

Catholic Health Australia

**Aged Care Policy Blueprint  
Implementation Plan:  
*Single information and access point for  
aged care services***

Policy Proposal: February 2009

## Background

In November 2008, Catholic Health Australia released the *Aged Care Policy Blueprint for 2020*, which contained ten specific recommendations for reform of aged care. One of these ten recommendations was that “*Aged Care Assessment Teams (ACATs) be fully funded and managed by the Commonwealth*” in recognition of their inconsistent operation and subsequent adverse consumer impacts.

The recent *National ACAT Review* concluded that “Inconsistency between ACATs was the most common finding. The inconsistencies exist in all areas of practice including the application of the Aged Care Assessment Program Operational Guidelines, the approach to functions such as intake, allocation, case conferences, referrals and linkages with service providers.”<sup>1</sup> Despite this finding, action is yet to be taken to reform the operation of ACATs.

The discussion below details why and how the recommendation of the *Aged Care Policy Blueprint for 2020* to establish a Commonwealth managed ACAT process should and can be achieved, in a cost neutral budget impact for the Commonwealth.

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### About Catholic Health Australia

21 public hospitals, 54 private hospitals, and 550 aged care services are operated by different bodies of the Catholic Church within Australia. These health and aged care services are operated in fulfilment of the mission of the Church to provide care and healing to those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services. Further detail on Catholic Health Australia can be obtained at [www.cha.org.au](http://www.cha.org.au).

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<sup>1</sup> *National ACAT Review* Prepared by Communio Pty Ltd for the Department of Health and Ageing, November 2007

## Introduction: The case for a single information and access point for aged care services

There is currently no single authoritative and comprehensive information, advisory and assessment service to support community access to aged care services. For consumers and their families, this means older Australians are often unable to access aged care services in a simple and customer focused manner.

Aside from word of mouth, the main services assisting access to aged care are the Aged Care Assessment Teams (ACATs), Commonwealth Respite and Carelink Centres, and the Access Demonstration Projects which are currently being piloted to support access to Home and Community Care (HACC) services.

In addition to these services, there are Freecall phone lines, on-line information services, and paper-based and other information products provided mainly through the Department of Health and Ageing.

There is considerable criticism of the current access arrangements:

- Service providers are critical of the lack of consistency and timeliness of ACAT assessments,
- Older people and their carers have difficulty gaining timely and accurate information about the availability of aged care services, their eligibility for services, and how to navigate a complex system,
- Older people's care needs are being incorrectly assessed, and
- The Council of Australian Governments (COAG) has acknowledged deficiencies in the efficiency and effectiveness of ACAT services and has provided funding to improve administrative systems, yet Commonwealth/State jurisdictional complexities have resulted in slow progress.

For many, these shortcomings mean that the decision to seek aged care services is accompanied by confusion and uncertainty. This confusion is not the fault of aged care providers - it is the fault of a complex system. This complex system can be simplified by establishing a single information and access point for all aged care services.

This single point for obtaining information on aged care services needs to be clearly identifiable in the community, and all who might benefit from its service should have easy access to it. Importantly, such a 'one stop shop' for accessing aged care services can be established at no real new cost to the Commonwealth by rationalising the existing aged care information and access services into a single national network that might look similar to that of Centrelink.

Further detail on existing information and assessment arrangements for aged care services, and examples of short-comings experienced by clients and aged care providers are presented throughout this policy proposal, but are explored in factual detail as case studies in Part 6.

## Part 1: Current operation of aged care information and access services

### Aged Care Assessment Teams (ACATs)

The Commonwealth Government provides grants to the States/Territories (\$80m in 2008-09) to operate 115 ACATs. States contribute by providing accommodation, administrative support and access to specialist clinical staff (most ACATs are located in hospital settings).

ACATs assess the care needs of frail older people and determine eligibility to receive care from aged care services (residential and community) funded under the *Aged Care Act*. They may also refer people to other forms of care, notably HACC.

ACATs accept referrals from any source, including self referrals.

An ACAT delegate takes into account a person's medical, physical, social, and psychological needs (including their usual accommodation arrangements, personal circumstances, access to transport and community services), and accesses a range of disciplines, skills and expertise to support the assessment.

The ACAT delegate also helps manage the Commonwealth Government's budget risk by ensuring that only people who meet the eligibility criteria receive aged care services which are subsidised under the *Aged Care Act*.

### Commonwealth Respite and Carelink Centres

The Commonwealth Government funds and administers 54 Commonwealth Respite and Carelink Centres (involving 64 shop fronts) which provide clients with information about community, residential and other aged care services. Clients include health professionals, service providers and older people and their carers.

### Access Demonstration Projects

The States and the Commonwealth are currently piloting 13 Access Demonstration Projects to improve access for the less frail aged to community services such as HACC.

The demonstration projects provide information about community services, advise on eligibility, and conduct a broad assessment of a person's needs (including that of the carer) before referral to community service providers is made.

A number of the larger community care providers are creating Call Centres to simplify client access to their services.

### Aged Care Information Line

The Aged Care Information Line is a freecall service provided by the Department of Health and Ageing. Detail on the annual operation cost of the freecall service is not readily accessible.

The Information Line handled 99,039 calls in 2007-08, with most calls concerning fees and charges and accommodation bonds, including queries about income and means testing of fees and charges.

### Aged Care Australia Website

The Aged Care Australia website is provided by the Department of Health and Ageing. It provides the community with an online aged care home and community care finder and has averaged 15,300 queries per month. (There is scope to develop the service to include information on the performance of services against quality indicators.)

### Other Communications Products

The Department of Health and Ageing distributes a wide range of paper-based and other communications products which provide information to consumers and service providers on aged care services. Over 8.6 million individual information products were distributed in 2007-08.

## Part 2: Proposal for Commonwealth delivery of a single information and access point for aged care services

Catholic Health Australia proposes that the Commonwealth Government establish and operate a national network of aged care information, advisory and assessment centres incorporating:

- Aged Care Assessment Teams (ACATs),
- Commonwealth Respite and Carelink Centres,
- Access Demonstration Projects,
- The Aged Care Information Line freecall service, and
- The Aged Care Australia website.

This network of centres would:

- Provide care recipients and their carers with information and advice on aged care services, including their cost and availability, to support informed choice,
- Assess each individual's eligibility to access subsidised aged care services for the frail aged under the *Aged Care Act*,
- Conduct a broad assessment of the needs of the less frail aged (and their carers) and facilitate referrals to appropriate community care providers, and
- Have a role in raising community awareness of the importance for individuals to plan for their aged care needs.

The network would also be:

- Extensively marketed under a recognisable and market tested brand name, and
- Oversighted by a national advisory board of consumer, community and service provider representatives.

This initiative would entail the Commonwealth Government assuming full funding and administrative responsibility for ACATs and the national roll-out of the Access Demonstration Projects. Given that the Australian Government is already the primary funding source of the current State and Territory administered ACAT services, and the scope to rationalise the existing information services, CHA proposes the overall impact to the Commonwealth budget is cost neutral, noting there are likely to be some associated cost impacts in relation to establishing the new network.

Ideally, the new national system would be operated by the Commonwealth in a manner similar to that of Centrelink. It is noted, however, that scope exists for a national contract to be managed by the Commonwealth for the delivery of the service by non-government providers, in the manner that job network agencies deliver employment placement services on behalf of the Commonwealth.

### Part 3: Benefits to consumers and the Commonwealth

It is proposed that a new single information and access point for aged care services that is funded and operated by the Commonwealth Government would have direct benefit to consumers by ending confusion on how access to aged care is managed. It also will benefit the Commonwealth Government in that the current inconsistencies in the operation of ACATs can be avoided through a new single management structure.

The benefits of the proposed single information and access point are:

- It would create a nationally-recognised independent, authoritative and comprehensive information, advisory, assessment and referral service to simplify community access to aged care services for the benefit of frail consumers and their family members, who otherwise struggle to navigate the complex system,
- Rationalisation of existing access arrangements would reduce potential for client confusion and facilitate effective branding and marketing to increase community recognition and reduce duplicated costs,
- Vesting responsibility for ACAT assessments with one level of government (the Commonwealth Government) would enhance accountability and transparency, and facilitate improved performance management, efficiency and national consistency in decision-making on eligibility,
- Reform of the current aged care arrangements in response to increasing consumer expectations for greater choice of services, where they are received and who delivers them will need to be accompanied by reliable information and advisory services to support the exercise of choice. The network of access centres would provide the ideal platform to improve and extend such services,
- A nationally consistent and robust assessment system for determining eligibility for aged care subsidy entitlements under the *Aged Care Act* would be fairer and help reduce budget risk for the Government. A robust system is a pre-condition for any government initiatives to increase consumer choice of aged care services by relaxing or abolishing the current service provision caps, and
- Creation of a network of access and assessment centres under Commonwealth Government control would facilitate an extension of the ACATs' current eligibility assessment process to cover Aged Care Funding Instrument (ACFI) domains, so that the assessment is more comprehensive and providers may be better informed on the care needs of care recipients prior to admission.

#### Part 4: Cost to the Commonwealth

The proposal would be funded largely from within existing Commonwealth Government appropriations for information and assessment services for aged care (approximately \$120m) through a rationalisation of these services. As such, the proposal is considered cost neutral.

The collocation of ACATs and Commonwealth Respite and Carelink Centres would generate savings which would offset in part the loss of the States' contributions to the cost of administrative overheads and accommodation for ACATs.

Incorporation of the Access Demonstration Projects into the proposed network centres would enable extended coverage to be achieved at marginal additional cost.

Any additional cost would be a small investment to achieve a significantly improved service to enable the community informed, simple and fair access to government-subsidised aged care services currently valued at about \$9 billion per annum.

Indicative costs are set out below.

<b>Component</b>	<b>\$m Per Annum</b>	<b>Existing or New</b>
ACAT- grants to States/Territories	80	existing
Commonwealth Respite and Carelink Centres	36(est)	existing
Aged Care Information Line; Aged Care Australia website; Other communication/information products	2.5 (est.)	existing
National Advisory Board (6 members)	\$30,000 one off	new
Set up costs	5-10 (est.)	new
Funding to offset loss of States' contributions and cost of extending the coverage of the Access Demonstration projects within the new network.	10-20 (est.)	new

## Part 5: Policy Risks

The first risk is that setting up a dedicated assessment system may be criticised for taking clinicians away from caring duties.

This criticism assumes that ACAT delegates have clinical training. The current guidelines require 'that ACAT members have extensive experience in the field of community aged care and broad knowledge of residential and community care'.

Under the proposed arrangements, ACAT delegates would continue to access clinical input as they currently do. Even if the current system was maintained, it would be unrealistic given the health workforce shortages to assume that clinicians could be spared to perform ACAT delegate duties.

A multidisciplinary focus can be achieved when required by case conferencing. Moreover, developing national competencies for training and credentialing dedicated aged care assessors could free clinicians from administrative assessor duties.

The second risk is that implementation would require the cooperation of the States and Territories that currently operate ACAT services. It will also require the cooperation of clinicians. This cooperation cannot be assumed, and effort or incentive may be required to ensure a smooth transfer of operational responsibility.

The third risk is that initial set-up costs may be higher than forecast, particularly if the States and Territories seek additional financial compensation as a result of the re-auspice of the ACAT services.

Overall, these risks are considered low and avoidable.

## Part 6: De-identified case studies of why reform is needed

An aged care provider reports that Mary waited two months to be assessed by an ACAT for a higher level of care to meet her increasing needs, by which time her condition had deteriorated to the point where she used the higher level of care for only two weeks.

The same provider reports that a similar request to a different ACAT to reassess Jane was dealt with almost immediately.

A provider reports pressure to accept a client on an ACAT's waiting list for an EACH package even though an existing client is in need of the higher level of care to ensure continuity of care.

The care provider feels the pressure because ACATs are influential in determining client referrals.

Another provider reports that ACATs are listing people as high care to avoid the accommodation bond in the belief they are helping the resident financially, resulting in a low care resident occupying a high care place.

John was in desperate need of residential care and a place which met his needs was available, but the ACAT refused to assess him because he was from interstate.

Fred was assessed for residential low care but was found on admission to have seriously challenging behaviours. Fred was admitted to a more secure high care setting, but only after considerable disruption and stress for himself, his family and the carers.

Julie was ACAT assessed for a CACP but was discharged from the program after a short while because her needs were so low. Julie now manages comfortably with a couple of hours of help from HACC.