

# CCHQ 2022

**STRONG ECONOMY. STRONGER FUTURE.**

17 May 2022

Ms Samantha Hunter  
Occupational Therapy Australia  
Email: [samantha.hunter@otaus.com.au](mailto:samantha.hunter@otaus.com.au),

Dear Ms Hunter,

Thank you for the opportunity to provide the views of the Coalition on important issues facing your members. A response to your questions is attached.

The last two years have been tough for our country.

Despite the setbacks, Australia's economic recovery is leading the world.

Unemployment is at 4%, the equal lowest in 48 years. And the recent Budget included the biggest turnaround in our finances in over 70 years.

There's much more to be done. To build a stronger future, our plan will:

1. Deliver more jobs and working towards unemployment below 4%.
2. Deliver tax relief for workers and small businesses.
3. Invest in roads, rail, water infrastructure and renewable energy technology.
4. Make record investments in health and other essential services.
5. Invest in stronger defence, security and borders.

This election provides a clear choice, with real consequences for Australia.

The alternative at this election is Anthony Albanese and Labor. Labor would weaken our economy and put Australia's recovery at risk. Now is not the time to change course.

Thank you for communicating our response to your members.

Yours sincerely,



Andrew Hirst  
**Federal Director**

## **MORRISON GOVERNMENT RESPONSE TO OCCUPATIONAL THERAPY AUSTRALIA**

### **AGEING IN PLACE**

The Morrison Government's plan for aged care is founded on our detailed response to the Royal Commission into Aged Care Quality and Safety. Our Government is creating a new aged care system by implementing a five-year program covering the 148 recommendations, structured across five pillars and backed by \$19.1 billion in additional funding. Our detailed plan is available at: <https://www.liberal.org.au/our-plan-aged-care>

From 1 October 2022, our Government will implement a new residential aged care funding model, the Australian National Aged Care Classification Model (AN-ACC), as a replacement for the outdated Aged Care Funding Instrument (ACFI). Funding provided under AN-ACC will help ensure aged care residents receive the services they need, based on an independent assessment that determines the appropriate level of funding according to this need. Resident assessments will be conducted by specially trained and qualified independent clinical assessors, which frees up facility staff to spend more time delivering care rather than completing administrative tasks.

The AN-ACC is underpinned by an explicit incentive for high quality care with a focus on restorative care and reablement. There will be more flexibility for allied health professionals such as physiotherapists, occupational therapists and speech pathologists to deliver care based on the assessed need of individual senior Australians.

With the implementation of the AN-ACC, the Government will deliver a \$3.9 billion funding boost to enable residential aged care providers to meet a new average minimum care standard of 200 minutes per resident per day, based on total personal care worker, enrolled nurse and registered nurse time. This will move to 215 minutes and 24/7 nurses in 2024 in line with recommendations of the Royal Commission.

The Morrison Government is collecting additional information about where aged care providers spend their money, including staffing and direct care costs across a range of staffing types including personal care workers, enrolled nurses, registered nurses and allied health workers.

The collection of this data will move to quarterly from 1 July 2022. This will give visibility over the use of allied health services during the transition to AN-ACC and into the future, and inform future policy discussions. From December 2022, this information will be used to inform a staffing star rating, allowing senior Australians to easily compare staffing levels between care homes, and improve choice.

From July 2022, providers will also be required to provide a monthly care statement to residents (and their family members), outlining the care they have received, and any significant changes or events during the month.

The Morrison Government has begun to address the need for more robust allied health workforce planning in aged care settings. Our Government is providing funding of \$0.7 million in 2021–22 for an allied health data gap analysis project to establish more comprehensive, nationally consistent allied health workforce data. The project is investigate current sources of allied health workforce data and assess their quality and completeness for future planning and modelling. The draft final report was submitted on 25 March 2022 and is under consideration by the Department of Health.

## **A RESPONSIVE DISABILITY SECTOR**

### **Access the assessments and supports needed to apply for access to the NDIS**

The Morrison Government is committed to ensuring all eligible Australians have equitable access to the National Disability Insurance Scheme (NDIS), through more efficient, transparent, and evidence-based practices.

The legislative changes recently passed in the National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Bill 2021 (the NDIS Bill) updates the language in respect of episodic or fluctuating impairments, including psychosocial disability. These amendments are in keeping with best practice approaches and recognises that psychosocial disability may be broader than the classification of psychiatric conditions.

The amendments make clear that a prospective participant’s disability which is episodic or fluctuating in nature can be assessed as permanent for the purposes of NDIS access.

The NDIS Bill also ensures NDIA decisions are faster, so that participants have certainty and increased transparency. The Participant Service Guarantee (PSG) sets out timeframes for NDIA decision making, which the Agency will publicly report against and will be monitored by the Commonwealth Ombudsman.

More broadly, ensuring access for all particularly vulnerable cohorts is a priority for the Morrison Government.

The Minister for the NDIS, Senator The Hon Linda Reynolds CSC, has recently asked the National Disability Insurance Agency to initiate a program of work to ensure eligible people from Culturally and Linguistically Diverse (CaLD) backgrounds, as well as those who identify as Aboriginal and Torres Strait Islander peoples, can more easily understand, and access the NDIS. Minister Reynolds recently co-hosted a CaLD Strategy Roundtable to co-design a framework for the new CaLD Strategy, with the hope that a similar process can be adopted for further strategies including people with intellectual disability.

## **Support plan utilisation**

The Morrison Government is committed to ensuring NDIS participants have the opportunity to utilise the reasonable and necessary supports funded within their plans.

There are a number of ways in which the NDIA are supporting greater plan utilisation:

- Through the Partners in the Community (Partners) Program the existing local area coordination and early childhood early intervention Partners play an important role in linking NDIS participants and non-participants to both formal and community based supports. In 2022, the NDIA Partner Program will place a greater emphasis on community connection and plan implementation support.
- Support Coordination is an important support to allow participants to understand and implement their plans, with 44% of participants funded for support coordination in their plan. The NDIA released a paper in late 2021 to more clearly outline the role of a support coordinator and the next steps the NDIA will take to improve support coordination for participants.
- Through remote services, the recently passed NDIS changes will also allow the NDIA more flexibility in the way that it funds supports for participants in areas of thin markets, such as rural and remote locations. These changes are a direct result of feedback and learnings from the NDIA Thin Markets trials, and will provide opportunities for the NDIA to support providers to remain viable in regions where this was otherwise not possible.

It is important to note that plan utilisation is not necessarily an indication of unmet need. Lower than expected utilisation can also be a sign that early investment and capacity building has allowed participants more independence and ability to reduce formal supports – a sign that the scheme is achieving its objectives.

## **Reduction administration**

The NDIA is in the process of engaging with the market to find a Claim at Point of Sale (CPoS) provider, which will enable NDIS participants to purchase services and supports via electronic payment systems similar to the current HiCAPS system used in the private health insurance market. This follows on from the recent passage of the NDIS Bill, which provides the legislative authorisation for the NDIA to pay providers directly on behalf of NDIS participants.

This means that NDIS participants who choose to use the CPoS system will no longer need to use their own funds to pay for services and submit post-payment claims for reimbursement by the NDIA. The CPoS system will also dramatically help reduce administrative burden for participants using this service. It will also dramatically reduce payment delay for providers, who otherwise need to seek reimbursement for services directly from participants.

For those choosing to manage their own plan funding rather than engaging a Plan Manager, the NDIA has launched a phone app that provides participants with up-to-date information about their plan including remaining funds for Core, Capacity Building and Capital Supports. The phone app is available now to download on both iPhone and Android, and the NDIA will soon commence further communication activities to educate participants on the app's benefits. Further refinements will be implemented in the app as participants provide feedback over time.

### **Timely access to high quality occupational therapy services, including prescription of assistive technology**

Timely access to Assistive Technology (AT) is critical for many participants, particularly those with severe mobility issues. The Morrison Government has already recently announced changes to ensure participants have access to these supports, when they need it.

The Morrison Government recently announced that the limit for automatic approval of AT without quotes has been increased to \$15,000 - up from \$5,000. This removes the need for quotes for AT under \$15,000 and means the NDIA will automatically approve funding for these items so participants can access this AT faster. The announcement also means participants with AT funding in their plan no longer need to provide a quote prior to purchase.

The NDIS Bill also passed recently by the Morrison Government will allow the NDIA to conduct plan variations, particularly where urgent and unforeseen circumstances require urgent approval of additional supports. This may include circumstances such as where a participant's wheelchair breaks down and funding for urgent repairs are required. These changes are based on feedback from the sector and participants, who wanted faster access to AT with less red tape.

### **A STRONG PRIMARY CARE SYSTEM**

#### **Primary Health**

Australia has a health system that is the envy of most other nations. Working together, primary health care services have helped to deliver some of the best health outcomes in the world and have been at the forefront of our COVID response.

The Morrison Government will continue to build and strengthen our primary care system through Australia's Primary Health Care 10 Year Plan 2022-2032, which will deliver even better outcomes for Australian people, health care providers and the health care system. The Plan will support primary health care providers to embrace other advances - in telehealth; in digital health; and in other health care technologies including point of care testing, genomics and pharmacogenomics and precision medicine.

The focus of the Plan is on Australia's primary health care services provided through general practices, Aboriginal Community Controlled Health Services, community pharmacies, allied health services, mental health services, community health and community nursing services and dental and oral health services.

The Morrison Government's comprehensive 10 Year Plan supports reform and staged investment in primary health care over time, to ensure any funding and policy changes deliver real improvements in patient care and outcomes. \$1.7 billion has been invested in the Plan to date.

One of our central reforms was making Telehealth permanent, which includes over \$5 billion invested to date and over 100 million consultations.

Our Government's rural health package invests \$146 million in new funding to support greater access in rural and regional Australia. This includes \$87 million to provide additional workforce incentives to GP's and allied health professionals in rural Australia.

Since the Coalition came into government in 2013, bulk-billing rates have risen to record levels. This means that more Australians than ever are able to visit their doctor free of charge.

In Labor's last year in Government, bulk billing rates were at 82.2%. Since then, bulk billing rates have risen to 88.8% (2020-21 financial year) - which is 6.8 percentage points higher than when Labor was last in Government.

This means that nearly 9 in 10 visits to the doctor are free for patients.

### **Chronic Disease Management**

In November 2021, the Morrison Government announced that for the first time health professionals will be reimbursed through Medicare for taking part in case conferences to support people with chronic diseases or young children with developmental disorders like autism.

Under the change, allied health professionals will be paid to attend multidisciplinary conferences held by the patient's regular doctor – in person, via video conference or phone to discuss diagnosis, care and treatment plans.

These additional items will improve care coordination and deliver better outcomes to patients with complex needs who have multiple care providers.

The new items are for eligible allied health professionals participating in multidisciplinary case conferences for people with chronic disease under the care of a General Practitioner as part of Team Care Arrangements, as well as children aged under 13 years under the care of a

specialist, consultant physician or GP to provide early diagnosis and treatment of autism or any other pervasive developmental disorders.

This initiative was part of a \$13.7 million investment in the 2021-22 Budget.

From 1 March 2023, access will be improved for complex allied health services to:

- increase the number of allied health assessment items for Autism Spectrum Disorder (ASD), Complex Neurodevelopmental Disorder (CND) and Disability (currently Autism, Pervasive Development Disorder and Disability Services) from four to eight per lifetime;
- extend the eligibility of assessments under Autism Spectrum Disorder (ASD), Complex Neurodevelopmental Disorder (CND) and Disability Services to 25 years of age;
- improve allied health collaboration during assessments by allowing inter-disciplinary referrals between allied professionals during the assessment phase to facilitate in timely diagnosis; and
- pooling access for Indigenous Australians to allied services available under a General Practice Management Plan and Health Assessment, so that they can more easily access all 10 services.

## **MENTAL HEALTH AND WELLBEING**

### **Mental Health**

The Morrison Government has made mental health a national priority.

The Morrison Government's almost \$3 billion National Mental Health and Suicide Prevention Plan (the Plan), announced in the 2021-22 Budget with additional measures in 2022-23 Budget, represents the largest Commonwealth investment in mental health and suicide prevention in Australia's history.

The Plan builds on improved services, including doubling of Better Access Medicare subsidised psychological therapy sessions to 20 per patient per year.

The Plan will transform mental health care in Australia in several fundamental ways.

The Morrison Government is establishing a new national network of new adult Head to Health centres and child mental health hubs and funding for the largest ever expansion of Australia's headspace network to 164 locations (up from just 56 when the Coalition took office in 2013) to provide access to free, multidisciplinary mental health care across the country.

The Morrison Government is embedding multidisciplinary teams, care coordination, consistent intake and assessment tools, greater data collection and continuous evaluation into the system to ensure it is joined up, easy to navigate and, most importantly, patient-focused.

Our Government is building a world-class Head to Health digital platform to harness the power of technology to help Australians dealing with mental health issues regardless of where they live.

The Morrison Government is enhancing mental health care in primary care by supporting our GPs, strengthening the involvement of lived experience, and expanding Medicare services, so that Australians can access new and innovative types of mental health care.

Through the National Mental Health and Suicide Prevention Agreement, which recently came into effect, the Government has committed to working closely with state and territory governments on broad mental health reform, including addressing the mental health workforce as an immediate priority.

To address immediate challenges and support early implementation of some of the clear priorities of the Strategy, the Morrison Government has invested more than \$130 million to grow and upskill the mental health workforce, including enhancing knowledge and skills of practitioners in relation to comorbidities and the interactions between mental and physical health.

The Morrison Government's unprecedented investments will see our mental health and suicide prevention funding increase to an estimated record \$6.8 billion in 2022-23 in the health portfolio alone – more than double the \$3.3 billion spent in 2012-13, when Labor was last in Government.

### **Mental Health Workforce**

The Morrison Government has developed a 10-year National Mental Health Workforce Strategy in consultation with the mental health sector and states and territories. The Strategy, developed under the guidance of a specialist Taskforce, outlines the challenges and solutions to the supply, distribution, quality and structure of the mental health workforce in Australia. It presents practical approaches that all governments can implement to attract, train and retain the diverse workforce required to meet current and future demand.

To address immediate challenges and support early implementation of some of the clear priorities of the Strategy, the Government has invested more than \$130 million to grow the mental health workforce as part of the almost \$3 billion National Mental Health and Suicide Prevention Plan outlined in the 2021-22 and 2022-23 Budgets.

This includes:

- \$27.8 million to create 280 mental health scholarships and 350 placements for nurses, psychologists and allied health practitioners;
- \$18.3 million for the National Mental Health Pathways to Practice Program to provide up to 660 additional supervised nursing and allied health student and graduate mental health placements; 75 internships for provisional psychologists in a range of settings, and 150 free Psychology Board of Australia endorsed supervisor training sessions;



- \$8.3 million to support greater representation of Aboriginal and Torres Strait Islander people in the mental health workforce through 40 additional mental health specific scholarships, and providing training to support healthcare workers to deliver culturally safe care; and
- \$1 million for initiatives to reduce the stigma associated with mental health among health practitioners, and promote mental health as a preferred career option.

In addition, the Morrison Government invested in initiatives to enhance workforce capabilities and allow practitioners to work to the top of their scopes of practice, including \$15 million for new Medicare items to allow eligible providers to hold up to four mental health case conferences per calendar year between a person's GP and other professionals involved in their mental health care. This will support health practitioners to rapidly provide the most appropriate care.

Our Government recognises that central to the Mental Health Workforce Strategy is the need for better data collection, planning, coordination and distribution of the mental health workforce. For this reason, the Mental Health and Suicide Prevention Plan includes:

- \$725,000 for more effective workforce planning by enhancing workforce data and tools; and
- \$900,000 to establish a mental health workforce strategic coordination and distribution mechanism with an appropriate mix of expertise in health, employment and education policy, to facilitate coordinated activity between governments and industry, and across sectors.