

## ***Home Care Packages Program - Data Report Overview*** **27 February – 30 June 2017**

Government has finally released the much-anticipated data on the operation of the new home care system and national prioritisation process, providing much-needed transparency on demand for services at home.

### **Key Points**

- There are 88,904 people waiting for a package, highlighting the need for additional investment in aged care packages to support people to live at home.
- 47,729 packages have been assigned to consumers between 27 February 2017 and 30 June 2017.
- 29% of these are upgrades to a higher level of package.
- 47.3% increase in the number of approved providers.
- 35.9% of providers don't charge any exit fee and 2% charge more than \$1000. The average exit fee is \$280.
- A much more detailed picture is required to plan and deliver the home care services required. ACSA has identified a range of further data needed for this and will advocate for its collection and release. [Click here for details](#)

### **Eligibility and Assessment**

Nationally, there were 38,018 HCP approvals between 27 February 2017 and 30 June 2017:

- level 4 package approvals = 14,235 (or 37.4 per cent)
- level 3 package approvals = 12,315 (or 32.4 per cent)
- level 2 package approvals = 11,174 (or 29.4 per cent)
- level 1 package approvals = 294 (or 0.8 per cent)

Nationally, 25.8 per cent (9,808) of consumers were assessed as being of high priority and 74.2 per cent (28,209) were assessed as being of medium priority.

Of the total approvals made in Queensland, 39 per cent were rated as a high priority. This is 9 per cent higher than Western Australia who had 29 per cent of their approvals rated as high priority. South Australia and Tasmania had 16 per cent and 15 per cent of their total approvals rated a high priority respectively.

*Number of home care approvals between 27 February and 30 June 2017 by state and territory and level*

State/territory	Level 1	Level 2	Level 3	Level 4	Total
NSW	119	3,938	4,797	4,556	13,410
VIC	70	3,236	2,300	2,641	8,247
QLD	54	1,901	2,355	3,022	7,332
WA	16	762	1,057	1,710	3,545
SA	18	791	1,287	1,646	3,742
TAS	8	358	303	370	1,039
ACT	8	135	170	218	531
NT	1	53	46	72	172
<b>National</b>	<b>294</b>	<b>11,174</b>	<b>12,315</b>	<b>14,235</b>	<b>38,018</b>

Notes: 1. A consumer can be presented more than once in the figures above, if they have been approved on multiple occasions within the reporting period. For instance, if a consumer's needs change, they may undertake a re-assessment resulting in a revised approval.

### ACSA Comments

- The low level of level 1 (L1) package approvals highlights their questionable value and the lack of clarity in the difference between level 1 HCPs and CHSP.
- There are inconsistencies between states and territories in relation to approvals.
- The Report indicates additional training has been provided to ACATs to ensure greater consistency.
- Consistency is essential as packages are allocated in part on the basis of assigned priority therefore decisions by ACAT could result in considerable skewing of package allocation.

### Prioritisation Queue

A total of 88,904 consumers are currently waiting to receive their approved level of HCP.

53,750 consumers on the waiting list have not yet been assigned a home care package (as at 30 June 2017). This is a decrease of 11.5 per cent (6,970) since 27 February 2017.

35,154 (39.5 per cent) consumers on the national queue have been assigned an interim level package that allows them to receive home care at a lower level compared to 25.0 per cent (20,276) of consumers at 27 February.

63 per cent (56,530 consumers) of those on the queue are waiting for a Level 4 package. Significant variation exists between states, with 75 per cent of consumers in Western Australia waiting on Level 4 packages whilst 53 per cent of consumers are waiting on Level 4 packages in Victoria.

Although the number of consumers on the prioritisation queue approved prior to 1 July 2016 is reducing, as of the 30 June 2017, 18.2 per cent of consumers on the waiting list have been waiting at least 12 months to receive the HCP they have been assessed as requiring.

Although more consumers are being offered access to packages, the overall number of consumers on the queue increased by 9.8 per cent (7,908) over the 4-month period 27 February to 30 June 2017, indicating an increasing demand for Home Care Packages.

29 per cent of packages (13,955) were assigned as upgrades to consumers who had previously been assigned a lower level home care package.

Table 3 in the Report shows the total number of consumers on the national prioritisation queue, by level of approval, and state and territory of residence as at 30 June 2017. When you compare the totals on the waiting list for each state and territory with the percentage of the population over 70 for the same region, the waiting list numbers are fairly consistent.

*Total number of consumers on the national prioritisation queue, by level of approval, and state and territory of residence as at 30 June 2017*

State/territory	Level 1	Level 2	Level 3	Level 4	Totals	State / Territory as % of total	% of total population 70+*
NSW	90	7,492	3,980	19,123	30,685	35	34
VIC	59	6,633	2,062	9,732	18,486	21	26
QLD	37	3,798	1,914	11,078	16,827	19	19
WA	15	1,336	844	6,778	8,973	10	9
SA	14	1,508	1,091	7,169	9,782	11	8
TAS	5	511	248	1,179	1,943	2	3
ACT	4	351	139	1,007	1,501	2	1
NT	0	93	41	227	361	0	<1
<b>National</b>	<b>224</b>	<b>21,791</b>	<b>10,359</b>	<b>56,530</b>	<b>88,904</b>		

\*Source: ABS Dataset: ERP by SA2 (ASGS 2016), Age and Sex, 2001 Onwards

### ACSA Comments

- Data provided on the prioritisation queue does not include information on the expected wait time for individuals, though ACSA is aware this data has recently been made available on My Aged Care.
- There is no data on the gap between the level of interim package the consumer has been assigned and their approved package level i.e. someone assessed as needing a level 4 allocated a level 1, 2 or 3 interim package. This data is needed to understand the gap in meeting needs.
- There is also no indication of the number of consumers who have been moved from one interim package to another whilst progressing to their assessed care package level. Whilst access to an increased level of support is a positive result for consumers, each time this occurs a new agreement, care plan and budget has to be negotiated which can be stressful for consumers. ACSA has received reports from providers who have had consumers move between a level 2, level 3 and then to a level 4 within a matter of weeks creating confusion and significant red tape.

### Service Delivery

47,729 packages were assigned (with the packages post 27 February 2017 starting to flow from 13 March) to 30 June.

Of the 47,729 HCP assigned between 27 February 2017 and 30 June 2017:

- 13% = Level 1
- 64% = Level 2 (the higher number of level 2 packages is due to the higher number of L2 HCP pre-existing in the system at the commencement of the measure)
- 10% = Level 3
- 13% = Level 4

13,955 (29 per cent) of the packages assigned during this time were assigned as package upgrades.

Table 7 in the Report provides a breakdown of packages assigned to consumers by state and territory since 27 February. The Report states 'the assignment of HCPs across states and territories is a direct reflection of the queue' (p16). In the following table ACSA has compared this assignment rate to allocations from previous ACARs. This shows an element of consistency in assignment of HCPs since February with previous ACAR allocations for some states (e.g. NSW, SA and Tas). Victoria however has had a noticeable decline; 28 per cent of HCPs allocated in 2015 ACAR compared with 15 per cent since February 27 and Queensland up from 14 per cent in 2015 ACAR to 24 per cent since February 27.

*State and territory ACAR allocations compared to post 27 Feb 2017 HCP allocations and percentage of population aged 70yrs+*

	<b>2012-13 ACAR</b>	<b>2014 ACAR</b>	<b>2015 ACAR</b>	<b>Post 27 Feb 2017</b>	<b>% of total population 70+*</b>
NSW	37%	36%	38%	36%	34%
VIC	28%	27%	28%	16%	26%
QLD	22%	15%	14%	24%	19%
WA	1%	10%	7%	10%	9%
SA	9%	8%	10%	9%	8%
TAS	3%	3%	3%	2%	3%
ACT	0%	1%	1%	2%	1%
NT	<1%	<1%	<1%	<1%	<1%

*\*Source: ABS Dataset: ERP by SA2 (ASGS 2016), Age and Sex, 2001 Onwards*

### **ACSA Comments**

- The Report says that consumer behaviour over the first two months was ‘slightly different than expected’ (p15) and as a result the Department adjusted the release of packages from mid-May 2017.
- It could be assumed that it was a slower uptake of packages than the Department had factored, which is not surprising given the length of time consumers have available to them to make decisions and take action. In addition to this, issues still exist with the letters provided to consumers when a package is assigned. There is ongoing confusion as to what they need to do, and lack of adequate support to ensure those most in need do not fall through the cracks in the system by failing to act on their letter of assignment and consequently having their package withdrawn.
- ACSA will continue to advocate for a change in the number of days people have available to them to action their assignment, and also for significant improvement in the information provided to consumers and the support provided to them for this process.
- The Report promises further quantitative information on consumer behaviour in the next report. This will be critical to determining adjustments and supports needed. Variations of approvals and allocations of packages between states and territories will need to be monitored to ensure they are as a result of true need (and therefore need to be planned for by providers) rather than ACAT practice.

## Consumers in Home Care

Table 7 in the Report shows the number of packages assigned to consumers residing in each state and territory by month (March to June 2017). The Report indicates that the Department no longer determines the number of packages that will be delivered in each jurisdiction, but rather allocation is a direct reflection of the queue.

ACSA has compared the assignments from Table 7 to the percentage of population over 70 in the table below highlighting variations for Queensland and Victoria.

*HCPs assigned to each state and territory and percentage of population aged 70yrs +*

	<b>No. of packages assigned</b>	<b>% of total packages assigned</b>	<b>% of total population 70+*</b>
<b>NSW</b>	17079	36	34%
<b>VIC</b>	7544	16	26%
<b>QLD</b>	11589	24	19%
<b>WA</b>	4632	10	9%
<b>SA</b>	4225	9	8%
<b>TAS</b>	999	2	3%
<b>ACT</b>	941	2	1%
<b>NT</b>	241	<1	<1%
<b>National<sup>^</sup></b>	47729		

*<sup>^</sup>National includes incomplete records requiring further address information*

Along with the data in table 7, the Report contains data on *number of consumers in home care as at 31 March 2017 by level and Aged Care Planning Region (ACPR)* at table 10 and at table 11 *Count of providers and potential consumers by ACPR as at 30 June 2017*. This data for the first time shows some areas where there are potentially more providers than potential consumers. For example, in the Goldfields ACPR in Western Australia there are 7 providers for less than 10 potential consumers across all 4 package levels and in the Central West ACPR in Queensland there are 8 providers for less than 10 potential customers. These examples, among others, highlight the viability issues being faced in many areas.

Between 30 June 2016 and 31 March 2017 there was a 10.2 per cent increase in the number of consumers in home care, however data showing the impact of packages released under the new system on the number of consumers receiving HCPs will not be available until later in 2017 due to a three month lag in the availability of accurate information on consumers in receipt of HCPs.

In the first month of the new home care arrangements from 27 February 2017 to 31 March 2017 the number of consumers in home care decreased by 1,693 consumers (or 2.4 per cent). Preliminary data indicates that this reduction is a result of approximately 1,700 consumer entries into home care services and 3,400 consumer exits from home care services during March 2017. The Report says that the decrease in home care consumers to 31 March 2017 is expected to be temporary, as consumers assigned a home care package in March 2017 had 56 days (with the option of a 28 day extension) to enter into home care. Based on these timeframes, many of the 10,698 new consumers assigned a home care package from 13 March 2017 onwards would be expected to enter into care throughout April, May and June 2017.

### **ACSA Comments**

- There is inconsistency in ACAT determinations of priority which impacts the order of package assignment from the queue (e.g. with double the proportion of high priority determinations in Queensland than Tasmania, you could expect a higher proportion of packages would therefore be allocated sooner to people residing in Queensland than Tasmania).
- ACPR level data is important to inform providers future planning. ACSA will advocate for additional data categories being provided at this more granular level in future reports.
- The Report states the key issue with data lag is the time taken by providers to submit information on consumer entries and exits to DHS. ACSA rejects this as providers have prescribed timeframes in which to submit this information.

### **Approved Providers**

Changes were introduced to the approved provider process to support providers to enter the market and to allow more choice for consumers. This has resulted in a 47.3 per cent increase (236) in the number of approved providers of home care between June 2016 and June 2017.

### **Exit Amounts**

At 30 June 2017, 168 (35.9 per cent) providers published a maximum exit amount equal to zero. The number of providers that did not publish an exit amount has decreased between 27 February and 31 March 2017, indicating that more providers started to provide maximum exit amount information for publication.

The average maximum exit amount was \$280 down from \$417 at 27 February 2017, showing market forces at work. On 27 February, 18 providers (or 2.7 per cent of all providers) had a maximum exit amount of \$1,000 or more. This has decreased to 15 providers (or 2.0 per cent of all providers). The highest published maximum exit amount has remained at \$5,000 since 27 February 2017.

## Future Reporting

Data showing the impact that packages released under the new system have had on the number of consumers in care will not be available until later in 2017.

Ensuring comprehensive data is made available to the sector in a more timely manner is essential to ensure transparency and allow providers and consumers to understand the environment in which they are operating.

The Report indicates that future reporting will evolve in response to stakeholder feedback and more information becoming available about consumer behaviour (including activating home care packages and changing home care providers).

As the new system stabilises, future reporting will also examine equity of access to home care packages, including Aboriginal and Torres Strait Islander people, people with special needs and those living in rural and regional areas. However, the Report does not provide a timeframe for when this important information will be released.

To assist providers to understand their current environment and plan appropriately, ACSA will advocate for the timely collection and release of the following data:

- The number of consumers who were assessed by both RAS and ACAT or referred from RAS to ACAT as this will add to the overall picture of the consumer experience and the operation of the end to end assessment system.
- Disparity between assessed level and the level of package provided.
- Aggregate data on consumer wait times.
- Provision of data at the Aged Care Planning Region level including the number of approvals (package level and priority), the number and level of packages assigned, consumers on the prioritisation queue and exit information.
- The number of new providers who have lodged an ACER form or accepted a consumer on My Aged Care indicating that they have commenced a service to a customer.