

Committee Secretary  
Senate Standing Committees on Community Affairs  
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Parliament House  
Canberra ACT 2600

By email ([community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au))

20 November 2020

To the Secretary Senate Community Affairs Legislation Committee,

**RE: Invitation to submit to Senate Community Affairs Legislation Committee inquiry into the Aged Care Amendment (Aged Care Recipient Classification) Bill 2020**

The Older Persons Advocacy Network (OPAN) is a national network comprised of nine state and territory service delivery organisations that have been successfully delivering aged care advocacy, information and education services to older people in metropolitan, regional, rural and remote Australia, for nearly 30 years.

OPAN's free, independent services support older people, their families and their representatives to address issues related to Commonwealth funded aged care services through information, education and individual advocacy support. The Older Persons Advocacy Network is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). OPAN aims to provide a national voice for aged care advocacy and promote excellence and national consistency in the delivery of advocacy services under NACAP.

OPAN welcomes the opportunity to provide feedback to the Senate Community Affairs Legislation Committee inquiry into the Aged Care Amendment (Aged Care Recipient Classification) Bill 2020 (the Bill). It is understood that the Bill, if passed will empower the Secretary of the Department of Health to assess care recipients using a new assessment tool, the Australian National Aged Care Classification (AN-ACC), and assign new classification levels. OPAN acknowledges that the current Aged Care Funding Instrument (ACFI) is an outdated tool that does not support the use of contemporary evidenced based person-centred care. OPAN would welcome the introduction of a case-mix funding model like the AN-ACC to replace the ACFI.

We understand that the AN-ACC system has been designed to enable greater consumer choice by not being prescriptive in the specific care activities that are funded. OPAN is supportive of the introduction of a funding model that supports a consumer directed approach within the residential setting.

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OPAN provides the following feedback in response to specific sections of the Bill:

- **Section 29 C -2 (5) (b):** This section mandates that the Secretary must notify the care recipient, and any approved provider that is providing care to the care recipient of the classification of the care recipient. OPAN notes that McNamee et al. (2019) recommend that where the AN-ACC assessment for funding is undertaken prior to entry into residential care, the approved provider should not be advised of the specific AN-ACC class assigned<sup>i</sup>. It is suggested that this will ensure that there are no incentives for preferential resident selection by the approved provider.<sup>1</sup> OPAN SDO's have witnessed approved providers display preferential resident selection based on the potential outcomes of the ACFI.

OPAN recommends that this section is redrafted to reflect the recommendation made by McNamee et al (2019) so that providers are not informed of the classification where this assessment is completed prior to entry to aged care.

- **New section 29C-8(3):** OPAN agrees that mechanisms must be in place to ensure inaccurate decisions generated by computers can be reviewed and adjusted. The recent impact on people's health and wellbeing caused by robodebt, coupled with the costs to people and Government, means that any such computer program must be thoroughly tested, reviewed and the outcomes monitored closely to ensure such an issue does not arise for older people.

OPAN recommends that the adhoc review or computer program decisions should be included in the legislation as an oversight measure and that the process of requesting a review should be clearly communicated to care recipients.

- **New Division 29E:** OPAN supports this amendment and recommends that that the process of requesting a review should be clearly communicated to care recipients. Further to this, care recipients should be able to access advocacy to support them in requesting a review.

OPAN recommends that under 29E-1(4)(b) the care recipient should be advised of the outcome of a review of classification regardless of whether the review results in a change of classification. This particularly important in circumstances where the care recipient has requested the review.

- **New subsection 96-2A (6)(b):** OPAN recommends wording be amended to allow for care recipients to also request the delegate to show the delegate's identity card.

OPAN is aware that the Bill, if passed, will allow the AN-ACC tool to determine classifications for the entire residential aged care population from 1 March 2021. Department of Health [advice](#) suggests that a 'shadow assessment' process will commence in the first half of 2021, allowing

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<sup>1</sup>McNamee J, Snoek M, Kobel C, Loggie C, Rankin R and Eagar K (2019) A funding model for the residential aged care sector. The Resource Utilisation and Classification Study: Report 5. Australian Health Services Research Institute, University of Wollongong. ISBN: 978-1-74128-299-3

the ACFI to continue to operate in parallel to the AN-ACC shadow assessment, with no impact on the funding received by providers in relation to care recipients.

OPAN suggests this shadow period should be used to refine the AN-ACC tool and address areas identified by the Royal Commission into Aged Care Quality and Safety's Counsel Assisting as requiring further attention. These areas include components relating to enablement, allied health, the improvement in psychosocial, cultural and spiritual aspects of quality of life, the cost of the enteral feeding, oxygen, and veterans' supplements. In addition, access to and maintaining social connection must be a key part of the AN-ACC in determining classifications.

OPAN supports the recommendations made in the Consultation Paper: Proposal for a new residential aged care funding model (March 2019), *"Given the high degree of professional judgement required to make clinical judgements in a relatively short period of time, AHSRI have recommended that external assessors should be credentialed registered nurses, occupational therapists or physiotherapists who have experience in aged care and have completed approved assessment training."*

Finally, OPAN notes that a key feature of the AN-ACC system is that assessments related to care planning are underpinned by consumer directed care (CDC) principles.<sup>2</sup> OPAN maintains that residential care facilities will require significant training and support to successfully introduce a consumer directed care model into the residential care setting. OPAN recommends that initiatives aimed at upskilling the residential care workforce in this area be introduced immediately.

The AN-ACCs efforts to improve quality of care and consumer choice in residential care will be lost if residential care providers, once allocated funding, cannot inform care recipients of the full range of options available to them and appropriately support them to make informed decisions about their care. OPAN asserts that care recipients will require increased visibility of and access to the National Aged Care Advocacy Program during the transition to consumer directed residential care.

Please contact me if you have any further questions or require further clarification on either [craig.gear@opan.com.au](mailto:craig.gear@opan.com.au) or 0410 695 659.



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CEO  
OPAN

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<sup>2</sup> Westera A et al. (2019) *The AN-ACC assessment model. The Resource Utilisation and Classification Study: Report 2*. Australian Health Services Research Institute, University of Wollongong. ISBN 978-74128-296-2.