

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Inquiry into Australian Government's response to the COVID-19 pandemic

2 February 2022

PDR Number: IQ22-000012

**Aged care facilities turnaround times for reimbursement**

**Spoken**

**Hansard page number:** 23

**Senator:** Jacqui Lambie

**Question:**

Senator LAMBIE: So we don't know what the time line is. There's no quick turnaround. And the workers cannot put in their receipt immediately and get a back payment within at least seven days?

Mr Lye: I would expect that the person could put their receipt in to the facility and get their expenses paid and that the facility would well know that they could then claim to the Commonwealth for that cost and we will be good for it.

Senator LAMBIE: Okay, but workers can't put in the expense claim? We simply want to know what the turnaround time will be. Once again, they're the lowest-paid workers. Is it going to take two months or three months? What's the turnaround time, mate? You must have an idea!

Mr Lye: It entirely depends on when the facility puts a claim in, and I'm happy to come back to you with what the average turnaround time is on these grants, but we are equally more than comfortable, if you provide an example, to go and talk with the facility. If there is an instance of a worker who is out of pocket, we'll talk to the facility about reimbursing that person immediately, in the knowledge that they can claim from the Commonwealth for the costs of the outbreak.

**Answer:**

The COVID-19 Aged Care Support Program Extension grant opportunity (4683) reimburses approved aged care providers for eligible expenditure incurred in managing direct impacts of COVID-19.

Directly impacted services are those with one or more COVID-19 infected or isolated residents/clients/staff in the period between 28 May 2021 and 30 June 2022.

A service is able to apply for reimbursement of eligible expenditure between the 'trigger date' (the date on which the first resident, client or staff member is tested for COVID-19 and the 'end date' (the date on which direct COVID-19 impacts are resolved; i.e. there are no infected or isolated residents, clients or staff).

As the grant is a reimbursement grant, an application should only be submitted after the end date has passed, when the impact of COVID-19 on the service is resolved, and all associated costs have been paid.

Further, the grant will only reimburse for expenses paid. As such, facilities should ensure they continue to pay workers during the period rather than waiting to submit a claim.

Applicants can submit an application at any time while the grant opportunity remains open. Expected timing for this grant opportunity is set out in the following:

<b>Activity</b>	<b>Timeframe</b>
Assessment of applications	4 weeks from submission of application
Approval of outcomes of selection process	2 weeks
Award of grant agreements	2 weeks
Notification to unsuccessful applicants	6 weeks from submission of application

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Inquiry into Australian Government's response to the COVID-19 pandemic

2 February 2022

PDR Number: IQ22-000013

#### Monitoring staffing in the aged care sector

#### Spoken

Hansard page number: 23-24

Senator: Jacqui Lambie

#### Question:

Senator LAMBIE: My last question is this: unions and industry groups fear we're facing a mass exodus of workers from the aged-care industry. How many staff have left the industry since the start of the omicron outbreak? And are you monitoring that?

Mr Lye: We are monitoring very closely the situation with regard to workforce, and, for that reason, the government has announced, in the last few days, a bonus for the aged-care workforce, and that is designed to go directly to people who are now entering the aged-care sector. We are trying to get people to enter the aged-care sector. But, most importantly, it's about trying to make sure that we retain the existing workforce in the aged-care sector in the short run, during this difficult time.

Senator LAMBIE: Firstly, how are you monitoring that? Will you be able to give me numbers of those who have left, since you are monitoring that? So, if you can provide that to the committee, that will be fabulous. And, seriously, tell me how you think that about \$2.06 a day is going to encourage people to stay in or go into aged care, when they are the most underpaid in Australia. Seriously! Really?

CHAIR: Okay—

Senator LAMBIE: Tell me who came up with that idea. Who came up with that idea, to give them that amount of money? Where did that come from?

Mr Lye: I'll take some of your question as comment, but what I can say is that the industry has indicated to us that, the three times previously that we've used this mechanism, it has been helpful in retaining staff.

**Answer:**

- The first Omicron COVID-19 case was reported in Australia on 3 December 2021.
- The Department of Health has been monitoring aged care workforce data from providers on a weekly basis since the middle of 2021, through the COVID-19 vaccine rollout.
- Aged care providers supply data directly to the Department through the My Aged Care portal.
- Providers are directed to include:
  - all permanent, casual and agency workers currently engaged by each service
  - workers reported by the facility they work for the most, thus removing duplicates across a provider
  - agency staff for residential aged care (RAC) services where they work their most regular and frequent shifts
  - students on placement at a RAC facility or volunteers.
- The data does not include workers who are on leave, or people who provide services to residents at a RAC service but are not employed by the service (such as visiting allied health professionals, hairdressers or other in-reach services).

Table 1 below shows data reported to the Department over the period 8 December 2021 to 9 February 2022.

**Table 1. All workers: Residential Aged Care (RAC), Home Care Provider Packages (HCPP), Commonwealth Home Support Programme (CHSP) and Flexible Aged Care providers.**

Date	RAC	HCPP	CHSP	Flexi. Care*	Total
Wed 8 Dec	263,355	115,281	107,481	5,171	491,288
Wed 15 Dec	263,009	113,982	105,703	5,293	487,987
Wed 22 Dec	263,351	112,558	106,043	4,117	486,069
Wed 5 Jan	263,385	115,419	105,333	4,132	488,269
Wed 12 Jan	263,721	113,396	105,066	4,152	486,335
Wed 19 Jan	263,425	115,677	107,351	4,153	490,606
Wed 26 Jan	263,064	116,123	106,576	4,143	489,906
Wed 2 Feb	263,310	116,373	107,234	4,161	491,078
Wed 9 Feb	263,185	128,447**	107,667	4,173	503,472

\*Flexible aged care providers of Short Term Restorative Care (STRC) delivered in a residential aged care setting

\*\* One of the largest approved providers for the HCPP in terms of staff numbers increased their staff volume to include subcontracted staff not previously reported. This resulted in a spike at 9 February 2022.

This data does not indicate there has been any significant loss of staff from the aged care sector since the beginning of the Omicron outbreak.