## Proposal from the South Australian Government:

# Plan to unblock aged care

FUNDING REQUIREMENTS

### Funding stranded hospital patients

Commonwealth to fund 120% (outside of cap) of the actual cost for aged care patients stranded in hospital beds or care awaiting placement beds awaiting RACH placement.

### Support moderate complexity

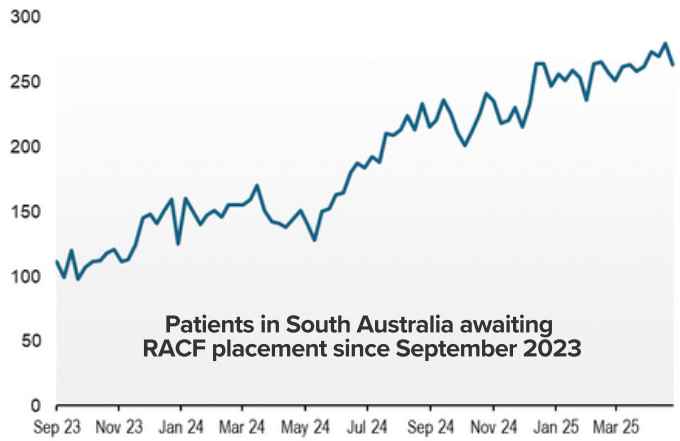
Establish a new Complex Care program to support the 'missing middle' patients with complex care needs not severe enough for specialised support. This would include a $225 per diem for people with complex dementia behaviours that do not qualify for the Commonwealth Specialised Dementia Care Program, and a new funding mechanism to support complex physical, intellectual and psychosocial disability support needs.

### Increase weighting for cognitive complexity

Increase the weight of ANACC Class 8 addressing the underweighting of residents with complex cognitive support needs – especially those with wandering behaviours, aggressive behaviours and sexualised behaviours – the key groups that providers are reluctant to accept.

### Capital funds based on need

Provide an additional priority round this year for the Aged Care Capital Assistance Program, with eligibility including from metropolitan areas. The criteria to be based on areas of aged care shortage and the extent to which proposals will increase capacity.




POLICY REFORMS

### Reform star ratings

Include in the aged care star ratings, measures that assess a provider's acceptance of people from public hospitals. Ensure that the star ratings also adjust for the risk profile of residents to ensure that providers are not adverse to accepting more complex clients concerned this will affect their star rating.

### Fair access standard

Add a 9th Aged Care Standard: "Access". The new standard will include the need to maximise access to aged care for people who need it, especially those people leaving acute hospital beds, and to provide access for people with dementia in memory support beds and other dementia specific settings.

### Disincentivise refusal

Providers who consistently refuse to take placements from public hospitals should lose a portion of ANACC funding on a sliding scale basis as a disincentive for 'cherry picking' residents. Additionally, patients who refuse two genuine offers of placement would be charged full rates of hospital stay exempt from the National Health Reform Agreement.

### Disclose the blockage

The Commonwealth should report weekly on the numbers of residents waiting in public hospitals for care placement. This should be broken into categories of residents/patients such as those requiring complex memory support services. It should be reported which providers have refused to take placements.

### Reconsider the proposed Financial and Prudential Standard

The proposed standard includes an increase to the minimum liquidity amount, reducing available surplus capital and further restricting the financial capacity of providers to build new aged care facilities.

### Reform the respite program

Increase the residential aged care respite days from 63 to 180 days per financial year, for people with no safe and appropriate alternative aged care or home setting. Introduce the requirement for respite providers to give a minimum of 7 days notice to the Commonwealth if respite is ending and the resident has no safe alternate.