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Full name	John Frame
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State or territory	Western Australia
Organisation name (enter N/A if this does not apply to you)	Grandton Limited
Your role (enter N/A if this question does not apply to you)	Chairman
Which statement best describes your involvement with aged care?	Other (please specify) - Grandton Limited is reimagining seniors living - providing a paradigm shift in retirement living and aged care services.
What perspective do you represent?	People receiving care/aged care residents
If you work for a residential aged care provider, what type of organisation do you represent?	Not-for-profit
Are you located in a rural or remote area?	No (please specify) - Grandton Applecross - Perth
Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)	N/A
Have you heard of the Independent Health and Aged Care Pricing Authority (IHACPA) or the Independent Hospital Pricing Authority (IHPA) prior to this public consultation?	Yes
How did you hear about this consultation?	Social media (please specify) - The Source
What, if any, changes do you suggest IHACPA consider for the residential aged care pricing principles?	The current RAD arrangement is flawed in logic - it incubates wealth for inheritance leaving the Australian Taxpayers to meet the ever-increased costs of aged care. It has resulted in circa $34 billion in debt owed by the Providers to residents' families, debt that is not being provisioned for repayment. The inequity between a DAP and RAD is also illogical. Residents should be required to pay rent for occupancy - deductible from the RAD upon exit. This will fix the current insilvency scenariuo in RAC.

Do the current Australian National Aged Care Classification (AN-ACC) classes group residents in a manner that is relevant to both care and resource utilisation? (that is, require the same degree of resources to support their care delivery). What evidence is there to support your answer?	The costs of care should reasonably equate to the classifications with a margin of flexibility built into the overall funding scenario.
What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes?	NULL
Are there any other legitimate or unavoidable costs associated with a permanent resident's stage of care? For example, entry into or departure from a service.	Having been a CFO in two major NFP RAC Providers over 2 decades the biggest waste in cost structures are in the back office where there was an oversupply of employees undertaking non-clinical work. Some of this administrative labour cost is due to over regulation, but a large portion is due to the bed license ticket to money regime where a Provider receives the money and can direct how its spent. Consumer directed care regime and cessation of the gravy train bed license regime is required to bring a paradigm shift in operational efficiencies.
Are there any other legitimate or unavoidable costs associated with a respite resident's stage of care? What evidence is there to support your answer?	Ditto
What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice?	CPI adjusted for the direct costs that impact aged care service delivery.
What, if any, additional cost variations are associated with the provision of care to residents who require specialised services? What evidence is there to support this?	Case by case basis applies.
What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting?	NULL

What, if any, evidence or considerations will support IHACPA's longer term development path for safety and quality of AN-ACC and its associated adjustments?	NULL
How could, or should the AN-ACC model be modified to be used for Multi-Purpose Services (MPS) and are there any factors that aren't accounted for under the AN-ACC model?	NULL
How could, or should the AN-ACC model be modified to be used for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and are there any factors that aren't accounted for under the AN-ACC model?	NULL
Other comments	The foundation by which aged acre is financed is flawed in logic and requires a paradigm shift change. The entry gate for government assisted care support with asset and income tests needs to unlock more funding for user pay co-contributions. Once eligible the care funding must be paid to the care recipient under a consumer directed care model that ends the bed license and related payments directly to the Care Provider. The $34 billion locked up in RAD, incubated for inheritance, debt not being provisioned for repayment, requires the Taxpayers to fund a massive wave in increased care costs that is nationally unaffordable and unpalatable for the emerging taxpayer cohort. The cost differential between a care recipient paying a DAP to a RAD is flawed. A quick fix to the bottom line of the RAC Providers that will alleviate many pressure points with care service delivery is to establish a standard rent payment for occupying the bed payable as a DAP or deductible from the RAD and link this with co-contributions for care costs.
Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.	NULL
I consent to IHACPA contacting me for further information or clarification about my submission.	Yes, I consent
Receive a copy of your responses via email	NULL

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