Meals on Wheels NSW Response to Inspector General of Aged Care Review of My Aged Care

Meals on Wheels NSW **asked** Commonwealth Home Support Program (CHSP) Meal Service providers to give feedback on My aged Care. They have conveyed the following concerns both from their clients' experience of My Aged Care (MAC) and from their own experiences with MAC.

1. Referrals

There are some providers who are "holding" a MAC broadcasted referral across a region while not actually providing a service to the client. This means other providers can't claim the client and provide service to them. There should be a mechanism in place whereby the provider must make contact and sign up that client before it is closed off to other providers. If they can't provide the service, then the provider should relinquish the referral so another provider who can provide the service. This would result in the desired outcome of the client obtaining their service in a timely manner.

Conversely when multiple referrals are "sent out "by MAC for one client, this can also create the difficult situation of the client being contacted by multiple organisations at once and can create significant confusion for the client. The system needs better streamlining so that the client experience is not overwhelming and confusing for the client.

Service providers invest significant resources into contacting a referral and preparing them to receive service only to find that a significant proportion of referred clients do not want the service. Is there a way of assessing and making referrals that are more inclusive of the clients' needs and wishes?

2. Accuracy of ability to provide service

Another matter of concern is the problem of service providers showing service provision on the MAC Find a Provider page in planning regions where they do not and cannot provide service. This is highly confusing and frustrating for people seeking an available meal service in the area where they live.

We also have firsthand experience of Regional Assessment Service assessors being confused by this same problem which needlessly takes up a great deal of their time and can result in a less than auspicious referral result.

To confuse the matter even further, when a search is undertaken for a delivered CHSP meal in any specific suburb or town we now find that many service providers are not only unable to provide service in the area but have populated the meal specific searched page result with a range of other services they offer which are not of a delivered meal nature. This is very confusing and disheartening for an older person searching for appropriate nutrition. Likewise for time poor family members who may ultimately look elsewhere for

a range of possibly less appropriate nutrition and/or take up overly expensive meal delivery options.

3. Need for facilitation of fully informed client choice

MAC has on a number of occasions applied pressure to some CHSP Meal delivery services to provide Lite n Easy Meals to a referred client when this is not a supplier used by the approached CHSP meal service provider.

This behaviour by the MAC personal becomes a problem when the client has not been offered a fully informed choice of meal options available to them both in terms of nutritional value and affordability. This is of especially significant importance given that approximately 90% of Commonwealth Home Support Program (CHSP) delivered meal clients are full pensioners a significant number of whom are at risk of under nourishment or in fact malnourishment. Not for Profit CHSP Meal Services strive to meet the National Meal Guidelines in order to ensure that the client receives an appropriate and adequate amount of nutrition on a daily basis at an affordable price. NationalMealsGuidelines.pdf (mealsonwheels.org.au) you will also find these guidelines in the DOHAC CHSP Program Manual.

4. Timing

Finally, a very concerning trend for CHSP service providers is having clients referred who have reached such an advanced level of frailty that within a few weeks of service they have needed to be reassessed for complex needs and a Home Care Package or in fact have entered an aged care facility. This advanced level of support could have been prevented from occurring for a more extended period of time if there had been an earlier and more appropriately timed referral to CHSP Meal Services.

The consequences of such a late entry into CHSP Meal services is an unnecessary and avoidable premature deterioration of an individual's independence and health status. It also results in a much greater expense to the taxpayer for providing Home Care Package complex needs service support or Aged Care facility services.

Whilst the late entry of people into the CHSP system of service probably has a range of reasons, MAC could improve its registration and referral processes to make better use of CHSP services and support a much greater level of Wellness in the older population of Australia.

Also, CHSP meal providers have often expended their contracted outputs and do not have capacity to provide service and yet they still receive referrals. Whilst It clearly up to the provider to state that they are at capacity, but at the same time MAC could provide regional planning statistics to the funding body so that contracted outputs could be adjusted to meet local unmet need.

5. Recommendations

- Ensure at the outset that a provider on accepting a referral provides the service without the client ending up on a waiting list.
- Assessment and referrals that are more inclusive of the clients' needs and wishes thus engendering better understanding and commitment to the referred service provision.
- MAC Provide a list of local providers and the services they provide so that the client understands the choices available to them rather than supporting the client expectation that a for profit entity is to be available on tap.
- Better regulation of the content in the Find a Provider section of MyAgedCare would allow a simpler navigation for finding the most suitable provider.
- More thorough training for MAC staff would also support provision of better informed choices being made by referred clients regarding meal selection without bias.
- A better timed application of eligible older people's access to CHSP services to in order to maintain their wellness and independence in the community.
- Ask the client whether they require posted information and use an identifiable phone number when phoning the prospective client.
- Make available to providers up to date and better populated documents (support plans)
- and cease withholding information
- We believe that a MAC framework that is more regionally based would have a better understanding of the characteristics of local community service organisations and the added value these services provide to their community and the eligible people living in those communities.

Service provider and client feedback:

- My Aged care - Majority of the referred clients do not want the services they have been referred for. This wastes our time to retrieve the data from the portal accept it to get to know the details and print and then contact the client. Normally we need to call quite a number of times until we get to speak to someone. We offer the services and then we follow up and in most cases it does not materialize.
- Referral Information is not quite complete in particularly telephone numbers and when we contact MAC again, they refuse to provide more details on the client due to privacy. How can it be privacy if we already have the referral ? they are not being cooperative.
- They send referrals to us for clients outside our planning region of service which we only discover after accepting. So, it shows rejection after acceptance on their part.

- Most of our clients complain about MAC.
- It is too hard to access (long waiting periods on the phone)
- Long waits for assessment
- They find the system confusing and worrying
- Complaints include 'too many codes' – causes massive confusion

- We find 80% of the time it is family, usually their children helping them through the process and even they find it confusing.
- Much confusion around the Medicare ref code – they are only used to using their numbers
- Many are suspicious about the level of detail we ask for – they are naturally worried about cyber security. This is more of a problem for us as they say 'I just want lunch – why do you need all these details (We try and explain as best we can of course)!

❖ MAC use a private phone number and many elderly people won't answer a call that has no identifiable number.
❖ MAC only phones twice and then expect the service provider to make contact.
❖ Husbands and wives should be assessed at the same time. Instead, one often receives service and the other is left waiting.

○ Providers sometimes accept referrals before speaking with clients and without having capacity to provide a service, which means that other providers can no longer access that referral & often leaves a client without contact or service
○ Clients are often advised by the assessment team that they are unable to mail them a copy of their Support Plan – that they can only be emailed. We have had 3-4 clients mention this in the past month. But many aged clients do not have access to an email address
○ Referrals being sent without the client being aware of what they are being referred for and/or not actually wanting the service (e.g. meals, social support)
○ Referrals being sent after a re-assessment but without the Support Plan being updated – the Support Plan can be 2 or more years old and no longer an accurate account of the client's circumstances.

A Client's Experience

Name can be provided on request.

I had a bit of a journey with my aged care and getting support from providers under CHSP funding. I was diagnosed with a cancerous tumour in November 2022. I was operated on at RPA hospital and they removed the tumour, my left kidney, my appendix and ovaries. I was not in good shape and in hospital for just over 4 weeks. Covid was running rampant through the hospital and they were anxious to get me out. I was not in any condition to go home (600 kms away), so was to stay in Sydney at my fathers in the Eastern Suburbs.

RPA hospital was unsuccessful in getting me care at home and suggested I go through My Aged Care. I could not even shower myself, so required help. Help was given as a priority and Australian Unity picked up my service on the portal. I was allowed to go home from hospital. Australian Unity could not supply a service to me, but did not put me back on the portal, so no other provider could pick up my service. I notified My Aged Care, who advised me Australian Unity could do the service and would contact me soon.

This went on for some time and I never got service from Australian Unity. I was released from hospital with supposed care in place on 19/12/22. When I left Sydney in March 2023 to return home, I had received no care at all.

My older sister (76) came from QLD to help me with personal care and meals. My brother (73) drove me to and from RPA for Wound dressings.

When I returned to my home, I notified My Aged Care. They could not continue the previous approval and I had to be reassessed after I arrived home. The assessment took about 4 weeks. It was going to take a further 8 to 10 weeks to get a diversional therapist to assess my needs in the house.

I had to pay out of my own pocket for rails to help me around the house and bathroom and a shower chair or I could not stay in my home. I have still never seen a diversional therapist.

My Aged Care has a contractor do their assessments in rural areas. The contractor recommended another of their own companies to be my provider. This meant my approval did not need to go on the portal and could commence soon.

During this 8 week with no help in the house on my own, meals on wheels Delivered food so I could eat and sent a volunteer to help me shop as I could not drive yet.

Once services were in place, they worked well. As I got better, I reduced services over time. I no longer required personal care with showering. Weekly house cleaning I reduced to 1 hour fortnightly and lawn mowing once a month.

In May 2024 the provider told me there was no funding for lawn mowing through CHSP and stopped the service. The house cleaning had to be cut in half for the same reason. No funding.
Maybe more funding would be available after 1/7/24, but no guarantee. The provider who ran out of CHSP funding and servicing me is Interchange Australia. Their parent company has the contract to do aged care assessments for my aged care in rural Bega Valley.

They suggested I apply for a package, as funds were available to service me on a package. At this stage as my health improved, I was trying to reduce my services, not increase them.

My Aged Care suggested I change providers to get continued services under CHSP funding. I did this and the new service starts next week.

However, no one will pick up the lawn mowing. This is a problem, because provider staff need clear access to my clothesline to hang washing. Health and safety issues for staff. I have been forced to pay market price to have my lawns mowed, so I can continue to get home help.

I was under extreme stress in hospital when no help was available to get me home. The hospital advised they could only get service of half hour per month to shower me. This was not acceptable Stress when trying on my own to register for my aged care from my hospital bed. The stress continued when no service that had been approved was delivered up to 13 weeks later. I was again under stress when I returned home and had to be reassessed by my aged care in a different location and another wait time for assessment and then services for a further 8 or 9 weeks. The stress continued when my services were cut due to funding, even though I had been approved for the services.

The system is not very friendly and takes too long to put in place. How can you be assessed for services and then not get the services because there is no funding? If it was not for meals on wheels and the support their volunteers gave me with food and shopping, I have no idea how I would have been able to live.