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<b>Full name</b>	Leonie Marjorie Short
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<b>State or territory</b>	Queensland
<b>Organisation name (enter N/A if this does not apply to you)</b>	Seniors Dental Care Australia
<b>Your role (enter N/A if this question does not apply to you)</b>	Owner and Director
<b>Which statement best describes your involvement with aged care?</b>	I am a health professional/clinician
<b>What perspective do you represent?</b>	Clinical workforce
<b>If you work for a residential aged care provider, what type of organisation do you represent?</b>	Private
<b>Are you located in a rural or remote area?</b>	No (please specify) - Ipswich, Qld
<b>Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)</b>	N/A
<b>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?</b>	Yes
<b>How did you hear about this consultation?</b>	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?**

Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.

Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.

**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?**

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Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.

<p><b>What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		
<p><b>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.</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		<p>We also need to record the name and contact details of the person's treating dental practitioner - dental specialist, dentist, oral health therapist, dental hygienist or dental prosthetist.</p>

<p><b>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?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		
<p><b>What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		

<p><b>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?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		
<p><b>What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		

<p><b>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?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		
<p><b>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?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		

<p><b>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?</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>		
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<p><b>Other comments</b></p>	<p>Oral health care by dental practitioners needs to be factored into the care – direct and indirect labour costs and resident expenses. With more older persons keeping more natural teeth, their complex dental needs (crowns, implants, dentures, heavily restored teeth, etc.), dental practitioners need to assess oral health, devise an oral health plan and refer for dental treatment when required.</p>		<p>Furthermore, as dental procedures are classified as restricted dental acts in the National Law, carers and registered nurses are not suitably qualified to examine mouths, dentition and gums, and diagnose and treat dental diseases.</p>	<p>We also need to record the name and contact details of the person's treating dental practitioner - dental specialist, dentist, oral health therapist, dental hygienist or dental prosthetist.</p>
<p><b>Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.</b></p>	<p>No</p>			
<p><b>I consent to IHACPA contacting me for further information or clarification about my submission.</b></p>	<p>Yes, I consent</p>			

<b>Receive a copy of your responses via email</b>	[REDACTED]
<b>Timestamp</b>	19/07/2023 17:28