

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-033

OUTCOME 4: Aged Care and Population Ageing

Topic: HEALTH REFORMS RELATING TO PEOPLE UNDER 65 YEARS OF AGE

Written Question on Notice

Senator Siewert asked:

In negotiating the Health Reform changes (specifically the agreement that the states take total responsibility for people with disabilities under 65 years of age) what progress has the Department made in addressing the following:

- a) funding and provision of aids and equipment to people under 65 in residential aged care
- b) funding and provision of continence products for all people (in cases where they require more than the continence program covers)
- c) funding and provision of case management and other disability services (recreation, personal care etc) for people under 65 in residential aged care
- d) the funding and provision of rehabilitation including slow stream rehabilitation to young people living in residential aged care to assist with recovery from injury and manage health and long term well-being
- e) the assessment process for identifying the needs and funding required by people under 65 moving into residential aged care where these people need a higher level of service than is funded by the ACFI?

Answer:

a) – c)

Under the National Health Reform agreement, all jurisdictions except Victoria and Western Australia have agreed to pursue reform to consolidate responsibility for aged care services at the Commonwealth level and responsibility for younger people with disabilities at the state and territory level. This transfer in responsibilities occurred from 1 July 2011.

Under these changes, younger people will still be able to access aged care services as they do now, but the states and territories will fund packaged care and residential aged care delivered under Commonwealth aged care programs for younger people.

Cross-billing arrangements, relating to the exchange of funding for people under 65 years in the Commonwealth aged care system and for people aged 65 years and over who remain in the disability service system are being implemented.

Under these arrangements, the states and territories will meet the costs of residential care for young people with disabilities which includes a prescribed range of Commonwealth funded care and services (which can include aids and equipment such as continence aids and support with case management, personal care and recreation), as well as services provided under state

and territory programs, which also can include a similar range of services. The assessment for eligibility under state and territory programs is a matter for state and territory governments.

The current health reforms do not impact on the Commonwealth's support for people with incontinence, including the National Continence Program or the Continence Aids Payment Scheme (CAPS). CAPS is an Australian Government Program which provides financial assistance to eligible people who have permanent and severe incontinence. CAPS is governed by legislation and is administered by Medicare Australia through a direct payment into a client's nominated bank account to assist with some of the costs of incontinence products.

d) Through the National Partnership Agreement on Improving Public Hospital Services (NPA) the Commonwealth is providing up to \$1.623 billion to the states and territories to deliver 1,316 new subacute care beds and community-based services nationally over the period 2010-11 to 2013-14, including slow stream rehabilitation services.

Under the NPA, states and territories determine the delivery and distribution of subacute beds and services according to local need. The states and territories are required to actively engage with relevant sectors in the development of their Implementation Plans and throughout the agreement period.

The states and territories have identified approximately 35 projects in their approved Implementation Plans that will deliver more than 750 beds and bed equivalent services for rehabilitation over the life of the NPA. Some of these projects include slow stream rehabilitation.

e) There is no specific assessment and funding process for younger people with a disability moving into residential aged care beyond the standard processes that apply to all people entering residential aged care such as those relating to the Aged Care Assessment Program and the Aged Care Funding Instrument. All residents' needs are assessed on a case by case basis by providers as part of developing a care plan. Younger people with a disability in residential aged care are entitled to the same quality and range of services as other residents in aged care. In some cases they may receive additional support through state and territory managed programs. In addition to meeting the costs of residential aged care services to this client group (with the exception of Western Australia and Victoria), it is expected that state and territory governments will continue to be responsible for providing any additional support through such programs.