SUBMISSION FROM:

THE AUSTRALIAN FEDERATION OF TOTALLY AND PERMANENTLY INCAPACITATED EX SERVICEMEN AND WOMEN LTD (hereafter called the TPI Federation)

TO:

Productivity Commission Draft Report

Caring for Older Australians – January 2011

Purpose of this submission

The purpose of this submission is to:

- **Provide detail about the Federation's role in relation to Totally and Permanently Incapacitated Ex Servicemen and Women (TPIs) and the wider Veteran community.**
- **Highlight the special status, cultural and social characteristics of TPIs and Veterans generally.**
- **Highlight the fact that funding for services, pensions, treatment and related matters for TPIs, Veterans generally and other entitled people, is through the Repatriation Commission under the Veterans' Entitlement Act 1986. Further highlight the fact that the Department of Veterans' Affairs is responsible for implementing the Repatriation Commission's policies and in essence for providing services to and looking after the entitlements and best interest of Veterans and other entitled people.**
- **To comment on particular aspects or areas of the report that are either unclear in relation to their impact on TPIs and Veterans generally or specifically appear to potentially place TPIs and Veterans at a disadvantage or detriment.**
- **To offer comment on suggested/recommended models and offer alternate approaches where it is consistent with the Federations objectives and assists TPIs and Veterans generally (see below).**

TPI Federation's Objectives.

The objects for which the Federation is established are:

(a) To act as the only conduit to Federal Government for the consolidated needs of the Members;

(b) Safeguarding the interests of and securing just and equitable treatment for TPI's and their dependants;

(c) To raise funds from Members by capitation fees as determined from time to time by the Board or by other means, and to apply such funds for safeguarding the interests of and securing just and equitable treatment for TPI's and their dependants;

(d) To co-operate to such an extent, as the Board shall deem fit, with similar associations in other parts of the Commonwealth and the world;

(e) To apply for and obtain any special Act of Parliament or other benefit calculated to promote or advance the interests of the Members of the Federation;

(f) To take such lawful steps by personal or written appeals, public meetings, radio broadcasts, television programs or otherwise as may from time to time be deemed expedient for the purpose of procuring contributions to the funds of the Federation in the shape of donations, annual capitation fees or otherwise as the Board may deem desirable for the promotion of its objects;

(g) The Federation shall be non-political and non-sectarian and shall confine itself to the care, maintenance, welfare and special interests of TPIs; and

(h) Such other objects as the Board considers appropriate from time to time.

Membership

The TPI Federation is a National Ex Service Organisation (ESO) that has representation from all State and Territory TPI Associations. Members of the Associations comprises Ex-service men and women who have been classified by the Department of Veterans' Affairs as TPIs and for whom the Department has responsibility for providing medical treatment, other services and the Special Rate of Disability Payment (which is for the highest level of disability). **TPI** stands for **Totally** and **Permanently Incapacitated.**

In outline - Who is classified as TPI?

- Former members of the Australian Defence Force who have been wounded or injured or suffered severe and chronic illness during their war or defence service, and
- Their conditions have been attributed to their service in the Australian Defence Force, and
- The extent of their incapacity has been determined through rigorous and exhaustive physical and/or psychological assessments by the Department of Veterans' Affairs, and

- Their incapacity affects their level of capability to work, if at all.

Assisting Members

The Associations seeks to encourage the Well Being of members through social occasions and meetings when members may meet in a spirit of camaraderie, providing welfare assistance and information through association magazines and directing members to the appropriate Federal or Local agencies to assist with any problems they may have.

Review of the Draft Report (the Report)

In reviewing the Report where considered necessary extracts of the report will be included in this submission so that those (other than the Commission) who do not have access to the report or are otherwise hampered in reading a 500 plus page report will have some understanding of the context of this submission.

Aims -The Report states:

To guide future policy change, the aged care system should aim to:

- *promote independence and wellness of older Australians and their continuing contribution to society*
- *ensure that all older Australians needing care and support have access to person-centred services that can change as their needs change*
- *be consumer-directed, allowing older Australians to have choice and control over their lives*
- *treat older Australians receiving care and support with dignity and respect*
- *be easy to navigate — Australians need to know what care and support is available and how to access those services*
- *assist informal carers to perform their caring role*
- *be affordable for those requiring care and for society more generally*
- *provide incentives to ensure the efficient use of resources devoted to caring for older Australians and broadly equitable contributions between generations.*

This report offers a detailed plan for the implementation of a new policy framework which encapsulates these objectives.
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Recommendation:

That an additional aim be added as follows:

- **provide a level of certainty for older Australians.**

Australian Pensioners Bond

DRAFT RECOMMENDATION 6.6

The Australian Government should establish an Australian Pensioners Bond scheme to allow age pensioners to purchase a bond from the Government on the sale of their primary residence.

- ***The bond would be exempt from the age pension assets test and income tests and would be indexed by the consumer price index to maintain its real value. All bonds would be free of entry, exit and management fees.***
- ***Age pensioners could flexibly draw upon their bond to fund living expenses and aged care costs. (xlvii)***

Comment:

It has been acknowledged generally that the CPI alone is not a proper measure of inflation. To use the CPI alone without considering other index methods would discriminate against those on an age pension and be contrary to the stated aims of the Report**.**

Recommendation:

That to maintain the real value of the Australian Pensioners Bond, that the higher of the CPI, Male Average Weekly earnings (MTAWE) or the Pensioner Beneficiary Living Cost Index (PBLCI) be used to index the bond.

HACC as compared to related programs for Veterans

The Report at p 19 states:

The Department of Veterans' Affairs (DVA) also assists a large number of older people through its Veterans' Home Care (VHC) and Community Nursing programs (see table 2.2 for list of services). These programs offer a range of services similar to those available through HACC. In 2009-10, 69 600 veterans aged 70 years or over received VHC and 31 400 received Community Nursing.[1]

Comment:

A comparison of the main HACC like services that DVA provide to their clients as compared with HACC provided to the broader community is contained in Table 2.2 p18, it is worthy of analysis.

The table follows:

Table 2.2 **Community care programs: services provided to clients aged 65 years or over, 2007-08**

Per cent of clients in program

Service Type	*HACC*	*Veterans' Home Care*	*DVA Community Nursing*	*CACP*	*EACH*	*EACH-D*
	2007-08	2007-08[a]	2007-08	Dec 2008	Dec 2008	Dec 2008
Non-specialist care services						
Domestic assistance	32.6	93.1	×	81.5	68.3	61.6
Meals at home or a centre	19.5	×	×	13.7	7.4	8.1
Other food services	0.6	×	×	21.4	35.3	34.6
Transport services	17.0	×	×	20.8	9.9	14.2
Home or garden maintenance	17.8	18.7	×	11.6	11.4	11.2
Activity programs	10.9	×	×	3.1	9.8	9.8
Social support	12.0	×	✓	36.4	26.4	34.4
Personal care	10.0	4.3	31.2	39.3	83.3	74.2
Counselling (care recipient)	6.8	×	✓	✓	11.7	18.0
Counselling (carer)	1.3	×	×	×	×	×
Goods and equip.	3.1	×	×	✓	✓	✓
Home modifications	4.3	×	×	✓	✓	✓
Respite care	2.2	8.3[b]	×	4.4	32.2	44.0
Linen services	0.3	×	×	0.7	2.0	2.6
Accommodation and related services	×	×	×	×	×	×
Specialist services						
Nursing (home and centre)	21.1	×	78.7	×	21.9	16.9
Allied health/therapy (home and centre)	19.5	×	×	×	7.1	6.4
Total clients (number)	**638 218**	**77 284**	**32 625**	**33 411**	**3 354**	**1 314**

✓ Service type provided but data unavailable. × Service type not provided. [a] Clients who received VHC services may have received DVA Community Nursing at the same time. Data on simultaneous use is not provided. [b] Figure related to provision of in-home respite care and emergency respite care only, and excludes DVA clients who used residential respite.

Source: AIHW (2009a).

Comment:

It is instructive to note that Domestic Assistance under Veterans Home Care is provided to 93.1% of clients in the program compared to 32.6% under HACC. Thus relatively DVA provides approximately three times more assistance.

Similarly DVA provides approximately three times more Personal Care assistance at 31.3% compared to 10% under HACC. On the same basis DVA provide s Community Nursing at approximately four time the level provided by HACC at 21.1% and DVA at 78.7%.

Why is this so? Firstly, while Veterans receive different levels of care depending on their needs, it must be recognised that TPIs and other Veterans, have an entitlement to these services. In addition, while acknowledging the ageing of the Veteran population and war widows in particular, it is clear that due to the management and allocation by DVA of these entitled services they have managed to achieve an outcome of keeping their clients in their own home environment (for longer than may otherwise be the case), which is generally what Veterans prefer.

DVA is to be commended on the level of service it provides to its entitled clients.
Recommendation: The Commission note these comments.

Veterans p287

Veterans are classified as a special needs group under the Act. In terms of the provision of appropriate aged care services, the Repatriation Commission noted:

> Veterans have specific social and cultural issues, which include:
>
> - personal hardships as a result of war service that can affect veterans and their dependants physically and psychologically
> - critical shared experiences outside those of the general community
> - identifying themselves as a distinct cultural group with distinct needs (e.g. commemoration of fallen comrades, observance of special days such as ANZAC day and Remembrance day, provision by government of healthcare and compensation for war caused illnesses/injuries). (sub. 366, p. 3)
> - Eligible veterans receive subsidised and high quality health and community aged care services through the entitlement scheme funded and administered by DVA (box 9.3). All veterans access residential aged care services through the mainstream system and are also entitled to access mainstream community aged care services.

Although eligible veterans and war widows/widowers represent around 16 per cent of aged care residents, only a small proportion of residential care facilities have a majority of DVA clients as residents. As such, DVA eligible veterans are widely dispersed among the majority of residential aged care facilities (Repatriation Commission, sub. 366). 287

Comment:

For the purpose of the report the specific social and cultural issues detailed above, will suffice.

The 16% referred to above does represent the percentage of eligible veterans and war widows/widowers in relation to all permanent residents in Australian Government subsidised residential aged care facilities. However, the way the paragraph is constructed it has the presumably unintended effect of implying that this 16% is other than significant. In fact, firstly as we do not have comparative figures for other special needs groups it is not possible to make a direct comparison. It is logically unsurprising that few aged care homes would have more than 50% of DVA funded residents. What is crystal clear is that some 75% of Australia's aged care homes have between 10% and 30% of their residents funded by DVA and that is significant.

Recommendation:

The implication that the 16% is not significant be adjusted for the final report and the details of the last sentence of the Comment above be included in the report.

Box 9.3 p 288 of the Report details these specific service programs:

Box 9.1 **Specific service programs available to eligible veterans**

There are a number of community care programs designed to meet the care and support needs of eligible veterans. These programs are not available to non-eligible veterans.

- *Veterans Home Care* — assists eligible veterans and war widows/widowers with low level care needs to remain in their homes for longer. It provides a wide range of home care services designed to maintain their optimal health, wellbeing and independence. Services include domestic assistance, personal care, safety-related home and garden maintenance and respite care.
- *Community Nursing Program* — provides services in a person's home to restore health following illness, allow a person to maintain the best level of independence, and/or allow for a dignified death.
- *Rehabilitation Appliances Program* — provides appliances for self-help and rehabilitation purposes, and surgical aids for home requirements. The aim of the program is to restore or maintain independence and to minimise disability or dysfunction. The types of appliances available under this program include: mobility aids, such as handrails in bathrooms and near steps, and medical aids, such as continence products.
- *HomeFront* — assists in the provision of minor home modifications and appliances to reduce the risk of falls and similar hazards.

Source: Repatriation Commission (sub. 366).

Comment: Due to the special needs of the Veteran community DVA provide specific care and support programs that are only available to eligible veterans.
Recognising

- **that Veterans are a Special needs group recognised in the aged care system as identified in the Allocation Principles 1997.**
- **that DVA has been caring for Veterans for decades,**
- **that DVA is the only Department that has appropriate legislation developed over close to 100 years and has a proper appreciation of these special needs.**
- **that for some 93 years DVA has performed their role in support of Veterans and other entitled people in what can be described as an efficient and understanding manner.**

Recommendation:
That DVA remain the service provider for TPIs, Veterans generally and other entitled clients for:

- **Veterans Home Care**
- **Community Nursing Program**
- **Rehabilitation Appliances Program, and**
- **HomeFront, and**
- **Dental, Podiatry and such matters after an entitled person enters an aged care facility**.

Different levels of private co-contributions for services **p111**

The Report states in part:

These inequities have led to a number of participants urging a review of fee structures, including Southern Cross Care (Tasmania) who highlight:

> Contributions by the consumer to the cost of providing community care services needs urgent review. HACC and Veterans contributions have remained at a base level of $10 per week since inception while other programmes such as Community Aged Care Packages (CACP) and Extended Aged Community at Home (EACH) Packages have a different fee structure. Often the level of care is the same but the fee structures bear no resemblance to each other. (sub. 267, p. 14)

Comment: It is correct that some co-contributions have remained at what could be considered a token level for Veterans and other DVA clients. The reason is that the service is provided based on a recognised entitlement, that DVA agrees to pay for, subject to a small co-payment from the DVA client. Any increase on the basis as presented is an attack on Veterans' entitlements.

Recommendation: That Veterans as a recognised special needs group, NOT have their co-contribution for an entitled service raised to meet some apparent community expectation of sameness in relation to these types of fees.

AUSTRALIAN SENIORS GATEWAY

DRAFT RECOMMENDATION 8.1 P 242

The Australian Government should establish an Australian Seniors Gateway Agency to provide information, assessment, care coordination and carer referral services. The Gateway would deliver services via a regional structure.

- ***A platform within the Gateway would provide information on healthy ageing, social inclusion and participation, age-friendly accommodation, and also information on the availability, quality and costs of care services from approved providers, and how to access those services.***
- ***Assessments of the needs of older people would be undertaken for their potential entitlement to approved care services, with the level of assessment resourcing varying according to anticipated need.***
- ***An aged care needs assessment instrument would be used to conduct assessments and an individual's entitlement to basic support, personal care and specialised care, and carer support. Assessments of financial capacity to make care co-contributions toward the cost of the services would also be arranged.***
- ***Initial care coordination services would be provided, where appropriate, as part of the Gateway. If required, case management would be provided in the community or in residential aged care facilities by an individual's provider of choice.***

The Gateway would be established as a separate agency under the Financial Management and Accountability Act 1997.

P242

The Commission recognises that many older Australians and their carers will be able to directly access privately provided services and other government supported services such as those that enhance social engagement and inclusion, or primary and preventative health care, without the need

to access the proposed Gateway. But for government subsidised aged care and support services, the Gateway will be the new streamlined access point.

Gateway assessors would determine the service entitlements of older people (and inform them and providers of the price the Government has set for the services)

Comment:

Considering the Gateway in isolation the concern from TPIs and Veterans perspective is that if the proposed Gateway has total responsibility for assessments it directly or indirectly has responsibility for entitlements.

This is of grave concern as Veterans have fought long and hard over many years to secure entitlements through DVA and it would be most inappropriate for a proposed Gateway that on reading the report can not hope to understand Veterans entitlements (other assessment agencies such as CentreLink have shown that they are not interested in the special nature of Veterans entitlements and are not prepared to learn).

Recommendation: That DVA retain the role of assessment, establishing entitlements and provision of services up until the process of entry to an residential aged care facility.

Aged care and support: a building block approach

p xxviii

The Commission is proposing a model of care and support which offers a flexible range of services that meet older people's individual needs using a building block approach (figure 3).

The model proposes that assistance with basic support — such as home cleaning, maintenance and modification, meal preparation, mobility and transport — would be the foundation of the overall range of available services. These services help older Australians stay in their homes for longer, be supported by informal carers where possible, stay connected with their community, and avoid early entry into higher cost residential care and into the health system more generally.

For the most part, approved providers of basic support services should be minimally regulated, with competition being driven by a diversity of approved providers. Older people in residential care facilities receive these services as a matter of course**. p xxviii**

The Department of Veterans' Affairs (DVA) also assists a large number of older people through its Veterans' Home Care (VHC) and Community Nursing programs (see table 2.2 for list of services). These programs offer a range of services similar to those available through HACC. In 2009-10, 69 600 veterans aged 70 years or over received VHC and 31 400 received Community Nursing.[2] **p19**

Comment:

[2] From the Department of Veterans' Affairs DMIS Service Item Cube, extracted 29 October 2010. The 2009-10 numbers reflect the services provided as notified to the Department by the extraction date. Once all provider notifications have been received, the final number of clients is likely to be higher.

The items included in basic support as the first tier of the building block approach, are exactly the services that DVA so effectively currently supplies to their clients so they can stay in their homes for longer.

Recommendation:

That DVA retain responsible for Veterans and other DVA client's entitlements up to but not including the process of entering an aged care facility.
That DVA retain responsible for the provision of services that flow from Veterans and other DVA client's entitlements up to but not including the process of entering an aged care facility.

The Report provides as follows:

Veterans p48

From a clinical perspective, veterans are a distinct population insofar as the prevalence of particular health conditions, and how they acquired them, differ markedly from the broader population (AIHW 2008a, p. 98). The nature and severity of hazards faced in military service can have long-term physical and mental health consequences, which may also vary with their time of service. For example, the rate of alcohol and non-medical drug abuse is higher in the veteran community as a result of post-traumatic stress disorder and other military exposures (SSCFPA 2009, p. 89). In addition, the higher rate and pattern of mental health conditions among veterans differs markedly from the rest of the population (AIHW 2008a, p. 100).

DVA income recipients represent around 10 per cent of the population aged over 65 years and 27 per cent of the population aged over 85. It is estimated that, in 2006, DVA recipients made up 17 per cent of permanent residents of aged care services, 9 per cent of HACC clients, and 14 per cent of CACP recipients in 2002 (AIHW 2007a, p. 153). This is in addition to those who receive veterans' home care and DVA community nursing.

Comment: As can be seen from above "veterans are a distinct population insofar as the prevalence of particular health conditions, and how they acquired them, differ markedly from the broader population".

Recommendation

The DVA manage the entitlements and services required by veterans as an acknowledged distinct population, one know to and studied by DVA over a long period of time.

That DVA enable their clients, on a needs basis, to take Rehabilitation Appliance Program (RAP) aids they have been using before entering an age care facility with them when they enter such a facility.

Box 9.2 Special needs groups recognised in the aged care system

The Act recognises that some people have special needs that should be taken into account in the allocation and provision of aged care services. Specifically, the Act specifies the following special needs groups:

- people from Aboriginal and Torres Strait Islander communities
- people from non-English speaking backgrounds (NESB)
- people who live in rural and remote areas
- people who are financially and socially disadvantaged[3]
- people of any kind (if any) who are specified in the Allocation Principles.

Under the Act, the current and future capacity of providers to service the needs of special needs clients is taken into account in the allocation and transfer process (of places) and in the determination of grant recipients (either for capital, advocacy, community visitors and/or unforseen circumstances).

The *Allocation Principles 1997* identify the following groups of people as having special needs:

- veterans — people who have seen active service in the Australian Armed Forces and their widows
- homeless — people who are homeless or at risk of becoming homeless
- care leavers — people brought up in care away from their family as state wards or home children raised in Children's Homes, orphanages or other institutions, or in foster care.[4]

Sources: *Aged Care Act 1997* and Allocation Principles 1997.

At page 289 the Report states:

For veterans and war widows/ers who have had their health and community care needs met by DVA while living in their own home, often for many decades, this changes significantly on moving to residential aged care. This division of responsibility between DVA and DoHA is complex and difficult to understand for elderly veteran members and their families.

Comment

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3 This includes homeless people and care leavers as identified in the *Allocation Principles 1997.*

4 This definition is used by the Care Leavers Australia Network (CLAN) which is a support and lobby group for care leavers (www.clan.org.au).

If the Commission is of the view that the division of responsibilities between DVA and DoHA is complex and difficult to understand for elderly veteran members and their families and this lack of understanding is a systemic problem, then there is a solution. There needs to be an education program conducted jointly by DVA and DoHA.

It has often publicly been suggested by Ex Service Organisations (ESOs) that they would be willing to assist older Australian Veterans and War Widows in the transition from home (with multiple DVA support) to an aged care facility (where DoHA have main responsibility) and then act in a support and advocacy role. However, the response that ESOs always get is – words to the effect "we can not provide you with the client details because of the Privacy Act". If ESO are to be able to assist this apparent impasse has to be resolved.

Recommendation

That DVA and DoHa collaborate to establish an information and education program for the target group, namely elderly veterans and their families (information that could be included in all Ex Service Organisation's Magazines would also be appropriate).

That a review of how ESOs can properly assist with the transition of Veterans and War Widows from home to an aged care facility, and provide them with ongoing support and advocacy.

At the bottom of page 289 the Report states:

Given the widespread reforms recommended by the Commission it is appropriate to consider whether the DVA assessment processes should be merged into the new Gateway regime. There appears to be no obstacles to the special needs of veterans being accounted for in the new assessment process. This is irrespective of whether specialist services funded by DVA continue for veterans.

The Commission seeks participants views on these issues.

Comment:

In the context of overall assessment against an entitlement and the provision of related services, most of the entitlements are know to TPIs and other Veterans and the provision of them through a long tested process, managed by DVA, is generally seamless.

To prescribe that TPIs and other Veterans who:

- **have significant medical and psychological disorders**
- **are recognised by legislation as members of a Special needs group**

- **are a distinct population insofar as the prevalence of particular health conditions, and how they acquired them, (that) differ markedly from the broader population (AIHW 2008a, p. 98).**
- **have established that the nature and severity of hazards faced in military service can have long-term physical and mental health consequences.**

are required to jump through another hoop or in this case traverse a new Gateway resume, is almost the ultimate insult when there is a Federal Department, DVA, that has been specifically established to cater for and care for Veterans, and that Department has effectively and efficiently been providing services to the Veteran community.

It appears by implication that the Commission has formed the view that the division of responsibility between DVA and DoHA is complex and difficult to understand, and accordingly for the Commission "it is appropriate to consider whether the DVA assessment processes should be merged into the new Gateway regime. There appears to be no obstacles to the special needs of veterans being accounted for in the new assessment process. This is irrespective of whether specialist services funded by DVA continue for veterans."

Comment

The implication for Veterans from this view of the Commission is that Home Front, Veterans Home Care, Community Nursing, and Rehabilitation Appliances Program are under direct and real threat.

Veterans have little faith in the new Gateway regime's capacity to understand their needs and entitlements. At the same time they recognise that the Gateway regime may have a place in the process of entering an aged care facility.

Recommendations:

That for the Commissions assistance it have DVA and DoHA prepare a joint briefing paper for them that clearly and simply explains the division of responsibility between the two Departments.

That DVA retain responsibility for Home Front, Veterans Home Care, Community Nursing, and Rehabilitation Appliances Program for their clients.

That DVA clients only enter the new Gateway regime when as applicable they are seeking assessment for entry into an aged care facility.

Home maintenance and modification p306

Home maintenance and modification (HMM) services are primarily provided under the Home and Community Care (HACC) program, and aim to assist people to conduct their everyday living activities and remain independent. HMM services (box 10.3) are available to home owners, mortgagees or private renters who are ageing, have a disability, or care for someone at home who is ageing or has a disability.

Comment

However there are non-HACC Home Maintenance and Modification programs.

At Box 10.5 p311 of the Report, the first sentence states:

The Department of Veterans Affairs provides a number of HMM programs across the country for veterans and their families.

DRAFT RECOMMENDATION 10.1

The Australian, state and territory governments should develop a coordinated and integrated national policy approach to the provision of home maintenance and modification services, with a nominated lead agency in each jurisdiction.

To support this national approach, all governments should develop benchmarks for the levels of services to be provided, terms of eligibility and co-contributions, and the development of professional and technical expertise.

Comment

DVA has and is carrying out it's HMM programs on a needs basis for Veterans and their families. They have an understanding of their special client base and have the capacity to approach and suggest to clients with multiple medical and psychological problems that they need home modifications for their own health and safety. This is often a most sensitive and difficult task. DVA achieve their objectives in the interest of their clients in this arena.

DVA already has bench marks for levels of service and terms of eligibility. As for co-contribution, the normal process for DVA is if there is a need then within parameters the service to resolve the health and safety problem will be provided and if the client wishes to have related or co-located areas adjusted, then that would require a co-payment.

DVA could be involved in the coordinated and integrated policy approach to the provision of HMM in Australia. However, the entitlement to DVA provided HMM can not be compromised by some National approach. The entitlement to HMM provided by DVA flow from the entitlement that Veterans, War Widows and other DVA entitled clients have due to war or defence related injury, illness or death. This is a unique entitlement that is managed by DVA, and managed very well.

To take away this and other entitlements (that Veterans have fought hard for, for generations) and lump them in with the general population is to forget and indeed denigrate the contribution to this country that Veterans of the past and present have provided. It also ignores the accepted multifaceted special needs and status of Veterans.

Reform of the regulatory framework

The Commission is proposing the establishment of an independent regulator — the Australian Aged Care Regulation Commission (AACRC). XL

This reform, together with the referral of all appeals to the decisions of AACRC and the gateway agency to the Administrative Appeals Tribunal, means that the Office of the Aged Care Commissioner would become redundant and should be abolished. XLI

DRAFT RECOMMENDATION 12.2 states:

> ***The Australian Aged Care Regulation Commission's (AACRC) Commissioner for Complaints and Review should determine complaints by consumers and providers in the first instance. Complaints handling and reviews should be structured into the three areas: assessment, early resolution and conciliation; investigations and referral; and communication, stakeholder management and outreach. The Australian Government should abolish the Office of the Aged Care Commissioner.***
>
> ***All appeals in respect of decisions of the AACRC and the Australian Seniors Gateway Agency (draft recommendation 8.1) should be heard by the Administrative Appeals Tribunal (AAT). Consideration should be given to the establishment of an Aged Care Division within the AAT.***

Comment

Having all appeals go directly to the AAT is inconsistent with the aims of the stated public policy objectives of this report. For older Australians, having to appeal to the AAT is daunting, confusing and expensive, and will indirectly put undue pressure on them to decide against proceeding with the airing of their legitimate grievances.

Clearly, for older Australians an intermediate review level would be more appropriate and user friendly. One approach would be to have an internal review by a senior officer of the particular agency, then as necessary a review by a further independent review level where legal representation is not allowed.

For older Australians any appeal to the AAT should be the last resort, where the legal and policy weight and experience is clearly in favour of the Agencies as opposed to the older Australian/Veteran.

It may be appropriate for Agencies and Organisations involved in aged care to go to the AAT at first interest, but that is not this commentators area of concern. But it is definitely inappropriate to require older Australians/Veterans to have to appeal to the AAT in the first instance.

Recommendation

That older Australians/Veterans are NOT required to appeal to the AAT in the first instance.
A preferred approach would be to have an internal review by a senior officer of the particular agency, then as necessary a review by a further independent review level where legal representation is not allowed. Then as a last resort an appeal to the AAT.

It may be appropriate for Agencies and Organisations involved in aged care to go to the AAT at first instance.

14.1 What do the reforms mean for older Australians and service providers p461

The draft recommendations in this report will introduce significant changes to the aged care sector. This section discusses the major implications for older Australians, their carers and for aged care providers.

Older Australians and their carers

While protecting existing users of aged care services through appropriate grandfathering arrangements, the Commission's draft recommendation will result in a significant change in the way in which older Australians, their carers and family engage with the aged care system in the future. They would:

- obtain general advice on ageing issues and regionally-specific information regarding aged care services from a range of sources that all draw from a national information platform run by an aged care gateway agency
- be assessed for their care and support needs by the gateway agency, with a simple phone call or form (from their GP, health clinic, on the net etc.) for basic support and a more detailed assessment for personal care, specialised services and associated carer support.
- …………..

Comment:

Currently DVA provide some of these services while a client is in residential care (e.g. podiatrist, dental).
In the event that the worst thing was to happen from a Veteran perspective and some DVA functions were to be subsumed by the Gateway process, then there would need to be significant Grandfathering provisions applied to avoid an out and out revolt by the Veteran Community.
(note pxvii – Grandfathering – The continued application of the status quo to existing users of a system in order to protect against disruptive change)

Recommendation

That DVA retain responsibility for the assessment and entitlements of their clients up to the process of entering a residential aged care facility.

That if there are any changes to the responsibilities of DVA in relation to older Veterans and War widows/widowers that a significant Grandfathering provision be applied for this special group in the community.