



Home Modifications Australia

## **MOD.A's Submission on the Commonwealth Home Support Programme**

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## **What is MOD.A?**

Home Modifications Australia (MOD.A), previously operating as the NSW HMMS State Council, is the national body representing home modification and home maintenance service providers. Our members have been providers of Home and Community Care (HACC) home modifications and maintenance services in NSW since 1985. With the national changes to disability and aged care programs, MOD.A has evolved into a national organisation to meet the challenges of a dynamic community care system, with MOD.A membership widening to cover home modifications and home maintenance service providers across all Australian jurisdictions.

MOD.A's vision is to enable all Australians with disability and those who are frail-aged to continue to live independently and safely in their own homes where the provision of a home modification or home maintenance is what is required to make this possible. Our mission is to provide a resource for service providers, their clients and families across Australia through the coordination and promulgation of high quality evidence and practical support. Our purpose is to support service providers, strengthen clients, grow a sustainable home modification sector, cultivate leadership and foster respect for all.

### **1. Overview**

Home Modification and Home Maintenance services have been provided since 1985 under the Home and Community Care (HACC) program and on a full cost recovery basis to other programs which support people in their homes, including various aged care packages. Since 2012 these programs have been provided under the Commonwealth HACC program. This submission focuses mainly upon the changes that will be brought about as a result of the implementation of the Commonwealth Home Support Programme (CHSP) in July 2015, but will reference other packaged care programs including Home Care Packages, which have been reformed and are projected to increase by a further 30,000 Australia-wide by 2017.

Members of MOD.A, and providers across Australia have anticipated the release of the draft programme manual and associated documents, as part of the significant transition taking place more generally within aged care. This transition is focusing on delivering many more services to older people in their own homes, and MOD.A looks forward to continuing the transition over the next two years, to the point where the CHSP services are brought into alignment with the Home Care Packages (HCPs). MOD.A is supportive of the plans to expand the national availability of HCPs by 2017 to a further 30,000 and looks forward to future increases in the availability of funding to individuals to enable them to remain living at home.

MOD.A's submission focuses primarily upon the elements of the CHSP which relate to the provision of home modification and home maintenance services. It addresses the impact the CHSP will have upon clients and providers nationally, and reflects differences which may be experienced in different jurisdictions. Issues related to client access, service delivery, continuity of block funding, and client fees, are addressed to each of the 3 discussion papers released by DSS at the beginning of March 2015.

### **Process of Submission**

In responding to the Department of Social Service (DSS) request for feedback on the draft Commonwealth Home Support Programme (CHSP) manual, MOD.A consulted with its members and with inter-state colleagues by a survey held between 16 March

and 8 April. The survey questions were based on each of the broad questions identified by DSS in the three discussion papers, contextualized to home modifications services and home maintenance services. Members' responses have informed the material included in this submission.

The survey was followed by a webcast held on 25 March, attracting 50 participants, where questions were raised by members and answered by a panel comprising Anne Reeve, CEO of Scope Access and Chair of the MOD.A Board, Michael Bleasdale, CEO of MOD.A, Associate Professor Catherine Bridge, Director of the Home Modification Information Clearinghouse (HMinfo) at UNSW, and Michelle Newman, HACC Transition Program Manager, Aged and Community Services NSW & ACT, and facilitated by Glen Sorensen of Age Communication Pty Ltd. Follow up issues were identified during the webcast and these issues are also incorporated in this submission.

## **2. Executive Summary**

MOD.A acknowledges Minister Fifield's view of Aged Care Reform being a single system bringing together Home Care Packages and the Commonwealth Home Support Programme (CHSP). Our Submission provides feedback on the CHSP and suggests recommendations where appropriate for ensuring that those who are eligible for support through the My Aged Care Gateway are able to access the care they need regardless of whether a recipient of the Commonwealth Home Support Programme or a Home Care Package. Both pathways must be equitable around the support offered for those requiring home modification or maintenance services to support them. Services oriented towards the home such as home modifications and maintenance, which focus on the interaction between the person and their functioning around their home and ability to safely manage their daily living activities needs to sit separately within programs from other, ongoing, personal services.

In relation to the draft CHSP Manual MOD.A has identified that the My Aged Care Website requires more information and detail regarding home modifications, such as cost, the process, eligibility etc, as well as the distinction between "minor" and "major" modifications. It is important that the information is correct and that this is regularly checked and updated. The home environment also needs to be given equal importance when exploring and assessing an individual's needs as the individual's safety, and that of workers who operate in the home delivering other supports, can be improved, and the functional capacity of the individual can be enhanced by any appropriate and timely modifications being identified. The purpose and the placement of an OT assessment within the CHSP program requires clarification as presently it is unclear.

In relation to the National Fees Policy Discussion Paper MOD.A has identified that there will be an impact in different jurisdictions with people now having to pay more for home modifications in many jurisdictions. Presently fees for home modifications are also expressed as a percentage of the total cost of a job and the paper does not proscribe the inclusion of materials, labour, travel time, or how the location of a property such as being in a rural or remote area, as well as the topography – all of these will add costs to a job. MOD.A would like suitable weightings to be applied to home modification jobs to reflect these issues. There are also concerns around the home maintenance fees which will be inadequate to support services being provided.

In relation to the Good Practice Guide for Restorative Care Approaches MOD.A has identified a primary aim of home modification services is to promote the independence and protect the safety of clients who need assistance to continue to live in their own homes and that home modification services and home maintenance services can help make the work of the other services more effective and are a wellness or enabling

intervention with the ability to support a person and in turn their need for other services may be reduced or unnecessary.

The process of implementing the CHSP brings with it many opportunities as well as challenges. As the National peak for Home Modification Services and Home Maintenance Services we welcome opportunities to work alongside DSS in the negotiation of contracts between DSS and providers and to input into the standard document for home modification provision as further guidance is required.

## **2.1 List of Recommendations**

**Recommendation 1: MOD.A seeks to work with DSS to provide the detailed information about home modifications which needs to be available for clients and providers and placed on the My Aged Care website.**

**Recommendation 2: Training for service providers in how to interface with the My Aged Care Gateway needs to include real examples from the Victorian trial of how it has assessed and referred clients for both home modifications and home maintenance services.**

**Recommendation 3: A greater emphasis on privacy safeguards for access to client records with all records maintained in conformity with any requirements of the *Privacy Act 1988* (Cth).**

**Recommendation 4: There need to be additions to the Home and Personal Safety profile questions within the National screening and assessment proforma, so that an individual's needs are adequately assessed in the context of the environment in which they live.**

**Recommendation 5: That face-to-face assessment by the RAS of all clients includes the enhanced proforma relating to the client's home environment, to identify if further environmental assessment is required.**

**Recommendation 6: Referrals for home modifications from the My Aged Care Gateway must be posted with specialist OT Assessments.**

**Recommendation 7: MOD.A seeks to work with DSS to identify gaps in the availability of OT assessment provision nationally, and to broker solutions at the regional and national levels.**

**Recommendation 8: MOD.A seeks clarification from DSS about the intended effect of the distinction between "minor" and "major" modifications (p.26), and to work toward classification of home modifications jobs in the future which more closely adheres to industry terminology.**

**Recommendation 9: MOD.A seeks to work with DSS to identify a specific service instance which can be funded and recorded by providers, when a client declines to have the recommended home modification completed.**

**Recommendation 10: MOD.A seeks to engage with DSS regarding how home modifications can be provided across programs to older people who require them to remain functionally independent in their own homes, so that a level of equity is established when CHSP comes into effect in July 2015.**

**Recommendation 11: DSS needs to provide more detailed information to clients and service providers around how the grandfathering provisions are meant to be implemented in respect to home modifications, and whether or not these include sunset provisions, with respect to levels of subsidy, for clients who are deemed to be “existing clients”.**

**Recommendation 12: Some elements of the current data reporting system be retained and built on to improve access to evidence relating to outcomes for service users, and the achievements of the CHSP in delivering these.**

**Recommendation 13: DSS should make funding be available to assist service providers with changes to admin and IT systems necessitated by the implementation of CHSP.**

**Recommendation 14: MOD.A seeks to work with DSS on determining a suitable weighting to be applied to home modification jobs which are carried out in locations and circumstances which result in significant additional cost, and to investigate options for making funds available, from non-government sources to individuals to also assist with client fees.**

**Recommendation 15: That the take-up of all modifications be monitored nationally, and in addition monitoring of relevant external indicators such as admissions to hospital for falls and admission to residential aged care facilities, and cost/benefit analysis undertaken as well as evaluation against wellness and reablement objectives.**

**Recommendation 16: That a specific procedure for assessing financial hardship be developed for home modifications and home maintenance providers, and that MOD.A collaborate with DSS to develop guidelines for implementation in the new CHSP.**

### **3. The draft Commonwealth Home Support Programme Manual**

Home Modifications and Maintenance Services can enable a person to remain in their home and to age in place aiding an older person's functional capacity, independence, and quality of life, as well as aligning with the principles of wellness, reablement and restorative approaches to care. The Manual sets out its vision for how a centralised aged care system will create a more streamlined approach with a reduction in red tape promoting equality and sustainability through a nationally consistent approach.

The following covers the key challenges in implementing the responsibilities outlined for CHSP providers, based upon feedback from our members and stakeholders and what elements of good practice can enhance the CHSP.

#### **3.1 My Aged Care website**

From the 1<sup>st</sup> July 2015 the My Aged Care website will include client records (e.g. client details and carer(s), details about previous assessments and support plans, and information about service(s) received). More detail needs to be provided on what and how any client information is made available to any service provider and for how long. The requirement to adequately assess need, coordinate with assessment providers and other services, and input information to service-based client records, will result in some changes needing to be made within services' own records systems. Given the commencement of the My Aged Care Gateway nationally on 1 July 2015, services need as much information as possible, as soon as possible, to be able to address these changes.

In late 2014 MOD.A was made aware of erroneous information on the website regarding home maintenance, and was asked by DSS to provide alternative information. Given the primacy of the website in the delivery of information to clients from 1 July, members of MOD.A have expressed concern that there needs to be a lot more information and detail regarding home modifications, such as cost, the process, eligibility etc, and that it is important that the information is correct and current.

**Recommendation 1: MOD.A seeks to work with DSS to provide the detailed information about home modifications which needs to be available for clients and providers and placed on the My Aged Care website.**

Information has been provided to services that trial access to the My Aged Care Gateway will be available shortly, so that they have an opportunity to become familiar with the interface. We are also aware that training in the form of information and webinars will be delivered to providers across the country to assist their interaction with the Gateway from mid-May 2015. There is also a trial taking place in Victoria, which will implement access to HACC services in specific regions in that State, from which no doubt issues will emerge and solutions effected. MOD.A and its members would be particularly interested to understand what, if any, issues relating to the effective assessment of need for home maintenance and home modification, and referral to appropriate services, are identified and addressed during this trial period.

The one-off and episodic nature of home maintenance and home modifications make assessment for them and referrals to services qualitatively different to that of other assessed needs. This makes it important to understand how the My Aged Care website and the Gateway will cater for these service types, and to advise providers in advance

of the commencement of this nationally, so they can anticipate and respond to issues as they arise.

**Recommendation 2: Training for service providers in how to interface with the My Aged Care Gateway needs to include real examples from the Victorian trial of how it has assessed and referred clients for both home modifications and home maintenance services.**

The sharing of client information across multiple providers through a single-access portal poses challenges around client privacy and confidentiality. It is important that a provider has information to support any care or support without facing any potential breaches of privacy, and for a client's information not to be freely accessible to providers.

**Recommendation 3: There needs to be a greater emphasis on privacy safeguards for access to client records with all records maintained in conformity with any requirements of the *Privacy Act 1988* (Cth).**

## **3.2 The Gateway and Assessment**

An appropriate modification can improve the safety and independence of a client, reduce the ongoing cost of care, and promote a safer working environment for care workers. This need may not be identified unless there is a standard element of the assessment that focuses on this.

### **3.2.1 The Gateway and the Regional Assessment Services**

The My Aged Care Gateway is to be the central access point for all older people accessing services including home modifications. Home modifications are episodic events specific to each individual and their needs, and one of the challenges will be for assessors to be aware of the efficacy of home modifications in enhancing functional capacity and how these are aligned with wellness and reablement. All assessors must be able to source information and refer as appropriate and ensure that all potential home modification needs are being captured.

Although the Gateway has the capacity to undertake telephone referrals for some clients to some services, those who require some level of modification to their home will need to have a face-to-face assessment. As of 1 July 2015 Regional Assessment Services (RAS), will be managing telephone referrals using a client assessment proforma which includes a section entitled Home and Personal Safety Profile. While the assessment asks if any equipment or modification to the home would assist the individual to maintain their independence and safety, and if the home environment has any barriers to the client's independence, the questions are not specific and may not elicit a response from the client which shows their needs. A client may not always understand what a home modification is, what is involved and how it can assist them. A client who has difficulty using the shower may not know that by removing the shower hob or adding a grab rail showering will be much easier. Therefore, during the assessment the assessor needs to be skilled to probe further and give examples of the roles that any modification could have to facilitate safety and independence as well as fully exploring any potential barriers that effect functional capacity within the home.

Consideration of issues such as:

- Are you anxious about falling or losing you balance anywhere in the house, such as when you are in the shower?

- Is there any change to your bathroom that would make you feel safer?
- What about any other changes that would make you feel safer anywhere else in the house?
- Are there parts of your house that limit your independence, like steep steps, or narrow doorways?

**Recommendation 4: There need to be additions to the Home and Personal Safety profile questions within the National screening and assessment proforma, so that an individual's needs are adequately assessed in the context of the environment in which they live.**

Consideration also needs to be given to the tenure and strata of a property. Many older people living in private rented accommodation would need permission from a landlord, the Owners Corporation, or both, for any home modifications and so any policy needs to take this into consideration.

MOD.A believes that the emphasis upon environmental assessment needs to be stronger, so that client safety, and that of workers who operate in the home delivering other supports, can be improved, and the functional capacity of the individual can be enhanced to the extent that the need for other supports are reduced. The specialised nature of home modifications (both in terms of OT assessment and the technicalities of designing and building) has meant that clients are not always able to fully articulate their home modification needs, or even be aware of a need. MOD.A suggests an enhanced environmental assessment, including the criteria recommended to be inserted above (Recommendation 4) be filled in for all clients who have face-to-face assessments, so that every person who receives support in their home has a record that the environment has been checked. In addition, where the assessment identifies an issue which impacts on the client's safety or functional independence, and potentially upon the delivery of services within the home, referral for a specialist environmental assessment should be made.

**Recommendation 5: That face-to-face assessment by the RAS of all clients includes the enhanced proforma relating to the client's home environment, to identify if further environmental assessment is required.**

### **3.2.2 Initial OT Assessment**

The purpose and the placement of an OT assessment within the CHSP program requires clarification. The Manual specifies various points when an OT assessment may take place and by whom:

- On page 26 it states that "An Occupation Therapy assessment is required for clients to receive Home Modifications".
- On page 27 the Manual notes "home modification funds can be used to purchase Occupational Therapy assessments for clients";
- On page 50 reference is made to a referral to the Regional Assessment Service (RAS) for a face-to-face in-home assessment; and
- On page 51, reference is made to the RAS "referring clients to more specialized assessments where required ..."

The lack of consistency within the manual creates confusion.

The client pathway is the entry point for people who will be assessed as eligible for either CHSP or Home Care Packages, so understanding how home modifications are dealt with in **both** programme areas is essential, for clients, RAS workers and home

modification service providers. Furthermore the importance of the home environment to the success of both the CHSP and the increased number of Home Care Packages highlights the importance of ensuring that the home meets all WHS requirements.

All home modifications require an OT assessment as even the location and placement of grab rails must be determined according to the client's physical and environmental needs.

At present some Home Modification Services have an OT as part of their staff which has enabled an assessment to be done internally, and in other instances brokerage funds have been provided to the home modification service to privately purchase this assessment. If a home modification service receives a referral and an OT assessment is brokered, but the outcome is a complex equipment prescription and no home modification is required the manual does not indicate how and from where this OT assessment is to be funded.

If home modification services need to rely on the availability of an OT to complete the assessment in order to act on the referral from My Aged Care Gateway, then this will raise major issues of equity unless funds are made available to privately purchase these services. There may be an assumption that general OT assessment of the need for a home modification (based on the client's need within their environment) will be undertaken utilising existing resources available to the community. In taking a national perspective, MOD.A has reviewed the practice across jurisdictions, and found that the general availability of OT assessment is patchy with regional variations, not necessarily based on remoteness or other common disadvantaging factors, but influenced by historical funding patterns and decisions by fund's recipients (e.g. regional health boards and private organisations) relating to the use of these funds.

**Recommendation 6: Referrals for home modifications from the My Aged Care Gateway must be posted with specialist OT Assessments.**

**Recommendation 7: MOD.A seeks to work with DSS to identify gaps in the availability of OT assessment provision nationally, and to broker solutions at the regional and national levels.**

### **3.3 Service Delivery**

The service description for Home Modifications has set an annual limit of \$10,000 of Commonwealth subsidy for home modifications. This has led to discussion within and outside of the sector about whether this signifies the total cost of a job or the limit of subsidy allowed. MOD.A and its members and stakeholders are operating on the basis that it refers to a subsidy, so the effect of the application of the Fees Policy will be higher or lower level total cost of modifications, on the assumption that pensioners and part-pensioners will only pay their required fee. Although the emphasis of CHSP is upon lower level service delivery, including that for home modifications, the effect of this \$10,000 limit will not preclude the opportunity for some clients to undertake higher cost home modifications, and claim the subsidy to assist in payment for these. This means also that the sector needs to be ready to respond to these service demands.

The service description for Home Modifications (pp.26-27) distinguishes between minor (up to \$2,000) and major (>\$2,000), but no rationale is provided for the distinction, nor is there any explicit mention made of what the effect will be of doing either or both. The main talking point amongst providers has been the \$10,000 cap (see above), but the application of "minor" and "major" also raises questions about whether these categories will now be reflected in, for example, MDS and other data reporting, which in turn may

impact on fulfilment of contracts. The distinction is at odds with the way that the sector addresses different levels or types of jobs. The current preference is to distinguish between “Basic” and “Complex” modifications, with the criteria for both not being limited to cost, and instead taking account of the client’s individual characteristics, and their interaction with the environment.

**Recommendation 8: MOD.A seeks clarification from DSS about the intended effect of the distinction between “minor” and “major” modifications (p.26), and to work toward classification of home modifications jobs in the future which more closely adheres to industry terminology.**

In NSW the delivery of home modifications on a regional and statewide basis has been organised according to the value of work. The new limit of \$10,000 to the Commonwealth may serve to limit the take-up of higher cost modifications, although this will be mitigated by client capacity to pay and the extent to which relative cost/benefit of undertaking home modifications as against having ongoing services is adequately considered by the client. The effect of the limit may not stymie demand in NSW, and may also encourage take-up of higher level modifications in other States and Territories as well. The distribution of statewide and regional funding for home modifications in NSW is currently being addressed within the sector, and MOD.A welcomes dialogue with DSS about how this can be operationalised within contracts from November 2015 to the end June 2017.

An issue which has been identified as relevant to all jurisdictions relates to the work done by home modifications providers immediately following referral. This often involves a detailed OT assessment, done in collaboration with client and a builder (or in some States a design specialist), which results in a scope of building works which can be accurately costed. At this point it is not uncommon for a client to decide to decline the offer of service. The CHSP manual does not provide the level of detail about the processes involved in delivering home modifications, and providers are unclear about how they will fund and report on these types of services, if the client declines to proceed, and how to report against that funding. They are also unclear as to what fee to charge a client if costs have been incurred to develop the scope of works. This could be remedied by considering the initial phase post-referral as a single instance of service delivery.

It is proposed that DSS consider the possibility of separating the costs of preparing the plans for a modification from the costs of actual service provision and ensuring that clients are best placed to make an informed decision about whether or not to proceed with a home modification. In this instance applications be processed in two (2) stages where the modification required is assessed as ‘complex’. The two proposed stages are ‘Consultancy Service’ and ‘Modification Service’, with the consultancy service 100% subsidised to a maximum of, say, \$1,000 and the upper limit of the CHSP contribution to the Modification Service cost to be \$10,000.

The service would charge fees for the Modification service according to the National Fees Policy consultation paper (50% of service cost for clients on a full pension, 75% of service cost for clients on a part pension and 100% of service costs for all clients outside these provisions).

When an application is made for a Home Modification service via the My Aged Care website and this application is assessed as being for a major modification, a referral would be sent to the relevant HMMS which would be authorised to provide a consultancy service to a maximum cost as determined above. The objective is to ensure the client receives the best possible outcomes from the proposed modification.

The Service provider costs involved with the Home Modification would be funded from the Home Modification funding and the client fees.

**Recommendation 9: MOD.A seeks to work with DSS to identify a specific service instance which can be funded and recorded by providers, when a client declines to have the recommended home modification completed.**

### **3.4 Transition Pathway: CHSP to HCP**

There appears to be no clear transition pathway for older people seeking home modifications in either CHSP or HCPs. There is an implicit assumption that the value of a home modification is as much associated with the condition of the dwelling as it is to the person, such that the application of a home modification at the top of the allowable subsidy of \$10,000 per year, will **not** trigger reassessment and allocation to a HCP, unless there are other ongoing service requirements which indicate that a higher level of service, beyond entry-level, is required. On the face of it allocation of the maximum subsidy should trigger this reassessment, but MOD.A has been informed that this is not the intent. This does point to some level of consideration of home modifications, and to a large extent home maintenance, outside of the assessment for other service types within the Community and Support sub-programme.

Another aspect of transition which does not seem to have translated to home modifications as it has to other service types is with the “entry-level” expectation of the CHSP as against the higher level of service need of those eligible for the HCPs. It is perfectly feasible for an older person to require minimal ongoing supports (and thus well serviced under CHSP), but to require substantial home modifications, whilst it is also possible for a person who is on a HCP to require substantial, minimal or no modifications at all. Clearly the relationship between the person and ongoing support needs should not limit access to home modifications based on programme eligibility, but rather on the functional benefit to the older person from the home modification, **regardless** of what programme they are accessing.

The current arrangement for HCPs, held by single service organisations also results in an orientation towards ongoing services rather than home modifications that might mitigate or reduce the need for ongoing care services. While the increase in HCPs is welcome, MOD.A is concerned that there is nothing in the new system which addresses this practice of favouring ongoing services, and would like to see moves to more closely attach funding to individuals to help them facilitate choice.

Currently there is very little information provided about way in which an individual can access home modifications under the HCPs, and what level of service they might expect, other than very limited descriptions of taps and hand-held showers as examples of home modifications in the HCP manual.

**Recommendation 10: MOD.A seeks to engage with DSS regarding how home modifications can be provided across programs to older people who require them to remain functionally independent in their own homes, so that a level of equity is established when CHSP comes into effect in July 2015.**

### **3.5 Grandfathering arrangements**

While the manual makes provision for existing clients to be grandfathered it is not clear how grandfathering will work. This is in part due to the one-off nature of service delivery, which would seem to preclude the possibility of a category of “existing clients”.

But the complex sequence of work which needs to be done to assess the client, assess the property, design and build the home modification can in some instances mean a significant timeframe from beginning to end. This will mean that a number of jobs underway to some extent will be transitioned from the current arrangement to the new CHSP on 1 July.

The question remains: at which point in the process will clients who are currently in the system be considered as “existing clients”:

- Once the building work has commenced
- When the scope of works and building specs have been approved and are awaiting commencement
- When the detailed OT assessment has been completed and awaiting completion of scope of works
- If accepted as eligible and on a waiting list for detailed OT assessment or inspection by builder (this can be differentially affected by the availability of OTs in area, and waiting lists for home modifications under the current system)?

The second question is whether or not those who are deemed to be “existing clients” will be able to have their home modifications done **to the level of subsidy previously agreed under existing arrangements**, so in effect is there a sunset period? This affects clients and services across the country, and needs to be clarified before clients can be informed of any changes. If there is no recourse to previous levels of subsidy for work already approved (at whichever of the stages outlined above), then this may result in works not being commenced.

**Recommendation 11: DSS needs to provide more detailed information to clients and service providers around how the grandfathering provisions are meant to be implemented in respect to home modifications, and whether or not these include sunset provisions, with respect to levels of subsidy, for clients who are deemed to be “existing clients”.**

### 3.6 Reporting

MOD.A welcomes the proposal to streamline data reporting and reduce red tape, and of the focus on outcomes, and not only outputs, in the proposed DSS data collection, but recommends that some elements of the previous MDS data reporting be retained.

The capacity to gather and retain a longitudinal profile of clients and the intensity of their service need and/or use has enabled service providers and funding bodies to identify and evaluate the efficacy of given interventions.

In the case of Home Modification and Home Maintenance services, this data has been used to indicate the extent to which other more expensive forms of ongoing support can be reduced or eliminated by low cost modifications. Examples include the reduction or elimination of the need for personal care after the installation of a grab rail or hand-held shower, or the increase in independence and the reduction of reliance on social support with the provision of ramp access to the family home.

This data collection relies on the Statistical Linkage Key (SLK), a de-identified means of tracking individual clients over time and across services. The data has demonstrated that, in significant numbers, clients receiving small amounts of low-level services

continued at this level of support for protracted periods. In some instances, clients never proceeded to residential care, or only required small incremental increases in support level.

**Recommendation 12: Some elements of the current data reporting system be retained and built on to improve access to evidence relating to outcomes for service users, and the achievements of the CHSP in delivering these.**

## **3.5 Administration and IT Systems**

### **3.5.1 Impact of the implementation of CHSP on admin and IT systems**

MOD.A members are reviewing their IT and administrative systems. We are awaiting further input from them on the overall impact of these changes. At this time information provided to us indicates that 32% of those responding believe their current systems will be completely sufficient to manage the changes, 28% will need some enhancement, and a further 28% will need significant enhancement, while 13% advise they will need to completely update their systems.

The sample size in this instance is quite small and these figures do not tally with conversations with members, which indicate a much higher level of need for assistance.

Some members indicated their service systems had been upgraded, but there will be a need for further development in order to be able to track the support provided for each client in any 12 month period. Many members reported that there would significant costs associated with development and testing of the necessary reporting programs.

**Recommendation 13: DSS should make funding be available to assist service providers with changes to admin and IT systems necessitated by the implementation of CHSP.**

## **4. CHSP National Fees Policy Consultation Paper**

MOD.A understands that the application of fees to CHSP services is an important mechanism to achieve a nationally consistent approach to the delivery of like services in each jurisdiction, and one way to ensure that clients of the CHSP do not receive more than the “entry-level” of service without being considered as needing higher level support (i.e. Home Care Packages HCPs). Our commentary on this consultation paper addresses concerns of members about the application of the proposed fees on clients and providers of home modification services, and of home maintenance services, and seeks clarity about what the experience will be for clients of HCPs who wish to access home modifications.

### **4.1 Issues related to fees for home modifications**

In the CHSP the fee schedule for Home Modifications allows for the use of Commonwealth funds up to the amount of \$10,000 per annum, with the full cost of the job payable by higher income clients, 75% of that cost payable by clients who are part-pensioners, and 50% for clients receiving the full pension. Data from services in NSW indicate that significant numbers of home modifications result in clients requiring long term payment arrangements or client fee reductions, and in rural and remote locations this is at around 100% for jobs over the value of \$2,500 (total). Cost indications for home modifications must be provided to clients when they first engage with the My Aged Care gateway, and again when they are having their specialist assessment.

In regard to home modifications the service description within the guidelines for Home Care Packages implies very low-level modifications, such as taps and hand-held showers, but does not explicitly proscribe modifications of any type. If modifications were to be done utilising Home Care Package funds, and the fees applied, then these fees would be subject to both the annual and lifetime caps. Within these packages there is a different schedule of income tested fees, with pensioners currently paying a maximum of \$3,483.48 per annum (indexed to rises in the pension), part pensioners capped at \$5,000 per annum, and self-funded retirees capped at \$10,000 per annum. These figures will be subject to indexation over time, and a current lifetime cap on income-tested fees stands at \$60,000. Some work needs to be done to calculate the amount chargeable to older people who access home modifications of the same cost, but within the CHSP and HCPs respectively, and determine whether or not either or both programmes provide significant disadvantages to clients and disincentives to take up home modifications, even when this is clearly the best course of action.

#### **4.1.1 National consistency**

In developing a nationally, consistent fees policy, the impact in different jurisdictions will vary widely with people now having to pay more for home modifications in many jurisdictions. For example in South Australia there is minimal client payment (due to state-subsidised fee relief) and therefore clients in receipt of low cost modifications such as grabrails will in the future be paying much more. There is a concern that the application of the Fees Policy, in particular the requirement to pay a 50% contribution for pensioners and 75% for part-pensioners, will discourage clients from undertaking lower cost modifications. This is based on an assumption that State-funded subsidies on fees will be stopped, which currently serve the purpose of restricting client contributions to very small amounts. In some instances, the increase will be from a contribution of some hundreds of dollars to several thousand.

While fees for home modifications are expressed as a percentage of the total cost of the job, the Consultation paper does not proscribe the inclusion of materials, labour, time, travel and any other extras within these costs. Members have expressed concerns about the level of cost attached to home modification jobs in regional or remote areas where the cost of labour, materials, added travel time, and sometimes accommodation can significantly add to the total cost of the job. The typography of the locations of some properties will also add to the cost of jobs. This variance of job costs, based on factors other than individual need will result in a significance variance of client fees unless consideration is given to weightings for jobs carried out in certain circumstances and locations.

MOD.A members identified a range of barriers resulting from the new fees policy. There were areas of uncertainty that could be addressed by amplifying the policy to cover areas such as how the time of volunteers was factored into the cost of services and how to calculate 'cost per hour'. The 'cost per hour' probably results from the difference between this calculation for pricing purposes and calculating for MDS purposes, which excluded all costs not directly attributable to the client's modification, i.e, exclusive of travel, admin etc costs.

**Recommendation 14: MOD.A seeks to work with DSS on determining a suitable weighting to be applied to home modification jobs which are carried out in locations and circumstances which result in significant additional cost, and to investigate options for making funds available, from non-government sources to individuals to also assist with client fees.**

#### **4.1.2 Disincentives to home modifications**

Many members expressed concern at the potential for clients to refuse necessary work because they believed they could not afford it, and others pointed out the greater costs that could be incurred to the cost of the broader service system if the result of this choice was that some clients were escalated to higher cost services. Members also raised concerns that changes in fees may result in clients choosing to opt for partially completed modifications, on the basis of affordability which may result in danger to the client and/or compromise the safety of workers. Each possibility has implications for the provider who installed the modification with regards to liability for any injury caused as a result of work being done to less than had been assessed and recommended (and in line with the restorative goals for the individual).

**Recommendation 15 That the take-up of all modifications be monitored nationally, and in addition monitoring of relevant external indicators such as admissions to hospital for falls and admission to residential aged care facilities, and cost/benefit analysis undertaken as well as evaluation against wellness and reablement objectives.**

## **4.2 Issues related to fees for home maintenance**

Members have expressed concern about the new schedule of fees for home maintenance, in relation to their ability to continue the same level of service, and also about the inability of clients to pay. In some jurisdictions current subsidised fee relief is likely to cease (in order to facilitate the intent of CHSP), in which case clients will be faced for the first time with substantial costs for services they currently receive at a much lower cost. Other providers are concerned that the fees are inadequate to support the services they provide, and the proposed fees undercut what is currently provided, (where some clients in some areas are happy to pay more to secure maintenance services on offer) this may result in a reduction in the quantum of services

being offered as well as significantly less capacity to provide services for individuals, and reducing the numbers who receive this type of support

Some problems are expected to arise with lawn mowing services. These have been provided under a range of models: voucher system, staff-based services, and sub-contracted. The result has been a divergence of fees systems and very large numbers of clients using these services who will not be able to continue under the new fee structure. Managing the transition of these clients has been identified as a significant issue for many providers.

Additional issues arise with a common fee for all maintenance services, whereas the range of services provided within this service type differ markedly from each other, and thus should be costed differently. For example a Home Maintenance service may send a handyman to change a lightbulb, or fix a broken window, but equally may send a licensed tradesman such as a plumber or electrician to provide a substantially more expensive service. It will create significant problems if the fee for both must be the same.

One suggestion from members which has some support is that the schedule should more closely resemble the fees charged for home modifications, namely that a percentage of total costs be charged. The suggestion of a cap on the total amount of funds available to clients annually for home maintenance could also support clients as active participants managing their care and support client choice by enabling them to direct and choose where to spend any subsidiary basing their decisions on what maintenance services will have the greatest effect for them in helping them stay within their home.

#### **4.2.1 Evaluation of the changes**

It will be important to evaluate the effectiveness and value of these changes. This will make it possible to identify what problems did eventuate, which might require some corrective action. MOD.A recommends the establishment of a process to identify the impact on service take up of clients (that is, whether there is a reduction in the take up of referrals and if this results from the fees policy), the impact on service providers in terms of income reduction, if any, and any significant variations in the levels of hardship applications approved or not approved.

## **4.2 Safeguard arrangements for client financial hardship**

While acknowledging the intent of the fees policy and understanding the need for a nationally consistent approach to delivering services to those who experience financial hardship, there remains significant concern amongst home modification and home maintenance providers about how to practically reconcile the principles of not denying service to those who need it, and working harder to address the collection of fees. MOD.A members have expressed concern that the objective of a nationally consistent approach to fees could be undermined if decisions about financial hardship were left to the discretion of each service provider. There was concern that in the absence of direction on this issue, the different decisions of individual service providers would inevitably lead to inequitable outcomes for clients. Members generally felt that there are a number of circumstances which impact on a client's capacity to pay, particularly for significant one-off contributions for home modifications, such as:

- Ongoing healthcare expenses
- Travel, vehicle maintenance and other costs with living remotely

The tool developed in NSW by home modification providers to consider client expenditure as well as income, when assessing for financial hardship provisions, could serve as the basis for a nationally consistent approach to implementing hardship provisions. MOD.A would be interested to use this document to consult with the sector widely. Consistency is required within service types (as well as across all service types) about the way in which hardship provisions are determined and implemented. Some guidance is required when relatively high-cost modifications are determined as necessary for someone who does not have the capacity to pay. In addition, some detail needs to be worked out within service types about the best way in which to subsidise financial hardship without restricting access to subsidies and service to others. The current practices of providers across Australia may serve as a starting point for an assessment of good practice as it relates to implementing hardship provisions for people who receive home modifications.

**Recommendation 16: That a specific procedure for assessing financial hardship be developed for home modifications and home maintenance providers, and that MOD.A collaborate with DSS to develop guidelines for implementation in the new CHSP.**

Funding is about two issues – the level of funding/subsidy available to clients, and the equitable distribution of funds to clients in need across regions and States/Territories. The role of the Gateway to assess clients takes away some of the onus for home modifications providers to undertake these functions, at least in relation to eligibility. But there will be few mechanisms available to providers within regions to be able to ensure funding is available as and when it is needed across the region whilst block funding remains in place. In some respects the Gateway introduces a level of funding uncertainty (in terms of how the available funds will address the need as presented in the community), to which providers will be required to respond as best they can.

Increasingly providers will be working independently of their colleagues in the same region, in order to preserve real choice and options for consumers. The options for clients to go with preferred providers may not be able to be implemented if the chosen providers have insufficient funds remaining to undertake the required modifications; or it may result in waiting lists with popular providers and also surplus funds available to providers who are not chosen.

The requirement for clients to make contributions for significant cost items such as home modifications necessitates investigation into the availability of and access to low/no interest regulated loans and other schemes which make available subsidies to people who genuinely have no capacity to pay.

## **5. Good Practice Guide for Restorative Care Approaches (incorporating wellness and reablement)**

### **5.1 Wellness and Reablement**

Home modifications and home maintenance are integral to aged care reform. The provision and maintenance of suitably functional dwellings for older people to live in is fundamentally aligned to the restorative approaches of wellness and reablement, and also works toward the policy objectives of a range of supports, including aged care and health services in the home.

Home modification and home maintenance providers are two of a broader group of sub-programmes carried into CHSP from the HACC program. HACC services were originally developed with an early intervention emphasis, designed to provide low-level, low cost services promptly, an emphasis that is welcomed in CHSP. These services have more recently developed a strong focus on reablement and wellness, and it is important to note the particular ways and how home modification services contribute to this objective but are also different from it.

An ongoing supportive relationship, which may foster dependency or promote independence. The goals of a reablement approach include identifying what the client can do and what they want to do, building capacity and self management, and respecting their autonomy while minimising the impact of functional loss. While the approaches are about supporting an individual with an activity instead of doing it for them certain activities such as lawn mowing may not be appropriate, as this activity can be very physically demanding as well significantly increase the time taken to complete the activity if an individual is assisted to do this themselves. Therefore, the goals of an activity, its purpose and its wider effect must be considered within this approach.

Home modification services can help make the work of the other services more effective and are a wellness or enabling intervention with the ability to support a person whereby their need for other services may be reduced or unnecessary. Timely home modifications can enhance independence and safety around the home for daily living activities and reduce the risk of falls as well as reduce functional decline and slow the impact of age related disability. Because an unsuitable home has hazards and is not well set up to accommodate a person whose mobility is impaired it can often potentially be the cause of the disablement e.g. broken hip or wrist and this would be against the principles of wellness and reablement, and home modification can effectively remedy the situation reducing hazards.

**Scenario:**

Mr Smith is an 83 year-old man who lives with his daughter and her family. He used to be very sociable, enjoyed meetings with his friends, going out to lunch occasionally, or just chatting over a cup of tea.

Mr Smith now uses a wheelchair, but his daughter's small house has narrow doorways and both the front and back doors are several steps above street level. Moving about the house is difficult, and leaving it is impossible. Mr Smith had not been out in several months and was deeply depressed when the family was referred to the local HMMS. Two internal doors have been widened and Mr Smith can now sit on the front verandah and chat to his neighbours. The family is excitedly awaiting the completion of the small ramp that will allow him to go out again. Mr Smith is not functionally improved in any way, but his daughter says his life is 'transformed'.

The primary aim of home modification services is to promote the independence and protect the safety of clients who need assistance to continue to live in their own homes and so the essential outcome of a good modification is to achieve these goals.

Wellness is about consumer choice, and having a participatory approach to care. For a home modification the planning process will be in conjunction with an Occupational Therapist, whose plans are designed to enable the independence of the client and manage their safety and they will consult with the client and the builder. The builder will give effect to these plans in a cost-effective and high quality manner.

The greater part of the work of home modification services, (approximately 98% in all), is in the provision of low cost services such as installing rails and ramps and making minor safety adjustments to the fabric of a house.

A significantly smaller component of this work is in the provision of more complex and higher cost work, such as modifications to bathrooms, kitchens or more significant adjustments.

## 6. Conclusions

MOD.A recognizes the intent of the current framework documents and is broadly supportive of the direction of reforms in aged care, in particular toward greater opportunities for older people to remain in their homes. The documents which form the focus of this submission have provided broad details about how services funded under the CHSP will need to operate after 1 July 2015. Home modification providers and home maintenance services are amongst those providers whose contracts have been extended to the end of October 2015, and negotiations about funding from 1 November 2015 will commence shortly between DSS and providers. Much more detail is required to understand clearly how the new programme will operate for both clients and providers, and MOD.A has identified some issues which need to be addressed nationally as part of the broad service descriptions of home modifications and home maintenance under CHSP. MOD.A will continue to work with its members and other providers nationally to implement the changes, and also seeks to work with DSS to finalise details and ensure that contracts negotiated can work effectively for clients and providers.

This submission has highlighted some potential challenges of the new programme with recommendations where possible. As the CHSP comes into operation it is important that all service providers are confident and able to utilise the MY Aged Care Gateway to manage referrals with confidence as well as for all assessors to be able to direct and refer those in need of home modification and maintenance services as appropriate through an assessment that is sensitive to each individual's functional capabilities within their home environment and how the two interact. At present greater clarity is required within the manual around the OT assessment and its role within screening as well as how home modifications will be funded to ensure that no one in need is denied the service due to a lack of funds available. It is important that any grandfathering arrangements take into consideration regional variations and the different stages within the process of a home modification from waiting for an OT assessment to a build being in process.

As stated at the beginning of the submission we will continue to work toward a single, more streamlined home-based aged care system to commence in July 2017. At this point we believe much greater emphasis must be placed on the home as an environment for the person to live in and for services to be delivered in. To this end we will continue to work with DSS to determine the best way to identify home modifications and home maintenance services as sitting alongside, but considered differently to, the personalized services which more directly target the physical and emotional wellbeing of clients in the programme. Home modifications services help to make the work of other services more effective and are a wellness or enabling intervention with the ability to support a person so that their need for other services may be reduced or unnecessary.

This submission has been informed through consultation with our members who provide a variety of home modification and maintenance services across Australia.

