

Vision Australia submission

A New Program for In-Home Aged care

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# A New Program for In-Home Aged Care Consultation

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## Introduction

Vision Australia is pleased to have the opportunity to provide feedback as part of this consultation on the new program for in-home aged care. As an organisation, we have extensive experience in the provision of services to people who are blind or have low vision through a range of funding programs. AS a registered provider of both NDIS and aged care services, we have worked both within grant funded environments and individualised funding models, and can therefore comment with some authority on the benefits, limitations, opportunities and operational challenges of both systems.

## Responses to Survey Questions

### Question 1: What are your views on Managing Services Across Multiple Providers?

Vision Australia supports the view that older Australians should have the choice and flexibility to receive complementary services from multiple providers, should they wish to do so. For people who are blind or have low vision, the need to work with multiple providers is, in many cases inevitable, because one provider simply cannot offer the full spectrum of services that they require. It is rare, for instance, that people who are blind or have low vision would be able to access transport and home maintenance services from the same provider that delivers their specialised vision and allied health supports. Moreover, vision impaired consumers may access some supports such as cleaning and social supports regularly, while other, more specialised services such as orientation and mobility support or assistive technology training are accessed episodically, in response to a change in need, circumstance or vision condition. It is therefore essential that the new in-home care model should have robust mechanisms to support consumers in managing services from multiple providers, whilst recognising that complexity and volume of each individual’s service need may change over time.

#### Provider Communication

It is reasonable to expect that all providers will be aware of the consumer’s care partner and communicate with them accordingly. It is, however, important to recognise that the aged care sector represents a competitive marketplace with scarce funding resources. This environment does not always readily facilitate active or willing communication between service providers. Moreover, the role of acting as a conduit across all of a client’s services is time consuming work and any provider taking on this responsibility must be appropriately remunerated for it. Consumers working with multiple providers must also retain some freedom of choice in how, when and by whom their information is accessed. On this basis, it is suggested that care partners, rather than service providers, should bear responsibility of coordinating information sharing among providers, where they perceive that this is of benefit to the client. A care partner should ideally be best placed to adopt a holistic understanding of the consumer’s care needs and to identify situations where information sharing and communication across the service delivery team will add value to the client experience and quality of care. Service providers are less likely to be well equipped for this responsibility, particularly where they work with the consumer to address a single service need. It should also be acknowledged that the needs of consumers vary in scope and complexity, and that this will inn turn influence the level of communication required among their various service providers. Care must be taken to ensure that this new model is not predicated on arbitrary measures and processes that do not contribute to quality consumer outcomes.

#### Challenges of Managing multiple Services

Vision Australia has extensive experience in working with individualised funding models and can therefore identify a number of challenges that are likely to arise in managing multiple services for both providers and consumers. Firstly, if consumers are expected to self-manage budgets effectively, the services and categories of funding listed in their individualised plan must be correspondingly straight-forward. Our experience in working with the NDIS indicates that clients often have difficulty in understanding their funding and the various ways in which it can be managed and spent. This is largely because funding is described using clinical or obscure terms that do not accurately reflect the services for which it is used. Whilst we are in favour of the option for older Australians to self-manage their funding, they must be supported to do so, through appropriate information and resources that are accessible and easily comprehended. In addition, support types within care plans must be described in a way that represents a common-sense approach for consumers and supports them to understand how funding should be utilised.

If older Australians are encouraged to manage their own budgets and ensure that they remain within funding entitlements, most will require extensive support to take on this level of ownership. Service providers cannot reasonably support consumers who are struggling to self-manage, unless appropriate funding is provided to enable them to do so. The capability of consumers to independently manage funding will be influenced by their capacity to access digital spaces, such as payment platforms and online budget and planning tools. There is already a digital literacy gap for older Australians, and this is further compounded for those with blindness or low vision, who must often learn new and vastly different ways of accessing technology following diagnosis in later life. Both accessibility and useability must be factored into the design of any proposed digital platforms that are introduced with this new care model. People with disability must be included in co-design and user testing of these platforms, to ensure they are fit for purpose. Individual support plans, information about services and other materials must also be provided in a variety of alternate formats, such as Braille, accessible electronic documents, large print and audio. Without this commitment, consumers who are blind or have low vision will struggle to engage with the aged care system and will consequently miss out on vital services to support and prolong their independence.

There are also challenges for providers associated with managing multiple services. In particular, providers must have certainty about the quantum of funding available to cover the cost of service delivery for each of their clients. This becomes increasingly complex to manage where multiple providers are required to access the same pool of client funds. Activity based funding, paid after service delivery occurs, will result in providers taking on an unacceptable level of risk around non-payment, in the event that support plan budgets are not monitored and tracked effectively. This scenario commonly arises with NDIS participants who are plan managed, where the service provider is reliant on a third party to set aside funding for agreed hours of service, but has no visibility of whether that funding is still there at time of service delivery, or whether it has been spent elsewhere. To obviate this risk, it may be worthwhile to consider whether service providers should have some capacity to interact with the consumer support plan through the aged care portal, in order to complete tasks such as verifying availability of funding, or setting aside hours for an agreed program of service. As is the case with NDIS, funding could be released back into the consumer’s plan if services are no longer required, or if the consumer wishes to transition to another provider.

The needs of providers must also be factored into the design and implementation of payment systems and other digital platforms. Extensive lead time is often needed for providers to integrate Government payment and compliance structures within their own internal systems. The costs of achieving this are also considerable. Vision Australia notes the Government’s intention to minimise reporting, by streamlining the data that is collected through payment platforms moving forward. We are appreciative of this approach and hopeful that it will reduce administrative burden on service providers.

### Question 2: What are your views on Care Partners for Older Australians?

The accountabilities and responsibilities of a care partner must be clearly articulated, so that both providers and consumers can accurately assess who is best placed to provide support in this role. For example, a requirement for the care partner to coordinate supports on behalf of the client and ensure they are receiving agreed services, necessitates a completely different skillset from that needed if the care partner is expected to undertake a role in assessing whether clinical outcomes have been met. More work is needed to define the scope of this role to enable the sector to plan for the right level of workforce capability required to deliver it.

Vision Australia suggests that the Care Partner should ideally be accountable for monitoring care needs, ensuring the consumer receives appropriate services, and for coordinating communication among multiple service providers where appropriate. It may also be worthwhile to consider whether care partners could take on a role of assisting with funds management if required, given that many consumers will not have prior experience in managing a support plan themselves.

Access to a care partner should not be restricted to those who are identified as having complex service needs. It must be recognised that care managers currently take on a vital role, particularly for vulnerable consumers who experience isolation, have difficulty in accessing information, or have limited family support.

It is important to emphasise that care management must be delivered in partnership with the consumer, and that the role of a care partner will not be identical across all consumers within a cohort. Many vision impaired consumers would benefit from a care partner, due to the challenges they face in digital engagement, accessing information and finding services that meet their specific needs. The type and level of support that these consumers need will still be highly variable, however, and it will be important to ensure there is sufficient flexibility within the care partner program to cater to a broad spectrum of capability among consumers.

The question of whether care partners should be independent of service providers is likely dependent on the capacity of the consumer, and the nature and volume of services they access. We suggest there may not be value in a model that strictly enforces independence between care partners and service providers. In the case of people who are blind or have low vision, it has proven challenging in other funding Schemes to find coordinators of support with comprehensive knowledge of the specialised supports that those presenting with vision loss generally require. It may therefore be appropriate for service providers of these specialised supports to take on a care management role, in addition to service delivery. Many consumers who are blind or have low vision tend to access small volumes of support episodically, and for this cohort, there may be a practical benefit in streamlining care management and service delivery within one provider relationship, in order to reduce complexity for the client. It is acknowledged that if this model were adopted, there would need to be clear safeguards in place to ensure consumers are not impacted by conflicts of interest and can exercise genuine choice of services. Safeguarding should, however, be proportional to the level of risk for each consumer. There may be value in a tiered approach to care management and safeguarding, dictated by factors such as the capacity of the consumer, complexity of service needs and volume of overall supports required.

### Question 3: What are your views on a funding model that supports provider viability and offers value for money?

Vision Australia supports the Government’s stated intention to implement a separate funding stream for goods, equipment and assistive technology. Ensuring that consumers have access to a range of equipment through a variety of providers will be a crucial element of this program. We note that availability of specialised vision equipment through the national GEAT provider is extremely limited at present. We would be happy to work with relevant stakeholders to consider ways for this to be managed more effectively moving forward.

Vision Australia is also supportive of the Government’s stated intention to retain grant funding for specialised support services, such as those related to vision. While we recognise that activity-based funding is a viable option for many service types, such as allied health and social supports, we believe that grant funding for specialised support services vision should remain in place, owing to the unique challenges involved in providing high quality and responsive aged care services to this cohort. As the largest national provider of vision services, we are hopeful that there will be opportunities to consult with the Department around the scope and design of this program moving forward.

There are a number of positive aspects to current grant funding which should be retained within the new model. For example, the Specialised Support Services Vision service type that exists under the current program enables providers such as Vision Australia to deliver a variety of complementary interventions under one banner. People in the early stages of vision loss will often require highly tailored supports involving more than one vision professional. For example, they will often need to re-learn technology skills, whilst also requiring support from an orientation and mobility specialist to ensure they can navigate their home and community safely, alongside support from an occupational therapist to facilitate maintenance of daily living skills. In many cases, they will also require emotional and facilitated peer support, specifically to adjust to vision loss. The significance of these services must not be underestimated, as they can promote positive engagement and maximise outcomes for other reablement services. The current grant funding allows for all of these services to be delivered, but negates the need for an aged care assessor with little or no vision expertise to identify multiple service types within the support plan. The needs and experiences of those with vision loss are widely varied, and most assessors will simply lack the capability to identify the supports that are required for each vision impaired person they encounter. The value of this model is that it is relatively straight-forward for assessors to identify at point of entry that the client has a need for vision services, but the specific interventions needed in each individual case can be customised by the expert vision provider once the initial referral is made.

There are also some aspects of the grant funding program that could be improved within this new model. For example, the distribution of funding across aged care planning regions in the current Commonwealth Home support Program, means that it can be difficult for people who are blind or have low vision to access the specialised services they need to support their independence at home. For instance, Vision Australia has an extensive staff presence in Western Australia, but is not currently funded to deliver specialised Support Services Vision across the etire State. This system is confusing and frustrating for assessors, providers and consumers alike, and should be simplified under the new model. Ideally, service providers with areas of specialist expertise should be able to offer these services in all areas where demand exists, and where they have the capability and reach to do so. This will improve equity of access to services for consumers, and is a crucial factor in ensuring that those in regional and remote areas do not miss out on essential supports. We would favour a national program, with a quantum of transitional funding in the immediate future based on the existing grant arrangements currently in place. It is recognised that a competitive tender process to determine grant funding in the longer-term may be required. Alternatively, if aged care planning regions are to be retained in any capacity under this new service model, it will be important to have full flexibility of delivery within each service type.

People with blindness and low vision constitute a unique cohort, and will be at significant risk if there is a complete transition to activity-based funding. This is firstly because, as identified above, aged care assessors without extensive vision expertise will experience challenges in identifying the specific interventions that are needed for each client. It will also be difficult or impossible for them to estimate the quantity of service hours needed for each individual. This is highly variable, depending on factors such as the consumer’s specific eye condition, the progress of their vision loss and the time that has passed since diagnosis. Furthermore, interventions of this kind will not fit neatly into a quarterly budget structure, as they may be intensive initially, taper off as the client builds capacity, then increase again following a change in circumstance or level of vision. In most cases, it will be impossible, for either assessors, providers or clients themselves, to accurately predict the ongoing level of service required, and when it may be needed. An activity-based model may not allow the degree of flexibility that is needed for effective and timely delivery of these services.

Secondly, the costs of servicing vision impaired consumers can be heightened by various factors. There is often a greater need to travel to the consumer’s location. Services such as orientation and mobility, where the client might be taught a particular travel route to their local shopping centre or community activity, cannot be delivered in a clinic. Similarly, vision aids and equipment often need to be set up in a way that is specific to the consumer’s use case and environment. The frequent need to travel to the consumer considerably increases the costs of service delivery, particularly in regional and remote areas where specialist providers are few in number. In order to ensure consumers are fully supported in regional, rural and remote areas, we suggest there would be value in implementing a loading or supplement to facilitate service delivery in these locations.

Additionally, there is an information barrier experienced by people who are blind or have low vision, which can further increase the cost of service provision. For those that are new to vision loss, the learning curve to engage with digital spaces as well as printed information is immense. These consumers will often require quite specialised administration supports, such as provision of information in alternate formats, as well as additional service provider time to allow for effective communication. The cost and time involved in communicating with these clients may be difficult to factor into an activity-based funding model.

If grant funding is ongoing for Specialised Support Services – Vision, Vision Australia proposes that it should continue to operate on an annual basis. Anything shorter than this will be difficult to administer, owing to the challenges of predicting service need, as indicated above. We suggest that reporting of grant funding should continue to be focused on client hours delivered, at the service type level. We do not see that there is value in further breakdown of delivery into subcategories beyond this, as provision of this data will be administratively prohibitive for service providers.

### Question 4: What are your views on Support that meets assessed needs but is responsive to changes over time?

Vision Australia has significant concerns about the proposed use of quarterly support budgets, with no roll-over of funds. We currently find that in the case of our client cohort, level of service need can vary from one quarter to another, particularly due to unexpected incidents such as falls, hospital stays, unanticipated need for assessments, or episodic concerns related to mental health. Equally, care needs might increase for a particular quarter if the client’s primary carer experiences illness, a change in circumstances, or travels for a holiday. Quarterly spend may also be impacted by factors outside of the client’s control, such as wait times for services due to workforce availability. We consider that quarterly budgets will impose unnecessary restrictions on consumers and limit their flexibility to access services when they need them. Funding could be released into the support plan quarterly, however, if this model is chosen, our preference is that funds should still roll over on an annual basis. This would allow for some variation in level of service throughout the year, without the consumer having to undertake a reassessment or rely on service providers to supplement their supports.

The flexible funding pool of 25% that is discussed in the consultation paper appears reasonable, and may go some way toward addressing service needs arising from unexpected changes in circumstance, however, as stated above, our preference is that greater flexibility of funding be afforded to the consumer.

We are in agreement with the suggested approach to limit spend on certain support types, to prevent consumers from preferencing access to supports such as home maintenance, in favour of clinical care. The specialised support and allied health services that Vision Australia provides are focused on building capacity for a person to remain independent in their home for as long as possible. It is important that support budgets are structured in such a way that these services can be appropriately prioritised.

### Question 5: What are your views on encouraging innovation and investment?

If innovation and investment is a focus of the new in-home care program, there must be relevant funding available to support this. We are aware that discussion of pricing is out of scope of this consultation, however, it is important to note that the pricing structure developed for this new model must recognise that if margins are too thin, the focus of service providers will necessarily be drawn toward sustainability, rather than innovation. It may be beneficial to look at options similar to those offered to NDIS providers as part of the Information Linkages and Capacity Building (ILC) grant rounds. This type of funding can foster innovation by encouraging providers to adopt new projects that ultimately contribute to quality outcomes for the sector overall. Dedicated funding could also be provided to support service providers in developing pilot programs, to trial innovative methods of service delivery or new technologies, in order to build an evidence base for new services and products.) Ultimately, there is a need to drive innovation that is not simply founded on financial efficiency, but which motivates providers to focus on qualitative benefits for older Australians.

## Conclusion

Vision Australia thanks the Department of health and Aged care for its consideration of this submission. We wish the department well in its deliberations and look forward to further opportunities to contribute to the design and implementation of this program. We would be pleased to provide further information about any of the matters raised in this paper.

**About Vision Australia**

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include:

* Allied Health and Therapy services, and registered provider of specialist supports for the NDIS and My Aged Care
* Aids and Equipment, and Assistive/Adaptive Technology training and support
* Seeing Eye Dogs
* National Library Services
* Early childhood and education services, and Felix Library for 0-7 year olds
* Employment services, including National Disability Employment Services
* Accessible information, and Alternate Format Production
* Vision Australia Radio network, and national partnership with Radio for the Print Handicapped
* Spectacles Program for the NSW Government
* Advocacy and Engagement, working collaboratively with Government, business and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has gained unrivalled knowledge and experience through constant interaction with clients and their families. We provide services to more than 26,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of the Organisation. Vision Australia is therefore well placed to provide advice to governments, business and the community on the challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of the Organisation to the Board and Management. Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.

We also operate Memorandums of Understanding with Australian Hearing, and the Aboriginal & Torres Strait Islander Community Health Service.