

Consultation Paper on the Pricing Framework for Australian Residential Aged Care Services 2024-25

Questionnaire

Please read the following information before making your submission to this public consultation.

About your submission

Your feedback will contribute to the development of the *Pricing Framework for Australian Residential Aged Care Services 2024-25* (the Pricing Framework), which will guide the Independent Health and Aged Care Pricing Authority's (IHACPA's) approach to developing its aged care pricing advice for residential aged care and residential respite care.

Before completing the questionnaire, you should read the [Consultation Paper on the Pricing Framework for Australian Residential Aged Care Services 2024-25](#) (the Consultation Paper).

This survey includes all 11 questions from the Consultation Paper. You are encouraged to respond only to questions of interest or relevance to you. You do not need to respond to all questions.

IHACPA has also included some questions that seek information about you, your role and your perspective. Answers to these questions will help us understand and contextualise your response. We would also like you to provide your name and email contact details so that we may contact you if we have any questions about your feedback. **All questions are optional**, however responses that do not include answers to these questions may be given reduced weight in our analysis and the development of the Pricing Framework.

Publication of submissions

All submissions, including the respondent's name and/or organisation name, will be published on IHACPA's website unless respondents specifically identify sections that they believe should be kept confidential due to commercial or other reasons. You should not include any sensitive or private information about yourself or your organisation that you do not wish to be publicly available.

We may use your details to contact you regarding your submission but we will never share any of your contact details or make your email or phone number public, abiding by our [Privacy Policy](#). Email addresses and phone numbers will be redacted or removed when submissions are uploaded to the IHACPA website.

Certain information in submissions may need to be withheld from publication in some circumstances, if it:

- may contain information that is commercially sensitive.
- is factually contentious - contains data, methodologies or processes that are likely to be contestable by another party on the basis of a fact.
- raises individual confidentiality concerns - contains information that, if released, may be in breach of confidentiality regulations.
- contains assumptions about likely legal or industrial determinations (for example wage increases) - information that, if released, may be used to prejudiced or influence determinations of other statutory agencies as representing an IHACPA position.

This questionnaire may take around fifteen minutes to one hour to complete, depending on the length of your responses and how many questions you choose to answer. We recommend copying your responses into a separate document in case you have any problems submitting your responses.

You are also welcome to make a submission by email to submissions.ihacpa@ihacpa.gov.au. If responding by email or mail, please attach a copy of the questionnaire to your submission.

Start your submission

1.Full name

Alison Skeldon

2.Email address

[REDACTED]

3.Phone number

[REDACTED]

4.State or territory (please choose one option)

- NSW
- Victoria
- Queensland
- South Australia
- Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory

5.Organisation name (enter N/A if this does not apply to you)

Latrobe Valley Village, Inc.

6. Your role (enter N/A if this question does not apply to you)

Chief Executive Officer

7. Which statement best describes your involvement with aged care? (please choose one option)

- I am an aged care resident or person receiving care
- I am a carer and/or family member of a person receiving care
- I am from a peak body or similar organisation
- I am from a professional college or association
- I work for a medium or small residential aged care provider
- I am an approved provider for residential aged care
- I work for a home care provider
- I am a health professional/clinician
- I work for a Commonwealth, state or territory government department or agency
- I work for a Primary Health Network (PHN)
- I work for a Local Health Network (LHN) or public hospital
- I work for a private hospital or private hospital association
- I work with a research institute, organisation, university, policy institute or consulting group
- I work for an information technology provider
- I am from the general public
- Other (please specify)

If other please provide details:

[Click or tap here to enter details.](#)

8. What perspective do you represent? (please choose one option)

- People receiving care/aged care residents
- Carers and family members
- Aged care providers
- Clinical workforce
- Non-clinical workforce
- Australian Government
- State or territory government
- General public
- Other aged care stakeholder (please specify)
- Other (please specify)

If other please provide details:

[Click or tap here to enter details.](#)

9.If you work for a residential aged care provider, what type of organisation do you represent? (please choose one option)

- Government-owned
- Private
- Not-for-profit
- N/A
- Prefer not to say

10.Are you located in a rural or remote area? (please choose one option)

- Yes (please specify)
- No (please specify)

Please provide details:

Gippsland, MMM 3

11.Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)

- Aboriginal and Torres Strait Islander peoples
- Culturally and linguistically diverse communities
- People with dementia
- People experiencing or at risk of homelessness
- LGBTQI+ people
- Veterans
- N/A
- Other (please specify)

If other please provide details:

[Click or tap here to enter details.](#)

12.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
- No

13.How did you hear about this consultation?

- Social media (please specify)
- Department of Health and Aged Care Newsletter Alert
- Independent Health and Aged Care Pricing Authority email or letter
- Peak body or similar organisation
- Commonwealth, state or territory government department or agency
- Another aged care provider
- Other (please specify)

If you selected social media or other or please provide details:

[Click or tap here to enter details.](#)

Consultation questions

Principles for activity based funding in aged care

14. What, if any, changes do you suggest IHACPA consider for the residential aged care pricing principles? (maximum: 5,000 characters)

Nothing to add

The Australian National Aged Care Classification funding model

15. 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? (maximum: 5,000 characters)

The classification does not consider the significant care needs presented when residents are independently mobile or have assisted mobility with low/deteriorating cognition.

Supporting a mobile resident with a dementia diagnosis and wandering behaviours requires additional care resources to ensure the safety and wellbeing of the resident and co residents. This often entails providing 1:1 care staff supervision whether the resident is independent or has assisted mobility. This takes care staff away from other resident care which then requires backfill to ensure the best care.

It is conceivable that lack of funding to adequately supervise this resident presentation might link to the unintended use of chemical restraint to manage assessed risk.

No classification adequately resources this care presentation with an assumption made that only people who are not mobile present higher care and resource utilisation.

Class 8 does not meet the true cost of the intensity of support required for residents as described.

16. What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes? (maximum: 5,000 characters)

[Click or tap here to enter text.](#)

17. 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. (maximum: 5,000 characters)

Yes.

Entry

Psychosocial support is key to the successful entry and settlement into services. Our experience shows that people entering care later than before the increased focus on community based aged care often enter with more complex needs and a lack of choice about their move from home.

Leisure and lifestyle program support may address this within the scope of practice however, there is limited support available from services qualified to identify and assist with grief, loss and adjustment issues appropriately. Due to the lack of funds to source such support in a timely way, key clinical staff become engaged in higher level pastoral care at the cost of care to other residents.

Departure

Shorter lengths of stay and higher resident turnover result in more frequent days when a room may be unoccupied while family organise to remove resident belongings. Where there is no family, this activity and the disposal of belongings falls to care or hotel staff, which diverts them from other tasks.

In complex family circumstances, care or administration staff will often need several days to negotiate with resident contacts to complete removal of belongings. This incurs the cost of the staff time and an opportunity cost of the room remaining vacant while other residents are waitlisted for admission.

18. 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? (maximum: 5,000 characters)

Residential respite is functioning often as a health check and reset for people with complex needs and unstable health which is more than an emerging trend. This is instead of respite as a break to support sustainable community living, and assist those with caring roles.

People using respite often present with more complex health needs that are unmanaged and uncontrolled on entry. Examples include uncontrolled diabetes, wounds and medication management issues. This means key clinical care staff spend many hours assessing and coordinating health care services in order to stabilise the health of the respite resident. Our experience shows that this is co occurring with the resident's non compliance with medication and care regimes in the community, leading to respite as crisis response from family or home care package providers.

Clinical staff are undertaking care planning and coordination activities with external stakeholders to ensure the person can safely return home.

Again, the cost of care for residents presenting in this way is high due to the personnel required and their diversion from the care of other respite and permanent residents.

Developing aged care pricing advice

19. What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice? (maximum: 5,000 characters)

[Click or tap here to enter text.](#)

Adjustments to the recommended price

20. 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? (maximum: 5,000 characters)

[Click or tap here to enter text.](#)

21. What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting? (maximum: 5,000 characters)

The MMM3 status of providers located in populated towns in regional areas overestimates the availability of workforce, and underestimates the reliance on and cost of sourcing agency staff from metropolitan areas.

Although agencies have local offices, their staff are not located locally.

Agency staff are unavailable without overnight accommodation and additional cost of care due to the 100 minute distance from Melbourne CBD.

This is exacerbated when the aged care provider is competing with a major regional hospital for staff.

22. 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?
(maximum: 5,000 characters)

[Click or tap here to enter text.](#)

Priorities for future development

23. 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? (maximum: 5,000 characters)

[Click or tap here to enter text.](#)

24. 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?
(maximum: 5,000 characters)

[Click or tap here to enter text.](#)

Final questions

25. Other comments (maximum: 5,000 characters)

Click or tap here to enter text.

26. Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this. (maximum: 5,000 characters)

Click or tap here to enter text.

27. I consent to IHACPA contacting me for further information or clarification about my submission.

Yes, I consent

Thank you for your submission

Your feedback will contribute to the development of the *Pricing Framework for Australian Residential Aged Care Services 2024-25* and a Consultation Report, which will both be published in early 2024.

If you have any questions or need to contact us about your submission, please email submissions.ihacpa@ihacpa.gov.au or phone +61 2 8215 1100.

If you would like to receive updates about IHACPA's work in aged care costing and pricing, please [subscribe](#) to our mailing list.

To participate in future aged care costing studies with IHACPA, please contact agedcarecosting@ihacpa.gov.au.

Ways to submit your response

- email this questionnaire to submissions.ihacpa@ihacpa.gov.au
- print this questionnaire and mail it to:
PO Box 483
Darlinghurst NSW 1300