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UNDERSTANDING THE
**AGED CARE
SYSTEM**

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NOTE:

1. The Aged Care System is currently undergoing major changes. This booklet describes the system as it will be from 1 July 2015.
2. Costs cited in this booklet are based on the rates as at 1 February 2015, listed on the Australian Government's website www.myagedcare.gov.au. Service costs are expected to increase in line with Age Pension increases. For current rates check the website or call 1800 200 422.

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INTRODUCTION

This booklet is designed to help people living with HIV, their carers, family and friends to get a basic picture of how the *Aged Care System* works and what to expect from service providers.

The Aged Care System is complicated and can be difficult to navigate. But there are some basic rules and processes for all services. Similar types of services are available through many different organisations. Once you understand these basic rules the Aged Care System becomes a little easier to understand. This booklet aims to explain these basic rules.

There are 2 main types of services:

- *The Main Aged Care System* - you need to qualify for services, including home-based services and residential care (see pages 4 - 11).
- *Other Useful Services* - these extra services are generally available to anyone who needs them (see pages 12 - 16).

Don't rely on this booklet as your only source of information about aged care services. For more detailed information contact the Seniors Information Service (see page 12) or My Aged Care (www.myagedcare.gov.au or 1800 200 422).

TRENDS IN AGED CARE SERVICES

Our aged population is growing. It is projected that by 2020, 18% of Australians (4.2 million people) will be over 65. The HIV-positive population is also ageing. By 2020 it's expected that over 50% of people living with HIV will be over 50.

Most people prefer to live in their own home for as long as possible. Fortunately it is generally cheaper to provide in-home services than the alternatives - hospitals or residential facilities. This means that government systems are increasingly focused on enabling people to stay at home.

Over the past few years home-based services have become more flexible. The idea is that each person can access services designed to respond to their particular needs and preferences. Services are not limited to physical needs such as personal care or home nursing. A *Home Care Package* can also include help with gardening/cleaning/shopping; house modifications or maintenance; aids (e.g. mobility or showering equipment); and *time out* for carers, enabling them to continue caring for longer.

Home Care Packages are provided on a *Consumer Directed Care* (CDC) basis. This allows you to have more say in the management of your Home Care Package. You have influence over the types of services you receive, how services are delivered, and who provides them. This includes a copy of your allocated budget so that you can see how the money is being spent.

Residential care services have changed less. This sector is gradually exploring alternative models, so a wider variety of supported accommodation options will be available in the future.

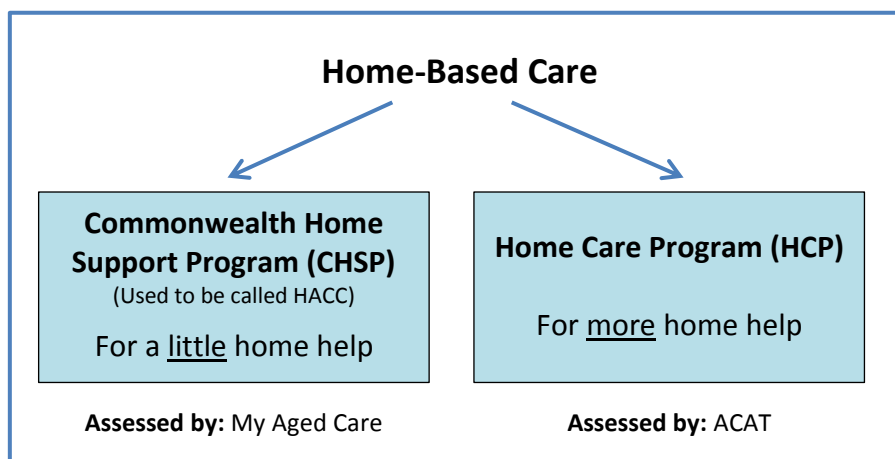
THE MAIN AGED CARE SYSTEM

To qualify for aged care services you generally need to be at least 65 years old. However, there are some exceptions to this. Aboriginal and Torres Strait Islander people can access services from age 50 because of their much lower life expectancy. If you are under 65 years old and your needs are not met through other services (e.g. if you are experiencing premature ageing, disability or dementia), it may be possible to negotiate access to aged care services.

You do not have to disclose your HIV status to access aged care services.

Home-Based Care

The Aged Care System is designed to help at the times when you find it difficult to manage some day-to-day living activities and need extra help to be able to stay in your home longer. There are 2 pathways to getting home-based care:



There are some other services you can access whether or not you're part of this system. These are detailed on pages 12 - 16.

A Little Regular Home Help - the Commonwealth Home Support Program (CHSP)

Maybe you just need some help with mowing the lawn, changing light globes, transport to shopping or medical appointments, or an hour's house cleaning or washing each week? The **Commonwealth Home Support Program (CHSP)** can provide these kinds of services.

The CHSP used to be called Home and Community Care (HACC). The assessment system has changed. To be assessed for CHSP services:

1. Ring the *My Aged Care* call centre on 1800 200 422. Often this assessment can be done over the phone.
2. If you find it difficult being assessed over the phone (e.g. you can't understand the assessor or your situation is too complicated to explain over the phone) you can ask for a face-to-face assessment. The phone assessor will arrange this.
3. If the assessor is finding it difficult to assess you over the phone they will arrange a face-to-face assessment for you.
4. The face-to-face assessment will be done in your own home by someone from the *Regional Assessment Service (RAS)* for your area. It's a good idea to have a carer or friend there during the assessment to make sure the assessor gets the best possible picture of your needs.

The assessor will ask questions about your ability to cope with various day-to-day activities: it is important to be open about any activities you are finding difficult. If you have a carer, the assessment will also consider what help they may need to be able to keep supporting you. If the assessor thinks you need a higher level of help, they will recommend that you have an *ACAT assessment* (see the next section).

The assessor will then arrange an organisation to provide these services for you. **You have the right to tell them if you prefer a particular service provider.** If you don't have a service provider in mind they can look for one for you.

It can be worthwhile to do some homework beforehand to find a service provider you feel happy with. To find a CHSP service provider, just enter your postcode at www.myagedcare.gov.au/service-finders and a list of local services will appear.

You can always request a change of provider later if you are unhappy with the service you are receiving.

If You Need More Home Help ...

If you need more than a couple of hours help each week to be able to continue living in your home you need the **Home Care Program (HCP)**. To qualify for the HCP you need to have an *ACAT assessment*. (ACAT stands for *Aged Care Assessment Team*.)

ACAT Assessments

You do not have a choice about the agency that does your ACAT assessment - there is a single service for each location. You do not need a referral to get an ACAT Assessment - you can ring and arrange one for yourself if you wish. Or, your GP or any other health or community service can refer you for assessment. To search for your local ACAT enter your postcode at www.myagedcare.gov.au/service-finders. ACAT assessments are free of charge.

Don't wait until you have an urgent need for services to request an ACAT assessment. There can be long waiting times throughout the process. You may need to wait several weeks for your assessment. You may then have to wait several more weeks for a Home Care Package (or even longer for a residential care vacancy) to become available. **Remember, having an ACAT assessment does not oblige you to use the services you qualify for ... it simply gives you more choices!**

The ACAT assessor will talk with you about the kind of services you need and work out whether you are eligible to receive government-subsidised aged care services. Again, it is a good idea to have a carer, family member, friend or advocate there during your ACAT assessment, to ensure that the assessor gets the most complete picture possible of what you can and can't do.

If they agree that you need more help, the ACAT assessor will approve you for Level 1, 2, 3 or 4 services, depending on your level of need. Each level has a different \$ value. In addition to the direct help you receive, this budget must cover costs such as buying or hiring assistive equipment, and an administration fee for your HCP service provider. The assessment will also determine whether you are eligible for residential aged care. Your level can be reassessed if your needs change.

The assessor will give you a copy of your ACAT assessment. You are now free to go shopping for a HCP service provider who meets your needs!

The Home Care Program (HCP)

HCP services are provided by many different government, non-government and commercial agencies. Some service providers offer all levels of service (e.g. big organisations like Anglicare or ACH Group). Others specialise in particular types of services (e.g. aged care homes or home nursing).

Once you have been assessed you can choose your own service provider. To search for local Home Care Program service providers just enter your postcode at www.myagedcare.gov.au/service-finders.

In addition to local services there are many services which specifically cater for people with particular backgrounds, interests and needs. For example, in Adelaide there are two organisations that provide specialist services for lesbian, gay, bisexual, transgender and intersex

people (**LGBTI Home Care Packages**) - Uniting Communities (8375 1193) and St Louis Community Care (8332 2068). There are also specialist services for Aboriginal people, people from other cultural/language backgrounds, people with dementia, veterans, people raised in the foster system, etc. To ask if there is a specialist service for your particular needs ring My Aged Care on 1800 200 422.

Once you have chosen a HCP service, you and the service will jointly plan your Home Care Package within your approved budget. Services provided at home may include:

- Domestic assistance (e.g. cleaning, washing, ironing).
- Personal care (e.g. showering, dressing, hair care, toileting).
- Home modification (e.g. ramps, rails, personal alarm).
- Nursing care (e.g. wound care, medications).
- Allied health services (e.g. podiatrist, occupational therapist, dietitian).

If you are socially isolated or your carer needs regular breaks, your Home Care Package could also include:

- **Customised, individual social support.** A worker supports you to do the things you like to do. This could involve spending active time away from your home following your interests, or simply enjoying quiet conversation in your home. It's entirely up to you!
- **Centre-based day care.** Centres run by some HCP services provide social activities (e.g. a shared meal, guest speakers, exercise, men's sheds and outings). Some provide transport to and from the centre.
- **Community Visitors Scheme.** A regular volunteer helps you maintain an active social life, for example through visiting you at home, going out shopping with you or helping you access social activities.

To arrange any of these types of social support talk with your HCP service provider.

If You Need Residential Care

In reality, very few people end up in *nursing homes*. No-one can legally force you into residential care, unless it's been legally determined that you have lost the ability to make your own decisions. (See page 16 for ways to make your wishes known in advance.)

You can stay in an aged care home permanently, or for a short time. You can only stay in government-subsidised residential care if you qualify for residential care through an ACAT assessment.

Once you have been assessed, you can choose your own service provider. If you need or want to enter residential care it's important to shop around - the type and cost of services vary enormously! To search for aged care homes enter the postcode of the area you'd like to live in at www.myagedcare.gov.au/service-finders. Here, you can look for details of each facility's services including - types of care available; style of accommodation; services and activities; staffing; food and drinks; transport and access; religion/faith/spirituality; specialist services; and the cost of different types of accommodation.

Short stays in an aged care home (called *residential respite care*) can be for a few days or a few weeks on either a planned or an emergency basis. You can only access this option if your ACAT assessment finds that you need this level of service on either a temporary or permanent basis. Residential respite care is available for up to 63 days each financial year with limits on the length of each individual stay. Residential respite can be used to give your carer a break from their caring responsibilities or following an accident or illness when you might have increased care needs for a short period of time.

Cost of Services

Increasingly, aged care services are moving toward a *user pays* system. Income and asset testing applies to most services with some health waivers available. If you are in financial hardship, you may be able to access reduced fees:

- For services approved by My Aged Care - talk with your CHSP service provider about the possibility of reducing their fees.
- For all other services - you can apply for assistance through Centrelink. Go to www.humanservices.gov.au and search "Financial Hardship". There are two separate forms - for *Home Care and Respite Care* and *Residential Aged Care*.

There are fixed rates for **Commonwealth Home Support Program** services. These are typically \$10 - \$12 per hour, depending on the type of service (except nursing services which are more expensive). If you are in financial hardship you can talk with your service provider about the possibility of reducing these fees. (IMPORTANT NOTE: HIV-positive people are eligible for RDNS HIV/AIDS support services, including home nursing care. This is separate from the aged care system and may be cheaper or even free-of-charge, depending on your income. For more information call RDNS on 1300 364 264.)

The current minimum cost of **Home Care Packages** is \$135.80 per fortnight, which can be reduced if you qualify for financial hardship assistance. If your income is over \$25,116.80 (for singles) or \$38,984.40 (for co-habiting couples) and/or you have other assets (e.g. savings or items of value not including your *family home*) expect to have to pay more. To get an idea of what home-based services will cost you, use the fee estimator at www.myagedcare.gov.au/fee-estimator/home-care/form.

The current minimum cost of living **permanently in residential care** is:

- A *basic daily fee* - 85% of the single basic Age Pension - currently this fee is \$660.10 per fortnight,
- The cost of all prescription and non-prescription drugs, and
- The cost of transport and escort to and from health appointments outside the aged care home.

If your income is higher than the pension and/or you have other assets (e.g. savings or items of value often including your *family home*) you may have to pay further additional fees:

- If you own your own home, expect to have to pay a significant *accommodation payment*: each aged care home sets its own fees, so these vary enormously.
- You may have to pay a *means-tested care fee* to cover more of the costs of your care.
- You may also be charged for *extras* such as internet/phone connection, day trips, phone, hairdressing, massage or classes.
- You may also have to pay for some specific health care costs including continence products, mobility aids, specialist bedding materials, and nursing and allied health services.

Use the fee estimator at www.myagedcare.gov.au/fee-estimator/home-care/form to get an idea of what residential care services will cost you.

If you stay in **residential care for a short time** (*residential respite care*) you will be required to pay the same costs as permanent residents except the *accommodation payment* and *means-tested care fee*. You may also have to pay a booking fee in advance - up to a full week's basic daily fee or 25% of the total fee for the stay, whichever is lowest.

OTHER USEFUL SERVICES

Consumer Rights & Advocacy

As an older person, you have rights.

The **Aged Rights Advocacy Service** (ARAS) is an independent, not-for-profit, community-based organisation. ARAS aims to promote and protect the human rights and wellbeing of older people. ARAS offers a free, state-wide and confidential advocacy service which can help you with problems with residential or home-based care, and elder abuse. ARAS can also provide:

- Information and advice on your entitlements, rights and responsibilities as an aged care service user - to you or someone you nominate as your representative.
- Advocacy to assist you to resolve problems or complaints about aged care services - either through helping you to speak for yourself or, if you prefer, speaking up on your behalf.
- Support to be involved in decisions that affect your life.

ARAS also provides education on consumer rights with groups of older people (e.g. residents' groups in aged care homes) and aged care service providers. For more information see www.sa.agedrights.asn.au or call them on 8232 5377 (country callers - 1800 700 600).

Information Services

The **Seniors Information Service** (SIS) is a useful *next step* if you want more detailed information on topics covered in this booklet ... and many more! SIS provides information about all services and entitlements for South Australian seniors including residential aged care; home support and care options; retirement housing; health and wellbeing; legal and consumer issues; money and work; and leisure,

travel and lifestyle. This service is free. For more information see www.seniors.asn.au or call their Help Line: 8368 8776 (country callers - 1800 636 368).

Carer Support

Maybe your carer needs a break? You don't need to qualify for aged care services for your carer to get some support. They don't have to be formally recognised as a Carer with Centrelink, and there are no age restrictions.

Your carer is anyone who you trust who regularly helps you. They might be your partner or a family member; equally, they might be a neighbour who usually takes you shopping. Or, you and your partner may be *co-carers* for each other - taking turns to care for each other at times when you each need it. Any of these types of carer qualify for **Commonwealth Carer Respite Centre (CCRC)** services. Most of these services are free or low cost.

Your CCRC can provide short term or emergency back-up when your carer needs a break from their caring responsibilities. For example they might need someone else to help with your shopping whilst they're on holidays or studying for exams; or they might need someone to take you to the doctor whilst they go to their own appointment; or they might need help keeping the garden under control; or they just might need time out to relax. The biggest anxiety for many carers is *What happens to you if I get sick?* Once they have registered with a CCRC, carers have access to 24/7 support in a medical emergency or other crisis (e.g. someone can come and stay with you if they have to leave suddenly).

For a more detailed overview of these and other services for carers contact Positive Life SA for a copy of the PLSA Info Update *Support for Carers in South Australia*. Or call the CCRC to register on 1800 052 222.

Dementia & Memory Loss Services

You don't need to qualify for aged care services to get help for memory loss or dementia, and there are no age restrictions. All services except *Safe Return* (see below) are free of charge.

Alzheimer's Australia SA provides a variety of services for people experiencing memory loss or living with dementia and their carers, families and friends. These are detailed at www.fightdementia.org.au. You can get information and support through the National Dementia Helpline (1800 100 500 during office hours). The Helpline can also arrange face-to-face individual, family or group counselling. Alzheimer's Australia SA also run information sessions and more detailed programs on living with memory loss or dementia; support groups and programs for carers; and a behaviour management program (with access to 24/7 advisory support). The *Safe Return* program (\$50 in the first year then \$20 annually) is available for anyone at risk of wandering from their home and getting lost.

It is estimated that 20% of people living with HIV will experience (usually mild) HIV-Associated Neurocognitive Disorders (HAND), including HIV-associated dementia. Many of these disorders are treatable. The Alzheimer's Australia website includes lots of practical information about living with memory loss (select *About dementia and memory loss* on their website) including:

- For practical resources about HAND search "HIV". The publication *Living with HIV-Associated Neurocognitive Disorders (HAND): Information for people living with HIV and HAND, their partners, families and friends* is available online or from Positive Life SA.
- Booklets and videos targeted at LGBTI communities. *LGBTI People and Dementia: The important issues*, and *Dementia Doesn't Discriminate: Know the signs*, are available from Alzheimer's Australia SA or Positive Life SA.

Independence and Mobility Services

You don't need to qualify for aged care services to get help with maintaining or improving your independence. Three main types of services are available - Independent Living Centres, Day Therapy Centres and Chronic Disease Management programs.

Independent Living Centres (ILC's) can be helpful if you need equipment to improve your quality of life. Throughout Australia, qualified staff provide independent advice or assistance in choosing the best products for your needs. The *Products* page on their website (www.ilcaustralia.org.au) includes information on a huge variety of items - everything from personal alarm systems, to mobility aids, showering equipment, hearing/visual aids, kitchen devices, continence products and lifting equipment. For free information and advice call the ILC Infoline on 1300 885 886.

Day Therapy Centres are designed to help you maintain your independence, fitness and mobility for as long as possible. To qualify you must be aged over 65 (or over 50 if you are Aboriginal or Torres Strait Islander). You must also be living in the community or receiving low-level care in an aged care home. Each Centre sets its own fees and is responsible for deciding how much you will have to pay. These fees usually vary according to your income and the number of services you need.

A Centre staff member conducts an assessment of the types of therapy you need and talks with you about what you want out of the therapy. The Centre will then develop your individual therapy plan based on your goals. The main services offered through Day Therapy Centres are:

- Allied health services such as physiotherapy, occupational therapy, podiatry, speech pathology and dietetics.
- Exercise services such as small group fitness sessions, recovery-focused exercise and hydrotherapy.

Medicare-funded Chronic Disease Management programs offer less intense service provision, so they may not be sufficient if you experience a major health crisis. However, these programs are free and can be very helpful in maintaining your health and meeting your ongoing health needs. Both allied health and mental health services are available through your GP. For a more detailed overview of these services contact Positive Life SA for a copy of the PLSA Info Update *Medicare-funded Allied Health Programs for People with Chronic and Complex Conditions*.

DESIGNING YOUR FUTURE CARE

We are all at risk of having an accident or becoming seriously ill and losing the ability to make decisions for ourselves (on a temporary or permanent basis). If this happened, who would you want to make your medical, personal, financial or end-of-life decisions? Do they know your wishes? If you don't plan ahead, a family member will usually step in and make those decisions for you. However, you can make your wishes clear in advance through two main documents - an *Advance Care Directive* and *Enduring Power of Attorney*.

In South Australia, an Advance Care Directive is a new type of document which replaces the need for 3 separate documents - *Enduring Power of Guardianship*, *Medical Power of Attorney* and *Anticipatory Direction*. If you already have these documents in place, they continue to be valid unless you complete an Advance Care Directive.

An ***Advance Care Directive*** allows you to detail your medical, lifestyle and end-of-life preferences. You must nominate someone to be your *Substitute Decision-Maker* (e.g. a friend, partner, family member or another person you trust). Their job is to make the decisions they believe you would have made in the circumstances, if you lose the ability to make your own decisions. This includes important personal

decisions such as living arrangements, holidays, relationships, and medical treatment. An **Enduring Power of Attorney** allows you to appoint someone you trust to make financial decisions (including property transactions) on your behalf if you lose the ability to make your own decisions.

Positive Life SA is planning a booklet on making legal preparation for ageing. In the meantime, there's a useful summary of *Advance Care Directives* on the Seniors Information Service website (www.seniors.asn.au) in the *Legal and Consumer* section. (NOTE: These documents do not replace the need for a **Will**, which covers what happens to you and your property after you die.)

REFERENCES

All the websites and resources included throughout this booklet, and:

ABS - Australian Bureau of Statistics (2002) *Population Composition: Regional population ageing* (4102.0 - Australian Social Trends) at www.abs.gov.au/ausstats/abs@.nsf/2f762f95845417aeca25706c00834efa/851dece969d9182cca2570ec000a2501!OpenDocument

(The) Myer Foundation (n/d) *2020: A vision for aged care in Australia* at myerfoundation.org.au/wp-content/uploads/2014/09/2020-A-Vision-for-Aged-Care-in-Australia.pdf



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