



## Short-Term Restorative Care Programme High Level Policy Framework

### 1. POLICY CONTEXT

- 1.1 Wellness, reablement and restorative approaches are emerging as powerful ways to help older people improve their function, independence and quality of life.
- 1.2 The STRC Programme builds on the success of the existing Transition Care Programme which assists older people to return home after a hospital stay, rather than prematurely entering a residential care service. However, unlike transition care, short-term restorative care will be available to people without the need for a hospital admission.
- 1.3 From 2016-17, short-term restorative care places will progressively become available with at least 2,000 places available in 2021. These places will be in addition to the current 4,000 transition care places which will continue to be jointly funded with state and territory Governments.
- 1.4 In 2018, Government will integrate the current Home Care Packages Programme (HCP) and the Commonwealth Home Support Programme (CHSP). This framework may need to be revised at that time to take account of any relevant changes.

### 2. THE STRC PROGRAMME

- 2.1 The objective of the STRC Programme is to reverse and/or slow 'functional decline' in older people with the aim of improving wellbeing. The STRC Programme seeks to achieve this through the delivery of a time-limited (up to eight weeks), goal-oriented, multi-disciplinary and coordinated package of services that is designed for and approved by the care recipient, and that may be delivered in a home setting, a residential setting, or a combination of both.

### 3. HOW THE STRC PROGRAMME DIFFERS FROM OTHER CARE TYPES?

- 3.1 All Commonwealth funded aged care programmes are expected to embrace reablement as a philosophy. The extent to which reablement is applied varies depending on the particular care needs of the individual consumer.
- 3.2 The difference between the STRC Programme and other Commonwealth funded aged care services is that the STRC Programme will be a dedicated programme specifically focused on reablement and restorative care in a time-limited (eight week) period.

#### *Interaction with the Commonwealth Home Support Programme*

- 3.3 As at 1 July 2015, allied health and therapy services provided through former Day Therapy Centres will be available under the Community and Home Support Sub-Programme of CHSP as restorative care.
- 3.4 Restorative care under the STRC Programme does not require a 'setback' to have occurred. While it is anticipated that the majority of restorative care delivered in the STRC Programme will have an allied-health component, this will not necessarily be the case for all potentially eligible individuals. For example, an elderly person who has recently lost their spouse and who is grieving, depressed and struggling with the

activities of daily living such as cooking and cleaning, would benefit from restorative care that was not allied-health focused.

#### **4. APPROVAL OF CARE RECIPIENTS**

- 4.1 As with current Commonwealth aged care programmes, entry to the STRC Programme will commence through My Aged Care. To receive STRC, an Aged Care Assessment Team (ACAT) is able to approve consumers as eligible.

#### ***Lapsing of approval***

- 4.2 The ACAT assessment for the STRC Programme will lapse six months from the date of the ACAT approval if short-term restorative care has not commenced within that period.

#### **5. ELIGIBILITY**

- 5.1 A person would be eligible to receive short-term restorative care if that person:
- 5.1.1 is assessed as experiencing 'functional decline' that is likely to be reversed and/or slowed through short-term restorative care; and
  - 5.1.2 is at risk of losing independence such that in the absence of short-term restorative care, the person would likely require ongoing home care, residential care, or care through a multi-purpose service.
- 5.2 A person would not be eligible to receive short-term restorative care if that person:
- 5.2.1 is receiving residential care, home care or any other type of flexible care under the Act;
  - 5.2.2 is eligible for transition care;
  - 5.2.3 has received flexible care in the form of transition care within the six months prior to the date of assessment;
  - 5.2.4 has, during the three months prior to assessment, been hospitalised for a condition relating to the 'functional decline' that would be the target of the short-term restorative care;
  - 5.2.5 is receiving end of life care; or
  - 5.2.6 has received two episodes of short-term restorative care in twelve months.

#### **6. LENGTH OF CARE UNDER THE STRC PROGRAMME**

- 6.1 The maximum number of days for which flexible care subsidy is payable in respect of an episode of short-term restorative care is 8 weeks (56 days), noting that the length of care will vary (and may be shorter than 56 days) depending on an individual care recipient's needs. During the 56 days of care, a care recipient may take up to seven days leave from the STRC Programme.
- 6.2 An individual care recipient will be allowed to access a maximum of two episodes of care under the STRC Programme in a twelve month period.

#### **7. ALLOCATION OF PLACES AND APPROVED PROVIDER STATUS**

- 7.1 Flexible care places in the form of STRC will progressively become available with 200 places allocated from 1 July 2016.
- 7.2 To receive an allocation of STRC flexible care places, a provider must be an approved provider of flexible care under Part 2.1 of the Act.
- 7.3 The allocation of short-term restorative care places will happen by way of the competitive process set out in Part 2.2 of the Act.

## **8. CARE AND SERVICES**

- 8.1 To enable flexible care delivery, care through the STRC Programme can be provided in a home setting or a residential setting or a combination of both depending on the needs of the care recipient.
- 8.2 Providers of the STRC Programme are encouraged to develop and offer a range of consumer focused and innovative models of STRC to assist older people to regain their independence and continue to function in their home.
- 8.3 The Department will not prescribe specific care and services that must be provided under the STRC Programme and can include any of the types of care and services that can currently be provided in home care or residential care, based on the needs of the care recipient as outlined in the agreed care plan.
- 8.4 Providers of the STRC Programme will be expected to work closely with other service providers and health professionals to ensure a holistic multi-disciplinary approach to the delivery of short-term restorative care.

### ***Consumer choice and control***

- 8.5 Care should be delivered in a way that empowers consumers to influence the design and delivery of the services they will receive.
- 8.6 Integral to this will be the development of a care plan that articulates the needs and goal of the consumer, the care and services that the consumer agrees will be provided, how those services will be delivered and who will deliver them.

## **9. SUBSIDY, PAYMENT AND FEES**

### ***Subsidy***

- 9.1 Payment to short-term restorative care providers will be in the form of flexible care subsidy, and will be paid in accordance with Part 3.3 of the Act.

### ***Accommodation payment***

- 9.2 Due to the short-term nature of the STRC Programme, no accommodation payment can be charged even if part of the STRC Programme is delivered in a residential setting. This is consistent with the way other short-term episodes of care in a residential setting operate under the Act (for example, residential respite care or transition care).

### ***Care fees***

- 9.3 People receiving care under the STRC Programme may be asked to pay a fee towards the cost of their care (consistent with the current approach to all flexible care types). Fees must be specified in the flexible care agreement for short-term restorative care between the provider and the care recipient.

### ***Impact of care fees for Veterans***

- 9.4 Ex-Prisoners of War and Victoria Cross recipients receiving short-term restorative care under the STRC Programme may be asked to pay a fee, however the Department of Veterans' Affairs will pay these fees on their behalf. All other members of the veteran community may be asked to pay a fee towards the cost of their care.

## **10. RIGHTS AND RESPONSIBILITIES**

- 10.1 Providers will have the responsibilities of flexible care providers as described in Chapter 4 of the Act.

### ***Quality framework***

- 10.2 All Commonwealth subsidised aged care programmes require a quality framework to be in place. Currently, there are no flexible care standards specified in the *Quality of Care Principles 2014*.
- 10.3 The standards to be applied will be drawn from the current quality standards that exist in relation to residential care and home care.
- 10.4 The Australian Aged Care Quality Agency will monitor service delivery in accordance with the processes that currently exist for monitoring home care services and residential care services. There will be no additional accreditation or quality review requirements.
- 10.5 For a provider of the STRC Programme that is neither a residential care nor a home care provider, and who is already accredited through another body, a deregulated approach to accreditation will apply.

### ***Charters of care recipients' rights and responsibilities***

- 10.6 Providers of short-term restorative care will be required to observe the relevant Charter of care recipients' rights and responsibilities.
- 10.7 The only part of the Charters that will not apply are those relating to personalised budgets and monthly income and expenditure statements where services are delivered in the home.

### ***Flexible care agreements between the provider and care recipient***

- 10.8 A provider and care recipient must enter into a flexible care agreement for STRC within seven days of the care recipient commencing care.

### ***Access to advocates***

- 10.9 An approved provider of flexible care delivering the STRC Programme must allow a person acting as an advocate for a body that has been paid an advocacy grant, to access the provider's flexible care service.

### ***Complaints***

- 10.10 It is a legislative requirement under the Act that each aged care service has a complaints resolution mechanism. The Aged Care Complaints Scheme will also support the STRC Programme.
- 10.11 Note that from 1 January 2016, the Aged Care Complaints Commissioner will manage all aged care complaints.

### ***Non-compliance***

- 10.12 Compliance action may be taken against approved providers who do not meet their responsibilities under the Act.