce capacity and flexibility to respond to market demand”*, however over two fifths (42.7%) agreed. Eight percent (8%) were unsure.



Nearly two fifths (38.88%) of respondents indicated that that their *“.. organisation needs more advice from DoH about appropriate exit notice periods and exit fees when consumers choose to change to another service provider.”* Whilst a third (33.33%) disagreed that their organisation needed this advice.



Comments

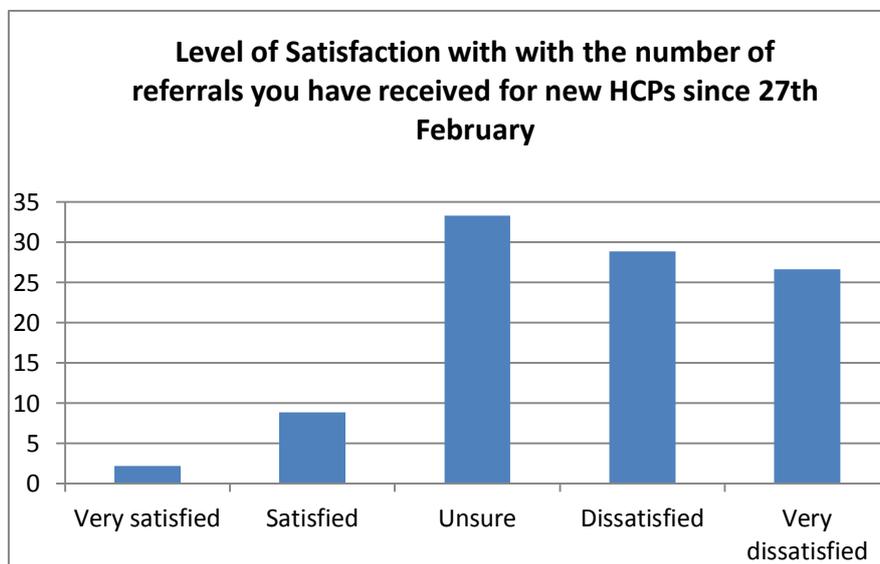
- It is very difficult to manage staffing models and costs in an environment that is unpredictable and activity base funded. This impacts on our ability to recruit and retain staff.
- The new process is not responding to community need and MAC portal does not identify new referrals unless specifically requested thereby consumer receives a letter and most in the community are not aware of the steps they need to take to commence a HCP - also many raise the issue of cost as not equitable as HCP level 1 receiving much less services pays the same as HCP level 4
- There are not enough L3 and L4 packages available so clients are forced to go to up to 4 organisations to get services under CHSP to service their needs, eg a client has personal care from Dom Care, social support from Wesley Care , cleaning from the council, respite from ECH, dementia support from AASA.
- The lack of information about waiting times is creating great unrest, particularly amongst older people and their carers. The lack of transparency in the process also is frustrating. Clients new to the system do not understand why they have to wait and why they can't be told where they are on the waiting list.
- Compliance requirements and administrative burden of CDC brokered services increasing and raising viability concerns
- We do not have enough Care Workers to meet client needs and struggle daily to fulfil client expectations and care needs. Staff are under pressure to meet unrealistic targets without the appropriate support and resources to assist them.
- In the past when a client was in hospital or coming off a TCP if we had a HCP available we could offer it to the client and get them home with a package in place. Now we cannot give out packages when needed as we do not have control. The client has to wait till they are offered a package by mail (snail mail) and then they need to find a provider. Some aged clients are not capable of understanding this or well enough to do this and/or have family to help them. We now have CHSP coordinators case managing clients whose needs are very high and we don't get funding to case manage! I have also seen new clients approved for HCPs getting services before the ones that have been approved but they are not been offered a package? I am also concerned about the balance of packages per state with South Australia having a lower number of population compared to NSW and Victoria. I feel that is where all the packages are going. It should be divided up by state. Generally I feel it is a very unfair system that is not working.
- Whilst I have a strong understanding of the National Prioritisation Process for HCP's my experience to date has been that the My Aged Care Contact Centre has a very limited understanding and on several occasions have been unhelpful and almost rude (because I was apparent that I knew more than them I assume).
- It is still very early in the transition to appropriately respond to some of these questions. The reason I selected unsure for Q5 is that we use contractors to deliver services (not employees) and the ATO is currently conducting a review of our contractors determining whether they actually operate as a business.
- We are a Primary Health Care - GP Practice - The lack of understanding by the aged population has required much more Nursing time to explain the process, make the referrals and also in some cases case manage to prevent crisis happening. Despite being a lot of media advertising services, people do not always take notice until they need a service
- Too early to tell as yet regarding equitable and flexible distribution. The question relating to CHSP services being provided whilst awaiting a HCP certainly needs further clarification.
- There have been a quite a few instances that we are aware of where consumers have been given a HCP when they have not been waiting and their needs are not high compared to many who have been waiting for a long period of time - these seem to be the ones who have family to advocate for them, or who have a new ACAT but get a HCP straight away. This is not in line with what we understood would happen in regard to waiting time and need prioritization.
- Need more supportive information for consumer from DoH in regards to the process on MAC and fact sheets. Some people on the queue that have been upgraded have significant contingency funds in reserve whilst more recent people with high needs referred to prioritisation process/short term CHSP access are being declined at

MAC/ACAT and requiring significant advocacy for resolution, ie case of adverse health events /palliative care for HCP 2 existing customers.

- 1) There appears to be less packages filtering through to SA - could this be related to the intensity of the Australian population in the eastern states? 2) There has been some service provider conversations that some people are feeling 'trapped' with their current service provider due to longer periods of notice now being put into Home Care Agreements (e.g. 3 mths,6 mths). 3) Govt said that as at 27 Feb, all HCP approved persons were given rating of medium priority. It seems to be really confusing about how to have high priority assigned for some really vulnerable and urgent HCP approved individuals. Yes it would go back to ACAT - but what is the role of MAC and what can the customer expect in the process of their priority being reviewed?
- This new system is a shambles!!

4. Level of satisfaction with the number of referrals for new HCP's received since 27th February 2017.

The majority of respondents (55.56%) indicated that they were dissatisfied or very dissatisfied with the number of referrals they have received for new HCPs since 27th February. A third (33.33%) were unsure and 11.11% indicated that they were satisfied or very satisfied.



Comments

- Still too early to tell the impact of deregulation on our business.
- Referrals now must come from consumers and many consumers are not aware of this
- The backlogs are very frustrating for everyone.
- Too early to materially quantify
- I have only received one referral for HCP Level 3 since the 27th February and I think overall we have had only 4 in our team. Also clients who currently receive a HCP 2 but have had approval for level 3/4 prior to 27th February and are now in need of the higher level HCP they now have to be reassessed by ACAT to change the priority level which is unfair and very stressful for the clients.
- I have only received 1. For my department, 4
- We currently have 12 clients on Level 2 packages who all have approval for Level 4. They all would greatly benefit from an increased package level, but none have received their letters yet. 2 of these clients we advised to contact MAC re ACAT to assess for additional services with CHSP funding.
- We have had a large number of enquiries from people in the national queue wanting us to provide services but they only have approval and not the assignment of a package. Very difficult to not be able to do anything to

assist people who desperately need services. Interim CHSP are not really appropriate but the only way to respond in current environment. In my opinion in a few months all providers will be "at capacity" in CHSP as they will be full of people needing HCP's and waiting in the queue. Impact of this is that there will be no ability for people needing a low level service via CHSP? My Aged Care would tell a person like this that they will need to pay privately whilst waiting - not everyone has the ability to do. Next impact - potential hospital admission or early entry into residential care as supply does not meet demand.

- Minimal packages since change over, unsure if new clients understand the letters that have been sent to them regarding increase in package and the offer of a package.
- We are about to commence listing on the service finder, so haven't had opportunity to receive new referrals.
- We have yet to receive one referral
- Our organisation has received 4 referrals from new clients (all existing CHSP clients) and have had 7 existing HCP clients upgraded to higher level packages. It is still too early to answer this.
- None received
- Still early days. Pre changes would have had 15 discharges per month and replaced as many. Currently new customer at 1/3rd and upgrades 1/3. Still having enquiries from people with approval notice but no package allocation. Requiring re navigation back to MAC/CHSP
- No referrals at all since 27th Feb.
- No new referrals
- The assignment of package upgrades has been inconsistent.
- Expected it to be a very slow process. Most businesses should have modified their 'bottom line' with this in mind.

5. Specific service provider and consumer examples

Respondents were asked to provide some specific examples about consumer or service provider experience that demonstrates what is or isn't working with Stage 1 since 27th February.

- Referrals are coming through for higher HCP and the consumers are delighted. 3-5 weeks later, the consumer has then been given the L4, which most of the time they do not need at that stage. Would be good if MAC could contact the Provider to find out if consumer actually needs the higher level. This has also happened with consumers on L1, who have surplus of over \$1,000 and do not require L2.
- Not all clients can understand the implications of the waiting period - especially of long delays about access to needed service after having made their decision in choosing the service pathways. If they are singles, the go without; if they have carers, high stress level in struggling to hold on. It is impossible situation for clients and CHSP service providers.
- What is becoming increasingly evident with the new longer waiting period for SA clients is the divide between rich and poor. Consumers who have access to funds are able to purchase private services to enable them to extend their time at home and avoid unnecessary hospital admission and for simple services such as medication support and those who do not have the funds are at increasing risk of poorer health outcomes, hospital admission and premature entry to residential care.
- Consumers and families do not understand the process and confusing between MAC and Medicare also adds to this - many state it is all too much
- Propping up people with CHSP services that have been approved for packages as they are still not available at present at the level required
- Most of our clients are now so confused about who has called them, not knowing who to contact to get services and end up just giving up and going without any services, resulting in extreme carer stress and increased vulnerability of clients that don't have carers. I have been informed by QEH of carers who are presenting to outpatients exhausted and desperate.

- Clients and their carers and more vulnerable clients with no carers or informal supports are in distress when needing to access services due to overwhelming choice and technology only supports to navigate. As a service provider I spend substantial increased time supporting and encouraging clients to navigate MAC so as to receive the appropriate level of care. For CALD clients, this is in excess. Many clients are not taking up HCP due to confusion, being overwhelmed and financial implications, instead CHSP is being accessed because affordable, and because volunteer supported, is flexible to client need rather than imposed for specific time periods. The administration of the role for service providers has raised significantly in addition to this, and most of the wellness/ creative aspects of service planning and delivery, to ensure quality support is being done well outside of paid hours.
- The letter sent out to consumers does not use the correct terminology and is confusing. We are finding that clients are discarding the letter as they don't understand the content.
- Very difficult to convince ACAT to review a client's ACAT from Level 2 to Level 4. ACAT said there are no L4's available anyway so what is the point.
- Lead times from enquiry to realisation of referral number
- A client declined a Level 1/2 package because of the high administration charge. Just a general observation - clients supposedly have choice but exit fees are a disincentive. Another general observation - clients are still reluctant to move to packages (particularly Level 1/2) because of the cost
- RAS experience. Many clients waiting unknown times to access home care packages who really need the support. Dementia, daily medication management etc. where CHSP has no services to support. Concerns with ACAT assessment teams not undertaking comprehensive assessments for clients with high needs and only focusing on determining eligibility for a home care package over the phone, often not with the client and then refusing to see the client who has needs which exceed CHSP services. Many clients remain on minimal services or very high CHSP with no case management because of ACAT attitude towards CHSP and eligibility.
- Very difficult to know if a client has actually been allocated a HCP especially if it comes through MAC. Confusion with referrals codes. Clients also don't really know or understand how important that letter can be if they don't have support or a good understanding of the changes as it is very difficult to understand and keep up with.
- I have 2 client's desperately waiting for increased services and there seems to be no way to prioritise their need.
- We had one Level 2 client commencing on a package on the 25th Feb, after she exceeded what we could provide on her CHSP package. Her daughter rang MAC for reassessment, which she had the following week and was assigned a Level 4 package there and then. They chose to change to different package provider as they were not happy as we were advising them that we had to wait for the 'letter of assignment for higher level'. This seems not very 'equal' as we felt that some of our other clients were much more in need than this lady.
- Inappropriate referrals being received for clients who in previous times would not have been eligible for services but now as they have been through the call centre and a RAS assessment are argumentative and demanding subsidised services (even though they could have an able bodied person living in their house hold or still working). This places service providers in a very tricky position.
- Clients waiting for HCP's (high level) are being referred to CHSP services and too high for CHSP, needing case management, but CHSP funding does not include case management, and no extra FTE allowed for this.
- Topping up people taking lower level HCP with CHSP services while they wait for their HLC HCP, service providers not meeting client's needs on the low packages.
- CPN's currently funding by DCSI and Commonwealth, there is no mention in packages for transport, past 2018.
- Service providers are sending letters to clients asking them to agree to HCP exit fees without consulting. Providers are supposed to provide the consumer with the opportunity to negotiate an agreed exit fee, not write to them with an expectation that they will sign.
- The post code for our community doesn't match the system causing delays in referrals
- The major issue we have experienced with Stage 1, is inappropriate referral from RAS. One of the main points that is not working is a result of, neither MAC or RAS screening or asking income and financial questions. New potential clients being referred are people who have the means and ability to access services privately, these

people would not experience any difficulty in purchasing services privately, their independence & wellbeing would not be compromised if CHSP services were not provided to them. On the opposite side of this matter, are people who are at risk of frequent hospital admission and premature entry to residential care, who do not have any other support or networks and their financial circumstances would not enable them to access CHSP services privately, their independence and wellbeing is being jeopardised which is also impacting on social isolations.

- I have growing concerns regarding the eligibility screening at intake point with My Aged Care. I have had recent examples of some over 65 clients who have gone through MAC and a Regional Assessor approved for services only to be referred for CHSP services and then to be found out that they are still in the workforce and earning an income or entitled to sickness benefits. It does not seem equitable for people who are in the workforce to be eligible for CHSP services and surely this needs to be a question that is asked at the initial screening and not left at the discretion of the service provider after the client has gone through the My Aged Care system. Also asking a question of whether the client is currently receiving services from a CHSP provider would also be a helpful question to ask at intake, to ensure people are not being over serviced.
- Not knowing where they are on the National Queue. No provision for re-prioritisation if needs increase (if ACAT before 27 Feb 2017) No provision for ACAT reassessment if needs increase (if original ACAT pre 27 Feb 2017) Some Service Providers asking for very long periods of notice for leaving the service. Consumers being told that they can take their surplus funds with them if they change providers, but not being told that that doesn't include funds accumulated prior to 1 July 2015.
- When a HC provider contacts MAC for an increase in package for a current client on a level 2, and CHSP is contacted for that support, it becomes frustrating as the client and family do not wish to go to another organisation for those services. Some of the clients that we have also referred for an increase in a level, have ended up going into residential care as we could not support them with the level 2 that they were currently on.
- Person asked by ACAT triage if they are seeking respite now - person said not immediately and were advised assessment would therefore not proceed and to re-refer when they did want respite. This means that the person is not able to put respite plans in place or have an opportunity to discuss her situation with an ACAT assessor. Another person was asked post ACAT assessment for a HCP if she wanted to be placed on the NQ and said no because she does not want a HCP now and was not made aware of long waiting list issue.
- Even people with good computer skills have a lot of trouble with accessing the My Aged Care portal and register for My Aged Care. It takes ages as they are kicked out of the system regularly and then need another password etc. etc. And after having done all that they receive an e-mail that they then have to ring them and go through it once again.
- Recently clients have been given referral numbers to look for service providers. This is a huge burden on older clients who do not have internet access, or the capacity to be undertaking this work.
- Clients who are assessed as eligible for a package but find there are none available for significant (and unknown) period- distressing when this is high care.
- As a service provider we believe we have several grandfathered clients who are also receiving packages (HCP) and remain using our CHSP service. We have no way of determining who these clients are and rely upon each grandfathered client admitting to using both systems. The few we have discovered and who have been informed that we will charge their HCP a full cost recovery are upset they will therefore have to forge go another service to allow for transport cost from their rural area to the CBD
- I strongly believe that there has been a dramatic decrease in referrals for CALD communities. I would like the Department to provide actual figures as to the numbers of CALD clients in SA.
- Clients are unsure of how to use the referral codes given to them or they do not have internet access to look at service providers that have availability and now they are unsure of who to contact as they have become confused with all of the contacts (My Aged Care, RAS, service providers, OT's etc)
- No particular example but we are aware of several members of the community who have received their HCP assignment letters and have been unaware this is what it is.

- People who are just seeking social support group type services to remain connected and increase social participation do not want to go through the MAC process and don't want to feel like they are in need of Aged Care.
- HCP 2 customer with Leg ulcer that is not healing. Prescribed specialists wound care has consumed contingency funds and impacted on other services within her budget. No other income source of family. Referred for Prioritisation for higher level of HCP. CHSP nursing approved for short term but all CHSP nursing providers declined due to capacity to respond and high cost of specialised wound care.
- Person in Adelaide Hills area withdrew from HCP L4 prior to 27th Feb due to ongoing frustrations with their service provider and not realising the impact. Now frustrated that they are now on national queue and don't know when they will get the support they desperately need. Carer now has serious debilitating health condition and person is fully dependent on the carer for their carer and support.
- Where are the packages going???
- Everything takes too long for clients
- Being able to access a HCP (urgent) therefore multiple referrals to CHSP. Our CHSP grant manager has been great in helping clarify how we may manage this though.
- Referrals for interim services from Assessment teams seem to be unlimited in amount, meaning clients can access above and beyond normal CHSP level clients. One client had used his referral codes to access 8 different services, most ongoing. This will put a lot of pressure on CHSP services that are already stretched
- MAC portal issues - too many to mention. More levels of service types need to be added - so that we can demonstrate our services properly.
- MAC declined to refer L2 HCP client for CHSP services to top up while waiting for L4. Client's family is paying for private services in addition to fees for HCP. Client will go to residential care early due to appropriate level support at home not being available

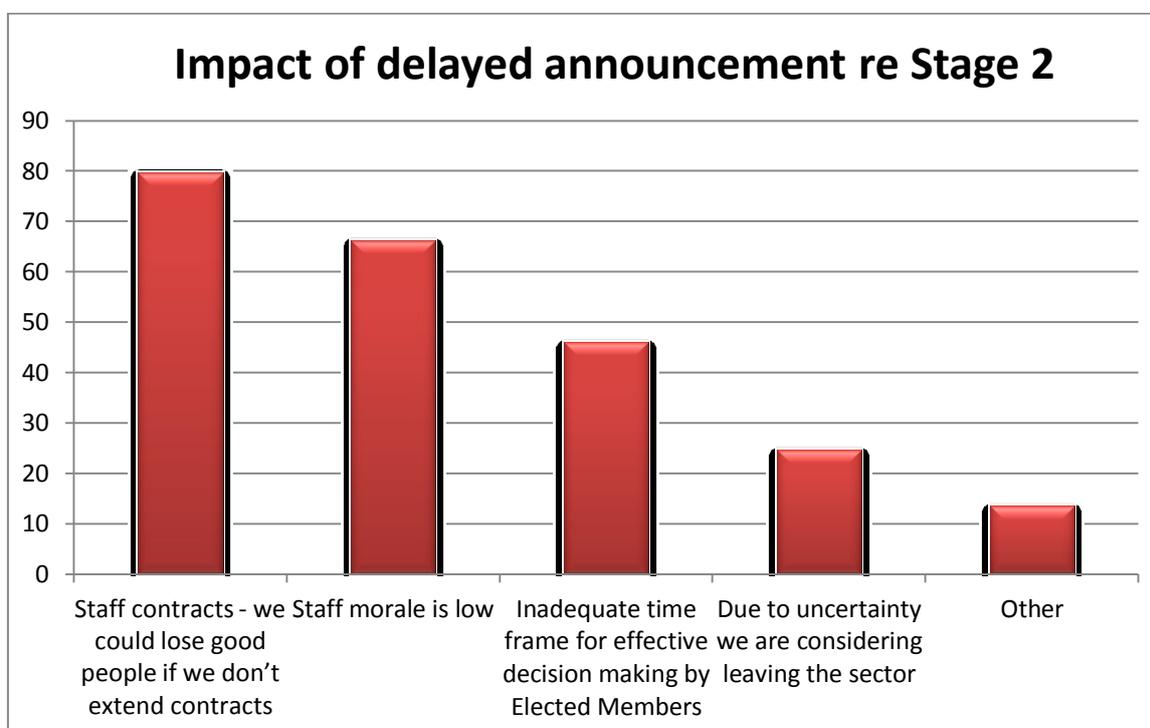
6. Impact of delayed announcement re Stage 2

A Discussion Paper on Stage 2 of Increasing Choice in Home Care was scheduled to be released in April 2017. This will determine the future of the Commonwealth Home Support Program (CHSP) post 30th June 2018. The release been delayed and there has been no announcement regarding Stage 2 from the Minister.

Respondents were presented with the following statement and asked to indicate any impacts their organisation was experiencing as a result of the delay.

“As yet there has been no announcement from the Minister about Stage 2 Reforms and the future of CHSP, nor has the Discussion Paper been released. Please indicate if this delay is impacting on your organisation in any of the following ways.”

The largest impact expressed by nearly 80% was the fear of losing good people if staff contracts couldn't be extended. This was followed by “low staff morale” recorded by two thirds (66.29%). Nearly half(46.07%) indicated that the delay was resulting in an inadequate time frame for effective decision making by Elected Members, specifically for local Government service providers. Nearly a quarter (24.72% of respondents indicated that the uncertainty was causing their organisation to consider leaving the sector.



Comments

- If needing to transition clients there is no understanding of the volume of work this will entail
- Our organisation has lost more than half its staff due to this uncertainty, we are finding it hard to get new replacements due to no guarantee for contract with CHSP, this is putting enormous stress on remaining staff and has increased the wait time for our clients.
- No impact at this stage
- We want to provide good Customer Service to our clients and don't want to start clients on a service that does not have longevity
- We are trying to plan ahead for the changes which we can't do because of the lack of information. The uncertainty impacts on staff because they have undergone so much change already and they are weary. The rumours in the sector don't help either, particularly about whether the change will happen in June/July next year or whether it will be deferred until 2019. An immediate decision on this is essential.
- Strategic Planning unable to sufficiently consider. At the moment is year to year planning
- Worried about future direction of services for clients and their families
- So difficult to plan for the future work wise and personally. This makes people feel very unsettled, unhappy in the work place. Causes angst.
- Due to the lack of continued funding for CPN's -Coordinators of Passenger Networks who will supply community based volunteer transport?
- No direction for social support which is our organisations core business
- The lack of information makes strategic planning impossible and negatively impacts on operational business decisions.
- There is a significant impact the longer it takes to make the announcement. The uncertainty has long term effects on the sector and clients within the region.
- Due to the review of contractors being conducted by the ATO we haven't given much consideration this matter. Actually trying to survive this process first before worrying about stage 2.
- Inadequate time frame for effective decision making, planning/attending training, strategic and organisational planning, etc.

- The risk of losing CHSP funding and the uncertainty of whether block funding will continue past 2018 is delaying decision making about. Do we stay or go as well as organisational impact on an exit strategy and what will the transition for clients who are only receiving CHSP services look like. Where will they go, are they expected to wait for a Home Care Package. What happens if they do not want a Home Care Package.
- Large media campaigns about keeping you in your home..... However if you use the online referral, some people who are relatively independent but want a little help, are not recommended for a Home Assessment and you have to justify why. Virtually impossible to get gardening through CHSP in the area
- There are too many rumours that are not based on fact. Decision makers are basing decisions on best guesses.
- As a provider of specialised services for a single health condition (including advocacy, counselling and advice), without continuation of block funding under CHSP, our organisation is in jeopardy. As it is, the fiscal uncertainty makes long term planning difficult or impossible, and it means our focus has to be on fundraising instead of delivery of much needed, and unique, community services.
- Currently I am the only designated CHSP worker in our organisation. The lack of information is certainly disconcerting.
- Our organisation would like certainty about CHSP funding for respite for 2018/19. We have heard that CHSP funding for respite (will be transferred to Package providers). Alternatively we have heard that there will be some block funding for respite services-clarity well before June 2018 would be appreciated.
- Adequate and realistic time-frames are needed to ensure that any further reform implementation is sustainable and appropriate. This allows consultation processes to occur and effective systems to be developed prior to further changes being introduced. Not knowing what may lie ahead in the not too distant future does have an impact on staff morale, management stability and organisational planning.
- It is a very difficult time for staff and clients. Working with vulnerable people they are always expecting the worse and will deal with whatever comes their way. Sadly there will be consequences for our clients with regards to the reforms. Our agency will not exist without block funding and unfortunately our clients will go through the cracks and back to wherever they were 15 years ago, which is receiving nil services.
- Difficult to rearrange organisational structure, and plan for the future in general not just with staff numbers.

7. Other comments

Respondents were asked to provide any other comments regarding the Reform process.

- Onward referral to CHSP services while waiting for HCP is uncertain as the future of CHSP is unclear and the capacity for CHSP to provide adequate service is also unclear as I understand that CHSP was to be the first tier of service for consumers, with the idea of more often than not single service to be able to service multiple consumers and if their support needs are higher than a HCP is more appropriate to meet their needs. However now with consumers being forced to patch together something that resembles a HCP using CHSP services using multiple services from sometimes multiple service providers is not in the spirit of this level of service (particularly confusing for CALD and consumers with dementia.) This also it difficult to move people through the system and connect to a HCP which importantly provides case management particularly for vulnerable/ complex consumers results in a delay in transfer of care creating a bottleneck and disadvantages other consumers who are trying to access support.
- Reforms unfortunately are not achieving ultimate goal. System has become more complex and convoluted.
- DoH should provide more information regarding steps and process to the consumer/community.
- The RAS process does not work efficiently or effectively for older people (this is a consumer feedback comment with respect to recent experience in accessing services for my parents). The sooner the double handling is removed from the system the better. I had to tell our story 4 times - to MAC and then to 3 different people within the RAS. It took over a week to get a number so that dad could get extra services required after a trip to hospital - services which MAC had said would be OK and which the service provider said they had available. The RAS message on hold was about the aged care provider (Resthaven) not about the RAS (Aged Care Alternatives).

I thought there was supposed to be a "fire wall" between the two functions. Totally unimpressed with RAS from a consumer perspective. The sooner that changes go through and (hopefully) the RAS are disbanded.

- Volunteer supported services are critical to client wellbeing, are extremely cost effective and have multiple benefits to the wider community, being a cost and social benefit. It is not feasible that volunteer supported services can survive if block funding does not remain, and for reforms to be truly effective, recognition of time and resources needed to address reforms and administrative functions without risk of compromising client needs or staff burnout.
- New entrants not having to deal with historic change management impacts/ costs etc and questions over compliance ability and liability
- Many complex clients, CALD, hearing difficulties etc. who are not able to get through screening at the call centre and don't get support in the community.
- Clients care is being impacted by having to wait for allocation of HCPs, many too high for CHSP services. Carers are getting carer stress and unable to cope while waiting for allocation of packages (timeframe unknown does not help).
- What is the future of CPN's?
- We believe MAC has been a good concept, having a national entry point and registry of people accessing services is essential for the government and planning for the future. The provider portal is being enhanced to meet user requirements, further enhancement and portal consistency across all users would further benefit providers.
- There still seems to be some uncertainty about how people are expected to transition from CHSP services to Home Care Packages. From our experience individuals are reluctant to accept a package due to the substantial change in fees and therefore many are choosing to remain on CHSP receiving a basic level of support and putting themselves at risk.
- There seems to be inconsistency for access to MAC. A recent client was declined access to MAC as she had stated she wanted to join a social group for a trip to Monarto Zoo but was declined access (to MAC, not just the social program) as she owned a car despite her saying she doesn't drive through the hills/country areas.
- Clients generally find the MAC system confusing and overwhelming, and our organisation spends a lot of time explaining how it works.
- Further information/clarification about the prioritising principles of the national queue would be useful.
- I cannot express enough that we need block funding for our agency to provide services to our clients.
- One off services, transport and social support should not become part of packaged care. People will not use packages to access these services and will be at risk of becoming increasingly isolated.
- Still some back log of work in MAC. Receiving notices that are saying person wants to change provider but they do not. It's just a notification that person has commenced HCP with agency.
- Some service providers are not using the red and green light system properly and as a result if we stick to the rules it will damage our business.

8. Conclusion

Whilst it was acknowledged that it is "still early days", survey respondents identified a number of issues that need to be addressed if the Increasing Choice in Home Care reform is to achieve its goals.

Consumer confusion with navigating the system and frustration with the length of time to receive a service is of major concern. Consumers with no advocates, CALD consumers and those on low incomes are at particular risk of 'falling through the cracks'. An inconsistent approach to initial screening by the MAC Call Centre continues to exacerbate the problem and reduces the likelihood of achieving "...a more equitable and flexible distribution of packages, regardless of where consumers live."

The use of CHSP to support HCP consumers whilst they are waiting for a Package is not sustainable.

“What is becoming increasingly evident with the new longer waiting period for SA clients is the divide between rich and poor. Consumers who have access to funds are able to purchase private services to enable them to extend their time at home and avoid unnecessary hospital admission and for simple services such as medication support and those who do not have the funds are at increasing risk of poorer health outcomes, hospital admission and premature entry to residential care.”

The delay in an announcement regarding Stage 2 is causing angst amongst the sector. A long lead in time is required to plan effectively for the future, particularly by local government service providers, and this is shrinking daily. In the meantime service providers face a loss of staff and low morale due to an uncertain future.

“There is a significant impact the longer it takes to make the announcement. The uncertainty has long term effects on the sector and clients within the region.”