RespID	1309644
Full name	Robyn Brady
Email address	
Phone number	
State or territory	Queensland
Organisation name (enter N/A if this does not apply to you)	Carinya Home for the Aged
Your role (enter N/A if this question does not apply to you)	Director of Care
Which statement best describes your involvement with aged care?	I am a health professional/clinician
What perspective do you represent?	Clinical workforce
If you work for a residential aged care provider, what type of organisation do you represent?	Not-for-profit
Are you located in a rural or remote area?	Yes (please specify) - MMM4 Atherton 4883
Are you a member of, or do you represent or provide specialist care to any of the following groups? (tick multiple)	Aboriginal and Torres Strait Islander peoples, Culturally and linguistically diverse communities, People with dementia, People experiencing or at risk of homelessness, LGBTQI+ people, Veterans
Have you heard of the Independent Health and Aged Care Pricing Authority (IHACPA) or the Independent Hospital Pricing Authority (IHPA) prior to this public consultation?	Yes
How did you hear about this consultation?	Department of Health and Aged Care Newsletter Alert, Peak body or similar organisation, Commonwealth, state or territory government department or agency

What, if any, changes do you suggest IHACPA consider for the residential aged care pricing principles?	A discharge bereavement payment akin to the admission payment. Why? The provision of support provided to the family and the resident on the day is in recognition of the counselling, care and compassion that has preceded the actual date of death. Such as the administrative discharging of the resident, notification to various agencies, support families receive over the last few days such as additional resources with overnight stays, meals and spending time talking to staff which aids the acceptance of a bereavement and in a good death for those who are left behind.
Do the current Australian National Aged Care Classification (AN-ACC) classes group residents in a manner that is relevant to both care and resource utilisation? (that is, require the same degree of resources to support their care delivery). What evidence is there to support your answer?	Finding variation between residents who have assessments and care plans which reflect the same level of care needs and assistance to maintain their independence, yet are given different classes.
What, if any, factors should IHACPA consider in future reviews of the AN-ACC classes?	More complete definitions as to the compounding factors, particularly what is defined as low, medium, high cognition. Behaviours which impact on the level of supervision and engagement required as part of staffing resources

Are there any other legitimate or unavoidable costs associated with a permanent resident's stage of care? For example, entry into or departure from a service.	Refer to answer to question 14. Providing care in a rural area (MMM4) the ability to have "AN-ACC assessment pathways for current resident approaching imminent end of life due to an event" requires the following. Better defined so the criteria are more explicit. Noting the timeframe is ASAP. Timely assessments as the last 5 residents have all deceased prior to an assessor being able to attend. Lodge a request in the middle of the week, the request is picked up, the weekend passes and the assessor arrives on Monday or Tuesday, or is notified the resident deceased over the weekend or on the Monday. Given the request has been lodged and the resident deceases with 7 days then this should automatically trigger a class 13. Correspondence from the AN-ACC operations hub received on 17 August 2023, states the ability to assess residents approaching end of life as: "The urgent reclassification assessment process, which you followed, commenced in January 2023 and since then around 65% of imminent end of life assessments have been completed, with the majority of these occurring within three working days." "While every effort is put in place to prioritise urgent end of life assessments, I apologise that, on this occasion, an assessment was not able to occur prior to the resident's passing. Please continue to follow the current process for imminent end of life assessments. Contacting the Assessment team as soon as possible after a request has been generated allows the assessment team to prioritise the request." My question is are rural and remote areas making up the remaining 35% that are not done prior to the resident deceasing? The same should apply when a classification has been submitted for a resident experiencing general decline (allows 28 days), if in the interim a sudden event occurs and the assessment is now for an imminent end of life, then the reassessment should be able to be automatically cancelled and a new request added. However this is unable to be achieved in a timely manner on the My Aged Care Portal.
Are there any other legitimate or unavoidable costs associated with a respite resident's stage of care? What evidence is there to support your answer?	A one-off entry payment for permanent care is applied to respite residents entering a facility for the first time. (Does not apply if resident uses multiple respite episodes at the same facility). Should a resident go from a first respite admission to a permanent care without returning home in between the change from respite to permanent, would make the new admission ineligible for the one-off entry payment as it would have been received as part of the respite one-off entry payment that flowed onto permanent care. The same level of administrative and clinical work processes is required to admit a respite resident as that of a permanent resident.
What, if any, considerations should IHACPA seek to review in its indexation methodology for its residential aged care pricing advice?	

What, if any, additional cost variations are associated with the provision of care to residents who require specialised services? What evidence is there to support this?	Access to advocacy services, especially in regard to travel and also provision of reliable telehealth services to connect and communicate with residents and significant others.
What, if any, care-related costs are impacted by service location that are not currently addressed in the Base Care Tariff (BCT) weighting?	
What, if any, evidence or considerations will support IHACPA's longer term development path for safety and quality of AN-ACC and its associated adjustments?	
How could, or should the AN-ACC model be modified to be used for Multi-Purpose Services (MPS) and are there any factors that aren't accounted for under the AN-ACC model?	

How could, or should the AN-ACC model be modified to be used for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and are there any factors that aren't accounted for under the AN-ACC model?	
Other comments	
Please indicate if there are specific sections of your submission that you wish to remain confidential and the reasons for this.	
I consent to IHACPA contacting me for further information or clarification about my submission.	Yes, I consent
Receive a copy of your responses via email	
First Name	
Last Name	
Email	
Organisation	
Timestamp	31/08/2023 16:39