

New Aged Care Act: The Big Q&A

Your questions answered

More than 4,300 people registered for our new Aged Care Act: *The Big Q&A* webinar. Between them they submitted more than 600 questions. Here we answer 20 that were raised frequently.

Navigating the system – access and equity

What is the best way to plan for your aged care and end of life journey if you have no family you can rely on?

A good starting point to plan for future aged care and end-of-life care needs is with your GP and a lawyer. Things to discuss with your GP include making a referral to My Aged Care for an assessment for aged care services and making an advance care directive to guide medical practitioners about your medical treatment and end-of-life care wishes. Things to discuss with your lawyer include appointing substitute decision-makers for personal, medical and financial matters. These are variously termed Enduring Power of Attorney or Enduring Guardian, depending on which state or territory you live in. You should appoint someone you trust, who will involve you in decision-making, follow your will and preferences, and who has the time to do it. If no family member or close friend fits the bill, you can appoint a private professional, or a public trustee.

You should also think about who you would like as a Registered Supporter. This person or persons can support you with making and communicating your aged care decisions, from your first contact with My Aged Care and with your chosen aged care providers.

OPAN's independent aged care advocates can assist you with raising and resolving issues in accessing aged care services or with your chosen aged care provider.

If you are not already registered, are you better off to be registered before November, and does that qualify you for “no worse off”?

It is always best to have registered with My Aged Care as soon as possible, as it can take some time before receiving an assessment or approval for aged care services.

For home care, the no worse off principle applies to older people who were registered with My Aged Care, and already receiving a home care package or assessed, approved and waiting for a package as of 12 September 2024 (when the Aged Care Bill was tabled in parliament). For residential care, the no worse off principle applies to anyone who enters residential aged care before 1 November 2025.

Why do I have to wait so long for an assessment?

When you request an assessment with My Aged Care you are assigned a priority. People with a high priority have risk factors such as an immediate risk to their personal safety or a breakdown in their usual care arrangements. Most other people are considered medium priority. If your circumstances have changed and your need for an assessment has become more urgent, contact My Aged Care.

The other thing that is causing people to wait a long time is that assessment services have a backlog of older people needing an assessment and not enough aged care assessors. As new, more urgent assessments are allocated to assessment organisations, older people who have already been waiting some time end up waiting even longer. OPAN is advocating with government to urgently address the long wait for aged care assessments. We support transparent public reporting of assessment wait times across Australia.

Fees and charges

What if people can't afford the gap? Why such limited kinds of service for My Aged Care?

If people are unable to afford to pay contributions towards their aged care, financial hardship assistance is available. To be eligible, you must have assets valued at less than \$44,811.00 and have not gifted more than \$10,000 in the last 12 months or \$30,000 over 5 years. Services Australia will check to see how much income you have left after you have paid all your essential expenses. If you do not have more than 15% of the basic age pension amount (or \$157.70 per fortnight) left after you have paid your essential expenses, you may be eligible for financial hardship assistance.

The service list for the Support at Home program has been developed to provide the types of services that evidence shows support older people to stay at home for longer and delay or avoid entry to residential aged care. It aims to provide clearer guidance on what aged care funding can be used for, compared to what is available under other

government funded programs or what is considered a general expense the individual is responsible for. This was a recommendation of the Aged Care Taskforce to improve the targeting of public expenditure on aged care services and reduce uncertainty over what can and cannot be funded. There are also rules about what is and is not funded in residential aged care. For example, prescribed medicines and transport are paid for by the individual.

Can you please provide details around how continence products will be funded for people on home care packages.

When Home Care Package recipients transition to the Support at Home program, disposable continence products can be funded as 'nursing care consumables' under the clinical care service category and reusable continence products can be funded as independence supports under the assistive technology and home modifications scheme.

People who get government funded home care whose support plan includes continence products are not eligible for the separate Continence Aids Payment Scheme (CAPS) of \$717.10 per year.

Call the National Continence Helpline on 1800 33 00 66 for advice and support.

What will the RAD be under the new system?

The amount of refundable accommodation deposit (RAD) paid is by agreement between the older person and the provider and depends on things like the location of the aged care home, the size of the room and the quality of the fit out. Government regulates the maximum amount that a provider can charge for a RAD without getting special approval from the Aged Care Quality and Safety Commission. As of 1 January 2025, this is \$750,000. Government also regulates the maximum amount that can be charged if you pay a Daily Accommodation Payment (DAP).

If you enter residential aged care from 1 November 2025, the provider is allowed to deduct 2% of the RAD for each year you stay, up to a maximum of 10%. This is intended to help fund renovations and refurbishment to maintain and improve aged care accommodation. The balance of the RAD is returned to you, or your estate when you leave.

How will the new aged care reforms protect older people from financial hardship when accessing services?

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OPAN is advocating with Services Australia to make the application and approval process easier and quicker.

Rights, regulation and accountability

How will the effectiveness of the new aged care act be evaluated?

- There will be a legislated review of the new Act after the first 3 years of implementation. The terms of reference will include:
- the operation of the Statement of Rights and the Statement of Principles
- the effectiveness of the Act in delivering the objects, including enabling individuals to exercise choice and control
- the effectiveness of the Act in embedding the role of supporters in the aged care system
- the extent of unmet demand for funded aged care services in a home or community setting
- the duration of waiting periods from application to service commencement for funded aged care services in a home or community setting
- the expansion of regular reporting on the duration of waiting periods for funded aged care services to cover specialist aged care programs.

Is there a grandfather provision for existing care recipients?

The no worse off principle applies to older people who were approved for, waiting for or receiving a home care package on 12 September 2024 and for all older people in residential aged care before 1 November 2025.

Who is going to regulate the new Act?

The new Aged Care Act is governed by the Department of Health, Disability and Ageing and regulated by the Aged Care Quality and Safety Commission. They will each have new powers to improve provider accountability for how government funding and older people's money is spent on delivering safe, quality care in accordance with the Statement of Rights.

Service delivery – residential and workforce

How can primary health networks (PHNs) support residential aged care services during this time?

Primary Health Networks (PHNs) have been funded by government to commission a range of services that help people to access the aged care system, such as care finders and to support improved care for older people and people living with dementia.

Care finders help older people who don't have a trusted person in their life to help them navigate the aged care system and who need more intensive support due to communication or cognitive difficulties, abuse or trauma.

Online dementia pathways help guide people through their dementia journey, from initial concerns about memory loss to post-diagnosis care and support, through to end-of-life care. They also provide information on local services like GPs, specialists, support groups, and respite care.

Other PHN support for people living in residential aged care may include:

- Aged Care Emergency (ACE) services to help residential aged care home manage acutely unwell residents, potentially reducing unnecessary hospital transfers
- Telehealth between GPs and RAC homes
- Palliative care needs assessment, monitoring, evaluation, support and resources

How well do you think families will accept that people living with dementia still have the right to make decisions about their care?

There is a lot of education still needed for the general community that a diagnosis of dementia does not automatically mean that someone has lost all decision-making ability. Most families do recognise that although a person living with dementia may need support to make major life decisions such as where to live, they are still able to make day-to-day decisions about their life and care. It is important that people who are registered as an aged care supporter for a person living with dementia also have access to support, such as information on why people have the right to supported decision-making and on the best ways to support someone with decision-making. It should also be recognised that providing support for decision-making can be time consuming and emotionally draining and supporters should have access to counselling and other supports to be able to continue to provide effective decision-making support to a person living with dementia.

Contact the National Dementia Helpline on 1800 100 500.

How are the changes going to improve the system?

Having the rights of older people respected is at the centre of the new Act and fundamental to improving the system. These reforms seek to empower older people, improve their quality of life, and ensure they receive the care they need in the setting of their choice. Replacing representatives with registered supporters means older people are presumed to be able to make their own aged care decisions and have access to support if they want and need it. Independent aged care advocates are authorised and empowered under the Act to help protect older people's rights.

The Act aims to improve provider accountability and strengthen the regulatory framework to ensure quality and safety standards are met. Information about the finances and operations of aged care providers is being published to enhance transparency and accountability.

The Support at Home program provides enhanced access to services, equipment, home modifications, restorative care and end-of-life care, enabling older people to remain in their homes longer.

In residential aged care, mandatory care minutes and 24/7 registered nurse availability, aim to ensure residents receive adequate clinical and personal care. Improved food and dining regulations are addressing food-related concerns.

Aged care workers are getting pay rises and improved access to training to attract and retain a skilled workforce.

Home care – Support at Home, Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)

What does “no worse off” mean for packages carried forward from My Aged Care

The no worse off principle ensures that older people receiving aged care services before the Act was tabled in parliament or commences will not be financially disadvantaged by the changes.

Older people already in residential aged care will continue to have their fees assessed under the existing rules.

Older people transitioning from Home Care Packages to the new Support at Home program will maintain their existing funding levels and any unspent funds.

The no worse off principle will continue to apply even if re-assessed and allocated a higher funding classification under the Support at Home program, or entering residential aged care.

How will changes affect family, friends and carers? What support is available?

The new Act says aged care needs assessments should include family and friend carers with the consent of the older person. This can help to ensure that the need for respite care and other supports that assist carers are identified and included in the support plan. Home and community-based respite care and overnight cottage respite care is available through the Commonwealth Home Support Program (CHSP) and the Support at Home program. Residential respite care is also available, although we are hearing that not all aged care providers will offer this unless the older person is transitioning to permanent care. Carers can also access emergency respite care and carer support independently of the aged care system through Carer Gateway.

Contact Carer Gateway on 1800 422 737

What finance tools/resources for the Support at Home programme will become available and when?

There are already a range of tools and resources available to help with understanding the costs and other aspects of the Support at Home program. These include fact sheets, videos and a fee estimator on My Aged Care. If you subscribe to the OPAN National Advocate and the department's EngAged newsletters, you will receive updates as new tools and resources become available.

Complex needs and inclusivity

What is being done to raise awareness among all of us, especially diverse communities?

The department has prepared a Sector Change Plan that outlines communication, engagement, guidance and training activities to support older people and the sector transition to the new Act. This includes supporting change through tailored communication and engagement across Australia, including for Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD) and LGBTIQ+ people.

Has the new aged care package factored in life trauma for Forgotten Australians?

Trauma informed and healing aware aged care service delivery is central to the new Act and Aged Care Quality Standards. Forgotten Australians who have received

compensation under the National Redress Scheme will not have this included in their aged care assets test. The specialisation verification process makes sure that any provider that says they specialise in providing trauma informed care for Forgotten Australians has been checked and verified for this capability.

How is language support provided for CALD clients in the new Act?

The Act focuses on meeting the communication needs of culturally and linguistically diverse people, including Aboriginal and Torres Strait Islander peoples, migrants, refugees, asylum seekers, and people who use sign language. Information and resources are made available in multiple languages to support individuals from diverse backgrounds.

The Act aims to ensure access to approved translating and interpreting services, including the National Translating and Interpreting Service (TIS) and Deaf Connect for Auslan interpreters.

Service providers are required to use interpreters and translators accredited through the National Accreditation Authority for Translators and Interpreters (NAATI).

How will the First Nations Community be impacted under the new Act?

First Nations people may be eligible for aged care services from the age of 50 instead of 65. The Elder Care Support program has already started to provide support to older First Nations people to understand aged care services, navigate the assessment process and get help with choosing a provider. New First Nations assessment services started on 1 July to deliver culturally safe and appropriate aged care assessments and better connect older Aboriginal and Torres Strait Islander people with appropriate care.

The National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program provides culturally safe and flexible aged care to older Aboriginal and Torres Strait Islander people, supporting them to stay close to home and community.

Culturally safe care means providing services that are acceptable to, and accessible by, the community, and that meet the needs of the individual such as respecting cultural traditions, providing services in a culturally safe way, and ensuring that individual needs, customs, and beliefs are valued and nurtured.

The Interim First Nations Aged Care Commissioner, Andrea Kelly is working with the government and aged care sector to advocate for culturally safe, trauma-aware, and healing informed aged care for all older Aboriginal and Torres Strait Islander people.