

RespID	1298653
Full name	Tim Humphries
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State or territory	Victoria
Organisation name (enter N/A if this does not apply to you)	Homestyle Aged Care
Your role (enter N/A if this question does not apply to you)	CEO
Which statement best describes your involvement with aged care?	I work for a medium or small residential aged care provider
What perspective do you represent?	Aged care providers
If you work for a residential aged care provider, what type of organisation do you represent?	Private

Are you located in a rural or remote area?	No (please specify) - Metro Melbourne and Geelong
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?	Other (please specify) - Ageing Agenda Article

<p>What, if any, changes do you suggest IHACPA consider for the residential aged care pricing principles?</p>	<p>The accommodation price of \$550,000 has been in place since the implementation of the living longer living better reforms in July 2014. Indexing this amount and or having limits per capital city based average housing prices would reduce IHACPA work load and allow providers the freedom to price rooms and allow market forces to deem its appropriateness.</p> <p>Indexation of aged care funding has been well behind inflation for many years the compounding of this is leading to the financial collapse of many providers. Which is expected to increase. Recognition of this and a retrospective correction is needed. The Royal Commission noted the zero year indexation (Jul17 or18?) was the catalyst to the current financial state where over 50% of providers are making a loss.</p> <p>Reintroduce Retentions on Refundable accommodation Deposits (previously retentions on Accommodation bonds.)</p> <p>Factor oncosts and recognise the significant advantages NFP have over private providers.</p>
<p>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?</p>	
<p>What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes?</p>	<p>Consider changing the requirements for recognition of palliative care. Currently hospital discharge summaries will articulate palliative care, but we are required to then seek a GP document the same in a different format. Both should be acceptable.</p>

<p>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.</p>	<p>End of life and palliative care is very resource intensive if done well. The administrative requirements and delays in assessment mean this funding is often delayed or missed. The cost burden of providing this extremely important care is then borne by the provider.</p>
<p>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?</p>	<p>The funding for respite does not cover the costs associated with care. Industry treats it as a loss leading marketing activity. To develop care plans, and settle a resident into a new environment for any form of care requires the same amount of effort. Respite funding doesn't recognise this.</p>
<p>What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice?</p>	<p>As above even if the current and future indexation reflects price changes the significant historic indexation continues to compound and lead to provider failure. Indexation also need to consider state government levy's such as payroll tax (see Vic latest changes).</p>

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?

Palliative care and dementia care require additional staff time not reflected in the An-ACC.

What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting?

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?

<p>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?</p>	
<p>Other comments</p>	
<p>Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.</p>	

I consent to IHACPA contacting me for further information or clarification about my submission.	
Receive a copy of your responses via email	[REDACTED]
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