

QUESTION

A breakdown of the \$1.4 billion allocated for ICT as allocated in the Federal Budget, outlining notional funding against systems and their stated purpose?

ANSWER

As identified in [Budget Paper No.2](#) the Government will provide:

- \$1.2 billion over five years from 2023–24 for sustainment of, and essential enhancements to, critical aged care digital systems so they remain legislatively compliant and contemporary and can support the introduction of the new Aged Care Act from 1 July 2025
- \$174.5 million over two years from 2024–25 to fund the ICT infrastructure needed to implement the new Support at Home Program and Single Assessment System from 1 July 2025

The split in funding is set out in the table below. Note that due to the presentation of Improving Aged Care Support measures in Budget Paper 2, not all Services Australia payments are attributable to ICT related measures and so totals do not round precisely.

System	Purpose	Cost
\$1.2 billion over five years from 2023–24 for sustainment of, and essential enhancements to, critical aged care digital systems so they remain legislatively compliant and contemporary and can support the introduction of the new Aged Care Act from 1 July 2025		
Sustainment funding		
Aged Care Gateway (ACG) and Government Provider Management System (GPMS)	Sustainment funding is critical to maintain core ICT systems, which are central to the continued operation of the aged care system (e.g. assessment, referrals, payments.). Core ICT includes ACG (\$171.6m), GPMS (\$255.8m), as well as associated Business to Government (B2G) and the Aged Care Data Warehouse systems. Costs include platform hosting, software licensing, cyber security, general operating costs and digital contractors, as current funding expires on 30 June 2024.	\$589 million
New/enhancement funding		
New Aged Care Act	To deliver significant digital systems changes to implement the New Aged Care Act from 1 July 2025. This includes changes to support streamlined entry, foundational data and system changes, as well as functionality to support the new regulatory model. The measure also provides funding to enhance My Aged Care, design Multi-Purpose Services and National Aboriginal and Torres Strait Islander Flexible Aged Care Program payment automation and address the Royal Commission recommendations on Younger People in Residential Aged Care.	\$386.1 million
GPMS	Investment will centralise and streamline provider interactions with Government, through the continued transition of applications to GPMS.	\$59.9 million
B2G	B2G streamlines provider reporting and enables more time to be spent delivering high quality care, through the seamless transfer of information between	\$39.6 million

	provider and government systems. This will expand on previous investment to deliver additional application programming interfaces and extend work across the department, ADHA and AIHW to standardize data and enable interoperability.	
My Health Record (MHR)	Integration of MHR and My Aged Care was funded for a 'prototype' delivery in Budget 2023-24. This measure seeks additional funding to complete delivery for an October 2024 release, and post-warranty support. The initial integration use case is the upload of an older person's Support Plan (which captures the outcomes of their aged care assessment) from My Aged Care to MHR. This requires My Aged Care to become a Registered Repository Operator and to integrate with the Healthcare Identifiers Service to use an older person's Individual Healthcare Identifier to connect records.	\$18.1 million
Sub-total 1 (Department of Health and Aged Care – New Aged Care Act (NACA) sustain and enhance)		\$1,092.7 million
Other agency costs – NACA sustain and enhance		
Services Australia*	System maintenance and enhancements per above, as well as other payments made to Improve Aged Care Supports as represented in Budget Paper 2.	\$159.7 million
Aged Care Quality and Safety Commission	System maintenance and enhancements per above.	\$25.3 million
Australian Digital Health Agency	System maintenance and enhancements per above.	\$13.5 million
Sub-total 2 (all agency costs – NACA sustain and enhance)		\$1,291.2 million
\$174.5 million over two years from 2024–25 to fund the ICT infrastructure needed to implement the new Support at Home Program and Single Assessment System from 1 July 2025		
Support at Home	To fund the ICT infrastructure needed to implement the new Support at Home Program and Single Assessment System from 1 July 2025.	\$174.5 million
Sub-total 3 (all agency costs – NACA sustain and enhance, Support at Home)		\$1,465.7 million
Grand total	Includes \$16 million reduction in 2023-24	\$1,449.7 million

*Note Services Australia payments covers other Improving Aged Care Support measures in Budget Paper 2, not just ICT investment. As such totals do not round precisely.

QUESTION

Irrespective of priority level, the median and mean time number of days elapsed for the following scenarios pertaining to the Commonwealth Home Support Program (CHSP):

- From an initial submission of request for assessment to receipt of program outcome.
- From an application for services to a referral for assessment (my aged care call centre).
- From assessment referral through to the assessment being completed (RAS assessors).
- From a completed assessment to the first service delivered.
- From receipt of outcome to a decision on acceptance of program.
- From a place allocation to the service commencing, for:
 - Bathing, hygiene and grooming
 - Nursing
 - Means and food preparation
 - Podiatry, physiotherapy and other therapies
 - Help with impairments or continence
 - Home or garden maintenance
 - Changes to my home
 - Aids to stay independent
 - Transport
 - Social outings, groups and visitors.

ANSWER

From an initial submission of request for assessment to receipt of program outcome.

Note: time frame is between July 2023 and March 2024 (as at 17 April 2024)

- Median elapsed time for a CHSP assessment from referral to completion of a support plan irrespective of priority level is 14 days. Mean is 19 days.
- The median elapsed time between completion of a support plan for CHSP services and receipt of the first service varies by service type, for example it is 1 day for nursing services, and up to 59 days for home modifications. The mean is 12 days for nursing services, and up to 78 days for home modifications.
- Therefore, if we define “program outcome” as receipt of first service, the median elapsed time ranges from 15 days (median wait time for nursing services from request from assessment to receipt of first service) to 73 days (median wait time for home modifications from request for assessment to receipt of first service). The mean is 31 days for nursing services to 97 days for home modifications.

From an application for services to a referral for assessment (my aged care call centre).

- In May 2024, the average wait time for a call to be answered on the My Aged Care contact centre consumer line was 62 seconds.
- The registration, screening and referral to assessment process takes approximately 20 minutes on the phone.

From assessment referral through to the assessment being completed (RAS assessors).

- Between July 2023 and March 2024 (as at 17 April 2024), median elapsed time for a RAS assessment was 14 days (mean 19 days)

From a completed assessment to the first service delivered.

Table 1: Median and Mean wait times, between July 2023 and March 2024 (as at 17 April 2024)

Service	Median (days)	Mean (days)
Bathing, hygiene and grooming (personal care)	11	25
Nursing	1	12
Meals	14	25
Other Food Services	18	29
Podiatry, physiotherapy and other therapies (Allied Health and Therapy Services)	18	36
Help with impairments or continence (Personal care)	11	25
Home or garden maintenance (Home maintenance)	33	51
Changes to my home (Home modification)	59	78
Aids to stay independent (Goods, Equipment and Assistive Technology)*	40	57
Transport	19	37
Social outings, groups and visitors (Social Support Group)	19	33

*Note: this does not include the national GEAT provider, GEAT2GO, which delivers around 60% of GEAT under CHSP, which is around 14 days.

QUESTION

Irrespective of priority level, the median and mean time number of days elapsed, for the following scenarios pertaining to Home Care Packages (HCP):

- From initial submission of request for assessment to allocation of package.
- From allocation of first package to provider onboard meeting.
- From assessment to allocation of the package in assessed as the recipient's level of need.
- From the provider onboard meeting to service commencement.

ANSWER

From initial submission of request for assessment to allocation of package.

- In the period from July 2023 to March 2024, the median and mean number of days elapsed from assessment referral to allocation of home care packages (both high and medium priority) were 125 and 142 days, respectively.
- In FY 22-23, the median and mean number of days elapsed from assessment referral to assignment of home care packages (both high and medium priority) were 168 and 165 days, respectively.

From allocation of first package to provider onboard meeting.

- The department does not have data for the number of days elapsed from allocation of a home care packages to provider onboard meeting. This process varies from provider to provider for each individual care recipient. We can provide data on the number of days elapsed from allocation of home care packages to being committed into care below.
- In the period from July 2023 to March 2024, the median and mean number of days elapsed from allocation of home care packages (both high and medium priority) to being committed into care were 34 and 36 days, respectively.
- In FY 22-23, the median and mean number of days elapsed from allocation of home care packages (both high and medium priority) to being committed into care were 38 and 40 days, respectively.

From assessment to allocation of the package in assessed as the recipient’s level of need.

- In the period from July 2023 to March 2024, the median and mean number of days elapsed from assessment approval to allocation of home care packages (both high and medium), were 76 and 82 days, respectively.
- In FY 22-23, the median and mean number of days elapsed from assessment approval to allocation of home care packages (both high and medium), were 132 and 119 days, respectively.

From the provider onboard meeting to service commencement.

- The department does not have data for the number of days elapsed from provider onboard meeting to service commencement. See the above for the data for the number of days elapsed from allocation of home care packages to being committed into care.
- Note: Data extracted for all package levels and priority.

QUESTION

Of the CHSP regional assessment teams, the number of assessment teams that were existing on 1 January 2024 that have agreed to deliver services past 1 July 2024, broken down by state.

ANSWER

Breakdown by state of all the current Commonwealth contracted RAS providers in the table below. Although not all providers have signed contracts, all have indicated they would like to continue delivering services beyond 1 July 2024 and are in current negotiations. Victoria has elected not to continue all of its RAS subcontracting arrangements, elements of RAS provision in Victoria are therefore subject to a limited tender which is currently being finalised.

Table 2: Breakdown by state of all the current Commonwealth contracted RAS providers

Organisation Name	State
Access Care Network Australia Pty Ltd	QLD
	SA
	WA
Aspire 4 Life	NSW
	QLD
Australian Regional and Remote Community Services Limited	NT
Brightwater Care Group Limited	WA
Care Tasmania (Formerly known as Care Assessment Consultants Pty Ltd)	TAS
Care Options Incorporated	WA
Catholic Healthcare Limited	NSW
	ACT
Community Options Australia Limited	NSW
	ACT
NSW Health Administration Corporation	NSW

Independent Living Assessment (Formerly known as Indigo Australasia Incorporated)	WA
Partners 4 Health Limited	QLD
Resthaven Incorporated	SA
Advanced Personnel Management	NSW
	QLD
	SA
	TAS
	NT
Suncare Community Services Ltd	QLD
The Uniting Church in Australia Property Trust (BlueCare)	QLD
UnitingCare Wesley Adelaide Incorporated	SA
Victorian Department of Health	VIC

Correct as at May 2024.

QUESTION

The forecast gap of registered nurses required in residential aged care homes from now until 1 October 2024 when the next care minutes requirements come into effect.

ANSWER

The Department's estimated workforce gap is 4,043 RNs in 2024-25.

The Department does not model specifically on a quarterly or monthly basis, so we cannot give estimates precisely to 1 October 2024. Estimates are done by financial year and are updated for the latest available data as it arises. These forecasts are based on data from the second quarter of the Aged Care Quarterly Financial Report (QFR) data (2023-24 Q2) and data from the March 2024 24/7 RN monthly report.