

Aged Care Workforce Remote Accord response to IHACPA Consultation Paper on the Pricing Framework for Support at Home Aged Care Services – 2026-27

This submission to the Independent Health and Aged Care Pricing Commission (IHACPA) is made by the Aged Care Workforce Remote Accord (Remote Accord) in response to the June 2025 consultation paper on the pricing framework for Australian support at home aged care services 2026-27. In giving this response, the Remote Accord wishes to ensure that the unique challenges facing service providers and their clients in remote and very remote Australian communities are given consideration in future pricing decisions. In particular this submission draws on direct feedback from providers working across Modified Monash Model (MMM) regions 5 to 7 who have highlighted the practical challenges and equity concerns regarding pricing reforms, data capture, administrative burden, and transitional impacts for remote and very remote communities.

The Aged Care Workforce Remote Accord

The Aged Care Workforce Remote Accord (Remote Accord) is a group of service providers and industry experts delivering aged care services in regional, rural and remote Australia.

The Remote Accord was formed based on the belief that every community—including those in remote and very remote areas of Australia—has an equal right to accessible, high quality aged care services. The Remote Accord saw its genesis in the '*A Matter of Care: Australia's Aged Care Workforce Strategy*' report. Strategic Action 11 recommended that the Government and industry support the establishment of a Remote Accord to provide a voice on behalf of providers in remote and very remote areas.

Key Recommendations:

- **Introduce flexibility for remote providers in time tracking and documentation** requirements for Care Management activities
- **Develop simplified claiming processes** for low-resource and small-scale service providers
- **Provide upfront, targeted IT support and transitional training** for remote providers to prepare for implementation of the new Care Management model
- **Provide greater clarity on outstanding elements of the Support at Home model**, including care management claiming rules, the future of group-based supports, and how specific care needs (e.g. dementia) will be assessed and funded.

Care Management Burden

Providers have flagged significant concern regarding the new reporting and claiming process under pooled Care Management funding. Under the current HCP model, progress notes and basic time tracking suffice for care coordination activities. Under the proposed model, Care Partners must track detailed time increments (e.g. 0.25 hours for fifteen minutes), activity types, and backup documentation for each claim — adding a major administrative load, especially in areas where staff already wear multiple hats and digital infrastructure is limited. This represents a particularly significant burden in remote and very remote areas where critical workforce shortages are an entrenched and well documented phenomenon, and the administrative burden placed on service providers — particularly smaller providers and ACCHOS - is disproportionately high.

Further, many remote service providers lack the IT systems required to support this granular data collection by the 1 November 2025 start date. Training staff on the new care management system activity list — which is still evolving — adds further complexity to this issue.

It is vital that **flexibility is incorporated for remote providers in time tracking and documentation** requirements, with simplified claiming for low-resource services. Further, the Remote Accord recommends that upfront, **targeted IT support and transitional training** be offered to remote providers to support implementation.

Loss of Viability Supplement

The current Viability Supplement recognises the higher cost of service delivery in rural and remote areas. Under Support at Home, this will be replaced with competitive grant applications for rural/remote delivery and assistive technology access. For remote providers, grant applications are resource-intensive and require time, governance capacity, and digital access that many services do not have. This change risks reducing access to essential viability supports in the very areas where they are most needed.

The Remote Accord recommends that the grants model be replaced with an **automatic rural/remote loading** for providers operating in MMM 6 and 7 areas. We understand that mechanisms such as this may currently be under exploration via the ongoing review of the suitability of the MMM system, and urge that supports be offered to providers as soon as possible. Where possible we also recommend the **simplification and streamlining of any remaining grant processes** with culturally safe and low-burden applications.

Uncertainty regarding the future of existing supports

The transition to Support at Home introduces significant uncertainty about the future availability and funding of several key supports currently accessed under the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP). One concern flagged by our networks relates to the ongoing provision of Social Support Groups (SSGs). Under current arrangements, HCP recipients who previously attended SSGs under CHSP can continue doing so, with providers able to claim this activity under DEX. However, from July 2027, it remains unclear whether clients will receive sufficient individualised funding under Support at Home to continue attending these groups, or whether providers will still be able to offer group services in their current form.

This lack of clarity is particularly concerning in remote and very remote communities, where SSGs often serve as vital hubs for connection, wellbeing, and culturally appropriate engagement — particularly for Aboriginal and Torres Strait Islander clients. The Remote Accord recommends that **the guidelines clearly articulate how SSG attendance will be costed and funded under the new model**. We also recommend the consideration of a dedicated funding allocation or pooled block funding mechanism to ensure continuity of access for existing participants and to maintain the viability of group-based care in isolated areas.

In addition, the removal of the Dementia and Cognition Supplement from 1 November 2025 for new entrants introduces further uncertainty regarding the adequacy of future funding for people with complex cognitive needs. While the intention is that dementia-related needs will be captured through the new classification model via the Single Assessment Service, stakeholders have expressed concern that these needs may be under-recognised or under-funded — particularly for clients from culturally and linguistically diverse backgrounds or those living in remote communities, where assessment processes may not be well tailored to the client context.

To safeguard appropriate and equitable care for people living with dementia, the Remote Accord recommends that **dementia-related funding tiers remain clearly identifiable within the new classification structure**. We further recommend that the Single Assessment Service be supported by **culturally appropriate cognitive screening tools** and include access to specialist input to ensure accurate and respectful assessment of dementia-related care needs.

Uncertainty over the future of NATSIFACP

The NATSIFACP model plays a vital role in providing culturally appropriate care to First Nations people in remote Australia. There has been uncertainty on the future of NATSIFACP preceding the introduction of the Australian National Aged Care Classification (AN-ACC) model, and services

currently operating through NATSIFACP remain concerned about their future funding sustainability and service model security as the Support at Home transition takes place.

Although a relatively small program when compared to the aged care sector as a whole, NATSIFACP is vital for the viability of many providers in remote and very remote areas of Australia. The majority of NATSIFACP places, both for home care and residential care, are located in remote and very remote locations¹. It must therefore be understood that although a small number nationally, the impact to remote and very remote services of ceasing this program would be substantial.

Recommendations 52 and 53 of the Royal Commission into Aged Care Quality and Safety recognise the importance of block funding and flexibility to the security and sustainability of the Aboriginal and Torres Strait Islander aged care pathway². NATSIFACP currently fulfills this requirement, and it is anticipated that the Pricing Authority will, as Recommendation 52 suggests, *“annually assess and adjust the block funding on the basis of the actual costs incurred while providing culturally safe and high quality aged care services to Aboriginal and Torres Strait Islander people in the preceding year.”*

We recommend maintaining and expanding the NATSIFAC Program to ensure that remote and very remote service providers are able to maintain and improve services for First Nations people living in remote areas as they age, and are able to flex to meet need as it changes.

¹ Australian Institute of Health and Welfare, Aged Care Data Snapshot 2023-third release, <https://www.gen-agedcaredata.gov.au/resources/access-data/2023/october/aged-care-data-snapshot%E2%80%94942023>

² Aged Care Royal Commission Final Report: Part 3, Recommendations, p. 244