

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2016 - 2017, 19 October 2016

Ref No: SQ16-000538

OUTCOME: 6 - Ageing and Aged Care

Topic: Blindness and Vision Impairment Services

Type of Question: Written Question on Notice

Senator: Siewert, Rachel

Question:

- a) Can the Government advise what processes are being put in place to ensure that people who are blind or vision impaired over the age of 65 years will be referred to the most appropriate specialist blindness and vision impairment services and supports?
- b) Can the Government advise what mechanisms are in place to require a generalist aged care provider and residential care provider to engage and pay for specialist supports and services for people who are blind or vision impaired?
- c) Can the Government outline what measures are being implemented to ensure that people who are blind or vision impaired accessing specialist blindness and vision impairment supports through the aged care system will not be financially burdened through a co-payment requirement when compared to their younger counterparts?

Answer:

- a) The National Screening and Assessment Form (NSAF) has been designed to support the collection of information for the screening and assessment processes under My Aged Care. The NSAF records information to identify clients with vision impairment and the impact of their impairment on their ability to live independently in the community. The Regional Assessment Service is encouraged to form relationships with local service providers to assist with supporting clients to find the most appropriate services to meet their care needs. The Department of Health is currently working with the sector to better incorporate specialised assessment into the My Aged Care assessment process
- b) The *Quality of Care Principles 2014* (made under section 96-1 of the *Aged Care Act 1997*) (the Principles) require that residential care service providers provide specified care and services for all care recipients who need them.

Schedule 1, Part 2 requires all care recipients to be provided with '*Assistance in obtaining access to specialised therapy services*'.

Schedule 1, Part 3 requires all care recipients to be provided with '*Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services*' (fees may apply).

Vision support services are available through the Specialised Support Services service type under the Commonwealth Home Support Programme (CHSP). CHSP providers are required to make reasonable provision to accommodate the specific needs of clients with disabilities, including clients who are blind or vision impaired.

Goods, equipment and assistive technology are provided under the CHSP to assist clients cope with functional limitations such as visual impairment. Items and support include those that assist with mobility, communication, reading and personal care. These may also be accessed from a Home Care Package, however the care and services:

- provided must be identified in the care plan based on the consumer's assessed care needs;
- must fit within the available budget for the package level;
- should not compromise the primary care needs of the consumer;
- should be discussed between the provider and consumer and agreed to; and
- meet all the relevant requirements of the *Aged Care Act 1997*.

c) The predominant providers of aids and equipment are state and territory government schemes.

CHSP clients who are unable to purchase items independently or source them from state and territory schemes can access up to \$500 in total support from providers per financial year. Where a provider assesses it to be necessary, they can at their discretion increase this cap to \$1000 per client per financial year. The Commonwealth has a client contribution framework to assist providers with the establishment of flexible options for client contribution arrangements.

Consumers receiving services under a Home Care Package may be asked to pay an income tested fee. These are determined by the Department of Human Services (DHS).

There are safeguards in place to limit the amount people will be asked to contribute to their care. The Government limits the maximum amount of income-tested care fees people can pay per year for their home care.

Hardship assistance is available for those who cannot afford to contribute to the cost of their care.