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

Dr Stella Lin on behalf of the Queensland Dementia, Ageing and Frailty (QDAF) Clinical Network executive team

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)

Queensland Dementia, Ageing and Frailty Clinical Network

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

N/A

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:

Click or tap here to enter details.

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)

These pricing priciples are well thought through. There are no suggested changes.

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 overall rationale of using the NWAU and AN-ACC to price care provision in a permanent aged care resident is logical. However, the current NWAU unit and AN-ACC pricing for certain classes may not be completely reflective of the actual care requirement of the residents. This may lead to the aged care facility being under paid for caring for certain cohorts of residents.

It is appropriate that the NWAU unit and AN-ACC price increase as a person's mobility and ability to manage activities of daily living reduce and is requiring increased physical assistance. However, the current classification system has not given cognitive disability sufficient emphasis/weighting, which infers at least the same amount of workload if not more, compared with a person's mobility and ADL needs. Whilst compounding factors take into account cognitive dysfunction and agitation, the residents falling into AN-ACC class 3 and class 5 attract a much lower funding compared with residents in class 10, when in fact the former group will require equal if not more care minutes from nurses/personal carers.

In residents with dementia, the severity of their neuropsychiatric symptoms related to dementia is a strong indicator of their care requirement. An independently mobile resident who is agitated, exit seeking, aggressive, frequently having altercations with co-residents (eg belonging to class 3) will require almost 1:1 care during their waking hours to distract, re-direct and comfort. Even if the care is not physical, the emotional and cognitive support from care staff and nurses is high and time consuming. When care staff are re-directing a distressed or aggressive resident, they are able to attend to another resident at the same time. Under the current classification and funding model, the facilities will be under-renumerated for the actual amount of care some of the class 3 residents will be needing.

On the other hand, a resident who is not mobile with compounding factors (class 13) has the highest funding - however some of them may not need round the clock 1:1 care. They cannot exit seek or hit co-residents due to having no mobilty. Hence their emotional support needs may be intermittent rather than round the clock.

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

We would recommend IHACPA in the future to review all the AN-ACC classes with compounding factors and map out the care minutes needed for these residents - both physical care as well as cognitive and emotional care provision and to re-assess pricing in order to reflect and renumerate facilties appropriately.

This could include use of the Seven-tiered model of management of behavioural and psychological symptoms of dementia (BPSD) as described by Prof Henry Brodaty and colleagues (Brodaty, Draper and Low MJA 2003 doi: 10.5694/j.1326-5377.2003.tb05169.x) to classify residents with cognitive impairment based on severity of responsive behaviours. This classification is used by the Specialist Dementia Care Program so would be not unfamiliar to aged care providers.

Queensland Dementia, Ageing and Frailty (QDAF) Clinical Network also suggests use of a frailty scale, given the recent addition of frailty to AN-SNAP 5.0.

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)

No particular comments.

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)

Not that we are aware of.

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)

Consider the addition of a frailty scale and scale to measure responsive behaviours in dementia.

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)

Mobile residents with behavioural and psychological symptoms of dementia should be considered for additional cost variations.

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)

Staff availability, particularly skilled aged care RNs. Costs including recruitment, relocation and retention allowances for employing skilled staff in regional and remote Australia

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)

No additional comment

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)

The AN-ACC classification does not give sufficient weight to cognitive disability when compared to mobility and ADL needs. The emotional and cognitive support from care staff and nurses may be equivalent in minute value to that of a client with limited mobility but the care minute value for this type of care provision remains underreflected in the current AN-ACC classification.

Dependent on the set up and availability of secure areas within a regional or rural MPS, the redirection of an aggressive or behavioural client by care providers may reflect an even higher minute value of care required by staff for redirection and cognitive support when compared to a site with secure areas available.

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)

As per Q23, more weight is required for cognitive disability.

Older First Nations Australians are more likely to have been part of the Stolen Generation. This impacts their response to needing residential care, their connection to country and culture, and may all be exacerbated by intercurrent dementia. Additional support may be required by First Nations Australians in this transition period. AN-ACC model should consider supporting RACFs to provide culturally safe integrated care to this group of people.

Final questions

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

Nil.

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)

Nil.

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