

OPAN Webinar Transcript

Title: What the new Aged Care Act means for you series: The Big Q and A

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Panellists:

- **Craig Gear**, Chief Executive Officer, Older Persons Advocacy Network (OPAN)
- **Pat Sparrow**, Chief Executive Officer, COTA Australia
- **Anne Burgess**, Chair, Council of Elders and Chair Aged Care Transition Taskforce
- **Liz Hefren-Webb**, Aged Care Quality and Safety Commissioner, Aged Care Quality and Safety Commission.
- **Susan Trainor**, Assistant Secretary, Contributions & Accommodation Reform, Department of Health, Disability and Ageing

Webinar resources:

OPAN:

- Aged Care Advocacy Line: 1800 700 600
- OPAN [Website](#)
- View the [20 most commonly asked questions](#) from *The Big Q&A webinar*

COTA Australia:

- Contact: 1300 COTA AU (1300 2682 28)
- COTA Australia - Representing Older Australians [website](#)

Department of Health, Disability and Ageing:

- Contact: 1800 020 103
- Department of Health Disability and Ageing [website](#)
- [Visit](#) for more information on the New Aged Care Act

- Find the Support at Home indicative price list [here](#)

My Aged Care:

- Contact: 1800 200 422
- [Access](#) Australian aged care information and services
- View the fee estimator [here](#)

Aged Care Quality and Safety Commission:

- Contact: 1800 951 822
- Aged Care Quality and Safety Commission [website](#)

[Craig Gear]

Hello, everyone! My name is Craig Gear. I'm the CEO of the older persons, advocacy, network or OPAN, for short and welcome to everyone that's joining us today. We've had a huge number of registrations and thank you for joining us for this webinar which we're calling the big Q. And a. It's part of our what does the new Aged Care Act Series mean for you? But 1st of all, I'd like to also thank my co-facilitator here today. Pat Sparrow from COTA.

[Pat Sparrow]

Good afternoon, everyone. We're really pleased to be here, too, so important that we start to answer the questions that we know everyone has.

[Craig Gear]

So before we get underway, I'd like to acknowledge the traditional owners of the lands that we're meeting on today, and we have the privilege to actually come to you from the lands of the Ngunawal and Nambri people on in Canberra today. So, thank you for having us as guests on your land. I normally come from the land of the Gadigal people, and we'd like to pay our respects to Elders, past, present, and any Aboriginal, and Torres Strait Islander people that are joining us here today.

Before we get started. I'd like to briefly outline what OPAN's role is. Many of you on here would actually know of OPAN. But there might be some few people that are here for the 1st time. what our role is to provide information to you. We're not here to really say about whether the decisions made about the act are correct or what's happening with the act. But we have got a role in providing important, clear information so that people can make their own decisions about their aged care services.

Importantly, also, we have our second tier of the service that we provide, which is individual advocacy support. And this is around 200 aged care advocates who are independent of providers, and they're all right across the country, and they're there to

help you to hear the issues that you might be experiencing, but also to help you to navigate the aged care system and get issues resolved. So, they're the 2 things that

we're here. We're not here to really promote or endorse the act itself. Or what changes do mean. But we are here to tell you what changes will mean in practice to keep you informed and pat. Yeah, tell us a bit about COTA, Australia. And why is that important that we're both here.

[Pat Sparrow]

We'll do that. I just want to reinforce what you're saying. We are advocates for people over the age of 50. Sometimes people find 50. They get a bit shocked that we advocate from that age. But there are issues of discrimination that can start quite early. So, we work as advocates and engage with older people to make sure that their voices are heard. And we do that across a range of areas, through from employment in the health space, and we go right through to aged care, which has obviously been a big focus for us.

Given the issues that have been in aged care and the reforms that are ongoing. We do talk to older people and raise up the issues that they're raising. As Craig said, that sometimes results in changes. Sometimes it doesn't. And today, our role is to really make sure that you have the information that you need as much information as we're able to share with you.

[Craig Gear]

And one of the things just remind people that today's webinar is being recorded. Not everyone was able to join us, live here today. So, we will be recording this webinar and providing that round to people. But, Pat, I think it is, it's really important that we're here. And we're able to answer people's questions as many of them that we know the answers to, because over the last 8 months, as we've done this webinar series around the new Aged Care Act. We've had hundreds of questions that have come in and we haven't been able to answer all of them. But today we're going to take an attempt to really hand it over to you. Answer as many of them as you can as we can, and we've got a really great panel that will be here with us. So yeah, look, I'm back to you, Pat, about what we're going to cover off today.

[Pat Sparrow]

It's really important that your questions get answered. Now you're going to see me looking down because I want to make sure I don't miss anything, so I have got some notes in front of me because I'm about to talk about the topics we're going to cover

today. They're really important topics, and I don't want to miss any of those. So, we help keep us on track.

We we've grouped the questions into things that we know people are interested in. We're going to work through those and the topics we're going to cover today. Sorry, good fitting instruction. Yes, that's right. The topics we're going to cover today are about navigating the system which you touched on earlier. It's really important for people to understand how we're going to talk about fees and charges which we know is causing a lot of consternation and is a real concern for people.

We're also going to talk about rights regulation and accountability about service delivery, particularly looking at residential care and workforce then about home care that'll include the new support at home program, the current Commonwealth home support program and home care packages that people might be receiving. And then we're going to look at complex needs and making sure that we're inclusive. We've had some pre-submitted questions as we've mentioned.

We're going to use those to guide the discussion. But we're also going to be able to hear from you during the session, and I'll talk about that a little bit more in a moment before we get into the details of that. I want to introduce the panel that we have with us today. It's a great panel, and we're going to ask, go to each panel. So, you know who they are and ask them just to say a little bit, a brief introduction to them and their role.

So, Anne Burgess is on the panel. She's the chair of the Aged Care Council of Elders, and also the chair of the Aged Care Transition Task Force. Thanks for joining us today, Anne, can you tell me a little bit about your role.

[Anne Burgess]

So, thanks Pat and Craig. It's great to be here today. Thanks for having me so Aged Care Council of Elders is a fabulous group of 13 people from all around Australia who are hugely networked, hugely diverse experiences, and more importantly, lived experience of being an older person. And we've been involved in every aspect of the development of the act.

and how it's going to roll out the Aged Care Transition Task Force, again, is made up of all sorts of people who are involved in implementing the act. So, the Department, of course, Liz, from the Quality and Safety Commission services, Australia, lots of providers, the consumer peaks their Union people, and and it's a thousand moving parts that we've got to put in place to get the act up and running by the 1st of November.

Yeah. lots of work being done to try and get it in the best possible way. Not a perfect act, not going to be perfect when it's implemented, but we're going to do our best to get it to happen smoothly.

[Pat Sparrow]

Thanks, Ann, and we see firsthand the work that you're doing. And you know, trying to address the issues that we know are there. So, thank you for doing that work and for being with us today. And you did mention Liz, and we're really lucky today that we've got Liz Hefren-Webb, who's the Commissioner of the Aged Care Quality and Safety Commission? It's a big role, Liz. Do you want to say hello and introduce yourself and what you do.

[Liz Hefren-Webb]

Thanks so much. Pat. Hi, everybody! It's lovely to be here. I am the Commissioner in the Aged care, quality and Safety Commission. I've been in the role since January, so sort of

new, but not that new. And I've really enjoyed the opportunity to meet with lots of representatives of older people lots of different providers and peak bodies,

and get to know the sector better, and also get to know the staff in the Commission, as you will probably all know we have responsibility for regulation of commonwealth funded aged care services. We also have responsibility for resolving complaints and dealing with serious incidents. Thank you.

[Pat Sparrow]

Really, it's a really important role. And we're really pleased that you're here with us today and pleased that you joined us in January in aged care. We're also lucky to have today Susan Trainor from the Department. She heads. She's from the contributions and accommodation reform branch in the Department of Health, Disability, and Aging. Susan. Thanks for joining us. Can you just talk a little bit about what your branch does.

[Susan Trainor]

Yeah, absolutely. So, my team is responsible for most of the work around. Those fees and charges that we'll talk about a little bit more later today, as well as arrangements around things like hardship. And then the role of the department. And all of this is really about making sure we have those, the policy settings right at the moment. We're spending a lot of time working on finalising rules for the start of the new act as well as preparing a whole lot of guidance and more information to help people understand the changes that are coming. So, opportunities like today are really wonderful for us as a way of being able to understand what's on people's minds, answer some questions, but also know what else it is we need to do to make sure everyone knows what's coming, and is ready for the changes.

[Pat Sparrow]

Thanks, Susan. So, as you can see, we've got an expert panel up front. But events like this don't happen without people working behind the scenes. And we do want this to be interactive. As I said, we're going to use some questions we've already had. But we want to make sure you get an opportunity to ask questions as well. So, we've got some

moderators working behind the scenes, and they're going to help us answer as many questions as possible. So just so, you know who's working with us behind the scenes.

We've got Sam, Edmonds and Anne Muldowney from OPAN. You'll know many of you will know them. We've also got Corey Irlam, who will be known to many of you who works with me at COTA, Australia, and also the department. Patrick Deayton from the Legislative Reform branch, and we thank all of them for the work that they're doing.

So. Now I am going to read more from this, because I have to tell you about how to ask a question, and I don't want to give you a bum steer. So, I'm going to make sure get this right. So, if you want to submit a question, you can do that by the Q&A function on Zoom, which you'll find at the bottom of your screen. And you can put a question in there. But if you see a question that's come up that you actually really like, or that you think is important. You can vote for that question as well, so that we know that it's an important question that lots of people want to know the answer to you can also take the option of asking a question. Live, and you can use to do that. You use the raise hand function, and you'll see that that's down the bottom as well.

And what we'll do is when you do that, we will come to you, and what you'll see how that happens is that you'll get a pop-up window that will ask you to accept it, and then we'll be able to unmute you so that we, and everyone can hear your question. So, if you put your hand up and you get a pop-up window, please accept it, and then you'll know that we can hear your question. And we also want to acknowledge today that some of the topics we're covering are sensitive and personal. So, as always, we ask that the questions and comments remain respectful. So, we can create a safe and constructive space for everyone. I hope that's all clear. We'll try and give you some reminders throughout, so that we get to as many questions as possible. But I'm going to hand back to Craig to kick off with our 1st topic area.

[Craig Gear]

Thanks, Pat, and thanks for explaining that all that you get your questions in there and heard. Look one of the things we're going to talk about first of all, is about navigating the aged care system because we've heard from lots of older people, family members, their supporters, that it can be really difficult to get information, but also to know where to start and how to navigate into the system. And often people are trying to do it at a

time of crisis, and they haven't planned that they were suddenly going to need aged care services. So, this is the first topic area we're going to cover navigating aged care

and to start things off. We'll have a look at some of the pre-submitted questions. So, I'm just going to get one here and Pat, I'll actually start with you. What helps? The question has come in, what help and how do you access it? And what can my husband and I do to be able to stay at home as long as possible.

[Pat Sparrow]

And I think thanks for the question. That's a really important one. It is true. None of us really plan for things like this until we're in the midst of it. There are a couple of things that you can do while you're before you're seriously looking. And you can use the My Aged Care call centre and website. And there's also services called care finders who can also sometimes help you, but it's specifically in terms of staying at home under the new Aged Care Act. There's a program called Support at Home, and it will have 8 levels of packages that you can access. You need to be assessed through the My Aged Care system to get a package, but once you get a package that can really support you to stay at home. So, you go through an assessment process. You're allocated a package. Unfortunately, sometimes you have to wait for a while.

[Craig Gear]

So, people are waiting.

[Pat Sparrow]

You know we're advocating, and as I know, our pain is that we reduce that. Wait time, but you can be assessed. You may get a package quite quickly, or you may have to wait for a little while, and they'll communicate with you about where that's up to. But once you've actually got your package, then you'll need to find a provider, and that's where organizations like carefinders can assist so you'll work with your provider, then about what they're going to deliver for you.

And you can get quite a lot of support through support at home different hours. If you're on a level one package. You're getting less hours of support right through to a level 8 where you'll get more significant support.

And I know we're going to talk later about some of the special services there are for people who might be palliative, etc. So hopefully that helps you to. It's not quite enough support, and they might need to think about residential care or other alternatives. But there will be 8 levels, and you will be able to be supported. So, there is something there that will help you stay at home for as long as you practically can, right?

[Craig Gear]

Anne I might come to you now, one of the other pre-submitted questions was about for those people who might not be online. I mean a lot of us joining us online here today. But what's available for people who aren't online or might speak a different language, maybe.

[Anne Burgess]

Yeah, I mean, lots of people find it really hard to find their way through online. But also, the filling in other forms is often really hard online for people who are not familiar with doing that. And so, My Aged Care has a contact center where you can actually speak to somebody over the phone, and then they can guide you through that. I'll just say that that phone number is 1800 200 422, and we'll put. I'll I'll reiterate that, or we'll put in the chat or something. So, people know that's not a phone number that you can ring. But also, if you Google, My Aged Care contact center, up comes the number because I've tried it. And it works.

[Craig Gear]

Right. We might repeat that number a couple of times as we get it through, because it is a good way to start. Well, people are having issues with their aged care services, although they can always call our Aged Care Advocacy Line on 1800 700 600. So that's to get to open the Aged Care Advocacy Line 1800 700 600, or, as Anne was saying, to get to My Aged Care, it's 1800 200 422.

So, I might go to some of your online questions now, and I'm just looking down at my little chat function here, and I think this is a question for Susan, maybe, Susan, what can the department do to support the growing number of older people who are waiting in hospital for a residential aged care bed.

[Susan Trainor]

Yeah, sure. Look, it is absolutely something that is front of mind with us. We do spend a lot of time working with the States and Territories on what we can do with some of the the ongoing programs. We have, like the transition care program that help people to get out of hospital and have a a period of additional care. provided as they adjust back into the community or into a residential care facility. But some of the intentions of the reforms here are about increasing the capacity of the system to be able to offer more people aged care at any given time.

The intention, part of the intention of support at home is to enable more people to be receiving in home aged care at any given time, because, as well as the existing demand. We know that there's a lot of people sort of who are in that baby boomer generation who'll be needing aged care in the coming years. And then there is a real intention with reforms around residential, aged care to make that sector more financially viable, so that providers can plan and build new aged care facilities, and increase the supply of residential, aged care to meet, demand and have confidence that they'll be able to run an ongoing, sustainable, viable, aged care, service.

[Craig Gear]

Right. Thanks, Susan. I'm gonna come back to you again because I've got a million-dollar question here from Marianne. When is all the documentation when those dates for it going forward. When will this finalized resources, that sort of thing? And I might also see if Anne wants to say anything on that one given. You're the chair of the task force. But, Susan, we're getting close.

[Susan Trainor]

We're getting close. Look when it comes to things like final rules. Certainly, with enough time before the act commences that everyone will have the chance to plan and digest and be ready for those at risk of sounding a little flippant when we talk about broader resources and guidance. The answer is really, never because we will always be listening and responding. And we always. But one of those things that's really challenging here is that, as we sort of resolve some questions. Everyone goes. Oh, well, that's raised another really great question that I have. So those will all continue to be living documents even after the new act commences, as we help to find what the new questions are. As the the system starts and people kind of go. I hadn't thought of this till now.

[Craig Gear]

Yeah, new people might be coming into the system and stuff as well.

[Pat Sparrow]

I think what's important, that is, it will be clear there will be clear answers as people start to use the system about how it works.

[Craig Gear]

I've got a question here about the Wait Times for home care packages. They're being very. They're lengthy and I can understand that people are waiting up to 15 months, and they're trying to get CHSP, probably if you are getting those challenges, you can call ourselves, and we can. We might not be able to fast, track you through, but we might be able to provide you about your rights and other options that might be available as well.

[Pat Sparrow]

So, know that both of our organisations are advocating that the wait list be reduced, and our position is that people shouldn't have to wait for more than 30 days. And so that's something that we'll continue to advocate on all the way through this process until we actually get that in place.

[Craig Gear]

Sure. So this one Susan, I go to you. Olivia is asking what happens if you're already on a package. So, you go home. Pay a package. Now you have to get reassessed when the new system starts, or will you come into it? How's that gonna work.

[Susan Trainor]

So, for people in a home care package. When the reforms commence, they will effectively transition into support at home under something that looks very much like their legacy home care package in terms of their budget and the value of that package. They will not need to be reassessed. They will just continue on with that.

What will happen is, if a person's care needs change after the reforms commence, they can be reassessed, and what would happen is rather than continuing to move through home care package levels. If they choose to accept a higher level of care, they would move from that legacy home care package to the relevant support at home class. So, for sake of an example, they'd move from their legacy level 2 home care package equivalent across to a class 5 supported home.

[Craig Gear]

Right. I might take the last question and go to Liz. And just say, Liz, there's been a question about sort of making the system easier from your perspective as the

Commissioner. How do you think this new process? How will it make it easier for people with the services that your organization provides.

[Liz Hefren-Webb]

Thanks, Craig. So obviously, we do a lot of outreaches to various places. We do try and make sure that there's information about the commission and information about my aged care available to people in a wide range of places. I see a mention of GPS. We have been having some meetings with the Royal Australian College of GPS, just to make sure that they know that we're around, and that if any of their patients have questions about aged care or concerns about the aged care that they're receiving, or that a family member's receiving, they can contact us anytime, and we also do lots of outreach in community events, a lot of the multicultural festivals, all those kinds of places.

We will often have a booth you know, local community hubs. We try and be as present as we can, so people know that we exist. The only other thing I'd add is that Centrelink does have people who can assist as well. So, if you are going into Centrelink, you can always ask to speak to someone there who can help you with aged care.

[Craig Gear]

You've heard feedback about those aged care services officers. So, look just a reminder. You can put your hand up if you want to ask a question. Live, and we'll come to you that. But Pat, back to you for our next section.

[Pat Sparrow]

And the next topic area is one that we know is a hot topic area that people are concerned about. In fact, it's most of the questions that we get now, it is about fees and charges. So, we know people are feeling a bit stressed and that the answers aren't clear yet. So, what we're going to try and do today is give you some information around that, so that to help you understand how much aged care is going to cost and what you might have to pay. So, I'm going to go 1st to Anne. One of the things people actually do

talk about is, where can I go? If I want to know what sorts of services I can get, and if I do that, will I actually understand what it might cost me? And can you give people some shed some light on that for people.

[Anne Burgess]

So just to give a bit of background about that. What the Department and the Government has done is they did a bit. They did a survey earlier in the year to find out what sort of prices people were going to charge for support at home about every individual service that you're allowed to have. And so that information has been published on the department's website. And there's a really good fact sheet about that as well.

That says here's the lowest price, say, for cleaning or whatever. Here's the lowest price. Here's the highest price. And here's the average. So that information is there that says, this is, it's called the Indicative support at home price list. And again, you can. Fact sheet, or you can go onto the department's website. And that information's there, you can also, you could also look through my aged care for the services that are in your sort of area and look for the providers list in your area and look at what they're saying.

They're charging for their services. So, you'll find that information as well. And and there's an independent pricing authority that's independent of government and providers, and everybody that's doing work. To say this is what a service should cost for a provider to provide and a participant to receive. And that information is with government at the moment.

So, there's a lot of pricing information around. I think best to start with providers in your area and say, find out, what are they charging? And look at that. If you think you're being overcharged, it's not a reasonable charge for what you're the service. You're getting the Quality and Safety Commission complaints. Process is there for you to lodge a complaint.

[Pat Sparrow]

That's a really important, a lot of important information. I think it's also important to remember, with support at home that now you'll find that if you're getting clinical services.

So, if you're getting support from a physio or someone like that, you actually won't have to make a co-contribution to that Government through the package, will fund the cost of that, and then that there are co-contributions based on how much you can afford to pay for things like domestic assistance and other types of support. So that information is clear. When you look at all those wonderful resources that Anne directed us to Susan, there's a specific question around. If you're currently paying an income tested care fee with your present package. Are you also going to have to pay a copayment fee under the new system?

[Susan Trainor]

Yeah. So, look, it's really important to note that from the 1st of November this year no one will pay an income tested care fee. Everyone will move across to the Co. Contributions based on your services received model of support at home. So, the concept of an income tested care fee in support at home will be completely abolished. So yes, everyone will pay copayments, but no one will be paying both for people who are currently paying an income tested care fee if they're eligible for the no worse off principle, which means, if they were in a package or approved for a package on or before the 12th of September last year, they will be eligible for lower co-contribution rates that ensure the dollar amount they pay is the same or lower than the value of their income tested care fee.

So what I would encourage people to do is to look at the Fee estimator on the my aged care website which can help people understand get an estimate of what their contribution rates would look like, and for people who are eligible for the nowhere soft principal contribution rates that will give them a sense of where they are. In those lower transitional rates.

[Pat Sparrow]

I'm going to question that are coming in now. And, Susan, you might be the person to stay on the hotspot for the moment, but just on that. One of the questions that's come in is, when when would I get a letter from services? Australia to be told what I would be paying. Is that gonna happen? For existing people? When when am I gonna know that information.

[Susan Trainor]

Yeah. So, services. Australia will write to every home care package recipient with information about their contribution rates. We're expecting that to be after one November for a very large number of people, they will not need to do anything to be able to get that result. So, if you're a pensioner services, Australia will be able to use the information that they already have about your income and assets from the age pension system to calculate your contribution rates for support at home.

There will be a smaller group of people who are not receiving a pension, who will need to tell services Australia, some information about their income and assets. We're expecting that it might be possible for that to commence a little bit ahead of the start of the reform, so that people can get information about what their actual contribution rates are as soon as possible. But we'll be contacting people and making sure everyone who everyone is aware if they are going to be captured by that and need to do something to get their contribution rate calculated.

[Pat Sparrow]

That's terrific. That's helpful. And one other question that's come in live? Oh, sorry. We've got someone who wants to ask a question live so I might go to Amita Patel for our 1st live question. Amita, what's your question? Can you hear us, Amita? Feel like I'm calling out through the

[Craig Gear]

just click on the should say a little symbol. There, that's asked you to unmute. Just click on that, Amita, and we'll try and come to you. Yes, we can hear you. Yay. Well done!

[Pat Sparrow]

Well done!

[Amita Patel]

My friend has got a cancer, and for she's on level one, and I wanted her extra help. She's now quite bad, and Ecna hasn't been able to come and assess for last 4 months. What is the solution.

[Pat Sparrow]

I'm very sorry to hear that.

[Craig Gear]

Yeah, look, I'd suggest you give our advocacy line a call and see whether we can provide some information about getting a reassessment or getting the single assessment service to to see them. So that's that 1800 700 600, because you can be reassessed to go to high levels of services.

[Amita Patel]

Export. That's what I'm looking for, and it's been 4 months since I've been trying and trying.

[Craig Gear]

Yeah. So, give our advocates call. And I can help with following up. And that's 1800 700 600,

[Amita Patel]

sure.

[Craig Gear]

And look, we're really keen to tell you a bit more about some other services that will come on now. But thank you for your question, and we might help you get some services in place as well.

[Pat Sparrow]

Yeah, I'm really sorry to hear that, and hope that you do get some support quickly, and that assessment can happen. I know that there are lots of questions people want to ask about fees and charges. But today we do need to move on. We're capturing those questions, and we'll try and come back to people. But, Craig, I'm going to pass back to you to talk about rights.

[Craig Gear]

Sure. So, one of the really. I think strengthens things in this new aged Care Act is that it's about rights, the rights of the older person putting the older person at the center, enhancing the regulation and enhancing the accountability of aged care providers. And I think that's 1 of the reasons why we've both been really pushing for this to move forward, because without the new act you don't get those increased protections. And so a lot of people have been asking, though, is it really going to make a difference to me, and I think that's valid for people to ask that. But a key change has been the introduction of the statement of rights and what's called a positive duty. So, the providers themselves actually have an obligation to be able to continue to provide

aged care services to uphold that statement of rights and to respect your rights as an older person receiving aged care.

[Pat Sparrow]

And you're right, Craig. That's been a really critical reason to why we're both supporting it, because the current act has nothing like that in it. No.

[Craig Gear]

So, I think we'll go to some pre-submitted questions because they kind of touch on a little bit about this increased accountability and increased safety. And then again, if you've got a question put in the Q. And a box, we'll stick up your hand like Amida did, and and we'll take your question. Live as well. So, Liz, given given that this hot topic about accountability and transparency, how are you going to make this work for some of the homes, and given that some of them are already maybe not meeting the standards yet. We're bringing in strength and standards over to you.

[Liz Hefren-Webb]

Thanks so much, Craig, so we will have additional tools at our disposal. Because of the new act. We will have greater enforcement powers. We'll be able to, I guess, use a more precise and targeted approach to dealing with areas of risk in the system So we will. We will be undertaking a lot of our usual activities, but we will be doing them in a different way. So, when we are visiting services which we do every 3 years for a residential service, every residential service we'll be looking at all the compliance with all the standards, and that standards include. How are they respecting the rights of the people in that facility, and we will be talking to the residents, and we'll be talking to the staff to understand if they understand the concept of rights and of individualised support. We'll be checking to see what training has been done. what supports being given to the staff.

We'll also be looking at, of course, as we do all the data on incidents that have occurred in that facility. But we will have a I guess, a lens on what's the express wishes

and desires of the older person? And how is the facility going about meeting the diverse needs of people in that live there? So that will be our lens. Likewise, when we're taking complaints, we will be focusing on you know what, what. what's the nature of that complaint is with regard to people's rights. And how is what has happened? Breached people's rights? And so, it it changes the way we work in a really fundamental way which I'm really excited about.

[Craig Gear]

And I really love that the standard one in the quality, strength and quality standards. It's all about the individual. It's about the older person. Pat, we've got a pre-submitted question, can home care providers continue to subcontract to private providers who are not accredited or approved?

[Pat Sparrow]

Yeah. And this is really important. The answer is, yes, they can, because you might have somebody that you've already got coming into your home to help you with something that you really love working with. But they would still be able to do that. And importantly,

the same protections that apply currently, which is that they have to run it as if they're delivering delivering the service themselves to make sure that you've got all those protections will still be in place. But the short answer is. Yes, you can. And if you need to talk to your provider about that do that before one. November.

[Craig Gear]

Yeah. I might go to back to you, Liz, but this might also be something for Susan. We do hear like we heard from Amida before about a lot of people waiting for assessments. What about complaints about that single assessment system? Does that sit with you, or does it sit elsewhere? And why is that.

[Liz Hefren-Webb]

Thanks so much, Craig, and so we don't take complaints about the single assessment system, and the reason is that we are set up to take complaints about funded services. And the single assessment system is, you know, it's prior to the services being provided. And it's separate. So, people will need to go through the department for that, and I might say, if Susan wants to add anything to that.

[Susan Trainor]

Yeah, absolutely so. As Liz has mentioned, the department has oversight of the single assessment system. If an older person is unhappy with their aged care, assessment, or their ability to get an aged care assessment. The 1st step, if they have had an assessment, is to contact that assessor or their organization. Every single assessment system, assessment, organisation is required to have complaint procedures in place. And so that's your 1st step. If that doesn't resolve the issue, the next step is to contact my aged care. So I think and ran through this number before I'll say it again. It's 1800 200 422 before.

[Craig Gear]

yeah.

[Susan Trainor]

And then, finally, if if both of those steps don't resolve an issue, a person can apply to have a decision reconsidered by writing directly to the Secretary of the Australian Government's Department of Health, Disability, and ageing outlining why they think the decision should be changed.

[Craig Gear]

Right. Thanks. I'm gonna go to a live question now, Robyn Abrahams, I hear you're online. If you click that button to take yourself off mute. The team will have come to you. There, Robyn, are you with us?

[Robyn Abrahams]

Hello! I'm Robyn. Thanks for running the session today. Mine's a very broad-brush thing. Is there going to be any constancy about providers. What one provider will do versus another provider won't do, can't do, does do sometimes does, etc, etc. One thing that comes to my mind is reimbursement.

For instance, some providers are perfectly happy for you to go ahead and get something if they've approved it and then reimburse you. Others will not even have a bar of it. That kind of thing, that inconsistency across providers makes life very difficult for all concerned. Will the new rules be sufficiently clear that that kind of thing is just a load of nonsense, and all providers will basically be the same. Or are they going to be allowed to do what they please. As currently is the case.

[Craig Gear]

All right, quick one, to answer from you, Liz, and then quickly from Susan. I think.

[Liz Hefren-Webb]

Thank you. So certainly, we'll be assessing all providers based on the same obligations, and those obligations are designed to be centre on the older person. So, from our perspective, the provider should be taking all steps to make sure the older person has the maximum amount of control. aged care, and that includes where they can

purchase something, and prefer to purchase something themselves that should be made. That should be possible. But I might say Susan is in charge of the support at Home Manual, and so I might pass to her.

[Susan Trainor]

Yeah, look, unfortunately, this isn't something where I can provide a whole lot more clarity. Just off the top of my head.

This might be one where we need to go away and provide a little bit more information after the session today. There, of course, the Manual provides a lot of information for providers about all sorts of things, what they can and can't do. But it's not expected that every provider looks identical. And that's part of part of letting them run a business. But that's also part of letting people have some choice and control in how they receive their aged care services.

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[Craig Gear]

And we want consistency. But we want a little bit of flexibility there as well.

[Pat Sparrow]

Yeah. And and Susan, thanks for agreeing to take that on those as a good question, Robyn, and a good discussion. Unfortunately, we have to move on to the next one. I feel like we could. Do you know, webinars, each of these separately. But we do need to move on now to talk about service delivery and in service delivery. We're going to focus on residential care in the workforce, and it is great. The questions that are coming through are really good, and we will be capturing those and come back. And we really appreciate that we're having such a respectful conversation with all of us, and we know it's not always easy to talk about these topics.

So, thanks to the way everyone's participating, so on to service, delivery, residential care and workforce. And we know that you know at the end of the day that access to high quality. Person-centred care is what all the people want. And it's actually what people deserve to be able to get. And as the system's changing, people are saying, well, how are providers going to ensure they've got the right staff and the right skills? How are they going to make sure that rights are upheld, and so right through from clinical and specialised services right through to any service that's being provided.

How is this going to work? So, we're going to start with the pre-submitted questions again. Please remember to put any questions in the Q. And a. Or raise your hand. And, Liz, I'm going to go to you 1st to start this off. How do you see providers are going to deliver services with trained care and staff.

[Liz Hefren-Webb]

Thanks so much pat. So, the quality standards do include requirements that staff are properly trained. and we expect that staff will be given paid time to undertake training, and that they have a lot of opportunity to upskill. We assess that when we undertake our audits and assessments, we also follow up often when we're dealing with a complaint or a serious incident. One of the 1st things we check is where the staff properly trained, and did they have access to the right training so that they could deliver the high-quality care.

So training is a really critical part of what we look at. Providers have been asking for guidance on what that should look like, and you know we've given them lots of guidance about what a high-quality training plan can look like it might look different in each place, but it's really about them committing to their staff and committing to give them the skills they need.

[Pat Sparrow]

Thanks, is that's great, that it's a real focus. And before I go to some live questions, Craig, I want to ask you a question, particularly around nurses, and how they might

work in residential care. And how can they assess if someone's condition worsens? Are there any significant changes in how that happens.

[Craig Gear]

Look, it's been really good that there's been my background as a registered nurse myself was in a different area of emergency. But it's been really good to see the increasing funding and the requirement for a registered nurse in every aged care home

for 24 hours per day, and coming along with that it's been probably the increase clinical standards that comes with that increased ability to assess a patient sometimes means that the person doesn't need to go to hospital.

The other thing I think of is the Commission on Quality and Safety and Healthcare did a lot of work around clinical standards, so that there's this standard Number 5, and there's a whole lot of guidance out there that is, out there for nurses as well and registered nurses are meant to continue to develop their practice. They're actually required to under their registration. So, they'll be continuing to upskill themselves, because that registered nurse is a really vital part of the care team working with the GPs and the personal care workers. Everyone else in that team. But they are a core part of it and part of assessing.

[Pat Sparrow]

A very particular role around that assessment. So, it's important to know that. Thank you. Some questions are coming in thick and fast. Now, I'm going to start one with one that I think, and maybe Susan or Anne can help with this one. It's from Mithrani who's just saying there's so much information. How can I get a printed copy of copy of things like my rights and needs or other information from the department. Susan, are people able to get printed copies from you.

[Susan Trainor]

We can absolutely post people printed copies of things. Some products can be available from some public libraries, or when our at a range of things like various public events, coda and open events, but also seniors, expos, and things like that. We will very often have department representatives there. We've printed copies, but if that's not available to you, ring either ring the department switchboard or ring the my aged care contact center, and they can, if they can't help you directly, they can help you find the person who can. And we're absolutely always able to to post people things directly if needed.

[Pat Sparrow]

Terrific. That's good to hear. I think there's a follow up question for you, Liz, about staff and providers going to be held accountable if they haven't done the training that's required.

[Liz Hefren-Webb]

Yes, they will. So, where we think that the provider hasn't met the standard that we require that will be publicly documented, and we will be requiring them to have an improvement plan. If there's persistent non-compliance like, they can persist with not remediating the issues. We can give them various notices. We can ask them to enter into an enforceable undertaking. And at the most extreme end we can deregister providers. And obviously that's a big step, and it's not something we do lightly. But if our view is that the provider is not taking seriously their responsibility to give people the highest quality care. That is what we will do.

[Pat Sparrow]

Thank you. A really important point. There that that's going to be publicly available. We do have a live question from Rianna Peace. So, Rianna. We're going to come to you if you make sure you click the box so we can hear you just click to say you're on mute, Rianna.

Is that better?

[Pat Sparrow]

There, we can hear you now. Good on you. What's your question?

[Rianna Peace]

So, I come from background as a provider. from a provider's perspective. How do we weigh up our risk versus the consumers? Dignity of risk? When it comes to providing care for them. That's always been a big thing for me. Weighing up the safety of the consumer versus my own.

[Pat Sparrow]

It's really important question. Liz, did you want to make any comment on that particular issue?

[Liz Hefren-Webb]

It is really complex, Rianna. I don't think we should underestimate how complex it can be. For example, an older person might want to, you know. Say they want to sit in the sun for a few hours, and that's their choice that they're making, and that's what they want to do. It might be actually quite high risk for them to do that.

And so, it's not an easy question in any way. But, as with the rest of us. Once informed, you know, provided with the relevant information, we all make judgments and assessments about the levels of risk we want to take in our life. And so, in the end it's it is the older person. But I'm not going to pretend it's an easy or quick answer. I think these

things will be need to be negotiated. And I think it's a really important question you've raised.

[Pat Sparrow]

It is. And I think it's really important. Yeah, absolutely and really important to acknowledge that. You know, I've made decisions all of my life, and as an old person I can still make those decisions. And I'm sure, Rianna, for providers there'll be more forums, etc, to work through some of how those things might play out. But thanks for

raising the question today, I think I've got one more question I'm able to do in this section.

I'm just checking. And it's from Linda navigate a role within the system. And I guess this will be for Susan within the system to be available for people to work through the complex system. I think it's a really important question. The current care finders work with people who've got complex needs. But we find all the time people say to us, we just want to talk to someone and ask some simple questions. So, Susan, is that something the department's looking at.

[Susan Trainor]

Look, the T. The department does have a a whole team working on how we manage navigation and access to making sure people can find their way through the system. We do know that, much as we would love for people to be thinking about and planning for their aged care needs at an earlier stage of life. It's quite often the case that people are trying to understand the system for the 1st time when they need services.

Now, so obviously, we have a lot of online resources through the my aged care website, we do also have the My aged care contact center, which is a great 1st place to start if you just want to ask someone a few questions about how things work. But then online, we have a whole range of things from just understanding the system. We have a booklet on steps to enter an aged care home, the fee estimator, find a provider tool. There's a whole range of pieces of information out there.

[Pat Sparrow]

Thanks, Susan, and my aged care is important. But to Linda and those of you who are wondering about that, that's also an issue that I think both of our organizations have been taking up that sometimes you just want. You've just got you want to sit with someone for half an hour and ask some simple questions. So please be aware that we, as COTA and as OPAN, are continuing to raise that, acknowledging all of the things that Susan has said is available. And, Craig, I think we're going back to you now for now.

[Craig Gear]

Home care. And what's changing with moving to this new supportive home program been one of the bigger things that the people have been asking about. What is it going to mean? What is it going to mean for the Commonwealth home support program that's staying in place until at least July 2027. And also, people have been asking about what is this? No worse off and really concerned about what does it mean? And will I actually be no worse off?

So, we talked a little bit about how the system is going to work earlier on and Pat took you through some of that but then I'm probably going to want to tap into a bit about what this no worse off is here. And really, what this means for services that people want to stay in their home.

[Pat Sparrow]

And yeah.

[Craig Gear]

So, Susan, one of the pre-submitted questions was that question about what does no worse off mean for people on packages? I'm wondering if you could give us a bit of your thoughts, on that.

[Susan Trainor]

Sure. So, when we talk about the no worse off principle, we are very specifically talking about how much people pay when we talk, use that sort of language, but we also have grandfathering arrangements for people's packages and what they receive. So, the no worse off principle ensures people who are who are receiving a package before 12 or approved for a package before 12 September last year pay the same or less, but when it comes to their package.

A person will enter support at home with the same package value of their current home care package. Even if that doesn't neatly line up with one of the new supports at home classes. So, we're moving from 4 classes to 8. But it's not sort of we've just stacked 5, 6, 7, and 8 over the top. It's they spread out more gradually.

And so a person will move on to something that looks exactly the same as their current package their unspent funds really, importantly, stay with them, and will continue to be accessed by them, and you will not pay contributions on your unspent funds, because if you've paid an income tested care, Fee, you've already made that the contribution for that amount of money. When a person's care needs change, they will get reassessed. If they choose to accept the Higher care package at that point they'll move across from a home care package to a support home package so a person can stay on a level. 1, 2, 3, 4 home care package, for however long they were, they they want to. But if they want to increase that package level. They don't move from a home care package 3 to 4. They'll move from a home care package to the next suitable support at home class.

But that will only happen when a person's needs change, and it will only happen if they choose to take up that package so they can choose to remain on on their current home care package level if they prefer.

[Pat Sparrow]

Yeah, just wondering a question of clarification that that we get? Asked Susan, that that might be prompted by what you've just said when you're carrying your unspent funds into the new arrangement. Is there a time limit on when you have to spend those at all? That's something people have been asking us a lot.

[Susan Trainor]

My understanding is there's not a time limit on those. The treatment of unspent funds from your support at home. Budget, once it commences, is a little bit different. We limit how much rolls over and how far it may roll over for. But the intention is that you would use your budget and then reach into those unspent funds, and they'll stay with you. And so, it's intended that those those will not expire.

[Craig Gear]

Before we go to some of the online questions, one for you, COTA is really involved with self-management. What's your thoughts about self-management under the new supported home program.

[Pat Sparrow]

So technically, people can still self-manage under the new program. We're a little concerned that it might be harder for people to do so. One of the good things about what's happened is care. Management is being recognized more in the system. It's really important for people to have someone that they can connect with and knows what's going on. So, we think that's a good feature. But we are a little concerned that while you can still self-manage. It might be more difficult under the new arrangements. And that's another thing that we are continuing to seek certainty about and to advocate on, because we think it's really important. And I think it's come through in the comments today. It's really important that you, as the old person or me as the older person has got as much control as I can have. And so yes, technically, you can still do it. We're worried. It might be harder. We're continuing to advocate to make it clearer and easier for those who want to self-manage to do so.

[Craig Gear]

Yeah, great Susan, there's a couple coming for you from online. We're taking the online ones now. And I think we're going to have one person, Jules, going to come to you shortly and take you off mute. So just get ready, Susan, will there be a better online fee calculator? So, people can understand what they're going to be contributing? And is that going to be ready before one November.

[Susan Trainor]

So what? What we have at the moment we need to be able to hold space still for the calculators to take people through what they pay right now and between now one

November, when we reach one November, we will have an updated and upgraded version of the the calculator. That will be a little bit more, a little bit more fulsome. That will get people that will be and we're certainly working with COTA in particular, at the moment on what we can do to continue to refine that and make it a bit more user friendly. But because at the moment we're trying to run effectively 4 calculators at once to help people understand current home care packages, current, residential, and then support at home for the future and future residential systems. We've sort of got what we've got until we get to one November.

[Craig Gear]

Right. So, anon. Anonymous is also asked about transport here per trip is simply not understandable. A 5-kilometre trip to the shops will be billed a lot more than the actual cost, whereas a longer trip will leave the provider short. Changed does not pass the pub test, and I'm not sure why this is eventuated. Any insights.

[Susan Trainor]

I don't have any insights on that. Unfortunately, that might be something that we need to take offline. To sort of understand a little bit more, or perhaps, if we get a little bit more information about the sort of case there there are, there will be some things, some different treatments for rural and remote cases and things like that in built into

the system. But I think, being able to understand what the concerns there are in a bit more detail. We can give some more useful information later.

[Craig Gear]

Great. Dorothy. I'm gonna come to you in a second and get you off mute, but a quick one for Liz. Can a provider refuse to bring someone on as a subcontracted service person I want to use is working with other aged care providers. But my provider is saying they limited by the number of people they can bring on, and I need to use someone they have already on their books. Can they do that? That one was for Liz.

[Liz Hefren-Webb]

Sorry I was just taking myself off mute, so The as Pat mentioned earlier. If, if a provider subcontract someone, they have to essentially be confident that that subcontractor is meeting all the obligations and respecting all the rights in exactly the same way that we require the the provider to. And so, it does mean that they will need to have a relationship of really high trust, I guess. with that subcontractor or or means in which they could kind of, I guess, satisfy themselves. So. Now, if this is a provider that you think is high quality. There's no reason why that shouldn't be the case. But I think we just need to understand. It's it's not an a straightforward manner in in all cases.

[Pat Sparrow]

Craig. That's also something that someone would come for you, because that's a particular issue with a particular provider. So technically in the system that shouldn't be a problem as long as those things that Liz just talked about a met. But maybe in that instance it's something they might want to ring and get.

[Craig Gear]

1800 700 600. Dorothy coming to you now, do you want to click on that and take off yourself off mute? And what's your question?

[Dorothy Waterhouse]

Oh, yes, thank you so much for running this session today. It's fantastic. We've been in the system for a while. It's my husband. But I'll use the 1st person to make it easier, and it looks like there's going to be a huge increase in the assessments I'm doing quotes here and then that then subsequently, is an increase in the time to enact a change in my care plan and therefore supplying me with what I need for my care. And I'll give you the example.

Currently, I can advise my care manager of changes in my health needs, supported by my medical team advice, by one email or phone call. Instantly the care plan is changed and updated, and the new requirements that I need for my health and my safety are paid for out of my care plan in that within a week, at the most, the new system, as I understand it, will require me to have a new assessment. Nothing to do with my care, manager. They're not in the loop anymore.

Each time that I have a health change, and I have Parkinson's and Lewy bodies dementia, so the changes can come very rapidly. My husband started falling down the stairs. We had to change all the stairs to ramps. Now we were able to get that done within a month, and he'd had several falls serious falls over time, and it had to be done quickly to keep him in the home, and that has been successful.

But in the new system I can't. I won't be able to talk to my care manager. That system that isn't there. The care manager no longer has the responsibility and the relationship with me that she's built over years to have a quick turnaround and provide what's needed. I can't see that that's an improvement. And also, there's no staff. There's no assess there's not enough assessing.

[Craig Gear]

Yeah, I'm going to come to Susan in a sec to answer it. But it is something we're worried about a little bit that the service assessment system needs to be really agile. But my understanding is that the care manager will still be able to work with you and provide a bit of flexibility within your level of that. It's when people need to go to a higher level that that's when that's going to happen. But I'll just go to Susan to see if you've got a because we don't want to lose that flexibility in the system. No, we need it.

[Pat Sparrow]

Yeah. That example is a really clear example as to why we can't.

[Susan Trainor]

Yeah, look it, it is. It is the. You will need an assessment to change package level support at home package levels. But much like you do with a home care package. Now. It's not expected that you have an assessment, and then we go. That's the set of exact set of things you've chosen, and there's no changes.

You'll be assessed and and found assessed, as you know, the a set of services approved for a set of services, and then there will still be ability for people to choose and design their package, how they use their package from within those, and there's not an expectation that you get reassessed if you want to change how you use your package whilst you're in that same same group.

[Craig Gear]

Yeah, it is something that COTA and OPAN are really going to be monitoring to make sure that the timeframes for any of those reassessments and the the care management hours are adequate. Part of the redesign is to give more flexibility. So, people get the care management that they need not just a set number of hours. But we're really going to keep our eyes on this. And did you want to say something about

that quickly? About what sort of the task force has been talking about around monitoring.

[Anne Burgess]

Yeah, so we are on the task force. We want to watch really carefully what happens with people after the implementation of the new act so as well as there being an evaluation of how it's going. We're going to watch really carefully, month by month. Where things are not being implemented in the way that we think they were expected to. And so, and the department's really and make the changes that are required. So, we wanna watch that. Yeah.

[Pat Sparrow]

And important for Dorothy. If it's within your package level, it doesn't really change from how it would happen now if it kicks over that, and thanks for sharing that experience. I'm sorry I have to move us on again. And, Dorothy, I just want to say I could feel your air quotes around what you were saying. So well done. The last bit we're actually going to discover is around the fact that unsurprisingly, when you turn 65 or 70, you don't all of a sudden become a homogeneous. a homogeneous group. So older people have got diverse backgrounds. They've had diverse experiences.

They've got different care needs. And we have to make sure that the aged care system that can actually really support people with the needs that they have. We've had lots of questions about this. How is it going to support? How's the new system going to support people with more complex health needs or people with different social or cultural needs, including people living with dementia palliative care comes up time and time again, and people who've perhaps had some kind of trauma in their life, or other disadvantage that needs to be taken into account.

So, we're going to start that. Now don't forget to put your questions into the Q. And a. Or raise your hand if you've got a specific question. But I'm going to go 1st to Susan, Susan.

How will the changes affect people living with dementia and their care and transport was a particular element. People wanted to ask a question about here.

[Susan Trainor]

Yeah, look. So, I think probably most where this is most relevant is when we're talking about the dementia and cognition supplement. Now, people who are a home care package, recipient, transitioning into support at home. Whilst we've talked a few times about those legacy home care packages, whilst a person's in one of those legacy packages they will retain their dementia and cognition supplement. But what will happen is if they get reassessed and moved to a support at home class level. That supplement will go away. And that's because the new framework already considers things like whether a person is living with dementia in deciding what level package a person is recommended to receive.

So yeah, it will be built into the assessment and built into the core value of the person supported home package.

[Pat Sparrow]

Thank you. I'm going to ask Craig a question now about palliative care, which, as I said, comes up time and time again. So how easy is it going to be to access palliative care under aged care rather than health? And does it mean if you're getting it from one you can't get it from another. And there's that new palliative care pathway. So, do you want to?

[Craig Gear]

Just well, I think that's 1 of the really important things one of the things I'm looking forward to, coming into the system as well as the restorative care pathway, which is about more allied health. Where get people back on their feet when they've got a fall. But this is around 3 months of support, and that could be extended for up to 4 months a value of \$25,000. And it's really because we know that around 70 to 80% of people say that they want to actually die in their home. And only around 11% of people get to do it.

[Pat Sparrow]

Yeah, lots of people end up in hospital. It's not what they want.

[Craig Gear]

Yeah. So, this is about the care and support those wraparound services increase. It doesn't mean that state palliative care service doesn't still come and see you. And so, the team will need to work quite carefully together to coordinate that care, and so that palliative care person might be the care coordinator. But these additional personal care workers and supports might come in. One of the other.

Questions often get is what happens at the end, and if someone doesn't die before the 3 months or the 4 months we've been reassured, and Susan's reassured me that you will go back onto the home care. Sorry the supported home program and an appropriate level. So, the assessment will actually think about that, and about whether you may need to be on a higher level of support than you were before as well. And of course, the State palliative care can continue to support someone.

[Pat Sparrow]

So, it's a really important innovation that's going to be important. Don't forget to put your questions in. If you do have any questions while we're waiting to see if anyone does, I'm going to ask Anne about how's the first Nations community going to be impacted by the new act. Anne.

[Anne Burgess]

So, one of the things that we keep saying at Council of Elders is, please don't think of us as a blancmange. All the same, we're all really different. And we had had really different. wants and needs and wishes and aspirations for our lives. So, what's really

good about the act we keep saying is, it starts off with rights. It starts off by saying everyone's got a right, and it also says everybody has a right to make decisions themselves to the extent that they want to do that. And what's really really good in both the rights and the standards is it refers to cultural safety for people. So, in terms of 1st nation people, people with multicultural backgrounds. Whatever it is, however, you want to live your life.

That's your right to live it in that sort of way. And to get those sorts of services and in the standards the provider needs to consider your individual needs and rights and cultural safety and provide services in order to meet your needs and preferences. So, I think it's a big step forward in this act.

[Pat Sparrow]

Thanks. Thanks so much. I've got a new who wants to ask a question. So, I Anoop if you can click the box so that we can hear you. That would be fantastic.

[Anoop Sud]

My query is very simple. When when we have to register somebody as a support person on My Age Care. there's normally only a telephone call. How would they know that there's no gun pointed to my head to point somebody? I mean, there is no video call or nothing. And if person is being registered for me, and demand.

[Craig Gear]

Yeah.

[Anoop Sud]

Just register that person. How how do they know that the gun is not being held to my my head?

[Craig Gear]

It's a really good point, and we've been doing a lot of work with COTA around. What's called now going to be called the supporter framework or the registered supporter, and they should be asking questions so that there are, is the ability to submit a form. So, if people were going. No, I prefer to do that. The supported decision-making framework in the new act does talk about you having that person as your supporter, not so that they can make your decision, but they can support you in your decisions to do that. But yes, we're wanting them to check and speak to you as the person, and that's what the my aged care centre should be doing is actually saying, talking to the older person, the care recipient first, and determining that someone shouldn't be able to just fill in the

form because you, appointing that person is at your consent. You choose your supporter. So, I think that's really important.

[Anoop Sud]

My question is because there is no no face to face, and there is no video call.

[Craig Gear]

Correct. So, I suppose that there is a a level of risk there. I do acknowledge that people could potentially go into Services Australia and talk to them at the at the Centrelink service and that sort of thing. If you've got concerns about that but yeah, I think we could do.

[Pat Sparrow]

Yeah, I think I just want to acknowledge, because we're going to have to move on. We're running out of time. But I do want to acknowledge there was some questions there about rural and remote services and making sure that you can get services if you live in a rural and remote area, and also the new what was called additional services that will now be called higher, everyday living fees. So, we'll try and make sure that we get information out to you. And I think. Craig, are we looking at as we come to the end? We're looking for general questions,

[Craig Gear]

Any general questions from anyone.

[Pat Sparrow]

There's 1 for Liz. Yeah. Do you want to read it, Craig? We're talking each other over and over. Now, aren't we? The question for you, Liz, if support at home only pays for the in-home activities of allied health workers like Podiatrists. How are their travel and report writing paid for? Or that might actually be a question for Susan. And Susan wants.

[Liz Hefren-Webb]

That's for Susan. Yeah.

[Pat Sparrow]

Yeah. And, Susan, while you're on a roll, can you also talk to the audience about the hardship application process. And is it going to improve? Because people are, you know, people are saying that. And this is from Amina. They just they're waiting for such a

long time to know whether they're going to have hardship support. So can I throw those last 2 questions to you?

[Susan Trainor]

Yeah, look, I think on the one about what we what is included in the the unit price for Allied health workers. I think I might need to take that on notice and and take that away and get some more information on that, because we talk about unit prices, and there's a lot of work going on about what those will look like moving forwards where? I can't speak to what I hacker may or may not be considering, as they develop those over time on.

on hardship, though we've been working really hard with services, Australia on that, because we are aware, I sort of talk about services. Australia does a really good job of meeting that 28 days to process your application once they have all the information. But it's really hard to get to the point where services Australia have all the information, and some of that is because

the whole thing is a post-based system because of the evidence requirements that you need to have to back up what you put on your application form. We know that that's it's really, I think, as well as people being declined assistance. There are people who just give up on that system people who are in real need of financial assistance with meeting their aged care costs.

But the process is too hard. So, we've been working with services, Australia, to see if there's things we can do on making those evidence requirements a little bit easier, making it a faster process. I don't know. Services. Australia have been putting a real effort into clearing their backlog at the moment. They've roughly half that in the last 3 months, which is great. But there's obviously it would be better if there was no backlog. So, we're working working hard with them and hoping to be able to have some improvements in place. Well and truly, before the 1st of November.

[Pat Sparrow]

That's encouraging, and we look forward to seeing what that process is going to be and making sure that people can get through it in a much better way. I think we've got another couple of questions that we can look at, and the person's nominated you, but it might be for other panellists to comment as well, which is about whether or not personal hygiene needs of individuals requiring preventing risk to skin integrity and overall health decline. I think people are probably talking about showering and stuff like this here. And the question really is, shouldn't it be considered under the service list as clinical care rather than where it sits currently, and that make sure that people can access it regardless of their financial circumstance. And or maybe Susan again. Sorry, Susan, we're coming to you a bit. But either of you, if you'd like to comment on that, that'd be great.

[Anne Burgess]

So maybe I can just make the overall comment which will not make people happy. This is something that we've all heard about a lot from a lot of people about showering and not being in the clinical category. I mean, this is, the categories were considered a lot. Government in the end made that decision.

I know a lot of people are unhappy about it, and it's another one that's on the shelf to be looked at really carefully over the 1st few months to see the impact that has with people. But Susan can probably talk more in more detail about it.

[Susan Trainor]

Yeah, look, it's when it comes to conversations about what is in that clinical care list that's fully funded by government compared to what's in other, the other categories where people will make a Co contribution. It's fair to say that showering is the one we hear about the most. As Anne has said, the Government made decisions about those classifications. When support at home commences, we will be absolutely looking at doing a whole range of monitoring to see what actually happens when it starts. So, monitoring to see what people are using, what categories of services people are using? Do we see changes in behaviour that suggest that there's things that are that need. Could could that warrant another look or need refining? And that also applies to hardship applications? What's happening with how many of those come through. A lot of time on that. Yeah.

[Pat Sparrow]

Be sure that COTA and OPAN are continuing to advocate on that. Sorry if we didn't get to your question.

[Craig Gear]

We're running out of time. So, look, I just want to say, thank you to everyone for all your questions today and participating in this information session and the big Q&A. And we've been really thoughtful and really important questions, and you can follow up with us through COTA or through OPAN of other questions, or as we said, call My Aged Care on 1800 200 422, or call us on 1800 700 600. I'd like to take this opportunity to really thank everyone on the panel. So, thank you to Anne, to Liz, to Susan. But most importantly, thank you. To my co-facilitator. Pat.

Thank you. It's always a pleasure Craig.

So, thank you for all being here today. Look after yourselves. And more importantly, stay connected. Thank you.

[Pat Sparrow]

Bye. Everyone.