RespID	1309606
Full name	Bryce Macryannis
Email address	[redacted]
Phone number	[redacted]
State or territory	New South Wales
Organisation name (enter N/A if this does not apply to you)	HammondCare
Your role (enter N/A if this question does not apply to you)	Government Relations Manager
Which statement best describes your involvement with aged care?	I am an approved provider for residential aged care
What perspective do you represent?	Aged care providers
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?	Yes (please specify) - We have a sites across NSW/ACT, one site located in Scone NSW MMM4 zone
Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)	People with dementia, People experiencing or at risk of homelessness
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?	Department of Health and Aged Care Newsletter Alert, Independent Health and Aged Care Pricing Authority email or letter
What, if any, changes do you suggest IHACPA consider for the residential aged care pricing principles?	
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?	Resource utilisation under the AN-ACC can vary for residents who are classified in the same AN-ACC class leading to a higher cost of care delivery. An example of this: Two residents who are both allocated Class 8 with lower cognitive ability, one may have challenging behaviors associated with living with dementia, requiring more care intervention and time spent keeping the resident and others safe, while another resident under Class 8 who is withdrawn with no or little physical behaviors would require little staff time to support. These residents would receive the same amount of funding despite the significant difference in cost to deliver care.
What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes?	

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.	The current gap in AN-ACC for 'class 11,12,13' is an issue for ensuring support for the consumer and sustainability of the residential care funding reform. Specifically, this example relates to when a resident enters residential care and becomes palliative during their stay, the current process to apply for reclassification allows for the instance that this person will pass away before a reclassification is made by the external assessor. In this scenario funding is not back dated. This is a problem that does to look at the consumers best interests in ensuring that they are classed appropriately meaning they do not receiving funding and care that reflect their palliative state – in a formal sense. The registered nurse requirement is a known challenge due to the sector wide workforce shortages. An unavoidable cost is the high need and increasing need for agency staff. The UTS Ageing Reaseach Aged Care Sector Mid-Year report 2022-23 finds: - Homes in MMM 4+ areas pay on average 10.5% more than homes in metropolitan areas for RNs. - The average agency cost per hour for RNs has grown by 19.1% since 2021 sitting at $91.68 per hour - The viability of the AN-ACC rate for direct care minutes will be challenged with prolonged workforce shortages. The increased agency costs and reliance will likely continue given there is not clear end or effective workforce plan to solve the workforce crisis in sight.
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?	
What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice?	
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?	

What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting?	AN-ACC does not yet provide a supplement for organisations operating in rural areas identified within Modified Monash Model 4 (MMM4). This is despite more limited access to quality Health infrastructure The cost of care in these thin market areas is high, and choice for consumers is limited. 65% of Rural and Remote, and 72% of Inner Regional care providers are operating at a loss. This sits above the national average 64%. This trend continues when viewing the care homes EBITDA losses: 46% of rural and remote care homes 50% of inner regional homes running Again, above the national average stands of 41% Currently this does not consider: Higher costs associated for services in these areas, including the lack of support and health infrastructure found in metropolitan areas The lack of diversity in the workforce Access to support services. While the AN-ACC funding model has positively addressed some financial disparities for the most remote homes in the sector, that same model has contributed to regional homes experiencing acute financial viability concerns.□
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?	
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?	

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?	
Other comments	HammondCare would welcome the opportunity to assist IHACPA with the above or any future studies to understand or substantiate the costs associated with care in RAC. If we can assist with any further data or access to our facilities for future studies, please feel free to reach out to me to discuss.
Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.	
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	[redacted]
First Name	
Last Name	
Email	
Organisation	
Timestamp	31/08/2023 14:25