

Aged Care Royal Commission: Implications for Rural Transport Services

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Aged Care Royal Commission Final Report: Key Findings

ACRC Key Findings



- Around 30% of people using aged care services received substandard care at least once over their time in care
- “The extent of substandard care in the current aged care system is deeply concerning and unacceptable by any measure”
- 1997 Cabinet Memorandum shows current system is “the unenviable trade-off between health of older Australians and the desire to save on public expenditure for that help”
- Successive governments “consider aged care as a form of welfare for the very needy, to be provided to bare minimum extent required”
- Government underfunding amounts to \$9.8 billion per annum (58% of 2018-19 expenditure)
 - Inadequate indexation has reduced Australian Government expenditure by 22.4%
 - Rationed supply has reduced Australian Government expenditure by 25.7%

ACRC Key Findings



- **Systemic problems:**

- Absence of leadership and governance at a system level
- Insecure, insufficient Government funding
- Financing arrangements that do not support sustainability
- Inequitable means testing
- Inattention to market structure, evolution and local conditions
- Piecemeal approach to reform
- Variable provider governance, management and leadership
- Undervalued aged care workforce

ACRC Key Findings



- **Systemic problems (cont.):**
 - Attitudes and assumptions about ageing and aged care
 - Reactive model of care
 - Lack of voices of older people and diverse communities
 - Ineffective regulation
 - Absence of transparency
 - Missed opportunities for research and innovation
 - Poor cooperation across health and aged care systems



Aged Care Royal Commission Final Report: Key Recommendations

New Aged Care Program [Recs 25-41]



- By July 2024, a new aged care program should commence incorporating current programs - residential care, home care packages, home support, respite care and short-term restorative care. A demand driven program with funding allocation sufficient to meet people's entitlements for their assessed needs
- Public awareness should be improved, either through My Aged Care or other mechanisms
- Single assessment process should be introduced by July 2023, potentially with care finders to assist navigation through system
- Immediate steps to eliminate the home care package (HCP) waiting list should be completed by December 2021, with one month maximum wait for allocation of HCP and 150 days for person to select provider

Aged Care Assessment [Recs 25, 28]



- A single assessment process based upon a common assessment framework and arrangements followed by all assessors
- By July 2023, Aged Care Assessment Program (ACAT) and Regional Assessment Services (RAS) should be replaced with one assessment process
 - Independent from approved providers
 - Usually before service delivery, but services may be delivered on an interim basis if necessary
 - Scalable for complexity of needs including use of multidisciplinary teams
 - Take account of older people's autonomy and self determination
 - Include assessment of informal carer's needs
- Reasonable requests for reassessment of need can be made by older people, carers, care finders or approved providers
- Complemented by care finders to assist navigation through system

Care Management [Rec 31]



- Care managers must be appointed for all home care recipients, unless assessed as not needing it, and for residential care in cases where people need coordination of outside services.
- Care managers must have a relevant qualification
 - Does not specify in nursing or allied health.
- Must respect wishes of the person to be involved in self management and must consult carers if applicable in creation of support and care plans

Providers will need to review how this might apply and prepare their care management workforce

New Aged Care Program Categories [Recs 25-41]



Service categories	Purpose	Services
Respite supports	To improve the wellbeing of informal carers, increase their capacity to care, and support their social and economic participation	Respite in the home, in cottages, and in purpose-built facilities
Social supports	To improve social inclusion and community participation for the person's long term health and wellbeing	Social activities (alone and in groups) and including centre-based respite, transport (alone and community) and delivered meals
Assistive technologies and home modifications	To maximise a person's independence to perform tasks or activities of their daily lives and minimise any risk to their safety	Purchase and installation of goods, aids, equipment and services, including assistive technologies, minor modifications to the home and services to address squalor
Care at home	To support a person's independent living at home and in the community, providing care and support for assessed needs, including end-of-life	Personal care, clinical, enabling and therapeutic care, and palliative and end-of-life care. Living supports: cleaning, laundry, shopping for groceries, light gardening and home maintenance. Care management
Care at a residential home	To preserve capacity for a person's dignified living and death in a residential home	Living supports (if appropriate), personal care, clinical, enabling and therapeutic care, and palliative and end-of-life care. Care management

New Aged Care Program Categories [Recs 25-41]



July 2022

- Respite Supports
- Social Supports;
- Assistive Technology and Home Modifications

July 2024

- Care at Home
- Residential Care (which must include use of allied health professionals)

Providers can expect new funding opportunities will emerge, e.g. home care growth, respite category

Respite Supports Category

[Rec 32]



- Supports availability of respite for carers of older people
- Provides a greater range of high quality respite support in people's homes, in cottages and in purpose-built facilities
- Provides up to 63 respite days per calendar year
- Is grant funded

Providers will need to prepare for these CHSP services to transition to new approach

Social Supports Category

[Rec 33]



- Supports that reduce and prevent social isolation and loneliness among older people
- Coordinated with other local services and activities provided by local government, community organisations and businesses
- Includes centre-based day care, social support (individual and group), meals and transport (individual and community) from CHSP
- Is grant funded

Providers will need to prepare for these CHSP services to transition to new approach

Social Supports Category

[Rec 33]



“We recommend this category of social support services be grant funded because they:

- have substantial infrastructure and capital costs—for example, in transport fleets or centres
- are often voluntary-managed and community-based organisations, with high numbers of all volunteers
- can provide some innovative benefits when offered in combination.

These services provide more than just happiness and individual benefit. They build social cohesion and benefit the broader community. This broader community benefit would be lost if these services were funded separately through individualised funding.

Grant funding will provide certainty to providers currently delivering social supports under the current Commonwealth Home Support Programme as well as the Home Care Packages Program.”

Notably no mention of health-related transport

Assistive Technology and Home Modifications Category [Rec 34]



- Provides goods, aids, equipment and services that promote independence in daily living tasks and reduce risks to living safely at home
- Includes assistive technology, home modifications and hoarding and squalor services from CHSP
- Is grant funded

Providers will need to prepare for these CHSP services to transition to new approach

Care at Home Category

[Recs 35-36]



- Supports older people living at home to preserve and restores capacity for independent and dignified living to the greatest extent and prevent admission to long-term residential care
- Offers episodic or ongoing care from low needs (e.g. 1 hour of domestic assistance per week) to high needs (e.g. multiple hours of personal and nursing care)
- Provides entitlement (budget) based on assessed needs for coordinated and integrated range of care across:
 - i. Care management
 - ii. Living supports (cleaning, laundry, meal preparation, shopping, gardening and home maintenance)
 - iii. Personal clinical, enabling and therapeutic care (nursing, allied health, restorative care)
 - iv. Palliative and end-of-life care
- Requires a lead provider to be chosen by the older person

Providers will need to prepare for these CHSP & HCP services to transition to new approach

Transition to Care at Home [Recs 35-36]



July 2022

- Home Care Package recipients can access supports from respite and/or social support programs in addition to their package
- Assistive Technology and Home Modifications following an assessment

December 2023

- Assessed for both Care at Home classification and a HCP level

July 2024 – July 2025

- Assess for Care at Home classification if still on “old” programs
- Increase Assessment Workforce from July 2023 to July 2025 to allow reassessment of HCP recipients

Residential Care Category

[Recs 37-38]



- Provides older people with:
 - Goods, aids, equipment and services to meet daily living needs
 - Accommodation
 - Care and support to preserve and, where possible, restore capacity for meaningful and dignified living in a safe and caring environment
- Ensures care is available for people who can no longer live at home due to frailty, vulnerability, dementia or other reasons
- Provide integrated and high quality and safe care based on assessed needs, including care management
- Require either arrangements with or employment of allied health professionals from July 2024

Providers will need to prepare for residential care services to transition to new approach

Informal Carers & Volunteers

[Recs 42-44]



- Support for informal carers
 - Linked My Aged Care and Carers Gateways from July 2022
 - Requiring carer and My Aged Care assessment processes to be linked
 - Care and support to preserve and, where possible, restore capacity for meaningful and dignified living in a safe and caring environment
- Volunteers
 - Increase funding for Volunteer Grants
 - Imposing minimum requirements for in-house volunteer programs
 - Expanding Community Visitors Scheme into Aged Care Volunteer Visitors Scheme

Providers will need to prepare for the minimum requirements for in-house volunteer programs

Aged Care in Regional, Rural & Remote Areas [Recs 54-55]



- Ensure equitable access to aged care services for older people in regional, rural and remote areas
- Maintain and extend joint Commonwealth, State & Territory Multi-Purpose Services Program

Regional, rural and remote providers will need to monitor for any opportunities

Other Key Recommendations



- New Aged Care Act to cover all providers
- Revised Aged Care Quality Standards with graded assessments of performance
- Serious Incident Response Scheme for home care
- Personal care worker registration scheme
- Digital care management system interoperable with My Health Record
- Improved indexation of funding
- Co-payments should be abolished for respite supports, social supports, assistive technology and care at home categories
- System should be financed by an aged care levy

Providers will need to prepare for these changes



New Home Care Funding Model

Health Consult ACF Model



HealthConsult reported to the DoH in May 2020 on options for the development of an **Assessment, Classification and Funding** (ACF) model for Home Care

- An assessment model that tailors the level of assessment to the level of a consumer's need/expected resource use
- A classification model that allows the consumer to be in **more than one class concurrently**
- A model that uses the development of Tailored Service Bundles (TSBs) A funding model that incentivises the use of TSBs to maximise alignment between **support services delivered and support services needed** and as determined by the **independent assessment process**
- A classification and funding approach that funds reablement episodes separate to ongoing episodes

Health Consult ACF Model



HealthConsult will continue development of an Assessment, Classification and Funding model:

Dec 2020 / Feb 2021: Targeted consultation on research/study design, EOI for service providers to participate in data collection

March 2021: Data collection commences – to collect data, and inform development of an assessment tool and classification model

Department of Health will:

March to July 2021: undertake research with consumers and service providers to inform transition

March 2021: start public consultation, post Royal Commission recommendations



Aged Care Royal Commission Final Report: Points of Contention

Provider Response



Australian Aged Care Collaboration (AACCC)

An “opportunity to ‘fix’ the aged care system forever.”

- Providers key concerns:
 - Broad support for fundamental reform
 - Details missing on many of the reform directions, therefore impact difficult to assess
 - How can we cope with more reform when current system is so strained?
 - Where will the new workers come from?

Consumer Response



Council on the Ageing (COTA)

“Australia has some of the best aged care providers in the world, but also some the worst. At least one third of providers must go.”

- Consumers key concerns:
 - Broad support for “complete overhaul”
 - Human rights must be at centre of new system
 - “The answer isn’t just more money; it’s also forcing providers to spend it on staff”

Industry Consolidation Inevitable



- While Home Care Package provider numbers have doubled in past 3 years, CHSP and residential care providers numbers have been steadily falling for a decade or more
- ACRC recommendations will increase regulatory pressure, even if they improve financial sustainability
 - Will focus on rights and duties, with additional civil penalties for providers including compensation payments actually improve care?
 - Will the real winners be lawyers?

What Comes First – Chicken or Egg?



Prof Kathy Eagar (AHSRI, UoW)

“The government will need to rebuild public confidence in the aged care system before asking taxpayers & care recipients to pay more to fix a failed system.”

- Final Report argues more money and more regulation are necessary
- Advocates argue more regulation and transparency must come first before more money is given to for-profit providers who will just take excessive profits
- Providers argue they're broke and nothing can be done without fixing financial viability first

Funding Challenge



Paul Sadler (ACRC Final Report Vol 2, p.196)

Inadequate indexation has resulted in “a gradual but inexorable erosion in the relative purchasing power of both HCP individual budgets and CHSP grants.”

- ACRC finding that Government underfunding amounts to \$9.8 billion per annum (58% of 2018-19 expenditure)
 - Inadequate indexation has reduced Australian Government expenditure by 22.4%
 - Rationed supply has reduced Australian Government expenditure by 25.7%

Who Pays? And How?



Commissioner Briggs

“In my view, the additional revenue to fund the aged care reforms ... should be sourced from an ongoing earmarked levy on personal taxable income of 1%.”

- While Commissioners had different models, both recommended additional taxation and moving away from Refundable Accommodation Deposits
- Interestingly, both shied away (especially Briggs) from additional user pays
- Immediate doubtful noises about taxation increase from within Coalition Government, and no guarantee Labor will back it either
- But if there is no tax increase, how on earth will the extra funding arrive?



Aged Care Royal Commission: Initial Government Response

Initial Government Response



1. Home Care Packages (\$18m)

- Extra oversight of “unfair, unjustified administration charges”

2. Quality & Safety in Residential Care (\$32m)

- Boost for ACQSC
- Focus on governance; diversity; dementia; food & nutrition
- Guidelines on restraint and Senior Restraint Practitioner in ACQSC

3. Residential Care Sustainability (\$279.9m)

- \$189.9m for one-off payment (\$760 per resident metro; \$1,145 rural)
- \$90m for Viability Fund

Initial Government Response



4. Workforce (\$92m)

- Home Care Workforce Support Program to create 18,000 additional places for personal care workers

5. Governance oversight, standards & accountability (\$30.1m)

- Additional funding to strengthen governance of providers and legislative governance obligations on the sector
- Assistant Commissioner for Sector Capability in ACQSC to lead transformative change program
- Commencement of drafting of new Aged Care Act



Implications for Rural Transport Services

Implications for Rural Transport Services



- CHSP will be dissolved, possibly from 2022, definitely by 2024
- ACRC has recommended Social Supports Category (including community and individual transport) be established from July 2022 taking over from CHSP
- It has also recommended it be grant funded and co-contributions no longer be required
- HCP recipients would also be able to access social support services without using their package funding from July 2022
- Services using volunteers will have to comply with additional requirements

Key Decision Points Affecting Rural Transport Services



1. Will Government agree to create the five new categories in a new Single Aged Care Program?
2. Will social support remain predominantly grant funded?
3. Will health-related transport remain in scope?
4. Will these services be exempt from co-payments?
5. How will Care at Home be funded?
6. Will volunteer coordination role become mandatory?



www.careaboutagedcare.org.au

Support this campaign to see major reform of the aged care system, so we can achieve a sustainable, world-class aged care system that enables all older Australians, and those who care for them, to be valued, have choice and lead a meaningful life.

Sign the petition, join the social community, share with your networks, and help create change.



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Aged Care Royal Commission Final Report: Other Recommendations

Final Report Recommendations



New Aged Care Act [Recs 1-4]

- A new Aged Care Act should be enacted by July 2023
- This would be rights-based with paramount considerations:
 - i. Ensuring the safety, health and wellbeing of people receiving aged care
 - ii. Putting older people first so that their preferences and needs drive delivery of care
- All aged care funding, including the current Commonwealth Home Support Program (CHSP), would be brought under the new Act.
- An integrated approach to long-term support and care of older people across Federal and State/Territory programs

New Aged Care Governance Structures [Recs 5-12]



- Commissioner Pagone recommends an Aged Care Commission, Aged Care Pricing Authority and Aged Care Advisory Council
- Commissioner Briggs recommends a Cabinet Minister and Department of Health & Aged Care, Aged Care Quality & Safety Authority, along with Council of Elders and expanded role of Independent Hospital Pricing Authority
- Both support creation of an Inspector-General of Aged Care

New Aged Care Governance Structures [Recs 5-12]



Term	Independent Commission Model	Government Leadership Model
System Governor	Australian Aged Care Commission	Australian Department of Health & Aged Care
Quality Regulator	Australian Aged Care Commission	Aged Care Safety & Quality Authority
Prudential Regulator	Australian Aged Care Commission	Australian Department of Health & Aged Care
Pricing Authority	Australian Aged Care Pricing Authority	Independent Hospital & Aged Care Pricing Authority

Quality & Safety [Recs 13-24]



- Characteristics of high quality aged care:
 - Diligent and skilful care
 - Safe and insightful care
 - Caring and compassionate relationships
 - Empowering care
 - Timely care
- It's proposed to introduce a statutory duty to provide high quality and safe nursing and personal care into new Act
- Chemical and physical restraints would be more strictly regulated with person restrained able to seek independent review of lawfulness of any restraint
- Review of Aged Care Quality Standards by December 2022, proposed role for Commission on Safety & Quality in Health expanded to cover Aged Care
- Expansion of quality indicators within residential care and to home care, including implementing a comprehensive quality of life assessment tool

Providers will need to review their systems as the details of any changes emerge

Aged Care Accommodation [Recs 45-46]



- Development of national dementia design principles and revision of Class 9c Building Code to reflect these by July 2025, along with funding support for providers to upgrade existing services
- Capital grants for 'small home' models outside metropolitan areas from January 2022

As providers adopt the household model, they should look at funding opportunities for our existing or new buildings

Aged Care for Aboriginal & Torres Strait Islander People [Recs 47-53]



- Ensure new aged care system makes specific and adequate provision for ATSI people
- Require providers to train staff in culturally safe and trauma-informed care and to adopt ATSI Action Plan under Diversity Framework
- Appoint an ATSI Aged Care Commissioner
- Prioritise ATSI organisations as aged care providers and fund them over rolling three-to-seven year basis under flexible grant funding

Providers will need to prepare for training and Action Plan requirements

Better Access to Health Care [Recs 56-71]



- From January 2024, introduce a voluntary primary care model for people receiving aged care, including an accredited aged care general practice program, which would require use of My Health Record by providers and GP practice
- From January 2022, Local Health District-led multidisciplinary outreach services for residential and personal home care developed
- From January 2022, expanded access to Older Persons Mental Health Services for residential and personal home care
- From January 2023, establish a Senior Dental Benefits Scheme
- From July 2021, expand Rural Health Outreach Fund to improve access to medical specialists

Better Access to Health Care [Recs 56-71]



- From November 2021, expand access to Medical Benefits Scheme-funded specialist telehealth services
- From January 2022, increase access to pharmacist medication reviews
- From November 2021, restrict prescription of antipsychotics to psychiatrists and geriatricians
- From December 2021, require aged care staff to provide paramedics with an up-to-date summary of resident health status, etc upon transfer to hospital; from July 2022 require hospitals to implement and report discharge protocols with residential care
- By December 2021, amend National Health Reform Agreement to stipulate respective roles of aged care providers and health system staff

Providers will need to be prepared as details of each of these areas are confirmed

Information Technology

[Recs 67-68, 109]



- Facilitate development and adoption by providers of software which is accredited by regulator for aged care national minimum dataset and quality indicator collection, as well as collection of other information such as Serious Incident Response Scheme mandatory reporting
- From July 2022, require all providers to use a digital care management system that is interoperable with My Health Record
- Commissioner Briggs recommends an Aged Care Information & Communications Technology Strategy be developed by July 2022

Providers will need to engage with current (and any future) suppliers to make sure they comply with any new requirements. Some government funding may support this

Older People with a Disability & Younger People in Residential Aged Care [Recs 72-74]



Older People with Disabilities

- Everyone receiving aged care should receive services (including assistive technologies, aids and equipment) equivalent to that via the NDIS.

Younger People with Disabilities

- No person under 65 enters residential aged care from 1 January 2022
- No person under 45 lives in residential aged care from 1 January 2022
- No person under 65 lives in residential aged care from 1 January 2025

May offer opportunities for providers. Those housing younger people will need to work with NDIS for transfer by these dates

Aged Care Workforce [Recs 75-87]



- Aged Care Workforce Division to be set up by January 2022 in either DoH or Aged Care Commission
- Revamp of Aged Care Workforce Council to engage government and unions more explicitly and lead review of qualifications and skills framework, map career pathways and lead a national multimedia campaign
- National personal care worker registration scheme established by July 2022, including a mandatory minimum Certificate III qualification for personal care work and mandatory dementia and palliative care training
- Funding for teaching aged care programs across university and vocational education sectors

Aged Care Workforce [Recs 75-87]



- Tripartite approach to Fair Work Commission by unions, employers and governments to improve wages, backed by government commitment to fund this via the Pricing Authority
- Introduction of a minimum staff standard for residential care:
 - From July 2022, minimum of 200 care staff minutes per resident per day (prpd) with at least 40 minutes provided by an RN. At least one RN on morning and afternoon shifts per facility (16 hours per day)
 - From July 2024, minimum of 215 care staff minutes prpd with at least 44 minutes provided by an RN; or 264 care staff minutes prpd with at least 36 minutes provided by an RN. At least one RN on duty 24/7
 - These figures should be adjusted by the RACF case mix as required
 - Temporary exemptions only allowed to staff mix
- Commissioner Briggs is recommending preference for direct employment over contracted workforces

As long as they are funded, the recommendations look mostly positive for providers. However, they do not eliminate the difficulty of recruiting key staff in some regional locations, so some flexibility in how any new requirements are applied will be critical

Provider Governance [Recs 88-91]



- By January 2022, provider governing bodies must have majority of independent non-executive members, members must act in best interest of provider (not a third party) and key personnel must pass a 'fit and proper person' test
- A new governance standard in the Aged Care Quality Standards must require boards to have care governance skills, have a care governance committee chaired by a non-executive director with appropriate experience in care provision, have processes in place to receive feedback from all stakeholders including staff and handle complaints, and attest annually to the regulator that the provider has processes in place to deliver safe and high quality care
- The Government should establish an ongoing funding program from 2021-22 to support providers to improve governance arrangements

Providers will need to ensure board structures comply

Quality Regulation & Advocacy [Recs 92-106]



- New approval requirements for all aged care providers from July 2024
- The regulator will be expected to gather consumer experience reports for at least 20% of service users as part of reaccreditation assessments, with accreditation extended to high level home care
- Graded assessments against the Aged Care Quality Standards should be introduced by July 2022
- Improved complaints management with a Complaints Commissioner position reinstated
- As planned by government, the Serious Incident Response Scheme is supported to start in residential care from mid 2021 and be expanded to include home care

Quality Regulation & Advocacy [Recs 92-106]



- Civil penalties for providers and key personnel, as well as compensation payments for contraventions of the general duty to be set out in the new Act
- A wider range of enforcement powers for the regulator
- Capability review of ACQSC and expansion of National Aged Care Advocacy Program

Though most of the emphasis is on the regulator, providers will need to ensure their systems can respond to these changes

Research & Development and Aged Care Data [Recs 107-109]



- Establishment of an Aged Care Research & Innovation Fund
 - Equivalent to 1.8% of Australian Government spending on aged care
- Commissioners differ on proportions of funding allocated to different aspects of research (ageing-related health research and aged care-related research)
- Australian Institute of Health & Welfare will store, manage and publish a National Aged Care Data Asset including national minimum datasets

Providers will need to ensure their systems can capture any data required. May be partnership opportunities with researchers

Funding the Aged Care System [Recs 110-128]



- Indexation be amended across all programs with effect from July 2021 to reflect more accurately actual cost increases
- From July 2021, implement an immediate \$10prpd increase to the residential care Basic Daily Fee (paid by government), while requiring provider to annually review adequacy of goods and services provider for basic living needs of residents
- 30% rural and remote viability supplement increase in March 2020 should be continued
- Two year scheme (July 2021-June 2023) to reimburse providers for costs of direct care staff education and training (one qualification or course per staff member), including backfilling
- Independent pricing recommendations and annual costing studies should pass to Aged Care Pricing Authority from July 2023, with it compulsory for providers to participate in cost reviews Funding will be a mix of block and activity based funding after that. Funding should be adjusted to fully cover costs of new requirements such as staff ratios

Funding the Aged Care System [Recs 110-128]



- Care at home funding to take form of individualised budget or casemix classification
- From July 2024, highest funding rate in home care should be aligned to top funding rate in residential care.
- AN-ACC should be introduced in residential care from July 2022, with an incentive for enablement built in. Quarterly reporting of staffing hours will be compulsory from July 2022
- As is currently planned by government, payment on accruals basis for home care packages should commence in September 2021, with a standardised monthly statement format adopted from July 2022

Funding the Aged Care System [Recs 110-128]



- Co-payments should be abolished for social supports, assistive technology and home modifications, and care at home, and for the care component of residential care.
- Respite and residential care fees should cover the ordinary costs of living with no cap for non-pensioners.
- Commissioner Pagone recommends residents should contribute to their accommodation costs but that means testing for accommodation charges should be revised. Commissioner Briggs has proposed somewhat different arrangements

Providers will benefit from most of these initiatives, though the impact of future changes to introduce AN-ACC and a home care classification system are yet to be determined. There will be adjustments required to provider systems to facilitate some of these changes

Prudential Regulation & Financial Oversight [Recs 130-137, 142]



- From July 2023, the System Governor should be empowered to establish new prudential standards including liquidity and capital adequacy requirements. A continuous disclosure requirement would apply to providers. ***The recommendations don't stipulate a liquidity level, but the text shows the ACRC received advice about what this should be ranging from 10% to 35% of refundable accommodation deposits (RADs)***
- Commissioner Briggs recommends lump sums (RADs) are phased out for new residents from July 2025 with an aged care accommodation capital facility introduced favouring small household models to assist the transition. Commissioner Pagone supports a move to phase RADs out in the longer term. ***Residential care providers will need to monitor this***

Financing the New Aged Care System [Recs 138-144]



- Commissioner Pagone recommends a Productivity Commission inquiry into a hypothecated, graduated aged care levy.
- Commissioner Briggs recommends a non-hypothecated aged care improvement levy set at 1% of taxable income, based on Medicare Levy

Oversight, Implementation & Monitoring [Recs 145-148]



- By 31 May 2021, the Government should respond to the Final Report recommendations
- An implementation unit (Commissioner Pagone) or implementation taskforce (Commissioner Briggs) should be established to oversee implementation of the recommendations
- The Inspector-General of Aged Care should report to Parliament six monthly and conduct independent evaluations five and ten years after tabling of the Final Report