REVIEW OF THE ADMINISTRATION OF MY AGED CARE - BUCELLO

SUBMISSION: ELLEN BUCELLO

I am a seventy-three (73) year old female with lived experiences as a My Aged Care recipient, Forgotten Australian/Care Leaver Advocate having previously worked in all tiers of the public sector. Relevant to this is my experience in the Department of Finance, Department of Veteran's Affairs in Pensions and Rehabilitation Appliances Program. I also hold qualifications as a Nurse (albeit a while ago) and in 2021 completed a Diploma in Mental Health in the hope I would return to work casually. I will not apologise for a lengthy submission, as everything in my Submission to the Inspector-General needs to be conveyed. I will be providing you my personal experiences, but also those of some neighbours who I have assisted. I will refer to these persons with Ms, Mr and their first initial. *I assure you Inspector-General these are all very true genuine incidents that have occurred over ten years, however I will list only those in the past five as your submission requests. I have assisted in all these.*

Most people with whom I associate do not have the knowledge or experiences that I have been afforded from my past Public Sector experiences or technologically ability to address submissions. Hence, my prior email to your wonderful Assessment Team who afforded me the time to address significant issues drawn from their experiences to capture a more realistic outcome through statistics, especially from the group *Forgotten Australians* who are classed in a special needs group in the Department of Health and Ageing Legislation.

I reside in a Residential Village in Erina, New South Wales. On estimate ninety percent of occupants are in the age group to receive either CHSP or the HCP if required. Being on this side of the fence (older, lived experiences) provides me with an advantage to continually assess the outcomes of persons either commencing on their 'My Aged Care' journey or pondering how to approach this labyrinth. I have assisted and instructed many elderly people in our village on how to contact My Aged Care (MAC) through the 1300 telephone number to arrange an assessment or to request information. On many occasions these residents lacked confidence and explained to me, they did not know what to say. Trying to attempt computer access without any knowledge and with no desire

to obtain any training for My Gov was an impossibility, due to the lack of technological skills. Indeed, I would be a very rich lady if I had consultative fees for every person I have consulted with, either to write on their behalf, phone on their behalf, guide them through the talking process with the My Aged Care Consultant. Adjust hearing aids and volumes on phones or try and find their hearing phone access on their mobile. Upon request from that neighbour phone his/her child to explain what has been done to assist mum/dad outcome only to get verbally abused, or to ask for prior approval to assist mum/dad. In situations I have first phoned the child of the neighbour I have been advised they are too busy to drop things for mum/dad. I am always delighted when I get a thank you, tell mum/dad I will be over to assist. I can say confidentially at all stages the Consultants or Call Centre Representative in My Aged Care, where on the ball with the privacy issues concerning the individual requesting to speak to that client and gaining sensitive information (if the neighbour could remember). My prior experiences in the sector gave me knowledge of Proof of Identity (POI). I have received many a threat from family who rarely visited.

Bear in mind, all the above is happening even before the neighbour needs to find a suitable Provider. Try explaining why we must call My Aged Care and the need for an Assessment. Then how they must go on a waiting list after the ACAT assessment. *Then a sad little elderly face looks up and says but I need help now*. Thank goodness, we can pull out the magic wand and explain the Commonwealth Home Support Program (CHSP). Tears stop and the smile returns.

Ms J 93 yrs.

This lady was receiving house cleaning weekly. Her cleaner left that Provider in July 2023. Obviously, there was no handover. I was asked in early January 2024 by another neighbour if I could pop in and see her Ms J, she was concerned her dementia had worsened as well no cleaner had come. Upon visiting she had stored to buy bits and pieces which were put into the second bedroom. This had already been cleaned out twelve months prior. Her house had not been cleaned in five months and had ants crawling through the carpets. I also arranged for her to go to her doctor and called her family. A neighbour and I cleaned her home. I arranged a medical appointment with her doctor, called her family explained

the situation and asked if they could take her to her doctor. I asked her why she did not phone she explained "they get angry, they just want to put me away as they want the money from my home.

Twelve months prior Ms J

Twelve months prior she had a fall ended in hospital and was sent to a Nursing Home. She has dementia badly and many a neighbour had cringed as she crossed the Road and bought home more ornaments, trinkets which again filled her second bedroom. Ms J's home was cleaned out by son and daughter and a SOLD sign put on it. It was vacant for three weeks. No work was done to the prefab house. At the end of three weeks, as I drove past, I noted the for sale gone. That evening, I was told that Ms J returned the prior afternoon took the sign down, phoned a locksmith so she could get access. Someone found her asleep on the floor the next morning. Ms J had gone absent without leave from the Nursing Home. She had never been placed in an appropriate Nursing home that had security.

Ms J returns home

Back home the neighbours rallied to at least make her feel comfortable, although we all agreed she needed to be in care. Eventually, she had to buy new furniture as her children sold all her goods. I received a phone call from another neighbour requesting me to look on Facebook to purchase her a second-hand washing machine.

This brings us back to the present time. Neighbours complaining to me "El that is awful, she is not getting any services" very few know how the system works. I explained well I am going to take a guess that My Aged Care have not been advised she has left the Nursing Home. Phoning her son, I asked has anyone told My Aged Care that mum is home." Reply "we have had enough of mum; she should be in dementia. she continues to put it over everyone, you take her to the doctor…" next day off to the Doctor (I asked to see her original Dr) as she apparently doctors hops (son states) to avoid dementia detection. The son and daughter decide to attend, and asked that I go in with them. Appointment reveals she had been referred to a geriatrician over twelve months prior. A referral was given to her Ms J. The family found out that she had hidden the

referrals. Whilst we were all in the room Ms J was eager to exit. She new what the conversation was leading to. The Doctor proceeded to explain that Ms J has dementia and should not live alone, but the only person who can make that decision is a geriatrician. The son says "we have been going through this for four years now" the Doctor replies "you want me to put her into care, why should I be the baddie?" The son states "so you want the family to be the baddies in all this?" As the fourth party in the room, I could not believe what I was hearing. This discussion being taken place in front of the patient. The family looked at me, the doctor turned to me and says "El, I will give you a letter to take to admission, so Ms J can be admitted. Ms J says "I don't need to go to hospital" Absolutely, no way was I getting involved to this extent.

Ms J is still in her prefab home collecting trinkets, walking across in front of traffic, and not realising that when she picks up something and does not pay, pops it into her shopping it is stealing, she is not aware of what she is doing. I phoned Veteran's Affairs to get her on the cleaning list again, a forgotten war widow. They replied she is in care. "No" I explained the situation. "Ok" El we will organise. I asked if someone would call Legacy Welfare. Next day the Legacy Welfare representative from DVA phoned me to explain she has spoken to the family.

One day I get a phone call from the Paramedics, as the ambulance is parked at her house. She had told them El will help. They ask me to come to her home where they are parked. I grabbed my Canadian crutch and walk down. The Paramedics explained Ms J phoned 000 to ask when her tablets would be ready for delivery, she was in the food court. As they helped her out the ambulance, they deduced "I believe she has dementia" I just sighed. After I saw she was comfortable I retreated to my own home.

Since no one can decide to protect Ms J, I cringe whenever I hear the tires come to a halt outside our village. I feel very sad for anyone who works in the ACAT, My Aged Care, Health sectors that are not allowed to make these decisions in the absence of a loved one. The newly drafted legislation regarding dementia is not comforting either. That concludes MS J's case.

Ms S 75 yrs.

Stopped me as I walked to the letter box Ms T asked me, "El, my daughter usually does my shopping, but they have gone overseas for two months on holidays, I have used all my food and have no food" again, onto My Aged Care. Only to find she has never been registered. Daughter come to clean and assist with shopping. Registered Ms T, *but could not get any urgent assistance for her*. I took her shopping for the next four weeks until CHSP could be put in place. But I realise there is not *emergency codes to seek assistance.*

Ms T 79 yrs.

She asked me how to go to the next level L2. Asking why? She has no IT skills. Ms T went onto explain that twelve months prior she had phoned the My Aged Care number had an ACAT assessment on the phone. She was having trouble with lifting and hanging her laundry, cleaning etc due to torn rotor cuffs. She was in a much pain with her arms and her right hip. Whereas, twelve months ago she could do her shopping this was becoming far more difficult. She had not even been allocated a L1 in that twelve month and was on CHSP awaiting L1. Although one Provider arranged a Physiotherapist to visit Ms T, I was appalled that she was paying twenty dollars for each hour. Ms T is on the base Centrelink Pension of $1,100.00 per fortnight. Her rent is $780.00 per fortnight. This lady is left with $420.00 each fortnight for groceries, utilities, pharmaceutical, medical. The doctor she goes to does not bulk bill and changes $120 per visit of which she receives $80 from Medicare. One never sees her go out. She exclaims well El I am in too much paid to go out and I have not money.

When I make meals for myself when I am not in pain I try and make a couple up for Ms T, to help her. She put her name down to see a Specialist in January 2024 and has an appointment for February 2025. I explained to Ms T, have you ever considered going into care? Because as I see if, having three meals a day, your washing done, being cared for, having events arranged for you seems to be a better option. Yes, the Government says they want to keep people in their own homes, but if you weigh up the pros and cons, there is nothing to consider. You would not have Christmases alone. You have social events planned. She and I agreed, when you are on your own without family support and on a low income

there is absolutely no incentive to choose to be lonely, in pain, trying to manage. She was informed her L2 is still a couple of months away. I explained that she needs to phone My Aged Care Back for another ACAT assessment given that her situation has worsened. She now not only had rotor cuff problems but has b one on bone on her hip and several cysts in her hip. There is no way she could she could afford health insurance. On the Central Coast the appointments to see an Orthopaedic Surgeons are over 12 months. I asked my Orthopaedic Surgeon why this is so. He explained that the Government only provides so much money to private hospitals to do public patients. If they provided more funds that could reduce the list and therefore the pain of patients.

In closing this section of true accounts in my village, this is only a snippet of what I come across regularly, I have not included all the incidences I have been faced with. Many are not IT literate so they are not up to speed with telephone contacts or who they can phone. As a human being and a previous nurse this tugs at my heart. And on occasions when one has a walk around the village one hears an elderly person crying alone either on their front porch or in their home.

Four years ago, I approached a 93-year-old on her porch sobbing. I asked if she wanted to talk. I knew she had been in hospital after having a heart attack. She had been cleared to come home. She explained she is very scared after having that heart attack. She stated she did not want to come out of hospital and she was told she had to leave. The thought of her having another heart attack weighed heavy on her. She wondered how long before she would be found dead. She was extremely vulnerable and at the least needed to have a Community Nurse visit her until she had something in place. Her family lived in the country. One of her sons had already die.

Whilst I have been helping others, I have had my own demons to fight. The following is part of my story which some from your Review Team have already heard. I explained I will put this major incident in my Submission.

El's experience

In 2015 I resigned from the Queensland Police Service (admin) due to a mental health breakdown because of coming forward to tell my life experiences to the Royal Commission into Sexual Abuse of Children in Care, I was in NSW institutional care. Going back to my past triggers many bad and painful memories. PTSD, Borderline Personality Disorder, Anxiety, Depression saw me spend much of the first two years in mental health. I relocated to NSW which was my birth State and to be closer to my children, purchased a caravan with an annex and that is still where I presently live.

In 2016 I underwent a right knee replacement, three months later I had a left hip replacement. In 2017 I required an extension to my four spinal titanium rods which were inserted in 2013, taking me to eight in total. To the Neurosurgeons' surprise as he tried to operate, he found my spine was broken, so a Medtronic bolt was placed in my spine to hold it together. Now this was something I had tried to alert my prior Orthopaedic Surgeon to who claimed I had nothing wrong. In the end I tried to take my own life as the pain was unbearable. I am not sure whether it was 2016 or 2017 when the hospital advised it would be best if I went home on a TRANSPAC. At that time, I did not know that the State funded these packages. I was just told I would get a bit more help at home. The Transpac Provider for Baptist Care told me about My Aged Care and that I should register. In the next seven years I had more surgery, a right shoulder replacement in 2021 and several spinal fusions.

My first intro to My Aged Care services was on CHSP with Baptist Care to assist with housework two hours each fortnight. I had arthritis in my arms, a broken pack, fusions, rods, etc and several joint replacements. I had explained that due to my mental health and having eleven welfare placements as a child made me feel I was not wanted. However, since undertaking my Diploma in Mental Health in 2021 and commencing CBD oil I was so much better mentally. I progressed from CHSP to L1 for two (2) hours of cleaning a fortnight. At CHSP level my contribution was $5 per hour x 2 hours per fortnight = $20 per month. Then I was progressed to L2 by Baptist Care and my first monthly invoice was $198.00 I am on a part Centrelink Pension and a very small part CSS pension. I pondered,

as to whether I was paying too much for four hours a month. I weighed up the outer pocket costs on CHSP against the HCP costings. My monthly contribution would be enough to pay the two-hour wages, so what was Baptist Care doing with the annual funding? I never got physio, hydro etc. I worked out I could get off HCP funding and pay a person cash in hand (not something ATO would approve of) and still come out in front. I never saw an account as to what if anything I had on an HCP account. I did go on a fortnightly bus trip a couple of times but we paid $15.00 for the day and bought our own lunch and morning and afternoon tea.

I withdrew my package as I felt I was receiving the same assistance on CHSP compared to HCP. I advised Baptist Care that I wanted to go back to CHSP. I was to be told later down the track that once a person is on HCP they cannot leave. An ACAT person on the Central Coast told me that. I questioned, if their health did improve and they felt well enough to be able to undertake more tasks themselves they cannot go back. I was told that is right, they reiterated one must stay on that package. I argued, that I did not think the Federal Government would agree to wanting to continue to pay out funds if a person's health had improved.

In February of 2021 I attended a major Sydney Hospital for my Neurosurgeon to perform my fifth (L1-L2) spinal fusion along with excision of two portions of the lower ribs to get access to that specific area for fusion and to put in donor bone to assist heal. A few days later I was transferred to Brisbane Waters Private Hospital (BWPH) Central Coast NSW. I have retained my health insurance since 1984 as the abuse I suffered in the care of New South Wales welfare system and the eleven placements has left me aging very quickly and losing my mobility. (The foster mother from the last five-year placement had beaten me with a baseball bat and with the wooden hairbrush that left me with blisters down mine spine, and damage). I was denied in 2015 access to NDIS. Centrelink said I am sure you can answer a phone and your 65th birthday is only weeks away, I was put on Income Support and told to look for work. I was in Berkley Vale Mental Health. I appealed the decision and received a letter advising that a very knowledgeable Public Servant had made the decision to deny my NDIS application. I am entitled to get assistance as a Forgotten Australian/Care

Leaver. However, a brokerage annual fee is available of $800 off the government through Wattle Place which is Relationships Australia for health costs. I had already used much super as out of pocket contributions to ward my Orthopaedic Surgery.

After being transferred to BWPH, I had a morphine injection on arrival as the pain after the ambulance road was very bumpy. I settled well, got into my physiotherapy and hydrotherapy after the wound healed. I was a few days into this healing. Having had these spinal surgeries prior I had always attended North Gosford Private and the healing process, physio etc were wonderful enough for me to leave on TRANSPAC and recover at home.

A few days into my admission at BWPH an ACAT Assessor Miss D attended and assessed me in the gym as requiring TRANSPAC. Later that week a letter from My Aged Care confirmed that approval. A couple of days later I was approached in my room by the Social Worker Miss P and a Head Nurse who advised that they had received a phone call from ACAT a Ms L, that had been given instructions that there would be no TRANSPAC provided. I was to find out later that the TRANSPAC Baptist Care Facilitator, gave instructions to ACAT that as I had been on a TRANSPAC prior I would be able to look after myself. Note that the prior TRANSPAC had been approved for a different matter. I cried and pleaded "please don't not send me home." Having now had five spinal fusions and eight titanium rods along with the 4 surgeries on the knees, left hip, right shoulder I was now also experiencing arthritic pain in my elbows/hands. The fingers would go numb as consequence of the Ulna Nerve being stretched over the deformation of the elbows. My spine was the priority at that time to my Neurosurgeon.

Next day, I was bundled out of hospital, very upset. I phoned My Aged Care and asked if a Provider or an ACAT person can override an original decision. I would have thought that at least a genuine discussion looking at the surgery and talking with my Surgeon would have been appropriate. I was told by My Aged Care that one would expect to look at each case on its own merit. I accepted my lot as many Forgotten Australians do, having been pushed and shoved around in their lives and cried. A couple of days later at home I was pulling myself out of bed. I

had a bed-bar from past surgeries to assist with this mobility. Having always been in North Gosford Private Hospital, the Physiotherapists, had always assured I would not be released to go home unless I had everything I needed and assistance was in place. I pulled myself up to exit my bed. The electric beds in hospital were a life saver for my spinal surgeries and the rehabilitation for getting in and out of the bed. Especially, given this surgery area on the fusion was the L1/L2 on the lower spine and the excision of two portions of my ribs. I felt a terrible pain and what felt like a tear in my right shoulder. I thought I had pulled a muscle and the pain was excruciating. Two days later I attended my out of hospital physio and told the physio because as stated prior I was already having trouble with the arthritis. I had been ordered at that time not to use my arms or hands. I had explained this also to Ms D the ACAT worker who assessed me in the gym at BWPH.

About four days later I phoned ACAT to speak to my Assessor Ms D. I heard a voice ask who is it meaning me on the phone. She transferred me to Ms L who was the person apparently who made the decision to withdraw the TRANSPAC. I was in tears. I asked her why was the decision reversed and she said you apparently have been on TRANSPAC a few times so you would know now how to look after yourself. I explained, I am in pain. With a laugh in her voice, she said it is too late for me to reverse that decision. You needed to phone me x amount of business days from your release from hospital. In pain and upset I advised I will put in a complaint about this and she said make sure you spell my surname correct. Then she read out the spelling of her name.

I was quite distraught, the only person I thought to contact was Health Direct to seek advice from the Nurse. The Nurse was upset for me and the pain I was in and advised me due to the pain to call an ambulance. At the hospital I explained the situation. I was given an opioid, stayed overnight. The next morning the Allied Health Team met with me and with the Provider Addsi arranged to get me some more assistance. By now, my shoulder was so very painful as well as my spine and the arthritis in arm and hands, I could not lift it. I was very worried I had dome damage to my spine as well as my arm. Now I was not able to even wash my hair, lift my right arm and this is my preferred hand.

Two days later, I visited a GP at my Family Practice. I explained the facts. He examined my arm and shoulder. He concluded that there was significant damage and sent a referral with me to go straight back to BWPH. I arrived on a Friday. I had an Xray at BWPH on the Monday and the results were sent to my Orthopaedic Surgeon who did my shoulder replacement. He stated it was a poor x-ray and insisted the following day I go somewhere else and come and see him at NGPH - COSI.

As an inpatient I attended another radiology near my surgeon which now showed I had a fractured acromion/clavicle. The next day I went for more radiology tests but I did not have a Nurse attend with me. Radiologist said you are supposed to have a Nurse attend if you are an inpatient.

Upon viewing the results my Orthopaedic Surgeon was very angry. He urged me to write to HCCC. I did and their response did not find the hospital at fault. I thought if I make a complaint to My Age Care it would be like all government departments and just want to cover it up. I was returned to the BWPH and I was informed I had to wait for a TRANSPAC package. I received no assistance with the shoulder, as a matter of fact few notes I believe are in my notes, which makes me very angry.

I still do not know if an ACAT person or Provider can overrule an existing decision. Usually, people are given time to appeal or say something. A machine had to be hired to try and promote the healing as now arthritis has now found the way to the fracture. My Orthopaedic surgeon was very unhappy. I had to find $1400.00 to hire the machine to assist heal my acromion/clavicle. Even though Wattle Place funding is only $800 per person a Counsellor did arrange it for me however I was advised my funding would be limited for the next year.

In December 2023 I had a minor heart attack and was taken to Gosford Hospital. My GP also thought because of my shortness of breath I may have COPD. In the early part on this year 2024 I received a letter from a Nurse who asked if she could come and see me. She came, we talked. I shared my experiences. She had asked why was I not put on a L3 a couple of years ago? Ms K was a breath of fresh air and went back and met with her colleagues in ACAT, Pulmonary Care

as I have COPD, Arterial Fibrillation, have heart disease and am now on meds for my heart as well. At the time of me writing this letter I have had to make an urgent appointment with my Neurosurgeon because I have trouble feeling my feet again, which was the reason for the L/L2 fusion and donor bone. I have surgery tomorrow 27th June 2024 to try and get some feeling back in all fingers as they come and go.

The action from the Chronic Care Team at Woy Woy Hospital has restored my faith in health workers. That Nurse who I discussed my experiences with followed with phone calls from ACAT workers. I was reluctant to engage with them at first after experiencing the hospital situation. Then they asked why I was not assessed as a L3. I answered I have no idea. After their meeting I was advised that they have recommended me for L3. That was back in March 2024.

Often when I lay my head down, on a pillow at night, I hope I slip away peacefully. I have been fighting in one way and other all my life. And I often ask myself does anyone really care. Many years ago, I became an Advocate for Forgotten Australians. We have been though so much in our lives and even after being allocated Redress, the government has stated that that amount must be used toward our RAD. After we have paid all our lives for medications, physio, mental health, pharmaceuticals and out of pocket costs we are still paying from an amount the Federal Government awarded us with a “Sorry”

My GP has already said El it is will best that you go into care soon as I am having trouble coping. I live in a cold caravan. I have been waiting since 2018 for NSW Attorney Generals to finalise my childhood abuse case.

Terms of reference of the review

I will consider the following criteria to meet the objective of the review:

- Are there clearly prescribed standards against which My Aged Care's performance can be measured to ensure the Government's objectives are being met?

Reply: *From my observations I do not see the standards set by My Aged Care, rather a complex system where there is no priority to that hospice individual or an urgent telephone number where a person who has no assistance can get it overnight like in Ms Ts case. A confused system where humans are lost. No phone calls made at intervals to advise how they are going on the list. On housing lists people can look them up and find out what years, month, date they are up to. Humans live 24/7 so should My Aged Care and Providers without charging exorbitant fees.*

A friend told me her husband was diagnosed with Cancer three moths ago. The wife and daughter swung into action and a Provider was called and an ACAT submission made. They were told they were on the list. Her daughter went onto explain, I had to go and quickly get a wheel chair for dad, bath chair, and other assistive devices. She went on to say dad passed two weeks ago. He saw no one. I cannot believe that we in the Australian My Aged Care System do not have a Hospice type Program. The daughter not entitled to even a rebate?

- Is the user experience of My Aged Care aligned to the needs of its expected users/target audience?

  No, I believe it not aligned most of the information I seek I must research. Having a decision made that I had to leave the hospital what evidence is there that the Provider had phoned My Aged Care and stated we are overruling your decision. I never received a follow up letter from My Aged Care to say I it was overridden and did I want to appeal. I would suggest they knew nothing of this incident. So how is the person or Facilitator/ Business reprimanded.

  Nearly everything one sees about My Aged Care, Providers or third-party persons is difficult for the elderly to understand. I do agree that the MAC

layout was an improvement. But there is no light or happiness in anything presented. Where are the notices that they will be visiting certain venue to explain i.e. seniors' clubs, over 50s groups, advertising in clubs etc

- Are there distinct access challenges arising in regional, rural, and remote areas, and in other contexts, and how does My Aged Care overcome these?

  Of course, there would be, however I believe the approach into regional areas is with a bus full of brochures for educational references for family and the individual and setting up meetings all around Australia through Clubs, over 50s groups. I am sure that there would be many seniors like myself who may have some mobility issues but who would delight in being able to talk to likeminded seniors about the My Aged Care system. Psychologically, if a young person presents these to a senior often the presentation may be too fast or their language that exists of too many 'likes' would be off-putting but other Seniors is the way, especially for explaining.

- If My Aged Care is the single point of entry to be assessed for aged care services, what drivers cause older people to seek to access an assessment through other means?

  I would not recommend Providers because I have noticed it is more for a "dash and grab" of money in many cases and some seem to encourage their clients by offering them a shopping list. And many clients are happy to get things, rather than sorting out what their health needs priority are. Example: it is far more important for a falls person to have falls watch than a new recliner.

  I would like to see it enforced that a percentage of fees be spent on health, that could encompass exercise, food, hydro etc. I would not recommend third party Organisations as receiving and waiting for funding are suspicious that these new third-party informants who will inform which Provider is best for you. How do they get paid? From our funds as a kick back? I believe my research found that the Company finding a Provider will be paid $3000 over the first year of the newly signed up client. Please be truthful and upfront.

One day I was researching as to why Providers start up a business of being a provider. I came across a Company on the internet that said "my friend and I who are entrepreneurs commenced our business after we read how much the Commonwealth paid on packages. We thought it was good to be a go between. I wished I had of kept that article. I was disgusted.

I had borrowed a scooter at the shopping centre. This older gentleman struck up a conversation with me and stated he had a nice big scooter like I was on, in his kitchen. I questioned why he was not on it.
"Oh! He said I do not need to use it yet. I go to the gym five days a week. It is in my kitchen until I get old." I queried how he got it. "Baptist Care gave it to me." I did not answer. But my thoughts lingered to a person who was struggling to get around.

Did you use the website, the phone line or did you use a face-to-face centre? For whichever method you used, how easy was it to use?

I have used the website and the My Gov app to see how I am going on the list but I fine the four round tick circles are not helpful as it is not a good time line.

If a note stated we are now working on March or April applications that would give a better guide. Also find the app should start with the latest information first. I believe if only the current information been shown on the screen and the closed summaries be put into a folder of Prior Approvals.

Were there any issues with availability/reliability of the My Aged Care system or phone line if used?

Only now I do not have to wait an hour to talk

a. *If you used the Services Australia face-to-face centres – were you able to immediately receive assistance?*

   I did not know we had a face-to-face centre. But I truly believe they would be good for our seniors

b. *How long did it take to organise an assessment and confirm that an assessment was booked?*

   I cannot remember

c. *Did anything stop you from getting an assessment or slow down achieving this?*

   I believe that some Assessors feel they have POWER I truly believe there are many other seniors that could do the L1 and L2 assessments

d. *Did anything stop you from accessing My Aged Care? If you could not use My Aged Care, did you access an assessment another way?*

   I did not know until I was on TRANSPAC how it all worked. I believe that hospital stall should start to educate older people with information packs when and if they come to hospital or at a particular Vaccine stage say the 60-year-old vaccine.

e. *Did you seek the assistance of a navigator, care finder or advocate to use My Aged Care, and what was your experience?*

   I sought myself

f. *Did you organise this on behalf of someone else?*

   No

g. *What was your overall experience?*

My overall experiences have been very yukky, yet I consider I am an educated 73-year-old.

I am happy to work with your department to try and broker a much better and viable system. Even if this means breaking the system down a bit so that steam one is:
CHSP AND L1 package – commencement package:
L2-L3 Second package
Home Care Priority – Hospice

In closing I do apologise that my submission is so very long. Aged Care is something that interests me greatly. Most like because the Forgotten Australian/Care Leavers brothers and sisters I know have a great deal of trouble trying to understanding the working arrangements of the system.

Also, one of the biggest issues that I have encountered is that older seniors have no where to go where the system can be explained so that they understand. I believe that is because there is just so much information. Also, the manual that guides Providers as to what clients may or may not be approved for could easily be accessed on the computer in a live format. This way changes can occur daily. There is so much discrepancy between what some providers say can be approved and others.

I take this opportunity to hope that the information I have provided is useful in some way. I will not apologise for the length. I have had to type in between my fingers being numb.

Yours Sincerely

Ellen L Bucello
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26th June 2024