



New Aged Care Short-Term Restorative Care Programme Policy Consultation Paper Feedback Template

The Department of Social Services would appreciate feedback on the new Short-Term Restorative Care (STRC) Programme Policy Consultation Paper.

The feedback template mirrors the sections in the Policy Consultation Paper.

Action Required:

1. Please complete the feedback template below.
2. Please expand the response box where necessary.
3. Please return the completed template to STRC@dss.gov.au by **10am Monday 19 October 2015**.

1. Policy context

ACSWA members strongly support the concept of STRC including wellness, reablement and restorative approaches, especially as it is not linked to a hospital admission. The programme objective to help older people to regain their independence and remain living in their homes is well supported by members.

STRC is considered by members as an important addition to the suite of aged care services as a continuum of the overall home care program. The majority of our member's support the concept that everyone should go through a restorative program prior to accessing home care services, whether it is CHSP or HCP.

Research on the 'Long Term Outcomes of Restorative Care' undertaken by Silver Chain (report completed 2012) states that individuals who receive a restorative home care service rather than usual HACC home care;

Have a reduced likelihood of subsequently using any home care service for three years or personal care services for five years; and are somewhat less likely to be ACAT assessed within the next 5 years and much less likely to be approved for nursing home high level care.

Members also recommend that restorative care can be successfully achieved in the home, rather than in residential care facilities, as the consumer benefits from being in their own home and applying strategies and interventions in their 'real' environment.

ACSWA members suggested that the introduction of STRC should complement existing restorative programmes such as the Home Independence Program (HIP), Personal Enablement Program (PEP), Hospital at Home and Day Therapy Centres with clearly defined relationships to avoid confusion for the sector and consumers.

Members noted that the Commonwealth flexible care subsidy of \$190 per person, per day is insufficient to meet intensive short-term restorative care needs in community care and that this dollar value is inconsistent with the existing Transition Care Program subsidy which was quoted to be between \$240-\$300 per person, per day by members.

The allocation of 2 short-term restorative care places for every 1,000 people aged 70 years or over by 2012-22, resulting to 2000 places available Australia wide was considered inadequate by members. Members believe this allocation should be increased significantly and/or provider's be permitted to exchange HCP places for STRC places, where needed to meet consumers restorative needs.

2. What is the STRC Programme?

Members have identified that the term 'setback' under items 2 and 3 requires further clarification to assist with explaining and understanding the eligibility criteria.

3. How will the STRC Programme differ to other types of care?

Members have identified that the term 'residential care' or 'residential setting' requires further clarification, so it is not seen as the same model as residential aged care.

4. How will care recipients be approved to receive short-term restorative care under the STRC Programme?

Members viewed timely assessments for the STRC programme with ACAT services to be a priority for consumers to prevent risk of premature admission to hospital and/or residential care. Members shared concerns regarding the existing workload and waiting periods for ACAT services and that the STRC assessments would contribute to this.

Members advised that referral processes and priority timelines for STRC assessment and service provision with an approved provider needed to be addressed to ensure timely assessment and access to STRC.

For example; The Health Department WA, Osborne Park Hospital have a similar service called Rehabilitation and Aged Care Intervention Liaison Service (RAILS), an urgent home visiting service is available with a multidisciplinary team for those at risk of hospital admission.

One member recommends legislative changes be considered by government to combine the existing ACAT and RAS eligibility and assessment processes to reduce duplication of assessment, streamline processes and to maximise resources available.

5. Who will be eligible to receive short-term restorative care under the STRC Programme?

Option 2 was the preferred option selected by members in regards to defining the eligibility criteria for the STRC programme. However, members expressed concerns with the 56 day leave requirements for HCP consumers and the impact of this suspension on the payment subsidy for the providers and consumers, in particular consumers on a home care package on or after 1 July 2014, not being clearly outlined.

6. How long will care recipients be eligible to receive short-term restorative care under the STRC Programme?

Members of ACSWA have questioned if the 8 weeks (56 days) intensive restorative care will be appropriate for all consumers, given that an extension is not permitted within one episode of the STRC programme. A short extension period of 2-4 weeks maybe more effective than having to engage the ACAT service to approve a full second episode of the STRC programme, if a full second episode is not required.

7. How will STRC Programme places be allocated?

In line with aged care reforms commencing from February 2017, members have queried why the STRC places would not be directly allocated to consumers in using a similar process to be introduced for HCP places.

In addition to this, members were unclear about the 'abridged ACAR' and standard ACAR to follow and recommended that this be aligned with the proposed changes in planning and allocation of home care places in the 'Increasing Choice in Home Care – Stage 1' discussion paper released in October 2015.

The preferred option chosen by members in regards to the approved provider status is Option 1, meaning that providers must be an approved provider of flexible care, with no additional requirements to be an approved provider of home and/or residential care.

8. What care and services will be required to be provided as part of the STRC Programme?

Members support the recommendation under 8.6 noting that an individualised budget and monthly statements for the consumer are not required under the STRC programme.

9. What will be the arrangements relating to subsidy, fees and payments for the STRC Programme?

Members recommend that a no fee approach for consumers, including Veterans in receipt of the STRC programme for several reasons; including streamlining processes, reducing red-tape and administration, plus it is a greater incentive for consumers to take up STRC.

10. What will be the responsibilities of approved providers of short-term restorative care under the STRC Programme and how will providers be accountable for the delivery of appropriate care and services?

Do you have any other comments or feedback?

Members have requested definitions of rehabilitation, transitional and restorative care to clarify the differences between these programmes.

Members strongly recommend that the Commonwealth consider taking a longer term perspective and strategy in their approach to the development of aged care reforms, ensuring that proposed changes in policy, legislation and new programmes such as the STRC are aligned and consistent with overall reform agendas (i.e. STRC places allocated to consumers, rather than utilising an abridged ACAR processes).