

Ref #	Submission	Response	Comments (Limited to ~300 words)
Respondent Details			
<i>Contact Details - Please complete</i>			
Contact Detail	Name		
Contact Detail	Email address		
Contact Detail	Phone		
Contact Detail	Preferred means of contact (select response)		
Contact Detail	Postcode of location you are making your response from		
Contact Detail	I am responding on behalf of (select response)	An organisation	
<i>Individual details - Please complete for personal response</i>			
Individual detail	Are you a person receiving aged care services or a family member of a person receiving aged care services? (select response)		
Individual detail	Do you identify as being of Aboriginal and/or Torres Strait Islander origin? (select response)		
Individual detail	Do you identify as a person from a culturally and linguistically diverse background? (select response)		
Individual detail	Do you identify as a person with a disability? (select response)		
<i>Organisation details - Please complete for organisational response</i>			
Organisation Detail	What is the name of the organisation?	UnitingCare Australia	
Organisation Detail	What is the nature of the organisation? (select response)	Other (please specify)	
Organisation Detail	What is the organisation's role in Aged Care? [Free text available in comments, if needed]	National body for the aged care services of the Uniting Church in Australia	
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Response Details			
Principles of the new aged care system			
Recommendation 1			
A new act			
1.1.	The <i>Aged Care Act 1997</i> (Cth) should be replaced with a new Act to come into force by no later than 1 July 2023. The objects of the new Act should be to:	Support in principle	Support replacement of the Act and proposed timing, subject to capacity to put in place appropriate transition arrangements, adequate funding arrangements and any necessary structural adjustment assistance
1.1.	(a) provide a system of aged care based on a universal right to high quality, safe and timely support and care to: i. assist older people to live an active, self-determined and meaningful life, and ii. ensure older people receive high quality care in a safe and caring environment for dignified living in old age	Support	
1.1.	(b) protect and advance the rights of older people receiving aged care to be free from mistreatment and neglect, and harm from poor quality or unsafe care, and to continue to enjoy rights of social participation accessible to members of society generally	Support	
1.1.	(c) enable people entitled to aged care to exercise choice and control in the planning and delivery of their care	Support in principle	Support with availability of appropriate personnel to implement supported decision making where necessary.
1.1.	(d) ensure equity of access to aged care	Support	
1.1.	(e) provide advocacy and complaint mechanisms for people receiving aged care	Support	
1.1.	(f) provide for regular and independent review of the aged care system	Support	
1.1.	(g) promote innovation in aged care based on research	Support in principle	Prefer language of 'evidence based' practice, including but not limited to traditional research sources
1.1.	(h) promote positive community attitudes to enhance social and economic participation by people receiving aged care.	Support in principle	Prefer more general reference to enhancing social and economic participation regardless of age
1.2.	The new Act should state that the above objects are to be achieved by establishing:		
1.2.	(a) the Australian Aged Care Commission	Support in principle	Support measures to ensure that investment in supports for older people are not subject to political or partisan interference
1.2.	(b) the Australian Aged Care Pricing Authority	Support in principle	Support measures to ensure that investment in supports for older people are not subject to political or partisan interference
1.2.	(c) the office of the Inspector-General of Aged Care	Support in principle	Support measures to ensure that investment in supports for older people are not subject to political or partisan interference
1.2.	and by the other provisions of the Act.		

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1.3.	The new Act should:		
1.3.	(a) define aged care as: i. support and care for people to maintain their independence as they age, including support and care to ameliorate age-related deterioration in their social, mental and physical capacities to function independently ii. supports including respite for informal carers of people who need aged care	Support in principle	Prefer language of 'autonomy' and/or 'quality of life' to 'independence'; ensure that respite is separately defined in a way that embraces all purposes of respite (not only as a support for carers. Suggest that definition include a specific point that acknowledges aged care includes palliative and end of life care where appropriate.
1.3.	(b) provide that the paramount consideration in the administration of the Act should be ensuring the safety, health and wellbeing of people receiving aged care	Support in principle	Whilst supporting this principle, and the rationale set out in Counsel's submissions, we do not believe that the clauses following (the principles) fully achieve the potential to move away from ageist language and embrace an 'enabling' approach. Much of the language emphasises the proportion of aged care recipients receiving high acuity care in residential facilities or long term care, rather than celebrating the opportunity for services and supports to avoid poor health outcomes as individuals age - the space in which most services operate. We fully support putting quality and safety at the centre of the proposed legislation, however also believe that the principles of consumer direction and early intervention must be elevated.
1.3.	(c) specify the following principles that should also guide the administration of the Act: i. Older people should have certainty that they will receive timely high quality support and care in accordance with assessed need ii. Informal carers of older people should have certainty that they will receive timely and high quality supports in accordance with assessed need iii. Older people should be supported to exercise choice about their own lives and make decisions to the fullest extent possible, including being able to take risks and be involved in the planning and delivery of their care iv. Older people should be treated as individuals and be provided with support and care in a way that promotes their dignity and respects them as equal citizens v. Older people are entitled to pursue (and to be supported in pursuing) physical, social, emotional and intellectual development and to be active and engaged members of the community, regardless of their age or level of physical or cognitive capability vi. The relationships that older people have with significant people in their lives should be acknowledged, respected and fostered vii. To the fullest extent possible, older people should receive support and care in the location they choose or, where that is not possible, in the setting most appropriate to their circumstances and preferences viii. Older people are entitled to receive support and care that acknowledges the aged care setting is their home and enables them to live in security, safety and comfort with their privacy respected ix. Older people should have equal access to support and care irrespective of their location or personal circumstances or preferences x. Care should be provided in a healthy environment which protects older people from risks to their health xi. Care and supports should, as far as possible, emphasise restoration and rehabilitation, with the aim of maintaining or improving older people's physical and cognitive capabilities and supporting their self-determination xii. Aboriginal and Torres Strait Islander people are entitled to received support and care that is culturally safe and recognises the importance of their personal connection to community and Country xiii. The system should support the availability and accessibility of aged care for all older Australians, including special or vulnerable groups	Support in principle	The Act should be drafted in a way that makes it unnecessary to define 'older people' other than as individuals entitled to receive 'aged care' or (before entitlement is established) for whom 'aged care' services and supports are appropriate. One way of doing this may be to refer directly to the rights of individuals e.g. 'where necessary to exercise the right to choice about their own lives and make decisions... an individual should be appropriately supported.' The principles that guide the administration of the Act should embrace the range of interested individuals, including service users, carers, families and employees. All language in the Act should be inclusive and non-discriminatory. Older people are individuals and should be referred to as such (not 'treated as individuals'). The principles should not assume that an individual is incapable but should confer an entitlement to support where needed. Language used should not infer that all individuals are 'vulnerable' or in need of protection, for example the language in clause 1.3.(c)(x) should be analogous to the rights of individuals to be safe from environmental risks under OHS laws. All references to the range of 'domains' should include the spiritual domain alongside physical, social etc. domains.
1.4.	The new Act should specify a list of rights of people seeking and receiving aged care, and should declare that the purposes of the Act include the purpose of securing those rights and that the rights may be taken into account in interpreting the Act and any instrument made under the Act. The list of such rights should be:	Support in principle	It is unclear why the principles and rights are included in this way. The rights should have precedence. It will be important throughout the scheme to specify the responsibilities associated with those rights.
1.4.	(a) for people seeking aged care: i. the right to equitable access to care services ii. the right to exercise choice between available services	Support in principle	Challenges in promoting these rights in the context of service provision must be mirrored throughout the Act, for example through provision for flexible forms of delivery or specialisation that better meets the needs of individuals from specific cultural backgrounds.
1.4.	(b) for people receiving aged care i. the right to freedom from degrading or inhumane treatment, or any form of abuse ii. the right to liberty, freedom of movement, and freedom from restraint iii. the right of autonomy, the right to the presumption of legal capacity, and in particular the right to make decisions about their care and the quality of their lives and the right to social participation iv. the right to fair, equitable and non-discriminatory treatment in receiving care	Support in principle	Suggest that (i) specifically refer to neglect as a form of abuse.
1.4.	(c) for people receiving end-of-life care, the right to fair, equitable and non-discriminatory access to palliative and end-of-life care.	Support in principle	It should be clear that this right is additional to the rights 'for people receiving aged care' i.e. palliative and end of life care are within the definition of aged care. we suggest that further consideration be given to how these rights potentially interact with voluntary assisted dying schemes and that there is clear guidance and education to support the growing access to legal choice relating to the time and manner of the individual's own death.
1.5.	Unless indicated otherwise, the new Act should incorporate provisions giving effect to amendments to the <i>Aged Care Act 1997</i> (Cth) and the <i>Aged Care Quality and Safety Commission Act 2018</i> (Cth) (as well as to delegated legislation made under those Acts) the subject of other recommendations.		
Recommendation 2	Integrated long-term support and care for older people		

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2.1.	The Australian Government should coordinate the development of an integrated system for the long-term support and care of older people providing for their needs for welfare support, community services directed at enhancing social participation, affordable and appropriate housing, high quality health care, and aged care, through a new National Cabinet Reform Committee on Ageing and Older Australians, to be established between the Australian and State and Territory Governments, and composed of the highest-ranking ministers whose primary responsibility is the care, health and wellbeing of older people.	Support in principle	We support access to the range of services listed, however this submission might be interpreted as a direction to establish new systems separate from those that already exist. Population ageing must be 'mainstreamed' thus barriers to full participation must be identified and addressed. Likewise, services adapted to needs that emerge as individuals age must be incorporated into social and community plans. Eligibility for or receipt of aged care services delivered under the Act should not be a precondition for access to other service types nor prevent access to services i.e. there must be a commitment at all levels to a 'no wrong door' policy. The role of Local Government in mainstreaming population ageing and as a provider of services that affect outcomes for older people should be acknowledged.
2.2.	Work on a strategy to develop the integrated system for the long-term support and care of older people should begin immediately. That work should involve consultation with older people. The strategy should be agreed between the Australian and State and Territory Governments by 31 December 2022. The strategy should include measurable goals, regular reporting on progress to the National Federation Reform Council, and two-yearly public progress reports.	Support	
2.3.	The strategy should provide for implementation of an integrated system for the long-term support and care of older people within a 10-year period.	Support in principle	
Design of the new aged care system			
Recommendation 3			
Australian Aged Care Commission			
3.1.	By 1 July 2023, the Australian Aged Care Commission should be established under the new Act as a corporate Commonwealth entity within the meaning of the <i>Public Governance, Performance and Accountability Act 2013</i> (Cth), with its own legal personality, and able to sue and be sued. The Commission should be independent of Ministerial direction, and there should be a requirement that any expectations or advice provided by the responsible Minister to the Commission should be made public. The Commission should have:	Support in principle	We support the intent of this submission as we understand it - to create arrangements which reduce the potential for underinvestment in services and supports due to political or partisan priorities. Our position in terms of governance has never specified particular arrangements but has emphasised the importance of adequate funding and recruitment of appropriately skilled workforce to ensure that the regulation of aged care contributes to continuous improvement in the sector, enables a range of responses to performance measurement and risk-based approaches to external monitoring of outcomes for service users.
3.1.	(a) a governing board appointed by the Governor-General, in which the authority and functions of the Commission should be vested under the new Act, comprising: i. at least three non-executive members, who are to constitute the majority of the board and one of whom is to be appointed as chair of the board, and who are to be chosen for their integrity, eminence and public standing, each of whom must be independent of any current involvement in the aged care sector, and who together are representative of the community and should have a range of backgrounds and skills including experience and proven capacity in: aged care, clinical services, human services, legal services, and corporate governance; and in one or more of the financial, accounting or general business areas ii. the Secretary of the Department administered by the responsible Minister, who shall be an <i>ex officio</i> member of the board iii. the presiding commissioner of the Commission, who shall be the chief executive officer of the Commission and may participate in the deliberations of the board of the Commission except where the presiding commissioner has a material personal interest in the subject matter under deliberation		
3.1.	(b) no fewer than five assistant commissioners to be appointed by the board on the basis of their integrity, standing, skills, and expertise, one of whom must be a person of Aboriginal or Torres Strait Islander background, one of whom will be responsible for complaints, and another of whom will have workforce development and training as a dedicated portfolio		
3.1.	(c) staff employed or engaged by the Commission (whether under the provisions of the <i>Public Service Act 1999</i> (Cth) or otherwise), who should be subject to the direction and supervision of the commissioners		
3.1.	(d) a distributed network of offices including regional offices to deliver or manage the delivery of assessment and care finding services, administer the aged care program, and provide general assistance to the public, and a head office outside Canberra		
3.1.	(e) system management functions, including support and funding of local assessment and care finding teams and personnel, provision of information on services and providers (including through My Aged Care), system data management, ensuring the coverage of service availability for all aged care services to which people are assessed as eligible, commissioning and funding of providers to provide sufficient aged care services in all locations, providing assistance to providers to build capacity where appropriate, and managing the orderly exit of consistently poor-performing providers		

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3.1.	(f) the following functions: i. approval of service providers as providers eligible to receive subsidies for providing aged care ii. financial risk monitoring of providers, and prudential regulation of providers iii. approval of the scope of subsidised services approved providers may provide, and accreditation of the outlets ('services') through which they provide them iv. payment of subsidies to approved providers of aged care v. quality and safety regulation of approved providers and their services vi. ensuring that appropriate aged care services are widely available for Aboriginal and Torres Strait Islander people vii. workforce planning and development, including setting and refining requirements for minimum staffing levels and minimum qualifications for staff providing care, and (through a workforce planning division within or operated by the Commission) ongoing development of workforce capacity through requirements for training and professional development viii. consulting with the Australian Commission on Safety and Quality in Health and Aged Care (which is to be responsible under the new Act for review and setting of quality and safety standards and quality indicators) on reviews and revisions of the standards and indicators for the provision of safe and high quality aged care ix. management of complaints about providers, staff, assessors and care finders		
3.1.	(g) the primary responsibility for system governance, including the responsibility of continuously monitoring the performance of the system, formulating new policy and reform proposals for improvement of the performance of the system, limited authority to make legislative instruments about the details of arrangements for the administration of funding and service delivery, and the responsibility for recommending other amendments of legislation and delegated legislation to the responsible Minister		
3.1.	(h) an obligation to report regularly to the Inspector-General of Aged Care and to the responsible Minister on the performance of its functions		
3.1.	(i) an obligation to lay before the Parliament and to publish an annual report on all important aspects of the operation of the new Act, including: i. the extent of unmet demand for aged care, including unmet demand for particular services or in particular places ii. the adequacy of the Commonwealth subsidies provided to meet the care needs of people needing or receiving aged care iii. the extent to which providers are complying with their responsibilities under the Act iv. the amounts paid by people receiving residential care in connection with their care, including amounts paid for accommodation and daily living needs v. the amounts paid for accommodation in the form of lump sum deposits and in the form of daily payments vi. the duration of waiting periods for assessment, and between assessment and commencement of provision of particular services, including respite and residential care vii. the extent of building, upgrading and refurbishment of aged care facilities, and viii. such other aspects of the operation of the Act as the Commission considers relevant to ensure an accurate understanding of the operation of the Act.	Support	Suggest that reporting also includes, in the context of 3.1.(i) the extent of underspending against an allocated funding amount and in the context of 3.1.(i)vii the number of beds, their location and the extent of decommissioning of facilities/closure of beds, as well as the change in composition of residential infrastructure i.e. aspects such as scale, specialisation etc.. We also suggest that reporting includes a measure capturing the number of individuals entering residential care whose preference would be to remain in the community and the reasons for this outcome. There may also be a need to develop specific indicators relating to special needs e.g. distance to services, availability of facilities meeting the needs of First Peoples, care leavers, culturally diverse groups, etc.
Recommendation 4			
Aged Care Advisory Council			
4.1.	By 1 December 2021, the responsible Minister should appoint an Aged Care Advisory Council, to be constituted by such people of eminence, expertise and knowledge of aged care services as the Minister sees fit, drawn from all relevant aspects of the aged care system, including people receiving aged care, representatives of the aged care workforce, approved providers, health and allied health professionals, specialists in training and education, and independent experts.	Support in principle	The Advisory Council should include part time members, or have the capacity to coopt members appointed to contribute expertise or experience in relation to specialist services or inclusion policies in relation to diversity and special needs. It should not be considered appropriate for a member of one 'special needs' group to represent the range of groups as is currently the case.
4.1.	The Advisory Council should be established with its own secretariat, funded by the Australian Government, for the purpose of providing advice on aged care policy, service arrangements and any aspect of the performance of the aged care system, to the Australian Aged Care Commission and the Minister. It should convene itself regularly, and should have authority to provide advice to the Commission and the Minister on its own initiative. In addition, the Commission and the Minister should have authority to convene it on reasonable notice, and may refer particular issues to it for advice.	Support	
Recommendation 5			
Australian Aged Care Pricing Authority			
5.1.	The Australian Government should establish an Aged Care Pricing Authority and confer on it all necessary functions for determining prices (inclusive of subsidies and user contributions) for specified aged care services so as to meet the reasonable and efficient costs of delivering those services. Its functions should include the function of identifying and recommending to the Australian Aged Care Commission the aged care services for which price cap determinations or other forms of economic regulation may be appropriate.	Support	
Recommendation 6			
Inspector-General of Aged Care			
6.1.	The Australian Government should establish an independent office of the Inspector-General of Aged Care to monitor and report on the administration and governance of the aged care system, including:	Support in principle	
6.1.	(a) the implementation of the reforms recommended by the Royal Commission		
6.1.	(b) the performance by the Australian Aged Care Commission and the Australian Aged Care Pricing Commission of their functions		
6.1.	(c) the extent to which the aged care system attains the objects of the new Act.		

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6.2.	An Inspector-General should be appointed forthwith under interim administrative arrangements, and should in due course be established formally under the new Act.		
Recommendation 7			
Enhanced individual advocacy			
7.1.	By 1 July 2022, the Australian Government should, through the implementation unit referred to in Recommendation 123, complete a consultation with the contracted provider of services under the National Aged Care Advocacy program in order to determine the extent of unmet demand for prompt advocacy services by people seeking or receiving aged care services. In light of the conclusions reached by the implementation unit after that consultation, the Australian Government should increase the funding of the National Aged Care Advocacy program to a level that provides for increased coverage of the program so as to meet currently unmet demand for prompt advocacy services.	Support	
Recommendation 8			
Program design			
A new aged care program			
8.1.	By 1 July 2024, the Australian Government should implement a new aged care program that combines the existing Commonwealth Home Support Programme, Home Care Packages Program, and the Residential Aged Care Program, including Respite Care and Short-Term Restorative Care. The new program should aim to retain the benefits of each of the component programs, while delivering a more comprehensive continuum of care for older people. The core features of the program should be:	Support in principle	Support new program arrangements and proposed timing, subject to capacity to put in place appropriate transition arrangements (including continuity of service arrangements as appropriate) and any necessary structural adjustment assistance
8.1.	(a) a common set of eligibility criteria, identifying a need (whether of a social, psychological or physical character) to prevent or delay deterioration in a person's capacity to function independently, or to ameliorate the effects of such deterioration, and to enhance the person's ability to function independently as well as possible, for as long as possible	Support	
8.1.	(b) an entitlement to all forms of support and care which the individual is assessed as needing	Support in principle	
8.1.	(c) a single assessment process, using the same assessment framework and arrangements for assessors	Support in principle	Discrete services should be available via direct referral by an appropriate medical specialist, GP or allied health professional where there is no benefit in further assessment and/or need for a personal care plan.
8.1.	(d) certainty of funding based on assessed need	Support	
8.1.	(e) genuine choice accorded to each individual over how their aged care needs are to be met (including choice of provider and level of engagement in managing care, and appropriate and adapted supports to enable people from diverse backgrounds and experiences to exercise choice)	Support in principle	Note that capacity to 'pool' funding or use other mechanisms to respond to community needs should be available within the program arrangements.
8.1.	(f) access to one or multiple categories of the aged care program simultaneously, based on need	Support	Note the need to ensure that there are no unintended incentives/disincentives such as cost differentials that influence choice of services other than on the basis of preference and clinical indication of need.
8.1.	(g) portability of entitlement between providers and across State or Territory borders.	Support	Noting that it may be difficult if not impossible to ensure that there is equivalent access to complementary services on an equal basis across providers and/or jurisdictions e.g. housing services.
Recommendation 9			
Meeting preferences to age in place			
9.1.	The Australian Government should clear the home care package waiting list, otherwise known as the National Prioritisation System, by:	Support in principle	
9.1.	(a) immediately increasing the home care packages available and allocating a package to all people on the waiting list that do not have a package or do not have a package at the level they have been approved for (as set out in their letter from the Aged Care Assessment Team/Service). The package allocated should be at the level the person was approved for (Level 1, 2, 3 or 4). This must be completed by 31 December 2021	Support in principle	The recommendation should include a maximum wait time in addition to the 31/12 deadline to ensure that those in need already on the waitlist are allocated packages first and increased transparency in reporting of delays between allocation of packages and receipt of services, and the reasons for any delay (e.g. workforce capacity)
9.1.	(b) keeping the waiting list clear by allocating a home care package at the approved level to any new entrants to the waiting list within one month of the date of their assessment. This must occur between 1 January 2022 and 1 July 2024	Support	
9.1.	(c) publicly reporting, each quarter, the status of the waiting list, showing progress in clearing the waiting list as set out in paragraphs a. and b. above, at a national, State or Territory, and regional level. This report should include reasons for delay in clearing the waiting list and actions being taken to address the delay. This must occur every quarter from 31 March 2021 to 1 July 2024.	Support	
Recommendation 10			
Care finders to support navigation of aged care			
10.1.	From 1 July 2023, the Australian Aged Care Commission should engage, support and fund 'care finders' to provide assistance on a local, face-to-face basis, to people seeking or receiving aged care services. The care finders should be Commonwealth, State or Territory or local government employees who have suitable skills and experience in meeting the needs of people for aged care, health care, social work or other human services, or otherwise demonstrate aptitude for a highly trusted role in assisting older people who have such needs.	Support in principle	It is unclear from the submission why a care finder must be a government employee. Care finders should be subject to a strict code of conduct with zero tolerance of any real or perceived conflict of interest. Specialist care finders should be available to assist individuals with special needs to find services, including where possible individuals with lived experience relevant to the special need. There should be a strong and formal alignment between care finders and relevant acute health and advisory services such as older persons mental health units and dementia behaviour management units and rehabilitation services.
10.2.	Pending establishment of the Commission, the implementation unit referred to in Recommendation 123 should commence engagement of care finders.		
Recommendation 11			
Improved public awareness of aged care			
11.1.	By 1 July 2022, the Australian Government in cooperation with other levels of government, and working with health professionals, aged care providers and Primary Health Networks, should fund and support education and information strategies to:	Support	The education and information strategies should also promote understanding of the preventability of 'age-related' conditions and evidence based approaches to defer or ameliorate conditions that impact on healthy ageing, such as cognitive decline. Also promote concepts relating to consumer direction of care and anti-ageism message.
11.1.	(a) improve public awareness of resources to assist people to plan for ageing and potential aged care needs		
11.1.	(b) improve knowledge about aged care among those responsible professionals with whom older people have frequent contact		

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11.1.	(c) encourage discussion about and consideration of aged care needs.		
11.2.	These strategies should be implemented by 1 July 2022 and should:		
11.2.	(a) support a continuum of planning for ageing, including consideration of health care preferences, finances, housing and social engagement		
11.2.	(b) bring older people's general practitioners to the centre of their planning for ageing and aged care		
11.2.	(c) be evaluated and revised annually by the Australian Aged Care Commission.		
Recommendation 12	A single comprehensive assessment process		
12.1.	By 1 July 2023, the Australian Government should replace the Aged Care Assessment Program and the Regional Assessment Services with a single assessment process. That assessment process should:	Support in principle	UnitingCare Australia supported the adoption of the approach to assigning funding proposed in association with the AN_ACC funding model. As noted in relation to recommendation x we support an element of direct referral in some circumstances, for example to meet short term or acute needs.
12.1.	(a) be independent from approved providers, so that a person's level of funding should be determined independently of the approved provider, but that determination may involve consultation with providers or prospective providers, provided final assessment decisions affecting eligibility for funding are made by independent assessors		
12.1.	(b) occur, wherever possible, before funded services commence, although funded services may be offered on an interim basis pending assessment where this is necessary in the opinion of a care finder		
12.1.	(c) be efficient and scalable according to the complexity of needs and vulnerability of the older person		
12.1.	(d) be forward-looking and promote older people's autonomy and self-determination		
12.1.	(e) include assessment of the need for care management and the intensity and complexity of that need		
12.1.	(f) include an assessment of any informal carer's needs		
12.1.	(g) use multidisciplinary teams for more complex needs.		
12.2.	People should be provided with details of their assessed need and funding level at the conclusion of the assessment process.		
12.3.	Reasonable requests for reassessment of need can be made by a person receiving care (or their informal carer, close family or other representative), their care finder, or their approved provider.		
Recommendation 13	Respite supports category		
13.1.	From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement a respite supports category within the aged care program that:	Support in principle	
13.1.	(a) supports the carers of older people earlier and more often to maintain their wellbeing and supports the caring relationship		Important to acknowledge the needs of the individual for respite for example periodic respite to maintain wellbeing at a level necessary to remain in the community, particularly in the case of those living alone.
13.1.	(b) provides a greater range of high quality respite support in people's homes, in cottages and in purpose-built facilities	Support	Models of respite care should be demand driven
13.1.	(c) provides people with up to 63 days of respite per calendar year	Do not support	Do not support an arbitrary assignment of entitlement without any option for special consideration (or, for example, a separate concept of 'temporary' or time limited residential care)
13.1.	(d) is grant funded with a capital component.		
13.2.	The respite supports category should continue within the new aged care program from 1 July 2024.		
Recommendation 14	Approved provider's responsibility for care management		
14.1.	From 1 July 2022, unless an assessment team has assessed the person as eligible for home care (or, from 1 July 2024, care at home) without the need for any care management, the person's approved provider must assign a care manager to the person.	Support in principle	
14.2.	In the case of home care (or, from 1 July 2024, care at home), if the person has more than one approved provider, the person's lead provider must assign a care manager to the person.	Support in principle	
14.3.	Care management should be scaled to match the complexity of the older person's needs and should be provided in a manner that respects any wishes of the person to be involved in the management of their care.	Support	
14.4.	The care manager should:	Support	
14.4.	(a) have relevant qualifications and experience as a registered nurse or allied health professional		Should not be overly constrained in terms of qualification - in practice may be competent without specific nursing or allied health qualifications. In some context lived experience may be relevant, or cultural competence may be critical.
14.4.	(b) consult with the person and, if applicable, their carer, to develop a comprehensive support and care plan, including activities to promote various aspects of health and wellbeing and to enhance their ability to live or participate in the community and address their strengths, capability, aspirations and goals		
14.4.	(c) implement, monitor and review the support and care plan, and adjust as appropriate		
14.4.	(d) for home care (or, from 1 July 2024, care at home), meet the requirements for care management set out in the care recipient's care plan and (if applicable) personalised budget	Support in principle	

Ref #	Submission	Response	Comments (Limited to ~300 words)
14.4.	(e) for residential care: i. identify when the older person accessing aged care services requires additional care beyond the usual services provided by the approved provider ii. take reasonable steps to ensure that the older person in aged care accesses appropriate health care at an appropriate time iii. take reasonable steps to ensure that any health care plan is implemented on an ongoing basis and updated as required iv. liaise with general practitioners, other primary health care providers, including allied health care providers, specialists and multidisciplinary outreach services; and take reasonable steps to ensure that staff of the provider are available to support visiting health practitioners v. liaise with the person's family and staff of the aged care provider.	Support in principle	Subject to clarity in regards to pathways for funding for additional services and support.
Recommendation 15 Social supports category			
15.1.	From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement a social supports category within the aged care program that:	Support in principle	Subject to reasonable constraints to ensure consistency with principles of value for public money/appropriate private contributions.
15.1.	(a) provides supports that reduce and prevent social isolation and loneliness among older people	Support in principle	Programs to address social isolation and loneliness among older people should be considered outreach programs and not restricted to 'recipients' of aged care services as is the case with, for example, the Community Visitors Scheme.
15.1.	(b) can be co-ordinated to the greatest practicable extent in each location with services and activities provided by local government, community organisations and business designed to enhance the wellbeing of older people		
15.1.	(c) includes the social support, delivered meals and transport service types from the Commonwealth Home Support Programme		
15.1.	(d) is grant funded.		
15.2.	The social supports category should continue within the new aged care program from 1 July 2024.		
Recommendation 16 Assistive technology and home modifications category			
16.1.	From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement an assistive technology and home modifications category within the aged care program that:	Support in principle	Subject to reasonable constraints to ensure consistency with principles of value for public money/appropriate private contributions.
16.1.	(a) provides goods (including aids and appliances) and services that promote a level of independence in daily living tasks and reduces risks to living safely at home		
16.1.	(b) includes the assistive technology, home modifications and hoarding and squalor service types from the Commonwealth Home Support Programme		
16.1.	(c) is grant funded.		
16.2.	The assistive technology and home modifications category should continue within the new aged care program from 1 July 2024.		
Recommendation 17 Residential care category			
17.1.	From 1 July 2024, the Australian Government and the Australian Aged Care Commission should implement a category within the new aged care program for residential care that:	Support in principle	Support a system that facilitates arrangements where accommodation can be provided as a separate service from other aspects of residential care.
17.1.	(a) provides older people with: i. goods and services to meet daily living needs ii. accommodation iii. care and support to preserve and, where possible, restore capacity for meaningful and dignified living in a safe and caring environment		
17.1.	(b) ensures care is available for people who can no longer live at home due to their frailty, vulnerability or behavioural and psychological symptoms of dementia, or other similar reasons		
17.1.	c. provides integrated and high quality and safe care based on assessed needs, which allows for personalised care, regular engagement, and a coordinated and integrated range of supports across the following domains: i. Care management ii. Social supports, including support for psychological, cultural and (if applicable) spiritual wellbeing iii. Personal, clinical, enabling, therapeutic care and support – including nursing care and allied health care iv. Palliative and end-of-life care.	Support in principle	Spiritual wellbeing is applicable to every individual and is not to be confused with support to engage in religious or faith-related activities. Are the domains intended to be mutually exclusive?
Recommendation 18 Residential aged care to include allied health			
18.1.	To ensure residential aged care includes a level of allied health care appropriate to each person's needs, the Australian Government and the Australian Aged Care Commission should, by no later than 1 July 2024:	Support in principle	We support the principle that there must be arrangements in place that demonstrate the ability to engage relevant allied health
18.1.	(a) require approved providers to engage at least one of each of the following allied health professionals: an oral health practitioner; a mental health practitioner; a podiatrist; a physiotherapist; an occupational therapist; a pharmacist; a speech pathologist; a dietitian; an exercise physiologist; a music or art therapist		
18.1.	(b) require providers to enter into arrangements with each of the following professional groups to provide services as required to care recipients: optometrists; audiologists		

Ref #	Submission	Response	Comments (Limited to ~300 words)
18.1.	(c) provide funding to approved providers for the engagement of allied health professionals through a blended funding model, including: i. a capped base payment per resident designed to cover about half of the costs of establishing ongoing engagement of allied health professionals ii. an activity-based payment for each item of direct care provided with the Australian Aged Care Pricing Authority determining the quantum of funding for the base payment and the level of activity-based payments, including by taking into account the extra costs of providing services in regional, rural and remote areas		
18.1.	(d) ensure strict monitoring of the level of allied health services that are actually delivered, including collection and review of data on the number of full-time equivalent allied health professionals delivering services, the number of current allied health assessments, the volume of service provision, and expenditure on allied health services.	Support in principle	As noted above and in our covering submission, we support oversight to ensure that relevant needs are met, identify where there are barriers to this occurring, and if necessary lead to appropriate action, however this monitoring should occur in the context of priority being given to individual outcomes and noting that it remains the choice of the individual whether to engage with health services.
Recommendation 19			
Designing for diversity			
19.1.	The Australian Government (or, from 1 July 2023, the Australian Aged Care Commission) should:		
19.1.	(a) by 1 July 2022, implement: i. training requirements as a condition of approval or continued approval of providers that all staff engaged by providers who are involved in direct contact with people seeking or receiving services in the aged care system undertake regular training about cultural safety and trauma-informed service delivery ii. similar training requirements for people engaged to provide care finder and assessment services iii. as a condition of approval or continued approval of any aged care providers who publicly represent their ability to provide specialised services for groups of people of diverse experience or background, a requirement to verify to the satisfaction of the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) that the provider has proper grounds for making that representation	Support in principle	Training must be meaningful (i.e. leading to competency) with in-service support to ensure that training is carried through into practice of care. Particular recognition should be given to strategies (e.g. training) to encourage recruitment of individuals with 'lived experience' who can bring benefits to the care of others through peer support and similar approaches.
19.1.	(b) by 1 July 2022: i. formulate a standard dataset and data collection mechanism for collecting, monitoring, analysing and using data about the diverse characteristics and life experiences of older people seeking or receiving aged care, including, as considered appropriate, people whose circumstances are not currently included in the 'special needs' provision, such as those living with mental illness, dementia or disability, and ii. commence collection and analysis of those data for the purpose of identifying variations in and improving equity of access and utilisation of aged care by people of diverse backgrounds and experiences	Support in principle	As with all aspects of data collection important to consult with providers on the data set to ensure standardisation is efficient and timelines achievable, and with potential users to ensure that data set is appropriate to consumer use, planning and research needs e.g. collection of contextual data for clinical indicators.
19.1.	(c) complete, by 1 July 2024, a national audit evaluating regional and local variation in levels of services for people from diverse backgrounds and life experiences, and, in light of the outcomes of the national audit, thereafter undertake commissioning arrangements to address deficits in meeting the needs of people from diverse backgrounds on a regional and local basis as required	Support in principle	Noting that diversity needs may be met through services that recognise and respond to diversity without the need to create 'specialist' services to meet the needs of individual from other than 'mainstream' backgrounds.
19.1.	(d) report to the Inspector-General and the public on the extent to which the needs of diverse older people are being met by the aged care system by 31 December 2024.	Support	on an ongoing basis
Recommendation 20			
Planning based on need, not rationed			
20.1.	By 1 July 2024, the Australian Government should develop and implement a new planning regime, to replace the Aged Care Provision Ratio, which:		
20.1.	(a) supports a funding allocation that is sufficient to meet people's entitlements for their assessed need	Support in principle	Planning for the purposes of future supply will remain important and the considerations of a new regime should include modelling of projected future demand as well as current needs.
20.1.	(b) provides for demand-driven access to aged care based on assessed need	Support	
20.1.	(c) funds cost-effective enabling care in the interests of people who need such care	Support	
20.1.	(d) collects data to monitor outputs and outcomes	Support	
20.1.	(e) aligns planning boundaries for Aged Care Planning Regions with boundaries based on Primary Health Network regions so that aged care planning is aligned with primary health care and hospital planning.	Support	
Quality and safety			
Recommendation 21			
Embedding high quality aged care			
21.1.	The <i>Aged Care Act 1997</i> (Cth) should be amended to provide that the Australian Commission on Safety and Quality in Health and Aged Care, in setting and amending safety and quality standards for aged care (under the functions referred to in Recommendation 23), give effect to the following characteristics of high quality aged care:	Support in principle	
21.1.	(a) diligent and skilful care		
21.1.	(b) safe and insightful care		
21.1.	(c) caring relationships		
21.1.	(d) empowering care		
21.1.	(e) timely care.		
Recommendation 22			
A general duty to provide high quality and safe care			
22.1.	The new Act should include a general, positive and non-delegable statutory duty on any approved provider to ensure that the personal care or nursing care they provide is of high quality and safe so far as is reasonable having regard to:	Support	Due UCA arrangements create issues here? Needs to be worded in such a way that the duty applies to the correct entity
22.1.	(a) any reasonably foreseeable risks to any person to whom the provider provides, or is engaged to provide, that care		

Ref #	Submission	Response	Comments (Limited to ~300 words)
22.1.	(b) the wishes of any person for whom the provider provides, or is engaged to provide, that care, and		
22.1.	(c) any other relevant circumstances.		
22.2.	Any entity which facilitates the provision of aged care services funded in whole or in part under the new Act should have a duty to ensure that any worker whom it makes available to perform personal care work has the experience, qualifications, skills and training to perform the particular personal care work the person is being asked to perform.		
Recommendation 23 Aged care standard setting by the re-named Australian Commission on Safety and Quality in Health and Aged Care			
23.1.	Section 9 of the <i>National Health Reform Act 2011</i> (Cth) should be amended urgently to:	Support in principle	Need to ensure that in expanding the scope of the existing Commission the differences - clinical, practical and in terms of desirable outcomes - between health and aged care settings are fully acknowledged, understood and reflected in processes relating to creation of standards etc.
23.1.	(a) rename the Australian Commission on Safety and Quality in Health Care as the 'Australian Commission on Safety and Quality in Health and Aged Care', and		
23.1.	(b) confer upon that body the functions of formulating standards, guidelines and indicators relating to aged care safety and quality.		
23.2.	Amendments to section 10 of the <i>National Health Reform Act 2011</i> (Cth) should also be made to provide for an appropriate consultation process for the Commission's aged care functions.		
Recommendation 24 Urgent review of the Aged Care Quality Standards			
24.1.	By 15 July 2021, the responsible Minister should refer to the Australian Commission on Safety and Quality in Health and Aged Care the following matters for urgent ad hoc review and, if the Commission considers appropriate, amendment of the Aged Care Quality Standards:		
24.1.	(a) requiring best practice oral care, medication management, pressure injury prevention, wound management, continence care, falls prevention, and infection control, and providing sufficient detail on what these requirements involve and how they are achieved	Support in principle	
24.1.	(b) imposing appropriate requirements to meet resident nutritional needs and ensure meals are desirable to eat, having regard to a person's preferences and religious and cultural considerations		not sure that this is something that can be regulated
24.1.	(c) sufficiently reflecting the needs of people living with dementia and providing high quality dementia care	Support	
24.1.	(d) implementing a new governance standard		
24.1.	(e) requiring residential aged care providers to demonstrate their capacity to provide high quality palliative care, including staff capacity (number, skill and type), processes and clinical governance, for recognising deterioration and dying.	Support in principle	subject to appropriate funding recognition
24.2.	The Australian Commission on Safety and Quality in Health and Aged Care should complete its review by 31 December 2022.		
Recommendation 25 Priority issues for periodic review of the Aged Care Quality Standards			
25.1.	By 1 July 2022, the responsible Minister should refer the following matters for the Australian Commission on Safety and Quality in Health and Aged Care to consider as part of the first comprehensive review of the Aged Care Quality Standards:		
25.1.	(a) imposing appropriate requirements relating to the professional development and training for staff		
25.1.	(b) including sufficient reference to and delineation between staff practice roles and responsibilities		
25.1.	(c) requiring providers to assist people receiving care to make and update advance care plans if they wish to, and ensuring that those plans are followed		Is this the best way to determine an approach to what is a clinical function and in many cases I imagine by the time an individual is receiving aged care may not be legally appropriate?
25.1.	(d) reflecting the Aged Care Diversity Framework and underlying Action Plans, including considering making them mandatory.		ditto: they have been developed in one context - if aim is to improve outcomes suggest should start from identifying the best way of achieving said outcomes.
Recommendation 26 Aged Care Quality Standards			
26.1.	The renamed Australian Commission on Safety and Quality in Health and Aged Care should complete a comprehensive review of the Aged Care Quality Standards within three years of taking on the standard-setting function and every 5 years after that. It should also be empowered to undertake ad hoc reviews and make corresponding amendments either of its own motion or where issues are referred to it for consideration by the Australian Aged Care Commission or the responsible Minister.	Support in principle	subject to development of and agreement to appropriate measurable outcomes targets. Without such no way of identifying the role of the standards in terms of outcomes for people using services.
Recommendation 27 Establishment of a dementia support pathway			
27.1.	By 1 January 2023, the Australian Government should establish a comprehensive, clear and accessible post-diagnosis support pathway for people living with dementia and their carers and families. This should involve:	Support in principle	Doesn't address need for preventive outreach and barriers to early diagnosis and response to dementia/risk of dementia e.g. lack of specialists
27.1.	(a) providing information and advice on dementia and support services, including the aged care system		
27.1.	(b) facilitating access to peer support networks		
27.1.	(c) providing education courses, counselling and support services for both people living with dementia and their family and carers		
27.1.	(d) providing assistance with planning for continued living and access to care, including regular and planned respite for carers.		
27.2.	The Australian Government should provide information and material to general practitioners and geriatricians on the pathway and encourage them to refer people to the pathway at the point of diagnosis.		
Recommendation 28 Specialist dementia care services			
28.1.	By 1 July 2023, the Australian Government should review and publicly report on:	Do not support	It should first be established whether SDCUs are the most appropriate response to BPSD compared with, for example, resourcing of RACs to provide additional care and supports for those displaying BPSD.

Ref #	Submission	Response	Comments (Limited to ~300 words)
28.1.	(a) whether the number of Specialist Dementia Care Units established or planned to be established is sufficient to meet need within the areas and populations they are designed to cover		
28.1.	(b) the capacity of those Units to meet the needs of people exhibiting extreme changed behaviour and whether any further resources are required		
28.1.	(c) the suitability of the Units for shorter stay respite for people living with moderate to extreme changed behaviour.		
28.2.	The outcome of the review should be implemented by the Australian Government as a matter of urgency.		
28.3.	The Australian Government should immediately ensure that the specialist dementia service it funds provides treatment to people with a mental health condition if they meet other eligibility criteria (including, for instance, a diagnosis of dementia).		
Recommendation 29 Regulation of restraints			
29.1.	By 1 July 2021, the Australian Government should introduce new requirements regulating the use of chemical and physical restraints in residential aged care to replace Part 4A of the <i>Quality of Care Principles 2014</i> (Cth).		We support the principle that there must be arrangements in place that ensure chemical and physical restraints are used appropriately, only where there is no alternative. There is a risk that, if this recommendation is retained with the start date of 1 July 2021, the experience of the current regulations will be repeated: they were introduced with insufficient consultation or lead time for preparation. Given the acknowledgement that the workforce is currently underskilled in terms of managing dementia, and that inadequate funding to address behavioural and psychological symptoms of dementia contributes to use of restraints, addressing these issues should be the first priority. Critically, if the intent is to capture 'locked' units in the definition of constraint clear guidance will need to be developed to ensure due process for admission.
		Support in principle	
29.2.	The new requirements should comprehensively regulate the use of chemical and physical restraints in residential aged care and should be informed by:		
29.2.	(a) the report of the review conducted pursuant to section 15H of the <i>Quality of Care Principles 2014</i> (Cth)		
29.2.	(b) the report of the Parliamentary Joint Committee on Human Rights on the Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019 (Cth), and		
29.2.	(c) the operation of the <i>National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018</i> (Cth).		
29.3.	A person receiving aged care who is the subject of a restraint should be readily able to seek an independent review of the lawfulness of the conduct.		
29.4.	Any breach by an approved provider of the new requirements should expose the provider to a civil penalty.		
29.5.	The Australian Commission on Safety and Quality in Health and Aged Care should review the operation of the new requirements as part of its first comprehensive review of the Aged Care Quality Standards.		
Recommendation 30 Quality indicators			
30.1.	By 15 July 2021, the responsible Minister should refer to the Australian Commission on Safety and Quality in Health and Aged Care responsibility for the introduction, implementation and amendment of aged care quality indicators, including:		
30.1.	(a) ongoing research into the use and evidence basis for quality indicators	Support	
30.1.	(b) publication of guidance on use of indicator data to identify risks and to undertake evidence-based risk management.	Support in principle	
30.2.	By 1 July 2023, the Australian Commission on Safety and Quality in Health and Aged Care should:		
30.2.	(a) expand the suite of quality indicators for care in residential aged care	Support in principle	Needs to be a shift towards leading indicators/context of indicators. For example, linking the data to case mix adjusted activity funding model will provide the basis for stronger benchmarking of outcomes according to consumer characteristics and aspects of care model such as staffing. The system as a whole should be seeking improvement in outcomes and care quality improvement thus needs to have the capacity to connect clinical information with care planning to identify that actions are taken to improve clinical condition. Likewise psycho-social and wellbeing indicators should be linked to care outcomes in ways that can, for example, underpin incentives to admit complex cases and invest in better outcomes.
30.2.	(b) develop quality indicators for care at home, and	Support in principle	Needs to be proportionality between intensity of data collection and level of service. Opportunity to measure aspects of care across modes of delivery i.e. test whether better outcomes achieved in particular contexts, including for carers, whether and how individuals are achieving better quality of life and extent to which need for residential services is deferred or prevented.
30.2.	(c) implement a comprehensive quality of life assessment tool for people receiving aged care in residential care and at home.	Support in principle	Design for the purpose of continuous improvement at the level of the individual facility as well as to assess systemic improvement in quality and safety. As noted in relation to quality indicators above, important to connect longitudinal assessments to demonstrate individual's improvement over time with data links to services being delivered e.g. test relationship between provision of domestic assistance and sense of self-reliance.
30.3.	In the interim, in addition to the existing commitment to implement quality indicators in the new domains of falls and fractures and medication management, the Australian Government should expand the National Mandatory Indicator Program, as set out in the 2019 PwC Consultation Paper 'Development of Residential Aged Care Quality Indicators', to use more comprehensive indicators for the existing domains of pressure injuries, physical restraint and unplanned weight loss.	Support in principle	
Recommendation 31 Using quality indicators for continuous improvement			
31.1.	By 1 July 2022, the Australian Government should implement reporting and benchmarking of provider performance against quality indicators. To achieve this:		
31.1.	(a) the Australian Commission for Safety and Quality in Health and Aged Care should develop a methodology to enable providers to be benchmarked against similar providers	Support in principle	similar in terms of consumer cohort

Ref #	Submission	Response	Comments (Limited to ~300 words)
31.1.	(b) the Australian Government should track sector and provider performance and set progressive improvement targets to raise performance against quality indicators over time		govt or sector driven? How does this sit with VICOP?
31.1.	(c) the Australian Government should publicly report on sector and provider performance against benchmarks.	Support in principle	
31.2.	From 1 July 2023 onwards, the Australian Aged Care Commission should assume responsibility for the functions and powers in subparagraphs 31.1. (b) and (c).		
Aboriginal and Torres Strait Islander People			
Recommendation 32			
Aboriginal and Torres Strait Islander service arrangements within the new aged care system			
32.1.	The Australian Government should ensure that the new aged care system makes specific and adequate provision for the changing and diverse needs of Aboriginal and Torres Strait Islander people and that:		
32.1.	(a) Aboriginal and Torres Strait Islander people receive culturally respectful and safe, high quality, trauma-informed, needs-based and flexible aged care services regardless of where they live	Support	
32.1.	(b) priority is given to existing and new Aboriginal and Torres Strait Islander organisations, including health, disability and social service providers, to cooperate and become providers of integrated aged care services	Support in principle	
32.1.	(c) regional service delivery models that promote integrated care are deployed wherever possible	Support in principle	provided community driven
32.1.	(d) there is a focus on providing services within, or close to, Aboriginal and Torres Strait Islander populations while maximising opportunities for people to remain on, and maintain connection with, their Country and communities	Support in principle	
32.1.	(e) aged care is available and providers are engaged at the local aged care planning region level on the basis of objectively established need that is determined in consultation with Aboriginal and Torres Strait Islander populations and communities, and recognising that aged care needs and service delivery preferences may vary between locations and population centres	Support in principle	
32.1.	(f) older Aboriginal and Torres Strait Islander people are given access to interpreters on at least the same basis as members of culturally and linguistically diverse communities when seeking or obtaining aged care including health care services.	Support in principle	however equal priority should be on first-language skills in services
Recommendation 33			
An Aged Care Commissioner within the Australian Aged Care Commission with oversight of Aboriginal and Torres Strait Islander aged care			
33.1.	By 1 July 2023, there should be within the Australian Aged Care Commission a statutory role that involves the ongoing fostering, promotion and development of culturally safe, tailored and flexible aged care services for Aboriginal and Torres Strait Islander people across the country. The person appointed to this role shall be an Aboriginal or Torres Strait Islander person.	Support	subject to ensuring this is the model preferred by communities
33.2.	In advance of the formal establishment of the Commission, a person should be appointed by 31 December 2021 under interim administrative arrangements to perform relevant functions and exercise relevant powers.	Support	
Recommendation 34			
Cultural safety			
34.1.	By 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should:		
34.1.	(a) require all of its employees who are involved in the aged care system, and any care finders who are not its employees, to undertake regular training about cultural safety and trauma-informed service delivery	Support in principle	as above
34.1.	(b) require all aged care providers which promote their services to Aboriginal and Torres Strait Islander people to: <ul style="list-style-type: none"> i. train their staff in culturally safe and trauma-informed care, and ii. demonstrate to the Australian Aged Care Commission that they have reached an advanced stage of implementation of the Aboriginal and Torres Strait Islander Action Plan under the Diversity Framework 	Support in principle	is this appropriate for a locally based ACHO? Other services also need to be culturally safe
34.2.	From 1 July 2023, the Australian Aged Care Commission should:		
34.2.	(a) ensure care finders serving Aboriginal and Torres Strait Islander communities are local Aboriginal and Torres Strait Islander people who are culturally trained and familiar with existing Aboriginal and Torres Strait Islander service providers who are trusted by the local population	Support in principle	will require targeted workforce program
34.2.	(b) wherever possible, ensure aged care assessments of Aboriginal and Torres Strait Islander people are conducted by assessors who are, wherever possible, Aboriginal or Torres Strait Islander people, or others who have undertaken training in cultural safety and trauma-informed approaches	Support in principle	across all elements of processes
34.2.	(c) work with State and Territory Governments to establish culturally appropriate advance care directive processes, guidance material and training for aged care providers that account for the diversity of cultural practices and traditions within each State and Territory.	Support in principle	
Recommendation 35			
Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers			
35.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should assist Aboriginal and Torres Strait Islander organisations to expand into aged care service delivery, whether on their own or in partnership with other organisations, including Aboriginal Community Controlled Organisations and existing Aboriginal and Torres Strait Islander providers.	Support	Strategies should target barriers to entry of community-based organisations or other culturally driven models of service
35.2.	In fostering additional providers, the Australian Government and the Commission should provide a degree of flexibility in the approval and regulation of Aboriginal and Torres Strait Islander aged care providers to ensure:		
35.2.	(a) existing Aboriginal and Torres Strait providers are not disadvantaged and should continue to provide high quality and safe aged care while being assisted to meet the new provider requirements		
35.2.	(b) other organisations that wish to move into aged care to enhance services to Aboriginal and Torres Strait Islander people across Australia are given special consideration.		

Ref #	Submission	Response	Comments (Limited to ~300 words)
35.3.	Flexible mechanisms should include additional time to meet new requirements, alternative means of demonstrating the necessary capability or requirement, and, in some very limited cases, exemptions. Assistance should include financial assistance for capacity building.		
Recommendation 36			
Employment and training for Aboriginal and Torres Strait Islander aged care			
36.1.	By 1 December 2022, the Australian Government should:		
36.1.	(a) develop a comprehensive national Aboriginal and Torres Strait Islander Aged Care Workforce Plan in consultation with the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care, including: <ul style="list-style-type: none"> i. the refinement of existing Aboriginal and Torres Strait Islander training and employment programs ii. targets for the training and employment of Aboriginal and Torres Strait Islander people across the full range of aged care roles 		remote accord?? Need to recognise differences in issues across geographical areas?
36.1.	(b) provide the funds necessary to implement the Plan and meet the training and employment targets		
36.1.	(c) work with the State and Territory Governments to implement the Plan, including making vocational educational training facilities, teachers and courses available in urban, rural, regional and remote Australia.		
36.2.	In the interim, the Australian Government should ensure, in consultation with the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care, that the existing employment programs and initiatives for Aboriginal and Torres Strait Islanders are aligned to the needs of the aged care sector.		
Recommendation 37			
Funding cycle			
37.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should block fund providers under the Aboriginal and Torres Strait Islander Aged Care Service Arrangements (see Recommendation 32) on a three to seven year rolling assessment basis.		
37.2.	The Australian Aged Care Pricing Authority should:		
37.2.	(a) set the funding of the Aboriginal and Torres Strait Islander aged care service arrangements following advice from the Aged Care Custodian		what is the AC Custodian - inappropriate title?
37.2.	(b) annually assess and adjust the block funding on the basis of the actual costs incurred while providing culturally safe and high quality aged care services to Aboriginal and Torres Strait Islander people in the preceding year.		needs to be some balance?
Recommendation 38			
Program streams			
38.1.	Under the Aboriginal and Torres Strait Islander Aged Care Service Arrangements, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should:		
38.1.	(a) provide flexible grant funding streams that are able to be pooled for: <ul style="list-style-type: none"> i. home and community care ii. residential and respite care (including transition) 		
38.1.	(b) establish funding streams under the Aboriginal and Torres Strait Islander aged care service arrangements that allow Aboriginal and Torres Strait Islander aged care service arrangement providers to apply for funding for: <ul style="list-style-type: none"> i. capital development and expenditure ii. provider development 		
38.1.	(c) make funds available, on application, for any residential aged care provider that has Aboriginal and Torres Strait Islander residents who require assistance to retain connection to their Country, including meeting the costs of: <ul style="list-style-type: none"> i. travel to and from Country, as well as the costs of any people needed to provide clinical or other assistance to the resident to make the trip ii. a family member travelling to and from the older person at a distant residential facility iii. establishing, maintaining and using infrastructure that facilitates connection between the residential facility and communities on Country, such as videoconferencing technology. 		
Recommendation 39			
Aged care workforce			
Aged care workforce planning			
39.1.	The Australian Government should establish an Aged Care Workforce Planning Division within the Australian Department of Health by 1 January 2022. When the Australian Aged Care Commission is established, the Division should be transferred to the Commission, answering to an Assistant Commissioner. It should be responsible for developing workforce strategies for the aged care sector through:		is health the best portfolio - should it be education and training?
39.1.	(a) long-term workforce modelling on the supply and demand of health professionals, including allied health professionals, and care workers	Support in principle	
39.1.	(b) consultation with the providers of education and training for health professionals and personal care workers, in partnership with the State and Territory Governments, Universities, Registered Training Organisations, National Boards, professional associations, and specialist colleges		
39.1.	(c) ensuring an appropriate distribution of health professionals (including allied health professionals) and care workers to meet the needs of population across the aged care sector, particularly in regional, rural and remote Australia		will they have the power to fund/create incentives to achieve this?
39.1.	(d) aged care workforce planning, including through modelling, and shaping the role of immigration and changes to visa arrangements as a workforce strategy to address aged care workforce needs.		
39.2.	By 1 July 2022, the Aged Care Workforce Planning Division should prepare an interim workforce strategy and planning framework for the next 3 years (2022–25).		

Ref #	Submission	Response	Comments (Limited to ~300 words)
39.3.	By 1 July 2025, the Aged Care Workforce Planning Division within the Australian Aged Care Commission should prepare a 10 year workforce strategy and plan, following the interim 3 year Workforce Strategy (2025–35).		
39.4.	The Aged Care Workforce Planning Division should be supported by an Aged Care Workforce Fund that can be used to support training, clinical placements, scholarships and other initiatives to respond in a targeted manner to the workforce challenges that the Division identifies.	Support	sector linkages
Recommendation 40			
Aged Care Workforce Council			
40.1.	By 1 July 2021, the Australian Government should strengthen the capacity of the Aged Care Workforce Council by:		Cathy?
40.1.	(a) having an Australian Government representative become a member and assume the role of chair		
40.1.	(b) reviewing membership of the Council to ensure it is comprised of individuals, including worker representatives who represent the diversity of the aged care workforce with an appropriate mix of skills and experience to lead and drive change across the sector		
40.1.	(c) providing the necessary funding and resources to enable the Council to implement workforce recommendations of this Royal Commission and to build on its work implementing the Aged Care Workforce Strategy Taskforce's strategic actions.		
40.2.	By 30 June 2022, the Aged Care Workforce Council should:		
40.2.	(a) re-profile all aged care occupational groups, jobs and job grades to ensure they reflect the skills, capabilities, knowledge and competencies as well as the structure required in the new aged care system		
40.2.	(b) revise the competency and accreditation requirements for all job grades in the aged care sector to ensure education and training builds the required skills and knowledge		
40.2.	(c) standardise job titles, job designs, job grades and job definitions for the aged care sector, and		
40.2.	(d) lead the Australian Government and the aged care sector to a consensus to support applications to the Fair Work Commission to improve wages based on work value and or equal remuneration. This may include re-defining job classifications and job grades in relevant awards.		
40.3.	The Aged Care Workforce Council should work collaboratively with the proposed Aged Care Workforce Planning Division so that its work complements aged care workforce design and planning.		
40.4.	From 1 July 2022, the Aged Care Workforce Council, in conjunction with the National Careers Institute, peak industrial partners, Universities Australia and VET providers, and informed by its work on redefining the Aged Care Workforce structure, should develop and document a clear set of career pathways for the aged care sector. These career pathways should:		
40.4.	(a) highlight opportunities for nurses to advance in clinical and managerial roles in the aged care sector		
40.4.	(b) facilitate personal care workers having opportunities to move laterally across aged care, disability care, community care and primary health care and vertically in aged care by advancing into nursing, specialist care roles and supervisory or managerial roles		
40.4.	(c) develop and document career opportunities in the aged care sector for non-direct care workers, including kitchen hands, cooks, cleaners, gardeners, drivers, security and people performing administrative roles.		where do pastoral carers fit with this? Interdisciplinary team work? Interdisciplinary roles
40.5.	By 1 July 2022, the Human Services Skills Organisation should develop detailed multimedia careers information for prospective aged care workers including information about work experience opportunities and pre-employment programs with approved aged care providers and nominated Registered Training Organisations.		
Recommendation 41			
Increases in award wages			
41.1.	Employee organisations entitled to represent the industrial interests of aged care employees covered by the <i>Aged Care Award 2010</i> , the <i>Social, Community, Home Care and Disability Services Industry Award 2010</i> and the <i>Nurses Award 2010</i> should collaborate with the Australian Government and employers and apply to vary wage rates in those awards to:		
41.1.	(a) reflect the work value of aged care employees in accordance with section 158 of the <i>Fair Work Act 2009</i> (Cth), and/or	Support in principle	
41.1.	(b) seek to ensure equal remuneration for men and women workers for work of equal or comparable value in accordance with section 302 of the <i>Fair Work Act 2009</i> (Cth).	Support in principle	
Recommendation 42			
Improved remuneration for aged care workers			
42.1.	In setting prices for aged care, the Aged Care Pricing Authority should take into account the need to attract sufficient staff with the appropriate skills to the sector, noting that relative remuneration levels are an important driver of employment choice.	Support	
Recommendation 43			
Review of certificate-based courses for aged care			
43.1.	By 1 January 2022, the Human Services Skills Organisation should		
43.1.	(a) review the need for specialist aged care Certificate III and IV courses, and	Support	
43.1.	(b) commence an annual cycle of review of the content of the Certificate III and IV courses and consider if any additional units of competency should be included.	Support	
Recommendation 44			
Dementia and palliative care training for workers			
44.1.	The Australian Government should implement, by 1 July 2022, as a condition of approval or continued approval of aged care providers that all staff engaged by providers who are involved in direct contact with people seeking or receiving services in the aged care system undertake regular approved training about dementia care and palliative care.	Support in principle	funding for training
Recommendation 45			
Review of health professions' undergraduate curricula			

Ref #	Submission	Response	Comments (Limited to ~300 words)
45.1.	By 1 January 2023, the relevant national boards, professional associations, and accreditation bodies for nursing, medicine, audiology, optometry, dietetics, dental practice, psychology, social work, occupational therapy, osteopathy, podiatry, physiotherapy and speech therapy should review existing course accreditation standards to ensure professional entry qualifications for these professions are appropriately addressing age-related conditions and illnesses, including dementia, to ensure that graduates have the education and knowledge to meet the care needs of older people.	Support	
Recommendation 46 Funding for teaching aged care programs			
46.1.	By 1 July 2023, the Australian Government should fund teaching aged care programs for delivery to students in both residential aged care and home care settings. The teaching aged care programs should have designated catchment areas and should:	Support	learnings from previous pilots
46.1.	(a) operate on a 'hub and spokes' model		
46.1.	(b) collaborate with educational institutions and research entities		
46.1.	(c) facilitate clinical placements for university and vocational education and training sector students		
46.1.	(d) train future aged care workers in local aged care services.		
Recommendation 47 Minimum staff time standard for residential care			
47.1.	The Australian Government should require approved providers of residential aged care facilities to meet a minimum staff time quality and safety standard. This requirement should take the form of a quality and safety standard for residential aged care. The minimum staff time standard should allow approved providers to select the appropriate skills mix for delivering high quality care in accordance with their model of care.	Support in principle	Consideration should be given to the range of staff classifications that can be considered for the purposes of meeting the minimum standard, for example in some services there may be a greater need for peer support, psychological or other types of mental health expertise than for 'personal care' workers.
47.2.	From 1 July 2022, the minimum staff time standard should require approved providers to engage registered nurses, enrolled nurses, and personal care workers for at least 215 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.	Support in principle	Detailed design of staffing standards must take into account the impacts of this requirement on different models of service delivery. Uplift in staff time will on the whole require significantly more funding; commitment to an appropriate funding model that covers staffing costs as per the minimum requirement must be in place before services can commit to employ, train and on-board staff. Even with an additional \$10 per bed per day, one of our facilities has estimated a shortfall of around \$10 000 per bed per year if care time was uplifted from the current average to 215 minutes per person per day. Most importantly, additional resources must be appropriately directed to need - there are outstanding questions with the proposed funding (assuming it is AN-ACC) model which must be resolved before adoption of the 'five star staffing' model, which would operate as an additional layer of complexity on top of the funding model.
47.3.	In addition, from 1 July 2022, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility for the morning and afternoon shifts (16 hours per day).	Support in principle	Must be provision for alternative ways of meeting need for RN contribution in situations where meeting the standard is impracticable. Specialist consultation via telehealth and vide conferencing and on-call options should be prioritised over 24 hour physical coverage in services where access is limited or the cohort is of lower acuity (e.g. if specialist homelessness services continue to be classified as 'residential' facilities.) Technological alternatives should be promoted where innovation can improve outcomes and increase professionalism within the aged care workforce.
47.4.	From 1 July 2024, the minimum staff time standard should increase to require approved providers to engage registered nurses, enrolled nurses, and personal care workers for the average resident for at least:	Support in principle	Need to address status of other workers eg pastoral care workers, recreational and other support staff e.g. hospitality
47.4.	(a) 215 minutes per resident per day for the average resident, with at least 44 minutes of that staff time provided by a registered nurse, or		
47.4.	(b) 264 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.		
47.5.	In addition, from 1 July 2024, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility at all times.		As noted in our covering response, development of a full suite of indicators should be given priority - given the range of site scales (and the desire to reduce scale) specifying the presence of a single RN at all times seems arbitrary as it does not reflect in any way the requirement to provide appropriate nursing care as and when needed.
47.6.	The minimum staff time standard should be linked to the casemix adjusted activity based funding model for residential aged care facilities. This means that approved providers with a higher than average proportion of high needs residents would be required to engage additional staff, and vice versa.		
47.7.	Approved providers should be able to apply to the Australian Aged Care Commission for an exemption from the quality and safety standard relating to staff skills mix, but not the standard relating to numbers of staff. Any exemption should be granted for a limited time, and details of the exemption should be published on My Aged Care. The grounds for granting an exemption should include:	Support in principle	Consideration should be given to alternatives to time limits for example link to maintenance of individual outcomes. Broader definitions should include all staff who play a role in improving the wellbeing of the individual via direct contact e.g. hotel service workers, pastoral care, lifestyle/recreational staff, allied health workers and those providing specialist cultural support or connection with community. Should not be restricted to paid staff: volunteers and students should be recognised as an integral part of daily life for residents, as should community based activities where this is the preferred social contact for the resident.
47.7.	(a) specific purpose residential aged care facilities, such as specialist homeless facilities, where the profile of the residents is such that it may be appropriate to substitute a registered nurse with another qualified health professional		Rationale for time limit on 'exemption' is unclear in this situation
47.7.	(b) residential aged care facilities that are co-located with a health service, such as Multi-Purpose Services, where registered and enrolled nurses are present at the co-located health service		
47.7.	(c) regional, rural and remote residential aged care facilities, where the approved provider can demonstrate it has been unable to recruit sufficient numbers of staff with the requisite skills, and		
47.7.	(d) innovative residential aged care facilities where an alternative skills mix is being trialled and it would be appropriate to substitute a registered nurse with another qualified health professional. There should be a requirement for any such trial to be comprehensively evaluated and publicly reported.		

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47.8.	The Australian Commission on Safety and Quality in Health and Aged Care should review and update this standard as appropriate. At a minimum, this should occur in line with significant revisions of the casemix classification for residential aged care facilities, or at least every five years.	Support in principle	casemix classification should be linked to staffing mix and to funding
Recommendation 48 National personal care worker registration scheme			
48.1.	By 1 July 2022, the Australian Health Practitioner Regulation Agency should establish a National Board and a registration scheme for personal care workers, with the following key features:	Support in principle	Propose complement regulation with links to career structure, individual competencies and other training to support specialisation. Assuming ordinary interpretation of 'PCW', continue to look into needs for e.g. national working with vulnerable people scheme to ensure coverage of other care workers.
48.1.	(a) a mandatory minimum qualification		
48.1.	(b) ongoing training and continuing professional development requirements		
48.1.	(c) minimum levels of English language proficiency		
48.1.	(d) criminal history screening requirements		
48.1.	(e) a code of conduct and power for the registering body to investigate complaints into breaches of the Code of Conduct.		
48.2.	For existing aged care workers who do not meet the mandatory minimum qualification requirements, there should be transitional arrangements that allow them to apply to the National Board for registration based on their experience and prior learning.	Support in principle	Important that there is no loss of well qualified workers i.e. transitional arrangements must support retention where appropriate; specific provision must be made for remote aboriginal and torres strait islander communities and other situations where cultural knowledge is equally valid, or there may be other employment related issues that can be dealt with in other ways to meet desired outcomes. RPL should be available at no or minimal cost to workers/or there should be a significant lower cost of training if required following RPL.
Recommendation 49 Mandatory minimum qualification for personal care workers			
49.1.	A Certificate III should be the mandatory minimum qualification required for personal care workers performing paid work in aged care. The proposed Personal Care Worker National Board should establish an accreditation authority to:		
49.1.	(a) develop and review accreditation standards for the mandatory minimum qualification		
49.1.	(b) assess programs of study and education providers against the standards, and		
49.1.	(c) provide advice to the National Board on accreditation functions.		
49.2.	The National Board should approve the accredited program of study, and review the need for personal care workers in home care to have specialised skills or competencies.		Mandatory requirements should be considered in light of minimum expectations of supervision in provision of safe home care services.
Informal carers			
Recommendation 50 Informal carers and assisting them to receive support			
50.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should improve services and support for informal carers by:		
50.1.	(a) linking My Aged Care and the Carer Gateway by 1 July 2022, to enable the sharing of information to enable respite available through My Aged Care and support services available on the Carer Gateway to be identified jointly and to be provided in a co-ordinated manner	Support	
50.1.	(b) on and from 1 July 2022: i. enabling direct referral and information sharing for informal carers between My Aged Care, care finders, assessment services and the Carer Gateway ii. providing accurate and up-to-date information on My Aged Care about the range of supports locally available to informal carers, including training, education, counselling, income support, and access to the Carers Hub network (once established)	Support	
50.1.	(c) on and from 1 July 2023: i. requiring My Aged Care, care finders and assessment services to identify informal carers when assessing a person for aged care ii. enabling care finders to refer informal carers to assessment services for assessment for and access to formal respite care iii. supporting and funding a community-based Carers Hub network.	Support	
Recommendation 51 Volunteers and Aged Care Volunteer Visitors Scheme			
51.1.	From 1 July 2021, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should promote volunteers and volunteering in aged care to support older people to live a meaningful and dignified life and supplement the support and care provided to them through the aged care system, whether in their own home or in a residential care home, by:		
51.1.	(a) increasing the funding to the Volunteer Grants under the Families and Communities Program – Volunteer Grants Activity in 2021–22 to support organisations and community groups to recruit, train and support volunteers who provide assistance to older people	Support	
51.1.	(b) requiring, as a condition of approval and continuing approval of all approved providers, that all aged care services, which use volunteers to deliver in-house co-ordinated and supervised volunteer programs, must: i. assign the role of volunteer coordination to a designated staff member ii. provide induction training to volunteers and regular ongoing training, to volunteers in caring for and supporting older people, complaints management and the reporting of abuse and neglect iii. retain evidence of provision of such training	Support	
51.1.	(c) providing additional funding, and expanding the Community Visitor Scheme and changing its name to the Aged Care Volunteer Visitors Scheme, to provide extended support for older people receiving aged care who are at risk of social isolation.	Support in principle	Community visiting schemes shouldn't be restricted to 'recipients of aged care' but should be accessible by any individual at risk of social isolation, as a key plank in a preventive approach.

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Recommendation 52			
Provider governance			
Legislative amendments to improve provider governance			
52.1.	By 1 January 2022, the <i>Aged Care Act 1997</i> (Cth) should be amended to require that:		
52.1.	(a) the governing body of an approved provider providing personal care services must have a majority of independent non-executive members (unless the provider has applied to the Aged Care Quality and Safety Commissioner for an exemption and the exemption has been granted)	Support in principle	church arrangements?
52.1.	(b) the constitution of an approved provider must not authorise a member of the governing body to act other than in the best interests of the provider	Support	
52.1.	(c) an applicant for approval to provide aged care services must notify the Aged Care Quality and Safety Commissioner of its key personnel, and an approved provider must notify the Commissioner of any change to key personnel within ten business days of the change	Support	
52.1.	(d) a 'fit and proper person' test (replacing the 'disqualified individual' test) applies to key personnel	Support in principle	
52.1.	(e) an approved provider must provide an annual report to the Secretary of the Australian Department of Health containing information to be made publicly available through My Aged Care.	Support in principle	
52.2.	By 1 January 2022, the <i>Freedom of Information Act 1982</i> (Cth) should be amended to remove from Schedule 3 of that Act references to provisions in the <i>Aged Care Act 1997</i> (Cth) and the <i>Aged Care Quality and Safety Commission Act 2018</i> (Cth), thereby ensuring that the exemption in section 38 of the Freedom of Information Act does not apply to 'protected information' under aged care legislation merely on the grounds that it is information that relates to the affairs of:	Support	
52.2.	(a) an approved provider		
52.2.	(b) an applicant for a grant under Chapter 5 of the Aged Care Act		
52.2.	(c) a service provider of a Commonwealth-funded aged care service, or		
52.2.	(d) an applicant for approval under section 63B of the Aged Care Quality and Safety Commission Act.		
52.3.	The new Act should contain provisions reflecting both the amendments to the Aged Care Act and the system governance arrangements provided for in that new Act. Under the new Act, the system governor and quality regulator will be the Australian Aged Care Commission. The government functions in subparagraphs 52.1. (a), (c) and (e) above will be undertaken by the Australian Aged Care Commission.		
Recommendation 53			
New governance standard			
53.1.	Any governance standard for aged care providers developed by the Australian Commission on Safety and Quality in Health and Aged Care should require every approved provider to:		
53.1.	(a) have members of the governing body who possess between them the mix of skills, experience and knowledge of governance responsibilities, including care governance, required to provide governance over the structures, systems and processes for ensuring the safety and high quality of the care delivered by the provider	Support	We note that some smaller services may need support to achieve these requirements.
53.1.	(b) have a care governance committee, chaired by a non-executive member with appropriate experience in care provision, to monitor and ensure accountability for the quality of care provided, including clinical care, personal care and services, and supports for daily living	Support	
53.1.	(c) allocate resources and implement mechanisms to support regular feedback from and engagement with people receiving aged care, their representatives, and staff to obtain their views on the quality and safety of the services that are delivered and the way in which they are delivered or could be improved	Support	
53.1.	(d) have a system for receiving and dealing with complaints, including regular reports to the governing body about complaints and containing, among other things, an analysis of the patterns of and underlying reasons for complaints	Support in principle	Should prioritise consideration of occurrences and responses to serious incidents as referred to in recommendation 118.
53.1.	(e) have effective risk management practices covering care risks as well as financial and other enterprise risks, and give particular consideration to ensuring continuity of care in the event of default by contractors or subcontractors	Support	
53.1.	(f) have a nominated member of the governing body: i. attest annually on behalf of the members of the governing body that they have satisfied themselves that the provider has in place the structures, systems and processes to deliver safe and high quality care, and ii. if such an attestation cannot be given, explain the inability to do so and how it will be remedied.	Support	
Recommendation 54			
Program of assistance to improve governance arrangements			
54.1.	The Australian Government should establish an ongoing program commencing in the 2021–22 financial year to provide assistance to approved providers to improve their governance arrangements, including their care governance arrangements.	Support in principle	broad availability where transition is required
Recommendation 55			
Research, Innovation and Technology			
Dedicated Research Council			
55.1.	By 1 July 2022, the Australian Government should establish and fund a dedicated Aged Care Research Council to:	Support	
55.1.	(a) set the strategy and agenda for research and development into aged care and ageing related health conditions		
55.1.	(b) administer an aged care and ageing related health conditions research fund with an annual budget, funded by a special appropriation, of 1.8% of the total government expenditure on aged care		
55.1.	(c) conduct peer review of projects to determine funding allocations		
55.1.	(d) prioritise research that involves co-design with older people, their families and the aged care workforce		

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55.1.	(e) facilitate networks between research bodies, academics, industry and government for research, technology pilots and innovation projects, and assist with the translation of research into practice to improve aged care in Australia		
55.1.	(f) work with the Australian Research Council, the National Health and Medical Research Council, and health and research networks to facilitate the sharing and application of research outcomes with policy makers, research bodies, health care bodies, approved providers and the community		
55.1.	(g) ensure that research into ageing-related health conditions is high on the national research agenda including for the Australian Research Council and the National Health and Medical Research Council.		Propose that there is an emphasis on research related to preventive approaches and strategies to delay onset of health conditions, and clinical and psycho/social research.
Recommendation 56			
Data governance and an aged care national minimum dataset			
56.1.	The Australian Government should establish the framework to enable the Australian Aged Care Commission to effectively take leadership of and responsibility for aged care data on and from 1 July 2023. This will require the Australian Government to:	Support	
56.1.	(a) establish a 'management group' to develop an outcomes framework for an aged care national minimum dataset		
56.1.	(b) develop data sharing agreements, in accordance with any relevant legislation, and under agreements with the States and Territories, to support timely access to and linkage of data for the aged care national dataset and quality indicators		
56.1.	(c) ensure that legislative hurdles to the Australian Institute of Health and Welfare obtaining aged care national minimum dataset elements are removed and the collection is timely and mandatory		
56.1.	(d) ensure the Australian Institute of Health and Welfare Authority is funded to curate and regularly publish an aged care national minimum dataset through an unconditional annual appropriation from the Federal Budget adequate to perform the curation and publication of the dataset and publish aged care data for public education through the GEN website.		
56.2.	The Australian Aged Care Commission's aged care data functions will involve:		
56.2.	(a) chairing the 'management group' to develop an outcomes framework for an aged care national minimum dataset, including ensuring that relevant stakeholders are consulted		
56.2.	(b) overseeing the development of a common language and standardisation of aged care data, including consideration of interoperability with the health care sector		
56.2.	(c) facilitating the development of software for use by approved providers, to be accredited by the Australian Institute of Health and Welfare for collection of aged care national minimum dataset elements and quality indicator data and incorporating compliance with the Aged Care Quality Standards		
56.2.	(d) facilitating the development of software and ICT systems to enable automatic reporting by approved providers on mandatory reporting obligations, quality indicators, prudential arrangements and other responsibilities		
56.2.	(e) establishing arrangements consistent with the 'collect once, use many times' principle, including: <ul style="list-style-type: none"> i. ICT interoperability arrangements between the Australian Aged Care Commission and the Australian Commission on Safety and Quality in Health and Aged Care to enable the sharing of data relevant to the functions of both organisations ii. ensuring administrative data relevant to approved providers, such as assessment data, is made available to providers, and iii. ensuring a mechanism exists for approved providers to effectively and securely transfer information about a consumer when the consumer changes service providers. 		
56.3.	The <i>Australian Institute of Health and Welfare Act 1987 (Cth)</i> , and other legislation as required, should be amended as necessary to achieve the objectives of this recommendation. This should include ensuring the Institute has the powers and responsibilities necessary to undertake the curation and publication of the aged care national minimum dataset.		
56.4.	The Australian Institute of Health and Welfare should accredit software used by approved providers and, where relevant, data custodians assessed as compatible with the dataset specifications of the aged care national minimum dataset.		
Accommodation			
Recommendation 57			
Improving the design of aged care accommodation			
57.1.	The Australian Government should guide the design of more appropriate residential aged care accommodation for older people by:	Support in principle	Support is subject to ensuring that the role of the Australian Government does not inhibit innovation or investment. The predisposition towards the 'small house' concept should not limit the diversity of responses to growing demand for appropriate housing and less institutional approaches to residential care: the outcome and design principles are more important than the form of housing itself. Overly prescriptive approaches may create more barriers to innovative design that is also financially sustainable.
57.1.	(a) developing and publishing by 1 July 2022 a comprehensive set of national aged care design principles and guidelines on accessible and dementia-friendly design for residential aged care, which should be: <ul style="list-style-type: none"> i. capable of application to 'small home' models of accommodation as well as to enablement and respite accommodation settings ii. amended from time to time as necessary to reflect contemporary best practice 		

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57.1.	(b) implementing by no later than 1 July 2023 a program to promote adoption of the National Aged Care Design Principles and Guidelines in design and construction of residential aged care buildings, which program should include: i. industry education, including sharing of best practice models ii. financial incentives, whether by increased accommodation supplements or capital grants or other measures or a combination of such measures, for residential aged care buildings that comply with the Guidelines		
57.1.	(c) advancing to the National Federation Reform Council by 1 July 2025 a proposal for amendments to Class 9c of the National Construction Code to require the adoption of accessible and dementia-friendly design standards for any new residential aged care buildings, or those proposed to be substantially refurbished, according to specifications informed by the National Aged Care Design Principles and Guidelines.		
Recommendation 58			
Capital grants for 'small home' models of accommodation			
58.1.	The Australian Government should expand, with effect from 1 January 2022, the Rural, Regional and Other Special Needs Building Fund to provide additional capital grants for building or upgrading residential aged care facilities to provide small scale congregate living.		support should be based on characteristics other than scale e.g. grants should promote innovative models of accommodation for the diverse needs of the community as a whole, and parts of the community with special accommodation needs (e.g. care leavers). Grants should extend to support of innovative approaches to the built environment to cater for the access needs of an ageing population e.g. sensory parks, improved access to public areas for those experiencing dementia or receiving palliative care.
58.2.	A majority of the people who receive, or who will receive, aged care at the premises to which any such grant relates should, within the meaning of section 7 of the <i>Grant Principles 2014</i> (Cth), be one or more of the following:	Support in principle	
58.2.	(a) supported residents, concessional residents or assisted residents		
58.2.	(b) people with special needs		
58.2.	(c) low-means care recipients		
58.2.	(d) people who live in a location where there is a demonstrated need for additional residential care services		
58.2.	(e) people who do not live in a major city.		
58.3.	A capital grants program for building or upgrading residential aged care facilities to provide small scale congregate living should continue after the introduction of the new Act.		
Recommendation 59			
Younger people in residential aged care			
No younger people in residential aged care			
59.1.	The Australian Government should immediately put in place the means to achieve, and to monitor and report on progress towards, the commitments announced by the Australian Prime Minister on 25 November 2019 to ensure that:		
59.1.	(a) no person under the age of 65 enters residential aged care from 1 January 2022		
59.1.	(b) no person under the age of 45 lives in residential aged care from 1 January 2022		
59.1.	(c) no person under the age of 65 lives in residential aged care from 1 January 2025 by:		
59.1.	(a) referring for assessment by the agency most appropriate for the assessment of the person concerned, such as the National Disability Insurance Agency (and not an Aged Care Assessment Team or Aged Care Assessment Service), any younger person who is at risk of entering residential aged care		must be choice for the individual; may be some who do not want to enter NDIS may be need for specialist housing or other assessment services to meet intermediate need particularly for individuals with psychosocial disabilities, care leavers, Aboriginal or Torres Strait Islander people.
59.1.	(b) developing hospital discharge protocols with State and Territory Governments to prevent discharge into residential aged care of any younger person		
59.1.	(c) developing, funding and implementing with State and Territory Governments programs for short-term and long-term accommodation and care options for any younger person who is: i. living in or at risk of entering residential aged care and ii. not eligible to be a participant in the National Disability Insurance Scheme		over time consider average age and moving age up over time to ensure appropriate cohorting
59.1.	(d) requiring the National Disability Insurance Agency to publish an annual Specialist Disability Accommodation National Plan setting out, among other things, priority locations and proposed responses to thin markets		
59.1.	(e) providing directly for, where appropriate and necessary, accommodation in the Specialist Disability Accommodation market, particularly in thin or underdeveloped markets		
59.1.	(f) funding dedicated and individualised advocacy services for younger people who are living in or at risk of entering residential aged care		
59.1.	(g) collecting data on an ongoing basis, and publishing up-to-date collected data each quarter, on, for each State and Territory, the number of younger people living in residential aged care and, among other things i. their age ranges ii. the average length of time in residential aged care iii. the numbers of admissions into and discharges from residential aged care, and iv. the reasons for younger people exiting from residential aged care, such as death, turning 65 years old or moving into the community		
59.1.	(h) having the responsible Minister report to the Parliament every six months about progress towards achieving the announced commitments, and		

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59.1.	(i) ensuring that a younger person will only ever live in residential aged care if it is in the demonstrable best interests of the particular person (and is independently certified to be such by someone with suitable skills, experience, training and knowledge of the person) in limited and exceptional circumstances such as, for instance, where: i. the person will turn 65 years old within a short period of time, being no more than three months, after entering into residential aged care ii. the person's close relatives over 65 years of age live in a residential aged care facility and the person would suffer serious hardship on being separated from those relatives iii. an Aboriginal or Torres Strait Islander person between the age of 50 and 64 years old elects to live in residential aged care.		
Recommendation 60 Aged care for people with disability Equity for people with disability receiving aged care			
60.1.	By 1 July 2024, every aged care recipient with a disability or disabilities, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person with the same or substantially similar conditions.	Support in principle	Implementation should begin as soon as possible to extend funding for additional supports to individuals whose disability needs are not being met e.g. individuals currently over 65 living in residential aged care who would otherwise be eligible to enter the NDIS.
Recommendation 61 Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner			
61.1.	By 1 July 2024, the Disability Discrimination Commissioner and the Age Discrimination Commissioner should be required, as part of the new National Disability Strategy, to report annually to the Parliament on the numbers of aged care recipients with disabilities who are 65 years old or older and their ability to access daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those available under the National Disability Insurance Scheme.	Support in principle	Date should be brought forward (propose 1 July 2022) as per comment above.
Recommendation 62 Better access to health care A new primary care model to improve access			
62.1.	Commencing by no later than 1 January 2024, the Australian Government should implement a new voluntary primary care model for people receiving aged care.	Support	
62.2.	The new primary care model would have the following characteristics:		
62.2.	(a) general practices may, if they choose, apply to the Australian Government to become accredited aged care general practices		
62.2.	(b) the initial accreditation criteria would be: i. accreditation with the Royal Australian College of General Practitioners ii. participation in after-hours cooperative arrangements, and iii. use of My Health Record		
62.2.	(c) over time, as aged care general practices mature, the accreditation requirements could be strengthened		
62.2.	(d) each accredited aged care general practice would enrol people receiving residential care or personal care at home who choose to be enrolled with that practice		
62.2.	(e) each accredited aged care general practice would receive an annual capitation payment for every enrolled person, based on the person's level of assessed need		
62.2.	(f) an accredited aged care general practice would agree with each enrolled person and the person's aged care provider on how care will be provided, including by any use of telehealth services and nurse practitioners	Support	Suggest that this is the point at which future care directions/planning should be supported
62.2.	(g) the accredited aged care general practice would be required to: i. meet the primary health care needs of each enrolled older person (including through any cooperative arrangements with other general practices to provide after-hours care if required) ii. use My Health Record in conjunction with aged care providers iii. initiate and take part in regular medication management reviews iv. prepare an 'Aged Care Plan' (in collaboration with a geriatrician and the aged care provider and others) for each enrolled person v. accept any person who wishes to enrol with it (subject to geography) to avoid practices accepting only patients with less complex care needs, and vi. report on performance against a range of performance indicators, including immunisation rates and prescribing rates		
62.2.	(h) the capitation payment would be reduced by the value of benefits paid when an enrolled person sees a general practitioner in another practice.		
62.3.	The Australian Government should undertake a thorough evaluation of the new primary care model in 2030 and make appropriate adjustments to the model at that time.	Support	Ensure data collection design appropriate for ongoing and 2030 appraisal i.e. linked to individual outcomes and outcomes for individuals known to currently experience difficulty accessing a GP of choice.
Recommendation 63 Royal Australian College of General Practitioners' accreditation requirements			
63.1.	By 31 December 2021, the Royal Australian College of General Practitioners should amend its Standards for general practices to allow for accreditation of general practices which practise exclusively in providing primary health care to aged care recipients in residential aged care facilities and in their own homes.		
Recommendation 64 Access to specialists and other health practitioners through Multidisciplinary Outreach Services			
64.1.	By 1 January 2022, the Australian and State and Territory Governments should introduce Local Hospital Network-led multidisciplinary outreach services.	Support in principle	

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64.2.	These services should be funded through amendment of the National Health Reform Agreement, and all aged care recipients receiving residential care or personal care at home should have access based on clinical need.	Do not support	Potentially inconsistent with preventive approach to describe limit to access in this way - propose that this model is linked to outreach and routine health checks currently available e.g. heart health checks.
64.3.	The amended National Health Reform Agreement should include a recurrent and sustainable funding mechanism to stimulate outreach services. The level of funding should be based on underlying costs as determined by the Independent Hospital Pricing Authority.	Support in principle	subject to extension as per above.
64.4.	The key features of the model should include:		
64.4.	(a) provision of services in a person's place of residence wherever possible		
64.4.	(b) multidisciplinary teams, including nurse practitioners, allied health practitioners and pharmacists		
64.4.	(c) access to a core group of relevant specialists, including geriatricians, psychogeriatricians and palliative care specialists		
64.4.	(d) embedded escalation to other specialists (including endocrinologists, cardiologists, infectious disease specialists and wound specialists), who are already salaried within the hospital and assigned to the model for part of their work		
64.4.	(e) 24 hour a day on-call services available to: i. aged care recipients receiving residential care or personal care at home ii. the families of those people receiving aged care, and iii. staff of aged care services		
64.4.	(f) proactive care and rehabilitation		
64.4.	(g) a focus where feasible on skills transfer to staff working in aged care		
64.4.	(h) a specific focus on palliative care outreach services		
64.4.	(i) clinical governance arrangements involving Local Hospital Networks and relevant aged care and primary care providers.		
Recommendation 65 Increased access to Older Persons Mental Health Services			
65.1.	By 1 January 2022, the Australian and State and Territory Governments should:		
65.1.	(a) fund separately under the National Health Reform Agreement outreach services delivered by State and Territory Government older persons mental health services to aged care recipients receiving residential care or personal care at home	Support in principle	As per previous recommendation, critical that outreach services for older people in the community are included noting that failure to access preventive aged care services/supports may itself contribute to poor mental health.
65.1.	(b) introduce performance measures and benchmarks for these outreach services	Support	
65.1.	(c) promulgate standardised service eligibility criteria for hospital, community based, and aged care older persons mental health services that do not exclude from eligibility for such services people with dementia.	Support	
Recommendation 66 Establish a Senior Dental Benefits Scheme			
66.1.	The Australian Government should establish a new Senior Dental Benefits Scheme, commencing no later than 1 January 2023, which will:	Support	
66.1.	(a) fund dental services to people who: i. live in residential aged care, or ii. live in the community and receive the age pension or qualify for the Commonwealth Seniors Health Card		
66.1.	(b) include benefits set at a level that minimises gap payments, and includes additional subsidies for outreach services provided to people who are unable to travel, with weightings for travel in remote areas		
66.1.	(c) provide benefits for services limited to treatment required to maintain a functional dentition (as defined by the World Health Organization) with a minimum of 20 teeth.		
Recommendation 67 Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services			
67.1.	The Australian Government should:		
67.1.	(a) create new Medicare Benefits Schedule items by 1 November 2021 to allow for a benefit to be paid for a comprehensive health assessment, whether conducted by a general practitioner or a nurse practitioner, when an aged care recipient begins to receive residential aged care or personal care at home and at six month intervals thereafter, or more frequently if there is a material change in a person's circumstances or health	Support in principle	link to assessment and planning processes?
67.1.	(b) immediately amend the Medicare Benefits Schedule to allow benefits to be paid under the GP Mental Health Treatment items 2700 to 2717 to patients receiving these services within a residential aged care service	Support	
67.1.	(c) create new Medicare Benefits Schedule items by 1 November 2021 for: i. a mental health assessment, and subsequent development of a treatment plan, by a general practitioner or psychiatrist, within two months of a person's entry into residential aged care ii. three monthly re-assessments or reviews of a mental health assessment by a general practitioner, psychiatrist, or psychologist		
67.1.	(d) create new Medicare Benefits Schedule items by 1 November 2021, with the value of the benefit aligned with recommended professional fees, for allied mental health practitioners providing services to people in residential aged care and: i. the number of services for which a benefit is payable should be based on clinical advice ii. these benefits should cease on 1 January 2023, when the aged care allied health funding arrangement is established	Support in principle	will cessation in 2023 impact on choice of provider and continuity of care? Imperative to be able to exercise choice in mental health practitioner wherever possible.

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67.1.	(e) amend the General Practitioner Aged Care Access Incentive payment to: i. increase the minimum annual number of services required by general practitioners to qualify for the payment and the amount of the corresponding payment ii. introduce incremental increases to the amount of the payment for general practitioners who deliver more the minimum annual number of services and index these amounts on the same basis as Medicare Benefits Schedule general practitioner attendance items.		Amendments must take into account the differing circumstances of practices in regional and remote areas for example ensuring that minimum annual service benchmarks do not discriminate against regional and remote GPs. Additional attention should be paid to situations in which extended visits or travel time are necessary. Consideration should be given to similar incentives to increase access to Nurse Practitioners.
Recommendation 68 Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care			
68.1.	The Australian Government should:		
68.1.	(a) amend the priorities of the Rural Health Outreach Fund by 1 July 2021 to include delivery of: i. geriatrician services in regional, rural and remote Australia, and ii. medical specialist services to people receiving aged care in regional, rural and remote Australia		
68.1.	(b) increase, for these additional priorities, the annual funds available by \$9.6 million, starting in the 2021–22 financial year, and		
68.1.	(c) ensure that these additional priorities of the Fund are maintained on an ongoing basis.		
Recommendation 69 Access to specialist telehealth services			
69.1.	By 1 November 2021, the Australian Government should:		
69.1.	(a) expand access to Medicare Benefits Schedule-funded specialist telehealth services to aged care recipients receiving personal care at home	Support in principle	Continue to prioritise maximising direct access to specialists where this is the preference of the individual or will improve clinical outcomes.
69.1.	(b) require aged care providers delivering residential care or personal care at home to have the necessary equipment and clinically and culturally capable staff to support telehealth services.	Support	
Recommendation 70 Increased access to medication management reviews			
70.1.	The Australian Government should immediately improve access to quality medication management reviews for people receiving aged care by:	Support	
70.1.	(a) allowing and funding pharmacists from 1 January 2022 to conduct reviews on entry to residential care and annually thereafter, or more often if there has been a significant change to the care recipient's condition or medication regimen		
70.1.	(b) amending the criteria for eligibility for residential medication management reviews to include people in residential respite care and transition care		
70.1.	(c) monitoring quality and consistency of medication management reviews.		
Recommendation 71 Restricted prescription of antipsychotics			
71.1.	By 1 November 2021, the Australian Government should amend the Medicare Benefits Schedule so that only a psychiatrist or a geriatrician can initially prescribe antipsychotics. General practitioners should be able to prescribe repeat prescriptions of antipsychotics for up to a year for people who have received an original prescription from a psychiatrist or geriatrician.	Support in principle	provided does not lead to increased admissions to acute services because access to specialist services is not available in the community, particularly in regional and remote areas. Should be linked to strategies for early detection and management of symptoms of dementia, increased funding for dementia care in RAC
Recommendation 72 Improving the transition between residential aged care and hospital care			
72.1.	The Australian and State and Territory Governments should:		Subject to standardisation of data categories to ensure appropriate data integration is possible across care settings. Consideration should also be given to whether there will be an increasing need for communication with case coordinators as level of care provided in the community steps up, and with it need for greater integration with health systems.
72.1.	(a) by 1 July 2022, implement, and commence publicly reporting upon compliance with, hospital discharge protocols that ensure that discharge to residential aged care from hospital should only occur once appropriate clinical handover and discharge summary (including medications list) has been provided to and acknowledged by the residential care service, and provided to the person being discharged	Support in principle	
72.1.	(b) by 1 December 2021, require staff of aged care services, when calling an ambulance for a resident, to provide the paramedics on arrival with an up-to-date summary of the resident's health status, including medications and advance care directives.		
Recommendation 73 Improving data on the interaction between the health and aged care systems			
73.1.	The Australian Government and State and Territory Governments should improve the data available to monitor the interaction between the health and aged care systems and improve health and aged care planning and funding decisions. In particular:	Support	
73.1.	(a) the Australian Government should implement an aged care identifier by 1 July 2022 in the Medicare Benefits Schedule and Pharmaceutical Benefits Schedule datasets to allow regular public reporting on the number and type of medical and pharmaceutical services provided to people receiving aged care		
73.1.	(b) by 1 July 2023 all National Minimum Datasets reported to the Australian Institute of Health and Welfare should include an item identifying whether a person is receiving aged care services and the type of aged care the person is receiving		
73.1.	(c) National Minimum Datasets covering all State and Territory Government-funded health services should be implemented by 1 July 2023		
73.1.	(d) all governments should implement a legislative framework by 1 July 2023 for health and aged care data to be directly linked, shared and analysed to understand the burden of disease of current and prospective aged care recipients and their current and future health needs		

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73.1.	(e) the Australian Government should direct the Australian Institute of Health and Welfare to include data tabulated on the basis of aged care recipient status in any relevant health statistical publications, and make the de-identified data publicly available through the Australian Government's data portal data.gov.au.	Support	With capacity to link to demographic characteristics including locality and special needs group status
Recommendation 74			
Universal adoption by the aged care sector of digital technology and My Health Record			
74.1.	The Australian Government should require that, by 1 July 2022:	Support in principle	must be a reasonable time period (18 months) and appropriate financial (and potentially advisory) support for transition once the Digital Health Agency has identified standards.
74.1.	(a) every approved provider of aged care: i. uses a digital care management system (including an electronic medication management system) meeting a standard set by the Australian Digital Health Agency and interoperable with My Health Record ii. invites each person receiving aged care from the provider to consent to his or her care records being made accessible on My Health Record iii. if the person consents, places that person's care records (including, at a minimum, the categories of information required to be communicated upon a clinical handover) on My Health Record and keeps them up to date		Standards must be compatible with systems that meet other business needs of providers.
74.1.	(b) the Australian Digital Health Agency immediately prioritises support for aged care providers to adopt My Health Record		
Recommendation 75			
Clarification of roles and responsibilities for delivery of health care to people receiving aged care			
75.1.	By 31 December 2021, the Australian and State and Territory Governments should amend the National Health Reform Agreement to include an explicit statement of the respective roles and responsibilities of approved aged care providers and State and Territory health care providers to deliver health care to people receiving aged care, similar to the Applied Principles and 'tables of supports' for the National Disability Insurance Scheme, on the basis that, among other things:	Support in principle	Arrangements should not create any impediment to receiving services, for example due to lack of allied health personell in either system. Nor should they create a need for multiple points of access to health/aged care systems. Older people must be able to continue to access the full range of health-system services if they chose or have no need to access the aged care system e.g. for community nursing or palliative care.
75.1.	(a) allied health care should generally be provided by aged care providers		
75.1.	(b) specialist services, including specialist palliative care and subacute rehabilitation, should be provided by State and Territory health care providers, even if these services involve allied health practitioners		Must differentiate policy, regulatory and funding roles from delivery to ensure that there is capacity for providers to create innovative models of care that incorporate specialist services and in-house delivery of e.g. palliative care in cooperation with state and territory health systems.
75.1.	(c) less complex health conditions should be managed by aged care providers' staff, particularly nurses.		
75.2.	By 31 December 2021, the Australian Government should amend the <i>Quality of Care Principles 2014</i> (Cth) to clarify the role and responsibilities of approved providers to deliver health care to people receiving aged care, including but not limited to their particular role and responsibilities to deliver allied health care, mental health care, and oral and dental health care.		
Recommendation 76			
Improved access to State and Territory health services by people receiving aged care			
76.1.	By 1 July 2022, the Australian and State and Territory Governments should amend the National Health Reform Agreement or any future health funding agreement to include explicit commitments by State and Territory Governments to provide:	Support in principle	
76.1.	(a) access by people receiving aged care to State and Territory Government-funded health services, including palliative care services, on the basis of the same eligibility criteria that apply to residents of the relevant State and Territory more generally		As above
76.1.	(b) clinically appropriate subacute rehabilitation for patients who i. are aged care recipients receiving residential care or personal care at home, or ii. may need such aged care services if they do not receive rehabilitation, as well as performance targets and reporting requirements on the provision of subacute rehabilitation care to people receiving aged care.		
Recommendation 77			
Ongoing consideration by the Health National Cabinet Reform Committee			
77.1.	The Health National Cabinet Reform Committee should require the Australian Health Ministers' Advisory Council to:		
77.1.	(a) consider the full suite of the Royal Commission's recommendations related to the interface of the health care and aged care systems and report to the next meeting of the Committee		
77.1.	(b) include a standing item in all future meetings of the Council on the aged care system and its interface with the health care system.		
Recommendation 78			
Aged care in regional, rural and remote areas			
Planning for the provision of aged care in regional, rural and remote areas			
78.1.	From 1 December 2021, the Australian Government should:		
78.1.	(a) identify areas where service supply is inadequate and actively respond by supplementing services to meet entitlements and needs, and	Support in principle	commissioning in the sense https://www.sydney.edu.au/content/dam/corporate/documents/sydney-policy-lab/sydney-policy-lab---all-together---june-2020.pdf
78.1.	(b) plan for the specific needs of different locations and develop aged care service provision based on those identified needs and by doing so ensure that older people in regional, rural and remote locations are able to access aged care in their community equitably with other older Australians.	Support	community based processes that efficiently align health, disability and other community services alongside aged care
78.2.	From 1 December 2021, the Australian Government should make it clear when people first engage with the aged care system if they will not be able to access a certain type of aged care in their community.	Do not support	Must be process whereby individuals establish needs and providers work with them to meet those needs - impracticable
78.3.	On and from 1 July 2023, the Australian Aged Care Commission will assume these functions and powers.		
Recommendation 79			
The Multi-Purpose Services Program			

Ref #	Submission	Response	Comments (Limited to ~300 words)
79.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should maintain and extend the Multi-Purpose Services Program in the new aged care system by, from 1 December 2021:	Support in principle	
79.1.	(a) together with State and Territory Governments, establishing new Multi-Purpose Services in accordance with community need as identified by the Australian Government or the Commission		Consider MPS as one option for delivery of services - alongside commissioning, particularly for special needs communities - choice of MPS over other models should be subject to consideration of the impact of this model on community choice and array of services, links to in-home care. Also consider recommendations of the review of the MPS program in 2019.
79.1.	(b) ensuring that people entering Multi-Purpose Services are subject to the same eligibility and needs assessments as all other people receiving aged care		
79.1.	(c) requiring people accessing Multi-Purpose Services to make contributions to the cost of their care and accommodation on the same basis as all other people receiving aged care (with appropriate protections for people currently accessing Multi-Purpose Services)		
79.1.	(d) permitting Multi-Purpose Service providers to access all aged care funding programs on the same basis as other aged care providers		
79.1.	(e) developing a funding model for Multi-Purpose Services which reflects the changing number and acuity of people receiving care over time while maintaining certainty of funding over the course of a financial year		
79.1.	(f) together with State and Territory Governments, establishing a cost-shared capital grants program to rebuild or refurbish older Multi-Purpose Services to ensure that the infrastructure meets contemporary aged care design standards, particularly to support the care of people living with dementia.	Support in principle	include potential to expand as well as refurbish
Funding in the new aged care system			
Recommendation 80 Amendments to residential aged care indexation arrangements			
80.1.	Commencing with effect on 1 July 2021, the Australian Government should amend the indexation arrangements for residential aged care so that all care subsidies, and the viability supplement, are increased on 1 July each year by the weighted average of:	Support in principle	Support in addition to review of the adequacy of the base rate of funding. Indexation of current ACFI payments will not generate the increase in revenue that services need to maintain current delivery standards, all else remaining the same.
80.1.	(a) 45% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to minimum wage for an Aged Care employee Level 3 under the Aged Care Award 2010 (section 14.1)		
80.1.	(b) 30% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to the minimum wage for a registered Nurse Level 2 – pay point 1 under the Nurses Award 2010 (section 14.3)		
80.1.	(c) 25% of the yearly percentage (to the 30 March immediately preceding the indexation date) increase to the Australian Bureau of Statistics Consumer Price Index.		
80.2.	The increases based on these arrangements should apply to the financial year commencing 1 July 2021 and continue until such time as the Aged Care Pricing Authority is established and has commenced independent determination of prices for residential care.		
Recommendation 81 Amendments to aged care in the home indexation arrangements			
81.1.	Commencing with effect on 1 July 2021, the Australian Government should amend the indexation arrangements for home care so that subsidy rates are increased on 1 July each year by the weighted average of:	Support in principle	
81.1.	(a) 60% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to minimum wage for an Aged Care employee Level 3 under the Aged Care Award 2010 (section 14.1)		
81.1.	(b) 15% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to the minimum wage for a registered Nurse Level 2 – pay point 1 under the Nurses Award 2010 (section 14.3)		
81.1.	(c) 25% of the yearly percentage (to the 30 March immediately preceding the indexation date) increase to the Australian Bureau of Statistics Consumer Price Index.		
81.2.	The increases based on these arrangements should apply to the financial year commencing 1 July 2021 and continue until such time as the Aged Care Pricing Authority is established and has commenced independent determination of prices for aged care in the home.		
Recommendation 82 Immediate changes to the Basic Daily Fee			
82.1.	The Australian Government should, no later than 1 July 2021, offer to provide funding to each approved provider of residential aged care adding to the base amount for the Basic Daily Fee by \$10 per resident per day, for all residents. The additional funding should be only provided on the condition that the provider gives the Australian Government a written undertaking that:	Support in principle	
82.1.	(a) it will conduct an annual review of the adequacy of the goods and services it has provided to meet the basic living needs of residents, and in particular their nutritional requirements, throughout the preceding 12 months, and prepare a written report of the review		
82.1.	(b) the review report will set out in detail the provider's expenditure to meet the basic needs of residents, especially their nutritional needs, and changes in expenditure compared with the preceding financial year		
82.1.	(c) by 31 December each year, commencing in 2021, the governing body of the provider will attest that the annual review has occurred, and will give the review report and a copy of the attestation, to the Australian Aged Care Commission (or, pending its establishment, the implementation unit referred to in Recommendation 123)		
82.1.	(d) in the event of failure to comply with the above requirements, the provider will be liable to repay the additional funding to the Australian Government, and agrees that this debt may be set-off against any future funding as a means of repayment.		

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82.2.	The Australian Government will commence payment of the additional funding to a provider within one month of the provider giving its written undertaking.		
82.3.	The results of any review may be taken into account in any reviews of the compliance of the provider with the Aged Care Quality Standards.		
Recommendation 83 Amendments to the viability supplement			
83.1.	With immediate effect, the Australian Government should continue the 30% increase in the viability supplement that commenced in March 2020, as paid in respect of each residential aged care service and person receiving home care, until the Aged Care Pricing Authority has determined new arrangements to cover the increased costs of service delivery in regional, rural and remote areas and has commence independent determination of prices.	Support	
83.2.	For the avoidance of doubt, the increased indexation arrangements proposed in Recommendations 80 and 81 should apply in addition to the measure in this recommendation.		
Recommendation 84 Immediate funding for education and training to improve the quality of care			
84.1.	The Australian Government should establish a two-year scheme, commencing on 1 July 2021 to improve the quality of the current aged care workforce. The scheme should reimburse providers of home support, home care and residential aged care for the cost of education and training of the direct care workforce employed (either on a casual, part-time or full-time basis) at the time of its commencement or during the period of its operation. Eligible education and training should include:	Support in principle	
84.1.	(a) Certificate III in Individual Support and Certificate IV in Ageing Support		must ensure that training is of a suitable standard
84.1.	(b) continuing education and training courses (including components of training courses, such as 'skill sets' and 'micro-credentials') relevant to direct care skills, including, but not limited to, dementia care, palliative care, oral health, mental health, pressure injuries and wound management.		
84.2.	Reimbursement should also include the costs of additional staffing hours required to enable an existing employee to attend the training or education. The scheme should be limited to one qualification or course per worker.		given all workers are supposed to have dementia and palliative care training suggest should be on a basis other than number of courses if it is to be limited e.g. number of hours
Recommendation 85 Functions and purposes of the Aged Care Pricing Authority			
85.1.	Before the establishment of the Aged Care Pricing Authority, preliminary work on estimating the costs of providing high quality aged care should be undertaken by the implementation unit referred to in Recommendation 123.	Support in principle	must be limited period in which to do so e.g. 1 July 2021 would be in line with proposed changes to indexation
85.2.	Upon its establishment (by 1 July 2023) under the new Act, the Aged Care Pricing Authority should take over that work and all resources developed by the implementation unit.		
85.3.	The functions of the Aged Care Pricing Authority should include:		
85.3.	(a) providing expert advice to the Australian Aged Care Commission on optimal forms for funding arrangements for particular types of aged care services and in particular market circumstances		
85.3.	(b) reviewing data and conducting studies relating to the costs of providing aged care services		
85.3.	(c) determining prices for particular aged care services based on estimates of the amounts (whether constituted by government subsidies or user payments or both) appropriate to the provision of high quality and safe aged care services		include elements that vary according to location, specialisation etc.
85.3.	(d) evaluating, or assisting the Australian Aged Care Commission to evaluate, the extent of competition in particular areas and markets		must be clearly articulated in terms of competition vs choice. There may be multiple objectives of the evaluation e.g. to identify if there is evidence of monopoly pricing or whether there is inadequate presence of pressure to increase responsiveness to consumer preference
85.3.	(e) advice on appropriate forms of economic regulation, and implementation of such regulation, where necessary.		principles of the 'nature' of the market must be spelled out: cannot continue current hybrid marketised/regulated system
85.4.	In undertaking its functions, the Aged Care Pricing Authority should be guided by the following objects:		
85.4.	(a) ensuring the availability and continuity of high quality and safe aged care services for people in need of them		
85.4.	(b) ensuring the efficient and effective use of public funding and private user contributions in the provision of high quality and safe aged care services		
85.4.	(c) promoting efficient investment in the means of supply of high quality and safe aged care services in the long term interests of people in need of them		
85.4.	(d) promoting the development and retention of a highly motivated and appropriately skilled and numerous workforce necessary for the provision of high quality and safe aged care services in the long term interests of people in need of them.		suggest adding that some consideration to be given to the impact of prices on competing disability/health sectors
Recommendation 86 Requirement to participate in Aged Care Pricing Authority activities			
86.1.	By 1 July 2022, the <i>Accountability Principles 2014</i> (Cth) should be amended to require participation by approved providers in cost data reviews.	Support in principle	Must be in a form that does not increase compliance cost i.e. not duplicative or workforce intensive, 12 months notice of information that will be required to be collected.
86.2.	By 1 July 2023, the new Act should require that as a condition of approval or continued approval, aged care providers are required to participate in any activities the Aged Care Pricing Authority requires to undertake its functions, including transmitting cost data in a format required by the Authority for the purposes of costing studies. The Aged Care Pricing Authority should take costs associated with these activities into account when determining funding levels.	Support in principle	Note impost on smaller providers and consider 'proportionality' in activities.
Recommendation 87 Services to be funded through a combination of block and activity based funding			

Ref #	Submission	Response	Comments (Limited to ~300 words)
87.1.	The Aged Care Pricing Authority should advise the Australian Aged Care Commission on the combination and form of block and activity based funding that should be adopted for social supports, respite, and assistive technology and home modifications, having regard to the characteristics of these services and market conditions where they are delivered.	Support in principle	subject to consultation with the sector and potential for differences in approach, for example to cater to special needs groups.
Recommendation 88 Casemix-adjusted activity based funding in residential aged care			
88.1.	By 1 July 2022, the Australian Government should fund approved service providers for delivering residential aged care through a casemix classification system, such as the Australian National Aged Care Classification (AN-ACC) model. The classification system should take into account the above recommendations for high quality aged care. On-going evidence-based reviews should be conducted thereafter to refine the model iteratively, for the purpose of ensuring that the model accurate classification and funding to meet assessed needs.	Support in principle	Subject to caveats included in submission on AN-ACC.
88.2.	The implementation date of 1 July 2022 is needed to support Recommendations 46.2 and 46.3. However, the independent pricing capability referred to in Recommendations 5 and 85 is unlikely to be developed by that time. Therefore an estimated National Weighted Average Unit (NWAU) for interim application of a casemix-adjusted funding model such as AN-ACC should be calculated by or on behalf of the implementation unit and applied to fund approved providers of residential care prior to the commencement of independent pricing by the Aged Care Pricing Authority.	Support in principle	NWAU should be announced by 1 July 2021
Recommendation 89 Maximum funding amounts for care at home			
89.1.	With effect from 1 July 2024, the Australian Government should ensure that the maximum Commonwealth funding amount available for a person receiving care at home is the same as the maximum Commonwealth funding amount that would be made available to provide care for them if they were assessed for care a residential aged care service.	Support in principle	Provided funding for appropriate housing is available where an individual cannot remain in the community due to the lack thereof.
Recommendation 90 Framework for the assessment of funding to incentivise an enablement approach to residential care			
90.1.	From 1 July 2022, the following enablement incentives should be incorporated into the rules, principles and guidelines for assessment and funding eligibility:		
90.1.	(a) where reassessment determines that a person is entitled to a higher level of funding, and the approved provider can demonstrate that they have been providing the higher level of care then it should be eligible for back-payment to the date that the reassessment was requested	Do not support	This recommendation should this be stronger to provide an incentive for short term interventions - where a provider determines that a higher level of care is indicated they must provide that level of care. If they can demonstrate it has been provided it will be reimbursed whether or not there is a long term increase in higher level of funding.
90.1.	(b) in order to promote an enablement approach in care at a residential aged care home, a resident should not be required to be reassessed if their condition improves under the care of a provider.	Support	Linked to above
Recommendation 91 Reporting of staffing hours			
91.1.	From 1 July 2022, the <i>Accountability Principles 2014</i> (Cth) should be amended to require any approved providers of residential aged care to provide reports, on a quarterly basis in standard form reports, setting out total direct care staffing hours provided each day at each facility they conduct, broken into different employment categories (including personal care workers, enrolled nurses engaged in direct care provision, registered nurses engaged in direct care provision, and allied healthcare professionals engaged in direct care provision).	Support in principle	subject to fully funding staff hours, and development of a full suite of accurate/leading indicators of quality of care outcomes
Recommendation 92 Payment on accruals basis for care at home			
92.1.	By 1 September 2021, home care providers should commence invoicing and receipt of payments from the Australian Government out of their clients' home care packages on an accruals basis, only once services have been delivered or the liability to deliver them has been incurred.	Support in principle	Subject to caveats included in submission on payment in arrears.
Recommendation 93 Standardised statements on services delivered and costs in home care			
93.1.	The Australian Government should develop and implement a standardised statement format for home care providers to record services delivered and costs incurred on behalf of home care package holders. From 1 July 2022, providers should be required to issue completed statements in the standardised format to people receiving their care on a monthly basis.	Support in principle	Provided this information is purposeful
Recommendation 94 Fees for social supports, assistive technology and home modifications			
94.1.	Individuals receiving social supports, assistive technology and home modifications should be required to make nominal co-payments for the services that they receive.	Support in principle	Assuming means based with some exceptions and a way of determining 'private benefit' to ensure that subsidies are not used for improvements that generate a private financial benefit
94.2.	The levels of these notional co-payments should be set in the new Act.		why in the Act not by the Pricing Authority? Formula based on means?
Recommendation 95 Fees for respite care			
95.1.	Individuals receiving respite care should be required to contribute to the costs of the services that they receive associated with ordinary costs of living and additional services. They should not be required to contribute to the costs of the accommodation and care services that they receive.	Support	
95.2.	The level of any payment for the ordinary costs of living should be determined from time to time by the Australian Aged Care Pricing Authority.		Formula based on means in the Act as per above
Recommendation 96 Fees for care at home			
96.1.	Individuals receiving care at home should not be required to contribute to the costs of any care services that they receive. They should, however, be required to make nominal co-payments for any domestic assistance services that they receive.	Support	
96.2.	The levels of these notional co-payments should be set in the new Act.		As above
Recommendation 97 Fees for residential aged care – ordinary costs of living			

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97.1.	From 1 July 2023, the amount that providers should be paid for services that are associated with ordinary costs of living should be determined by the Aged Care Pricing Authority. Funding for this amount should be provided by:	Support in principle	how does this account for variation in costs of living? What is a reasonable/ordinary standard of living?
97.1.	(a) a basic fee paid by the resident equal to 85% of the maximum amount of the basic age pension		
97.1.	(b) a means tested fee paid by the resident		
97.1.	(c) a subsidy paid by the Australian Government to make up any gap.		
97.2.	The means tested fee should have the following features:		
97.2.	(a) it should be zero for anyone in receipt of the full pension		
97.2.	(b) it should be recalibrated to achieve progressively greater contributions from people who have greater levels of assets and income without imposing hardship, or arbitrary outcomes on people in certain asset or income brackets		
97.2.	(c) non-pensioners should be required to pay the full costs of ordinary living (without any contribution by the Australian Government).		
Recommendation 98			
Repeal co-contributions for care component of funding in residential care			
98.1.	From 1 July 2023, the means tested daily care fee for care provided in residential care facilities should be repealed.	Support in principle	Assumes cost of care fully funded and comprehensive
Recommendation 99			
Reform of means testing for accommodation charges			
99.1.	From 1 July 2023, the maximum amount that the Australian Government will pay for a person's accommodation costs in residential aged care should be determined by the Aged Care Pricing Authority.	Support in principle	Subject to appropriate balance between public and private contributions, that ensures sustainability of individual services and more broadly across the sector.
99.2.	The amount payable in respect of any individual should be determined by a means test that is calibrated to achieve progressively greater contributions from people who have greater levels of assets and income without imposing hardship, or arbitrary outcomes on people in certain asset or income brackets.	Support in principle	
99.3.	Where a resident is eligible under this means test for some Australian Government assistance with their accommodation costs then the fee that they can be charged is capped at the amount worked out by the means test.	Support in principle	With provision for price surveillance in 'thin markets'
99.4.	Where a resident is not eligible for any Australian Government assistance with their accommodation costs then the fee that they can be charged should be not be price-capped, but should remain subject to a provisional upper limit (to be set by the Aged Care Pricing Authority from time to time) that may be raised upon application by the approved provider to the Authority.	Support in principle	subject to development of principles/formula for assessing reasonableness of upper limit.
Prudential regulation and financial oversight			
Recommendation 100			
Prudential regulation by the Australian Aged Care Commission			
100.1.	From 1 July 2023, the Australian Aged Care Commission should be given the statutory role as the prudential regulator for aged care with responsibility for ensuring that, under all reasonable circumstances, providers of aged care have the ongoing financial capacity to deliver high quality care and meet their obligations to repay accommodation lump sums as and when the need arises.	Support in principle	
100.2.	The Commission should also be given the statutory role of developing and implementing an effective financial reporting framework for the aged care sector that complements the purposes of the prudential standards.	Support in principle	
100.3.	The Presiding Commissioner shall allocate the responsibilities associated with prudential oversight and the establishment of an effective financial reporting framework to an Assistant Commissioner.		
Recommendation 101			
Establishment of prudential standards			
101.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered to make and enforce standards relating to prudential matters that must be complied with by approved providers.	Support in principle	
101.2.	In this context prudential matters are matters relating to:		
101.3.	(a) the conduct of the affairs of approved providers in such a way as to: i. ensure that providers remain in a sound financial position, or ii. ensure continuity of care in the aged care system, or		
101.4.	(b) the conduct of the affairs of approved providers with integrity, prudence and professional skill.		
Recommendation 102			
Liquidity requirements			
102.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered under statute to impose liquidity requirements on approved providers of residential aged care which hold refundable accommodation deposits, for the purpose of ensuring that such providers are able to repay refundable accommodation deposits promptly as and when required without jeopardising their financial viability.	Support in principle	If there is a transition away from deposits (either deliberate or as a result of consumer choice) AACC should be responsible for managing conditions where necessary to ensure matters itemised in 101.3
Recommendation 103			
Capital adequacy requirements			
103.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered under statute to impose capital adequacy requirements on approved providers for the purpose of ensuring that providers maintain adequate net assets above the liabilities they owe.	Support in principle	
Recommendation 104			
More stringent financial reporting requirements			
104.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered under statute to require approved providers to submit regular financial reports.		
104.2.	The frequency and form of the reports should be prescribed by the Commission.	Support in principle	should not be more onerous than requirements for any other similar sector
Recommendation 105			
Continuous disclosure requirements in relation to prudential reporting			
105.1.	From 1 July 2023, approved providers should be required under statute to comply with continuous disclosure requirements, under which an approved provider that becomes aware of material information that:	Support in principle	

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105.1.	(a) affects the provider's ability to pay its debts as and when they become due and payable, or		
105.1.	(b) affects the ability of the provider or any contractor providing services on its behalf to continue to provide aged care that is safe and of high quality to individuals to whom it is currently contracted or otherwise engaged to provide aged care must immediately disclose the information to the Commission.		
105.2.	The Australian Aged Care Commission should have the power to designate events, facts or circumstances that should give rise to continuous disclosure obligations.		
Recommendation 106	Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers		
106.1.	From 1 July 2023, the Australian Aged Care Commission should have the power to impose a range of regulatory responses where there has been a breach of the new prudential standards or the financial reporting requirements, including a failure to comply with the continuous disclosure requirements.	Support in principle	
106.2.	Such responses should include:		
106.2.	(a) the power to give directions to a provider that mirror those that can be made by the Australian Prudential Regulatory Authority pursuant to the <i>Private Health Insurance (Prudential Supervision) Act 2015</i> (Cth)		
106.2.	(b) the power to impose civil and administrative penalties in respect of any breach		
106.2.	(c) the ability to accept enforceable undertakings		
106.2.	(d) the ability to impose sanctions to limit the ability of the provider to expand its services, revoke accreditation for a service, or revoke approved provider status.		
Recommendation 107	Building the capability of the regulator		
107.1.	In establishing the Australian Aged Care Commission, the Australian Government should ensure that its prudential capability in relation to the aged care sector includes the following:	Support in principle	
107.1.	(a) an effective program to recruit and retain senior forensic accountants and specialists with prudential regulatory experience, and sufficient numbers of supporting employees who have either accounting qualifications or other financial skills		
107.1.	(b) systems and processes to capture, collate, analyse and share regulatory intelligence from internal and external sources to build a risk profile of approved providers		
107.1.	(c) a system and processes to monitor indicators of risk revealed by providers' financial reporting tailored to the aged care sector and to respond to them in a timely manner		
107.1.	(d) an electronic forms and lodgement platform for the use of all large operators, with an optional alternate electronic filing system available for smaller operators		
107.1.	(e) appropriate resourcing of the above system and processes, including design expertise, Information Communications Technology requirements, technical support, and recruitment and training of sufficient numbers of appropriately skilled staff.		
Recommendation 108	Requirement to report on outsourcing of care management		
108.1.	From 1 July 2022, the <i>Accountability Principles 2014</i> (Cth) should be amended to require that aged care providers approved to provide residential care or personal care services at home notify the Australian Aged Care Commission of any proposed sub-contracting of general management of care before the arrangement takes effect.	Support in principle	Provided there is a clear framework and objectives for this reporting function
Recommendation 109	Effective regulation Civil penalty for certain contraventions of the general duty		
109.1.	The new Act should provide that:		
109.1.	(a) on application by the Australian Aged Care Commission to a court of competent jurisdiction, the following is a contravention of the Act attracting a civil penalty: i. a breach by an approved provider of the general duty to provide high quality and safe aged care so far as reasonable (see Recommendation 22), and ii. where the breach gives rise to harm, or the risk of harm, to a person whom the provider is providing care or engaged under a contract or understanding to provide care; and iii. where a failure to provide 'high quality' care is taken to occur if and only if the approved provider has failed to comply with one or more of the Aged Care Quality Standards	Support in principle	Current standards are subjective and not in a form that is amenable to determining a degree of 'failure' to comply that should be actionable. A system of civil penalties based on the standards should be developed to provide clarity as to the obligations that must be met, and to what standard, in order to avoid a civil penalty.
109.1.	(b) the contravention attracts a civil penalty, and attracts accessorial liability for directors, key personnel and any other person who: i. aids, abets, counsels or procures the approved provider to commit the contravention ii. induces the approved provider to commit the contravention iii. is in any way, directly or indirectly, knowingly concerned in, or party to, the contravention by the approved provider (who should be defined as a person 'involved in the contravention').	Support in principle	Test should be equivalent to that existing under occupational safety legislation i.e. must incorporate practical reasonableness and test of control.
Recommendation 110	Private right of compensation for certain contraventions of the general duty		
110.1.	The new Act should provide:		
110.1.	(a) that an order may be made on the application of the Australian Aged Care Commission to a court of competent jurisdiction that an approved provider that has contravened the civil penalty provision (referred to in Recommendation 109), or a person involved in the contravention, pay damages for any loss and damage suffered by a person as a result of the contravention, and	Support in principle	

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110.1.	(b) for a private right of action for damages in a court of competent jurisdiction by or on behalf of a person who has suffered loss and damage as a result of any such contravention, in which proceeding any findings or admissions of the contravention in another proceeding may be adduced in evidence as proof that the contravention occurred.	Support in principle	does this extend to wrongful death?
Recommendation 111 A wider range of enforcement powers			
111.1.	The new Act should confer on the quality regulator:		
111.1.	(a) a wider range of enforcement powers, including enforceable undertakings, infringement notices and banning orders	Support in principle	must be appropriate provision for appeal/natural justice
111.1.	(b) the power to impose a sanction suspending or removing the group of people responsible for the executive decisions of a provider and appoint an external administrator of the provider, or manager of specified assets or undertakings of the provider		
111.1.	(c) the power to impose a sanction to be applied to a non-compliant provider revoking the provider's approval unless the provider agrees to the appointment of an external administrator or manager.		
Recommendation 112 Strengthened powers for the quality regulator to undertake investigations and inquiries			
112.1.	From 31 December 2021, the <i>Aged Care Quality and Safety Commission Act 2018</i> (Cth) should be amended to confer on the Aged Care Quality and Safety Commissioner the following additional statutory functions and powers, to be exercised in connection with, or for the purposes of, its functions conferred by that Act:	Support in principle	
112.1.	(a) the function of conducting inquiries, including into complaints (see Recommendation 114) or reported serious incidents (see Recommendation 118)		
112.1.	(b) a power to enter and search the premises of residential aged care facilities and other non-residential aged care workplaces without warrant or consent		must be cognisant of potential issues for consumers and respectful of their rights. Must be reasonable grounds for doing so, that relate to the safety of an individual or individuals.
112.1.	(c) a power to compel the production of documents and information relevant to the performance of its functions		
112.1.	(d) a power to compel by notice an officer, employee or person acting on behalf of an approved provider to appear before an officer authorised by the quality regulator for examination.		
112.2.	The new Act should confer on the Australian Aged Care Commission responsibility for general administration of the Act. The new Act should authorise the Commission to conduct inquiries and exercise any of its powers for the purpose of the general administration of the Act.		
112.3.	For the avoidance of doubt, these powers should also be available to Aged Care Quality and Safety Commission and subsequently the Australian Aged Care Commission for the purposes of their prudential regulatory and financial risk monitoring functions.		
Recommendation 113 Greater weight to be attached to consumer experience			
113.1.	From 1 July 2021 onwards, the quality regulator, whether it be the Aged Care Quality and Safety Commissioner or the Australian Aged Care Commission, should:		
113.1.	(a) ensure that consumer experience reports for a service are informed by consumer experience interviews with at least 20% of care recipients or services users (or their families)		should be a sampling regime designed by an appropriately qualified person i.e. statistician, social scientist... consider more frequent, simpler methods of measuring sentiment cf detailed irregular methods.
113.1.	(b) take consumer experience reports into account in accreditation, assessment and compliance monitoring processes		Must be context and natural justice - understanding of variation and meaning of responses.
113.1.	(c) publish consumer experience reports for each aged care service, informed by consumer experience interviews		
113.1.	(d) establish channels (including an on-line mechanism) to allow aged care recipients and their families to report their experiences of aged care and the performance of aged care providers, all year round.		embrace consumer input to improvement of services.
Recommendation 114 Improved complaints management			
114.1.	The new Act should provide that at all times one or more of the Assistant Commissioners of the Australian Aged Care Commission ('Complaints Commissioner') be designated to exercise and perform:	Support in principle	Include mediation, restorative processes?
114.1.	(a) the functions of: i. complaints handling ii. complaints referral and coordination iii. promoting open disclosure and publishing information about complaints iv. consideration and determination of requests to maintain confidentiality of the identity of complainants		
114.1.	(b) in relation to these functions, powers to: i. apply enforceable undertakings, whereby the provider agrees to take certain steps or actions ii. issue directions to providers iii. refer complaints to a more appropriate complaints body or regulator, and to obtain information on the action taken, if any, by that complaints body or regulator		
114.1.	(c) before deciding to close a complaint or continue an investigation, a duty to advise complainants of the proposed outcome of complaints, and seek their views on: i. the way the process has been handled by the Commission ii. the provider's response to the process iii. the proposed outcome of the process		

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114.1.	(d) a duty to publish reports at least every six months on: i. the number of complaints received ii. the subject matter of complaints by general topic iii. the number of complaints by provider and service iv. the outcomes of complaints v. the average time for conclusion of complaints vi. satisfaction with the outcomes of the complaints handling process.		
114.2.	The new Act should provide that complaints are to be made to the Australian Aged Care Commission at first instance. If a complainant is not satisfied with the Commission's handling of a complaint or the outcome, the complainant may refer the matter to the Inspector-General. The Commission should refer to the Inspector-General any complaints about the Commission itself, its performance of its functions and exercise of its powers.		is this intended to displace notion that in the first instance an individual should approach a service and formalise a complaint if they are not satisfied by any action or response by the individual.
114.3.	The new Act should also set out the role of advocates in the complaints processes of the Commission and the Inspector-General.		
Recommendation 115			
Protection for whistle-blowers			
115.1.	The new Act should contain comprehensive whistle-blower protections for:	Support	
115.1.	(a) people receiving aged care, their family, carer, independent advocate or significant other		
115.1.	(b) an employee, officer, contractor, or member of the governing body of an approved provider who makes complaints or reports suspected breaches of quality and safety standards or other requirements of the Act.		
Recommendation 116			
Graded assessments and performance ratings			
116.1.	From 1 July 2021, the Aged Care Quality and Safety Commissioner should adopt a graded assessment of service performance against the Aged Care Quality Standards.	Support in principle	Must be objective and able to be benchmarked. Given complexity of developing measures and the need to be supported by objective evidence this timeline seems unachievable. Propose replace with 1 July 2022 - coincident with star ratings system.
116.2.	The Australian Aged Care Commission should continue to use graded assessment from 1 July 2023 onwards.		
Recommendation 117			
Star ratings: performance information for people seeking care			
117.1.	By 1 July 2022, the Australian Government should develop and publish a system of star ratings based on objective and measurable indicators that allow older people and their families to make meaningful comparisons of the quality and safety performance of providers. The star ratings and accompanying material should be published on My Aged Care.	Support in principle	Must be relevant to service and mode of delivery - particular attention needs to be paid to developing measures that are appropriate to home care. This represents a considerable expansion of scope of the quality agency and must be appropriately funded.
117.2.	The star ratings should incorporate a range of measurable data and information including, at a minimum:		
117.2.	(a) graded assessment of service performance against standards		
117.2.	(b) performance against relevant clinical and quality indicators		provided it is possible to contextualise and benchmark eg according to acuity, responsiveness to clinical events etc. noting that some events are not avoidable in the context of encouraging active and engaged lives. Should be focus on measures of positive outcomes.
117.2.	(c) staffing levels		provided it is possible to contextualise and benchmark eg according to acuity, responsiveness to clinical needs etc. noting that some events are not avoidable in the context of encouraging active and engaged lives. Should be focus on measures of positive outcomes.
117.2.	(d) robust consumer experience data, when available.		
117.3.	The overall star rating should be accompanied by appropriate additional information on performance and outcomes, in a readily understandable form and capable of comparison across providers. This should include all performance information that is relevant to the performance of a service provider, even if it is not reflected in the overall star rating outcome. For example, it should include:	Support in principle	Good performance must be rewarded, to give providers the incentive to excel. Primacy should be given to value in terms of consumer, so should be informed by consumer views on what they want to know and supported by education and context relating to indicators of service quality and what represents 'value for money'. This represents a significant increase in the amount of information that is being collected - methods of collection must be efficient and to the extent they contribute to the regulatory process should be considered a cost of delivering care.
117.3.	(a) details about current and previous assessment by the quality regulator, whether it be the Aged Care Quality and Safety Commissioner or the Australian Aged Care Commission, including notices of non-compliance, sanctions, withdrawal of accreditation or approved provider status		
117.3.	(b) benchmarked performance for all quality indicators that are suitable for publication, including changes in performance over time		
117.3.	(c) consumer experience information		
117.3.	(d) serious incident reports data		
117.3.	(e) complaints data.		
117.4.	The Australian Aged Care Commission should assume responsibility for the star ratings system from 1 July 2023 onwards.		
Recommendation 118			
Serious incident reporting			
118.1.	The Australian Government should, in developing a new and expanded serious incident reporting scheme:	Support in principle	This is not a criminal context and it is inappropriate that the tenor of the recommendations is that the focus is on 'perpetrators' and punitive responses - it is essential that the scheme fosters continuous improvement at individual services, and fosters collective learning across the sector. Serious incidents are not necessarily associated with an action being committed, for example incidents involving an unexplained absence of a resident.
118.1.	(a) ensure that the new scheme: i. includes all serious incidents, including in home care, regardless of whether the alleged perpetrator has a cognitive or mental impairment ii. supports the matching of names of individuals accused of being involved in a serious incident with previous serious incident reports		

Ref #	Submission	Response	Comments (Limited to ~300 words)
118.1.	(b) require the quality regulator to publish the number of serious incident reports on a quarterly basis at a global level, at a provider level, and at a service or facility level	Do not support	This is not consistent with a system that encourages 'disclosure and improvement' or rights to privacy for those involved, whether staff or consumers. Propose that data relating to incidents and responses should be published globally and that the Commission has the power to follow up where patterns or systemic issues appear.
118.1.	(c) confer a statutory power on the quality regulator to: i. requisition a plan of responsive action from a provider who has reported a serious incident ii. obtain evidence from the provider to satisfy itself that the responsive action has been taken and is effective iii. satisfy itself as to whether or not the responsive action has been taken and is effective iv. require the provider to take further or additional steps, in circumstances where the quality regulator is not satisfied with the effectiveness of the responsive action.	Support in principle	Provided due recognition is given to provider capacity and expertise and that the power is not used prescriptively or in a given situation to substitute a single model of response where there may be alternative (equally appropriate) approaches.
Recommendation 119 Responding to coroner's reports			
119.1.	The new Act should provide that the Australian Aged Care Commission is required to:	Support in principle	
119.1.	(a) maintain a publicly available register of reports made to the Australian Aged Care Commission or other Commonwealth entity by a State or Territory coroner that involve the death of a person in aged care		
119.1.	(b) publish a response to the report on the publicly available register within three months of its receipt		
119.1.	(c) provide annual reports to the Inspector-General of Aged Care detailing any action taken in response to coroner's reports, and assessment of the impact of such action.		
Recommendation 120 Approval of providers			
120.1.	The new Act should provide for the commencement by 1 July 2024 of new approval requirements for all aged care providers to ensure their suitability, viability and capability to deliver the kinds of services for which they receive subsidies.	Support	As system design progresses it will be important to consider the full suite of measures designed to ensure safe and high quality care. UnitingCare Australia considers accreditation to be the critical step in the process of regulating services. Effective approval systems should mitigate the need to use punitive regulatory schemes and enable risk based monitoring of performance. Commission resources should be deployed relative to the preventive value of rigorous approval processes.
120.2.	Applicants for approval as a provider or existing approved providers may seek approval from the Australian Aged Care Commission to provide particular kinds of aged care services, or general approval to provide all kinds of aged care services attracting Australian Government funding.	Support in principle	Approval processes should not be so prescriptive that they reduce scope for innovation or create disproportionate compliance burden. Approvals should be linked to service workforce models and support understanding of the workforce deployment necessary to deliver home care services in particular safely (from the perspective of consumers and of workforce).
120.3.	A current approved provider should be taken to be approved to provide the kinds of services they have been regularly providing from the commencement of 12 months prior to the commencement of the new Act (or since their approval, whichever is more recent), and there should be an administrative process to record all such approved providers' scopes of approval.	Support in principle	
Recommendation 121 Requirement of continuing suitability for approval			
121.1.	The new Act should provide that approvals are ongoing but subject to continuing suitability, including (in addition to the matters referred to in sections 63D and 63J of the <i>Aged Care Quality and Safety Commission Act 2018</i> (Cth)), the fitness and propriety of the provider and its key personnel, the provider's capacity to deliver high quality and safe services within its scope of approval, and the provider's performance in delivering high quality and safe services of the kinds for which they are approved.	Support in principle	Is this to be linked to the capacity of the organisation to make the 'annual attestation of capacity to deliver safe and high quality care etc. (Rec 52)
121.2.	In cases where the Australian Aged Care Commission becomes aware the approved provider may no longer be suitable to remain a provider or to retain its current scope of services for which it is approved, the Commission must consider on notice to the provider whether to revoke the provider's approval or limit its scope of approval.	Support in principle	As above
Recommendation 122 Aged Care Quality and Safety Commission capability review			
122.1.	The Australian Government should urgently conduct a review of the capabilities of the Aged Care Quality and Safety Commission, including its assessor workforce, and should take any necessary steps to enhance the Aged Care Quality and Safety Commission's capabilities in light of the outcome of the review.	Support in principle	should first articulate the necessary skills and composition and other strategies to improve the consistency of assessments.
Recommendation 123 Transition and implementation An implementation unit			
123.1.	Pending the establishment under the new Act of the Australian Aged Care Commission, an administrative unit or body should forthwith be established by the Australian Government (through the Australian Department of Prime Minister and Cabinet) and properly staffed and resourced to implement and direct implementation of the Royal Commission's recommendations (implementation unit).	Support	
123.2.	Pending the establishment of the office of the Inspector-General of Aged Care under the new Act, an officer should be appointed to the role of Inspector-General under temporary administrative arrangements. That officer should monitor the implementation of recommendations and should report to the responsible Minister and to the Parliament at least every six months on the implementation of the recommendations.	Support in principle	subject to identification of appropriate skill set, propose that there should be bipartisan support for both temporary and permanent appointments to this role (e.g. appointment via a disallowable instrument)
123.3.	From the commencement of the new Act, the Australian Aged Care Commission should implement and direct implementation of the recommendations of the Royal Commission. The Inspector-General of Aged Care should continue to monitor and report on the implementation of recommendations, in accordance with the requirements of that Act.	Support	
Recommendation 124 Evaluation of effectiveness			
124.1.	The Inspector-General of Aged Care should undertake independent evaluations of the effectiveness of the measures and actions taken in response to the recommendations of the Royal Commission, five and ten years after the tabling of the Final Report.	Support	Will require clear articulation of the outcomes against effectiveness will be measured, and collection of relevant data (including initial benchmarking where that data is not currently available).
Additional matters raised in Counsel Assisting's final submissions			

Ref #	Submission	Response	Comments (Limited to ~300 words)
Paragraph reference	Subject of additional matters		
Para 312 – 314	My Aged Care and improved provider search function		
Para 333 – 351	Care at home		
Para 340 – 345; 356 – 364	Allied health care		
Para 636(c) and 658	Workforce: short term arrangement to increase wages		
Para 711 – 726	Direct employment of care workers		
Para 770 – 771	Informal carers: leave entitlement		
Para 1321 – 1324; 1326	Financing		
Para 1339 – 1345	Capital financing		
Request for public response to remarks made by Commissioner Briggs			
Transcript reference	Subject of remarks made by Commissioner Briggs		
T9691.11–42	Aged care policy principles		
T9699.29–9701.37	System design and governance		
T9710.20–9711.21	Program management		
T9723.17–9724.12	Restraints		
T9751.27–9752.24	Provider leadership and culture		
T9756.41-9757.18	Research and data governance		
Transcript of 23 October 2020	Capital financing		