

Department of Health and Aged Care

**New Aged Care Act Rules Consultation
Release 1 – Service List**

Occupational Therapy Australia Submission

October 2024

Introduction

Occupational Therapy and Aged Care

Occupational Therapy Australia (OTA) is the professional association and peak representative body for occupational therapists in Australia. There are more than 29,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapy services are fundamental to aged care as they enable independence, prevent functional decline, increase quality of life, and reduce care needs. Occupational therapy is key to enabling older Australians to remain at home longer and facilitate a full and meaningful ageing experience in residential care settings.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life.

Occupational therapists provide services such as physical and mental health therapy, chronic disease management, assessments for assistive technology and the assessment of environment and safety risks.

OTA response to the Consultation on Aged Care Act Rules– Service List

Definition of Allied Health Professional

OTA welcomes assurances given by Department of Health and Aged Care Support at Home Implementation team that the definition of allied health in the current version of the Service List, which limits allied health professionals to AHPRA registered professions, is an error, and that it will be rectified with flow on effects throughout the service list to support the provision of essential allied health services.

Allied Health and Therapy

Under *Division 2 (Home Support Services) Clause 32 – Allied Health and Therapy*, OTA notes the list of key services that will be provided by Allied Health Practitioners (AHPs). It is not clear whether this is an exhaustive list of allied health services that will be considered 'Clinical Care' and therefore funded fully by government.

Allied health has been identified as being 'clinical care' and that 'there will be no contribution for services in the Clinical category (e.g. nursing and physiotherapy), with assessed clinical care needs to be fully funded by government across the whole aged care system' (<https://www.health.gov.au/sites/default/files/2024-09/support-at-home-fact-sheet.pdf>). The public comments in relation to this category have also identified occupational therapy (eg <https://www.health.gov.au/ministers/the-hon-anika-wells-mp/media/once-in-a-generation-aged-care-reforms>). While the Service List will clarify the range of allied health professions in this category with an amendment to the definition of 'allied health professional' there is little information about the scope of services that will be included in this category, and if the full scope of occupational therapy practice and other allied health professionals, will be covered. Clause 32 identifies some aspects of the services provided by occupational therapists and other allied health professionals but does not include

the clinical aspects of allied health. It remains unclear if Clause 32 is intended to provide a definition of clinical care as it applies to allied health professionals.

OTA is concerned that clinical services such as assessment of clinical needs is defined for Nursing under Clause 41, but not for Allied Health and Therapy under Clause 32. Occupational therapists and other allied health professionals routinely conduct clinical assessments as part of their therapeutic interventions and we believe the same level of detail regarding the types of services provided under Nursing should also be outlined under allied health and therapy services.

Similarly, under *Division 8 Residential Care Service Types, Clause 60, Item 6* Nurses are identified as providing:

ongoing regular comprehensive clinical assessment of the individual and the individual's care and services plan, in line with the individual's goals and preferences, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out by a registered nurse or an enrolled nurse (including under appropriate delegation by a registered nurse);

Under this same Clause, in *Item 2 - Rehabilitation, allied health and fitness therapy programs*, the scope of allied health service provision is limited. By providing this level of detail under Nursing, but not for Rehabilitation, allied health and fitness therapy programs, OTA is concerned that this implies allied health professionals like occupational therapists are not involved in the assessment of clinical needs or are part of the design and review of care plans. We argue that it is essential that OTs and other AHPs are included in the assessment of clinical needs. We acknowledge nurses can assess for components of clinical care and can identify clinical needs, but they must refer on to the suitable AHP to ensure a comprehensive clinical assessment, care planning and interventions are provided for in order to meet the full range of clinically assessed needs.

OTA has developed a Capability Framework for OTs working in Aged Care. This framework reflects the full suite of capabilities expected of an OT that focuses their practice in aged care.

Recommendation- OTA recommends that *Division 2 (Home Support Service Types) Clause 32* and *Division 8 (Residential Care Service Types) Clause 60* include detailed descriptions of the clinical care roles of allied health professionals.

OTA also raises the following concerns about the services identified under Clause 32:

- Point 2(a) identifies Allied Health and Therapy as being
for the individual to regain or maintain physical, functional or cognitive abilities that support the individual to remain safe and independent at home;

OTA suggests that the clause should include health and wellbeing needs related to independence and function in accordance with restorative and reablement approaches.

- Point 2(c) stipulates that Allied Health and Therapy services are for the management of conditions related to age-related disability or decline. OTA notes that many older people have a range of disabilities that are not age-related, but impact their independence, well-being and health, or may be exacerbated by age related changes, and that this clause should reflect that.
- Point 3 fails to include and acknowledge coordination and collaboration between health professionals and other services for the delivery of shared, evidence based multi-disciplinary approaches that best meet the needs of older people receiving aged care services.

Assistance with transport

OTA notes the following areas to be addressed under *Division 2 (Home Support Services) Clause 33 Assistance with transition care*

- Item 3 b(iii) wording is more appropriate, than the wording used in 2b(iii), and in the interests of consistency should be applied to Item 2b
facilitating the individual's movement from hospital, through transition care and back into the community or into (or back into) a residential care home.

Recommendation – OTA recommends the wording that is used in Item 3b(iii) be applied to Item 2b(iii).

- Item 6 – Transport for the individual to visit a medical practitioner, or assistance in arranging a home visit for a medical practitioner is identified. However provision of transport to visit an allied health professional, or assistance to do so, is not identified in the Services List. Transport for the individual to visit an allied health professional, or assistance to do so, if required, should be included, as it may be necessary, under some circumstances, that the older person needs to receive an allied health service in a place other than their home or the residential care facility. For example some older people may benefit from seeing an OT as part of group therapy, or participating in a falls prevention program in a clinic setting.

Recommendation – Item 6 include allied health professional, and other health professionals in Item 6.

Linking to Specialist Supports

In a number of locations service provision includes linking to specialist supports, for example in *Clause 37 Hoarding and squalor assistance Item 1(d)*. OTA suggests that referral to allied health professionals like occupational therapists should be incorporated into these service components, recognising the importance of multi-disciplinary team approaches in these complex scenarios.

Assistive Technology

OTA holds several concerns about the provision of assistive technology as presented in the Service List under *Division 4 Assistive Technology Service Types, Clause 51 Equipment and Products, Item 3 (b)*.

Despite some assurances by the Support at Home Implementation team that the funds available in the Support at Home AT HM tiers are ringfenced for the purchase of the AT or HM only and will not be expected to fund clinical assessment, prescription or handover, it now appears that this may not be the case.

We are concerned at the current wording in the Service List and the Support at Home Program Handbook sets an expectation that the funding available in the proposed 3 AT HM tiers is for both clinical input and provision of the AT HM. This sentiment has been repeated at other consultations attended by OTA on the AT HM process.

Presently, there are no AT HM programs for older people that operate in this way across federal or state levels. The funding available in the proposed three tiers is inadequate to meet both the clinical

assessment, prescription or handover needs of older people and pay for the suitable AT HM solution and we strongly encourage reconsideration of this approach.

Recommendation: OTA requests clarification on the funding arrangements for AT HM and recommends that dedicated funds be available for the assessment, prescription, handover and wrap around support associated with the AT with separate funding available in the tiers reserved for the purchase of the AT solution.

OTA also draws attention to Item 6(d) *Clinical wraparound services* relating to those products. We suggest this component needs to include time to conference or collaborate with AT specialists to design the solution and to build the final product. This is particularly relevant with complex AT products like complex seating and wheelchair systems etc. Often this process takes several weeks/months to do and will involve the OT liaising with the AT supplier or other professionals to design and build components of the final solution (i.e. customised seating solutions, complex powered wheelchair operating systems that rely on other movements like head control/chin control etc - not uncommon when working with people living with neurodegenerative conditions and this is group of people are fairly well represented in the older persons cohort).

Recommendation: OTA recommends that funding is made available for non-clinician supports provided by AT suppliers or other professionals so they can collaborate with prescribing clinicians like occupational therapists in the design, prescription and handover of the AT solutions.

Home Modifications

In line with our comments on the Assistive Technology services, we raise the following issues in relation to *Division 6 Home modifications service types, Clause 54 Home Adjustments*.

- Item 2 of the *Services in the service type home adjustments* table – As per our previous comments on Clause 53, and the information provided in the Support at Home Handbook, OTA requests urgent clarification around the funding arrangements for home modifications.

Recommendation - OTA recommends that dedicated funds be available for the clinical assessment, prescription, handover and wrap around support associated with the HM, with separate funding available in the tiers reserved for the purchase of the HM solution.

- In addition OTA suggests that Item 2 (d) needs to include time and funding to liaise with builders, architects and other building specialists/professionals in the design and development of the modifications and the execution of the modifications. NDIS have set a precedent with this having clearly outlined a range of professionals who are involved in home modifications (particularly complex ones) and the need for funding to be available for the utilisation of these various other professionals and time for the clinician to liaise with them.
The current wording is not clear in terms of what constitutes 'wrap around services'.

Recommendation- OTA recommends that clarification be provided on what constitutes 'wrap around services' for home modifications, and that it includes time and liaison for the design, development and implementation of modifications.

Residential Services

OTA notes that *Division 8 Residential care service types*, appears to be a re-write of the current Schedule 1, but is pared down.

Verbal assurance has been received from by members of the Department at a recent meeting with Allied Health peak bodies, that further work is to be done on Division 8.

Recommendation: OTA requests clarification on this and the process for consultation with the sector on this section of the Rules.

Related Matters

OTA notes that the Support at Home Handbook contains strengthened requirements for use of MBS CDM items before allied health services can be access.

OTA suggest that there is a need to address discrepancies that may arise between the handbook and the rules. OTA raises concerns over wording in the current Support at Home handbook that indicates that other government funding schemes such as Medicare Benefits Scheme Chronic Disease Management Plans must be used first, before Support at Home can be accessed. The requirement to utilise MBS items before accessing allied health services via aged care funding is inequitable and may be inappropriate, particularly for those requiring AT-HM, and may result in this vulnerable cohort experiencing financial pressures and missing out on needed services.

Conclusion

OTA thanks the Department of Health and Aged Care for the opportunity to comment on the Consultation on the Aged Care Act Rules - Service List. OTA would be happy to meet with IHACPA to expand on any of the matters raised in this submission.

Contact : For further information or to discuss the contents of this submission, please contact OTA via policy@otaus.com.au.