Mount Alexander Shire Council

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Mr Ian Yates AM
Office of the Inspector- General of Aged Care
P.O. Box 350
Woden ACT 2606
Via email: submissions@igac.gov.au

Dear Mr Yates,

Accessibility to My Aged Care

Thank you for the opportunity to provide feedback around the accessibility of My Aged Care for older Australians, Assessors and service providers.

1. **Your overall experience interacting with the systems underpinning My Aged Care to receive assessment request notifications and make required assessment bookings.**

   I personally find the overall system cumbersome. I find it difficult to access via the portal. It drops out frequently then you have to start again which is frustrating and one tends to give up. When this occurs, staff lose their work and have to start again. Recent stakeholder engagement of our clients regarding aged care services highlighted that the clients did not understand the system. The vast majority of our Older Adult clients are IT illiterate or semi-literate. They struggle with accessing most things in the digital world. We have a dedicated Digital Inclusion officer who works one on one with older adults to skill them up with the use of modern devices. The vast majority have a mobile phone, but often they are hand me downs from a family member and are obsolete and they do not function as they are meant to. This makes it incredibly hard to educate clients on the basic use of devices let alone trying to teach them all about accessing My Aged Care.

   We have had clients who have phoned My Aged Care requesting services only to be told there is nothing in our area of Mount Alexander Shire. The person then rings the Council only to be told yes, these services are available, and we provide them! We are the only Local Government in the Loddon Mallee Region who is continuing in Aged Care Community Services.

   Clients when approved for a Home Care Package are provided with a list of Home Care Package Providers. An elderly friend showed me the list which was 4 pages back to back of entities of which none were in her location. I was in the position to be able to write down 4 local reputable providers for her to make a choice as to which one she could engage.

   When staff want to lodge a complaint about My Aged Care, they are left on the phone queuing for about an hour. When they get through and indicate that they want to make a

complaint, the person on the phone suggests they want to provide feedback. The staff member insists that she is lodging a complaint, and the MAC staff continues to insist that this is feedback. There are no follow up outcomes back to the person who has lodged the complaint or feedback. This is a double standard with what all service providers and assessors must adhere. The same quality standards of the Aged Care Quality and Safety commission require of service providers should be applicable to My Aged Care. They too are working with Older Adults and are very much part of the system.

A staff member advised only yesterday that it is impossible to see how many assessments that they have completed on the portal. In order for us to know that we have to create a separate data base to keep track on the numbers.

On a number of occasions, I have been advised by Government bureaucrats that they do not know the extent of the waiting lists of MAC for assessments and or people waiting on Services. I found this incredulous (if true) as this is a government portal and someone should be tasked with keeping track of the volume and working out what can be done, and not just the IT person to monitor the system to make sure the IT functionality works.

2. **Whether you experience any issues with availability or reliability of the systems underpinning My Aged Care.**

It is not uncommon for MAC to go down, for staff to lose their work and have to start again. We are often advised on updates over the weekend, only to find that the systems are difficult to access on the Monday. There is significant down time with staff restricted in what they can do because of these frequent episodes.

Implementing an app is being discussed for the assessment to be completed in the client's home. This is not taking into consideration the unreliable telecommunications in rural and regional Australia. Also, this approach is not conducive to undertaking an assessment. Older Adults have stories to tell, and they usually do not align with the structure of the Apps. The client will take the staff member on a journey. The very skilled assessor will be able to get the relevant information from the story to complete the app later.

3. **Whether the system is hindering timely management of assessments or could be improved to allow better management of scheduling or referring to other assessors.**

The definition of the system needs to be broken down. The system in place and proposed systems are not conducive to best practise and of meeting demand for older adults who need the assessment and the services.

The whole process of going via MAC, being picked up by the local assessment team whether it is ACAS or RAS is so burdensome that about 4 years ago it would take about 6 weeks to complete the process and get the referral to the service provider portal. This in my opinion is unacceptable. However now, most organisations are triaging and have extensive waiting lists on the MAC portal and this is being replicated on the Service provision side as well. Some people are waiting months even longer. I suspect some will die waiting which is reprehensible. The funds we receive provides Mount Alexander Shire Council with 2.8 Assessors plus on costs and corporate overheads. This number of staff cannot keep up with the demand.

It is of an even greater concern the concept of a single assessment system breaking the states into very large limited regions. ACAS have extensive waiting lists and now RAS are experiencing the same predicament.

The recent tendering process for the combined assessment system had unrealistic time frames for the roll out of the system. This has now been put on hold whilst waiting on the implementation of the Aged Care Act. The time frames keep shifting for the implementation of the new Act with the most recent advice being 'Subject to Parliamentary Process, the date is now 1 July 25. This does not instil confidence.

When the Commonwealth realised that they were not going to be able to implement the new Single Assessment System in their original timeframes they have since gone back to stand alone RAS providers in Victoria to put in a limited tender. Eleven working days was required to complete this tender. Many standalone RAS entities chose not to tender. Combined ACAS and RAS entities did not have to tender. It is now the 5th June 2024 and still no advice as to who will be the assessor entities as the Commonwealth are currently negotiating with tenderers. If they are negotiating, one could safely assume that the tenderers were non-conforming.

Mount Alexander Shire Council is finishing undertaking Assessment services on the 28 June 2024, with no provider in sight. A waiting list is growing exponentially. Staff are starting to move on. The ones remaining are stressed, becoming unwell and at the same time trying to manage and triage the growing list. We still do not have any communications advising as to what we are meant to advise the clients if they have not heard from anyone regarding their assessment, but this has become totally unacceptable and unprofessional. We are in the process of developing our own communications. The Assessment services are on the brink of collapse. Whilst we are still waiting on communications, we have been advised on the end date of our Contract for RAS services the portal will be closed to us. So, from that moment on we will have no knowledge of where all of these people (members of our communities) are in the system.

The cumbersome approach to assessment, the constant environment of change since 2016 with still no definitive implementation, has led to burn out or frustrations for quality well credentialled assessors. Many of these people are leaving the sector in droves.

4. 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?

If there is consistency across assessment requests received through the different channels (i.e. phone contact centre, web and face-to-face) of My Aged Care?

a. Are there information gaps that delay assessments or cause rejection?
b. Do you receive sufficient information to allow assessments to conducted in a culturally appropriate manner? Are you notified when a profound disability or language barriers may require additional services?

My biggest concern when the Commonwealth cannot sort out the contracts for the temporary assessment process up until December 2024, I anticipate the wait lists to blow

out even further. This will then have a flow on affect for service providers not meeting their funding arrangements because of the back log in the assessment system.

It has been the practise of Mount Alexander Shire Council to undertake Face to Face Assessments. The skilled and highly credentialled practitioners found the face to face assessments were more effective. The only time we have undertaken phone assessments is during COVID and now as we wind up the Assessment Services. One staff member who will be redundant as at the 28 June 2024 has indicated if the future assessment process is via a phone or app she does not want to work in the sector as this is not how you interact with older adults.

It is interesting to note that the Veterans Home Care assessment are undertaken in a very different way. They appear to be done by phone and they have never been in the client's home and do not give a clear picture as to what is actually happening in that household. A phone assessment does not give the full picture of client needs.

The quality of information received by the Service provider is subject to the skill set or the assessor. The more credentialled and skilled assessor has historically provided more comprehensive assessments and has a greater understanding of the person as a whole.

5. **Are requests for assessments received outside of My Aged Care channels? a. If so, do these create an additional workload?**

Clients will seek to access an assessment through whatever means is available to them and in particular one they understand. Some are coming through the Care Finder program, but still end up being referred with a MAC assessment. The Care Finder guides the client through the process of accessing my aged care. We have completed a number of exercises with the grandfathering of clients. I am concerned with the massive change coming that we will have to go through this process yet again. Some people who urgently need services whilst waiting on assessment e.g. they need Delivered meals, personal care, rails, respite can start prior to the assessment if required, but with the unsteady environment that is Assessment. This could result in hundreds of people accessing the services whilst waiting on an assessment due to the sheer back log on Assessment lists, otherwise these people will be at significant risk.

6. **Is there duplication of requests to multiple registration created by advocates or care finds, and personal registrations in My Aged Care.**

It does occur but not hearing many complaints about this issue Advised that when this does occur it can be challenging to resolve.

7. **What barriers have been raised by or with assessors using My Aged Care that continue to hinder its effectiveness?**

- The barriers to accessing MAC is the expectation clients will be able to register with MAC on line.
- Digital literacy or lack there of by clients wanting to access services.
- Often the client needs assistance with this task, resulting in them feeling disempowered.
- Homelessness- no address
- My Aged Care can be slow, cumbersome, drops out, lose work

- Extensive waiting times on the MAC phone for clients and staff.
- Need more assessors to keep up with the demand for assessments
- More funding to put on more assessment staff
- Incentives for retention of Assessors
- Demand is now outstripping supply of services. Often nowhere to refer people to. The Regional RAS meetings and the Regional Care Finder meetings are both consistently stating we have no one to refer to once the assessment has been completed.

8. In an ideal world, what changes would you implement to make your job more effective?

One of the objectives was to have a single assessment to ensure clients only have to be assessed once. This hasn't reduced the amount of assessments and home visits but actually increased it. This is very intrusive for the older adult.

- Often the first assessment, experienced by an older adult is undertaken by a practise nurse at the local GP because you are over 65. As an older adult, I found that not overly effective, just summarising my history notes on the computer and assuming that I am not aware of my medical history!
- Next people register for a RAS assessment as /if required for assistance with Activities of Daily living. It could be garden maintenance, domestic assistance, personal care, meals, medication management or wound care to name a few. The person struggles to do these tasks. MAC Assessors refer them for delivery of the services. Then the entities who have picked up the client has to go and undertake an Intake and Assessment. Here they gain additional information, develop a care plan sort out the fees and undertake and occupational health and safety check then implement the services. If a number of agencies were required, e.g. CHSP entity, District nurse, Continence Clinic and the podiatrist then a number of intake and assessments will occur for each entity. This person by now has had a GP nurse assessment, then a RAS Assessment, then Intake and Assessment for District Nursing, continence, CHISP and podiatry. This totals 4 plus the RAS and the GP. This is now 6 Assessments of sorts. Then if it is determined you need an ACAS assessment there is another assessment. Veterans Home Care Recipients have a separate assessment process and if they need additional top up services via MAC/CHSP there is another assessment. The Single Assessment system will reduce only one of these assessments in the client's home.
- A solution could be a single assessment does one assessment that all registered providers have access to the information, including GP, CHSP, District Nursing etc. Clearly privacy and strong probity requirements need to be in place to ensure this works but it can be done. All entities are professional services and should be treated as such. Whoever undertakes the assessment must also complete the occupational health and safety check. This will mean they need to physically attend the home. Mount Alexander Shire Council do a pre-occupational health and Safety Check to determine if it is safe for the staff to attend, then undertake one on the home during the home visit. On a number of occasions these homes can be unsafe and on occasions volatile. The story is usually very different. Each entity could then advise the client of the fees and charges, unless the Government sets the prices for each person.

9. **Alternatively, are there any recent changes that have improved My Aged Care and your ability to manage requests for assessments?**

   Moving to the single assessment will in time be a good thing, but this is still a long way off. I am led to believe that this cannot be implemented until the Aged Care Act is passed into law. Significant investment in funding to organisations to deliver the assessment is required. Having sufficient, well credentialed and experienced staff is essential. Providing incentives to retain the staff who are starting to leave the sector in droves is critical. Anecdotally many want to work in this sector if they are doing face to face assessment. I have it on good advice that many who have left the sector already are registering with employment agencies stating this is where they have come from and this is what they want to do.

   The current staff having the opportunity to undertake the IAT training has been critical and an excellent opportunity for people who want to remain in the sector. This training was run by La Trobe University in Victoria. It is a comprehensive training and, in my opinion, should be accredited and could be further enhanced to be a post graduate study in assessment for multiple factors of the Aged and Health care sectors.

Please do not hesitate to contact me on [redacted] should you wish to discuss this feedback provided.

Yours sincerely

[redacted]

ROSALIE ROGERS
Manager Community Wellbeing