

Summary of how the system would work for a care recipient

Real choice in community aged care is when a care recipient gets a choice of care between a no-profit grant-funded service (AN-ACC funding model) or an individualised funding arrangement. The care recipient can get the same hours of care, same access to care coordination and case management etc irrespective of whether they elect the no-profit grant-funded service or an individualised funding arrangement. Only non-profit organisations would be eligible for funding under the AN-ACC model as outlined below.

Given the choice, the Dutch experience is that 85% elect services from a block funded not-for-profit aged care provider. Only 15% elect individualised funding via a voucher style system. We could anticipate the same proportions in Australia if the same range of services and same entitlements were available in both streams. The only difference is the delivery model. This is real consumer choice.

Steps

1. A person needing an aged care service, or needing a different service to the one they are now getting, would be referred for an assessment. Individuals can also self-refer.
2. The first step is that the assessment agency meets with the person either face to face or by phone or by teleconferencing to undertake a needs-based **assessment**. This assessment is scaled for the circumstances of each person.
3. The second step is that, working with the person (and their family/carer) the assessment agency develops a **service plan**. This service plan lists the services that the person needs and identifies those services that can be funded through the Commonwealth aged care program.
4. The next step is that the person is **approved** for an agreed list of services. This agreed list of services is translated into an AN-ACC class for funding purposes and quantified as AN-ACC RVUs. Case management would be an AN-ACC class in its own right. Approvals are no longer framed as a quantum of dollars.
5. The next step is that every care recipient is offered two delivery options – a no-profit AN-ACC funded service or an individualised funding arrangement.
6. This is an important difference to the current model. AN-ACC funding and individualised funding become **delivery options**. They are not a service or a program in their own right.
7. Each person elects the delivery option of their choice (either grant funded AN-ACC or individualised funding). This is an overarching decision for all of their care, not service by service.
8. Each care recipient can change this election as their circumstances change or if they are unhappy about the services that they are receiving. They do so by returning to the assessment agency for a new referral and plan.

9. Based on the delivery option elected, each person is given a list of local providers that offer the delivery option that they have elected and they select the provider/s of their choice. A new 5 star rating system should be designed to help with this.