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Australian Government Funded Residential Aged Care

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The Regulatory Framework

- The Aged Care Act 1997
- The Accreditation Framework
- Responsibilities of an Approved Provider

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Funding

- Approx 820 aged care facilities in Victoria (over 3000 nationally)
- Approximately 38,000 funded places
- In Victoria, the Australian Government pays approx $90 million per month in aged care subsidies (in excess of $1 billion per annum)

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‘A 60 place low care facility’

Subsidy per resident is $1500-$2000 per month = $1.08-$1.44m total per annum

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‘A 60 place high care facility’

- Subsidy per resident is $3000-$3500 per month = $2.16-$2.52m total per annum
- Recent budget announcement of one-off payment $3500 per resident = $210,000 per 60 place home

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What does a resident pay?

- If a pensioner, $27.15 per day (85% of the pension)
- Non-pensioner $33.89
- Accommodation bonds may be applicable in low care facilities
- Extra Service homes - separate payment arrangements

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The Department of Health & Ageing's Role

- Assessing suitability of Approved Providers
- Allocating new places each year
- Ensuring places become operational
- Ensuring Approved Providers comply with responsibilities under the Act
- Assessing and resolving complaints

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The Department of Health & Ageing's Role continued…..

- Paying subsidies
- Managing community programs

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Objective

Ensuring a high quality of residential and community aged care services for older Australians

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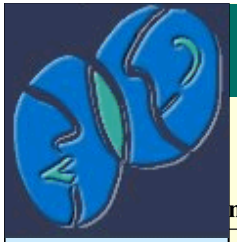
AGED CARE COMPLAINTS RESOLUTION SCHEME:

AN OVERVIEW.



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What is the Scheme?

Free, accessible & impartial.

Legislatively based ie. *Aged Care Act 1997 & Committee Principles 1997.*

Overseen by Commissioner for Complaints.

Who can complain about what?

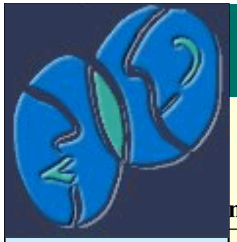
10.38(2) of the Principles states that the affected care recipient or his or her representative, or anyone else, (the Complainant) may make a complaint to the Secretary about anything that:

- may be a breach of the relevant approved providers' responsibilities under the Act or Aged are Principles; **and**
- the complainant thinks is unfair or makes the affected care recipient dissatisfied with the service.

How is a complaint made?

By telephone or in writing.

Via a complaints internet website.



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Assessment

Timeframe & assessment processes.

Criteria for acceptance.

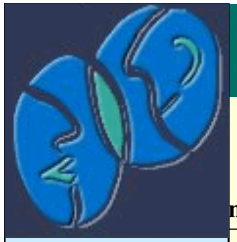
Advising parties.

Right of appeal.

Referral

Information may be referred:

- internally, to the Department's compliance area; or
- externally, to an Agency more appropriately placed to deal with concern.



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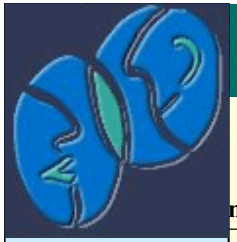
Negotiation

Facilitate negotiation between parties.

Most complaints resolved at this stage.

Mediation Assessment

Conducted by independent, external accredited mediators.



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Mediation

Conducted by independent, external accredited mediators.

Voluntary - any party can choose to go directly to determination.

Confidential.

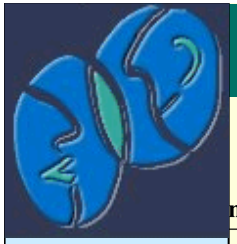
Determination

Committee hearing.

Written determination produced.

Review

Any party can seek a review of the determination.



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Role of the Commissioner

Oversight effectiveness of Scheme, including dealing with complaints about the Scheme.

Coordinate and review complaints.

Supervise Complaints Resolution Committees & orient new committee members.

Manage determination process, including review of determinations.

Percentage of complaints finalised at each stage

Of the 699 complaints finalised by the Scheme in 2002-03:

- 95 % by negotiation
- 2 % mediation
- 2 % determination
- <1 % withdrawn

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Average time taken to finalise complaints

40.8 days. This is a reduction of 16 days compared to 2000-01.

Most commonly raised issues

Administration: personnel behaviour, management & training.

Consumer Rights: communication, internal complaints process & choice.

Environment: resident safety, catering & cleaning.

Level of Care: clinical, continence & behaviour management.

Satisfaction surveys

48% of service providers & 38 % of complainants responded.

95% of service providers & 85% of complainants who returned surveys with relevant questions completed were satisfied.

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ACCOUNTABILITY & RISK MANAGEMENT

Ensuring Approved Providers comply with their responsibilities under the Act

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Types of Non-Compliance

Aged Care Act 1997

- Quality of Care
  - Accreditation Standards (most common)
  - Specified Care and Services
- User Rights Principles
  - Accommodation bonds/ charges
  - Security of Tenure
  - Extra Service charges and services
- Accountability
  - Key personnel notification
  - Accuracy of RCS documentation

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Types of Sanctions

- Revoke or suspend AP status
- Revoke AP status unless …
  - Adviser / Administrator appointed (most common)
  - Training provided
- No funding for new residents
- Revoke, suspend or vary allocated places
- Other sanctions – sections 66-1 & 66-2 of the Act

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Compliance Status – VIC

- 53 homes currently monitored (from ~820)
  - 31 relate to Accreditation Standards
  - 2 homes under sanctions
- In 2003-2004
  - 138 homes monitored
  - 11 homes under sanctions

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Sanctions 2003-04

- 22 homes with sanctions nationally
  - 11 in Victoria (50%)
  - 7 in Queensland (32%)
  - 3 in NSW (14%)
  - 1 in NT (~5%)
- Sanctions in Victoria (11 homes)
  - Adviser / Administrator appointed (8 homes)
  - No funding for new residents (6)
  - Revoke or suspend AP status (2)
  - Training to be provided (1 home)

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Pathways to Sanctions

- "Immediate and severe" risk (most common)
- "Long path"
  - Notice of Non-Compliance
  - Notice of Intention to Impose Sanctions
  - Sanctions

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Typical Sanctions Process

- Agency advice of "Serious Risk"
- Department decision
  - immediate and severe risk?
  - what sanctions to apply?
  - time frame for sanctions?
- Department sanctions Notice issued
- Department & Agency monitoring
  - Regular site visits during and after serious risk

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Information Strategy

- Letters to residents and representatives
- Advice to key stakeholders
  - Aged Care Assessment Services / Teams
  - Advocacy groups
  - Dept Veterans Affairs
- Department Sanctions website

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Typical Sanctions Cases

- Non-compliance with Accreditation Standards:
  - Medication management (2.7)
  - Nutrition and hydration (2.10)
  - Clinical care (2.4)
  - Behavioural management (2.13)

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Outcomes

- Improved resident care
- Increased stakeholder satisfaction
- Improved knowledge/ skills/ awareness
- Improved compliance with responsibilities, including Accreditation Standards

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Further information

- Accountability and Risk Management Section
  - Assistant Director ph: (03) 9665 8118
- Department sanctions web-link
  - http://www.health.gov.au/acc/rescare/sanctions/sancudvic.htm