

## Royal Commission into Aged Care – Final [Report](#)

These comments are informed by several members of the LIV Elder Law Committee, who were selected to carefully review the 148 final recommendations of the Royal Commission into Aged Care Quality and Safety. Please note that the LIV has not responded to all 148 recommendations.

On the issue of improving regulatory governance, the LIV supports the recommendation of Commissioner Tony Pagone, QC to establish the Australian Aged Care Commission as a new independent agency to lead and govern the aged care system, free from ministerial direction. This approach is consistent with the LIV's previous recommendation<sup>1</sup> that aged care residents should have access to an independent advocate that investigates theirs, or their representatives' complaints. It also echoes the recommendations made from the Council Assisting Final Submissions<sup>2</sup>.

Members of the LIV Elder Law Committee express disappointment that the report failed to address the issue of residential aged care facilities requiring prospective residential aged care residents to have an EPOA or guardianship order in place as condition of entry into a facility.

Recommendation	Comment
<b>Chapter 1: Foundations of the New Aged Care System</b>	
Recommendation 1: A new Act - <i>Aged Care Act 1997</i> (Cth) should be replaced with a new Act to come into force by no later than 1 July 2023.	The LIV provides in-principle support to this recommendation, however without an opportunity to review the exposure draft, it is difficult to comment on whether the proposed new Act will address the existing structural issues attributed to the current Act i.e. the need to make the aged care system more sustainable, consumer-driven and market based.
Recommendation 2: Rights of older people receiving aged care – the new Act should specify a list of rights of people seeking and receiving aged care and should declare that the purposes of the Act include the purpose of securing those rights and that the rights may be taken	The Act should ensure people had the right to supported decision-making models (as well as the right to make decisions about their care), and in particular that in the provision of care the will and preferences of the individual is taken into account rather than a representative assuming what is in their best interests.

<sup>1</sup> Law Institute of Victoria, 'the LIV calls for reform to Australia's aged care facilities' (Memo, 6 September 2019) < [https://www.liv.asn.au/getattachment/bf2078c6-5bec-4a05-a7c0-9c4338ba30d3/Memo\\_LCA\\_AgedCare.pdf.aspx](https://www.liv.asn.au/getattachment/bf2078c6-5bec-4a05-a7c0-9c4338ba30d3/Memo_LCA_AgedCare.pdf.aspx)>.

<sup>2</sup> Royal Commission into Aged Care Quality and Safety Counsel Assisting's Final Submissions – Proposed Recommendations [Recommendation 3].

into account in interpreting the Act and any instrument made under the Act.	The inclusion of the “right to freedom from degrading or inhumane treatment, or any form of abuse” <b>[Rec. 2(b)(ii)]</b> is viewed as a positive step by the LIV. However, it is noted that there is no recommendation to replace or expand the definition of a reportable assault to better reflect emotional harm constituting elder abuse.
Recommendation 3: Key principles for the Act	The LIV recommends that the Australian Government should formally incorporate the four decision-making principles and accompanying guidelines recommended by the ALRC in its report Equality, Capacity and Disability in Commonwealth Laws into the Quality of Care Principles.
Recommendation 4: Integrated long-term support and care for older people	
<b>Chapter 2: Governance of the New Aged Care System</b>	
Recommendation 5: Australian Aged Care Commission – Pagone	In response to <b>Rec. 5(3)(c)(vii)</b> : The LIV previously noted the need for staff ratios in aged care settings. <sup>i</sup> Although staff ratios were not directly recommended, the LIV accepts the proposed role of the Commissioner to later establish minimum staffing levels.
Recommendation 6: Australian Aged Care Pricing Authority – Pagone	
Recommendation 7: Aged Care Advisory Council – Pagone	The Commission’s report is essentially divided into two systems of regulatory administration.  The first suggests a re-vamped Department of Ageing with government leadership, but with greater independence for standard setting, quality regulation and pricing. This system would benefit from the direct accountability of ministers regarding quality of care, while the establishment of a commission would delay reforms.  The second system requires the establishment of two fully independent agencies to lead and govern the aged care system, free from ministerial intervention: the Australian Aged Care Commission and the Aged Care Pricing Authority. This option is recommended by the Grattan Institute and the Productivity Commission based on prior research into reform.
Recommendation 8: Cabinet Minister and Department of Health and Aged Care – Briggs	
Recommendation 9: The Council of Elders – Briggs	
Recommendation 10: Aged Care Safety and Quality Authority – Briggs	
Recommendation 11: Independent Hospital and Aged Care Pricing Authority – Briggs	

	<p>Both systems would provide greater accountability through the creation of a new independent body to investigate, monitor and report on the administration of the aged care system through the office of the Inspector-General of Aged Care. Additionally, both systems call for tougher regulation, including strengthened powers for the Aged Care Quality &amp; Safety Regulator, improved complaints management (rec 98), compensation of breaches of care (rec 102) and a wider range of enforcement powers (rec 103).</p> <p>The LIV position is that the regulatory bodies should be independent to the Department and free from ministerial intervention. The Authority proposed by the Commission's report appears to have real enforcement powers and the recommendations address issues of enforcement and sanctions.</p> <p>The Committee's recommended that the Minister report to Parliament biannually for public and political accountability. The LIV believes that this recommendation should be linked to the Australian Governments' commitments outlined in response to the Royal Commissions 2019 Interim Report. The public must hold the Minister accountable if the targets agreed to by the Australian Government to reduce the number of younger people living in residential aged care are not met.</p>
<p>Recommendation 12: Inspector-General of Aged Care</p>	<p>The LIV supports greater accountability through Inspector-General of Aged Care - a new independent office to investigate, monitor and report on the administration of the aged care system.</p>
<p>Chapter 3: Quality and Safety</p>	
<p>Recommendation 13: Embedding high quality aged care</p>	<p><u>Activity: Rec 13(2)(e).</u></p> <p>To minimise the risk of boredom and isolation affecting residents' health, the LIV recommended that providers must ensure meaningful activities are available for residents to enhance quality of life.<sup>ii</sup></p> <p>The Commissioners' inclusion of residents' participation in recreational and social</p>

	<p>activity as a feature of high-quality care is commended by the LIV. The Commissioners' inclusion of residents' participation in 'meaningful' recreational and social activity (as defined by a resident) as a feature of high-quality care is commended by the LIV.</p>
<p>Recommendation 14: A general duty to provide high quality and safe care</p>	<p>As well as directing care to be high quality and safe and having regard to a) the wishes of the person, b) any reasonably foreseeable risks and c) any other relevant circumstances, the care should be based on a 'least restrictive' model, so that any limitations on a person are the minimum necessary and the person is allowed to fully participate in all decisions that affect them.</p>
<p>Recommendation 15: Establishment of a dementia support pathway</p>	<p>The LIV supports the recommendation however does not think it goes far enough. There should be a requirement for medical practitioners making a diagnosis to pass on relevant information.</p> <p>There are further professionals that should be educated about the pathways (including hospital doctors and social workers who can often be first to recognise dementia upon a hospitalization).</p>
<p>Recommendation 16: Specialist dementia care services</p>	
<p>Recommendation 17: Regulation of restraints</p>	<p>The LIV supports the recommendation in relation to the regulation of the use of restraints, and urges the Australian Government to implement the recommendations of the statutory review.</p> <p>A majority view held by LIV members is that the lack of consideration regarding OPCAT in the Commission's report is a missed opportunity to press for the inclusion of residential aged care facilities as potential places of detention, subject to inspection by the Office of the Commonwealth Ombudsman. The LIV notes that this view is divisive, and that some LIV members find that the regulation concerning Quality Standards and the enhanced focus on the use of restraints is sufficient.</p>
<p>Recommendation 18: Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care</p>	<p>Some LIV members opine that the Aged Care Quality and Safety Commission should be given power to issue an interim suspension order on a provider who delays in responding, fails to respond or provides an unsatisfactory response to a request for an explanation for an apparent breach of the Standards from the Commission.</p>

	<p>Notably, some LIV members are concerned that the interim suspension of an approved provider status in relation to an ‘unsatisfactory response’ is a severe penalty and should only be reserved for serious and repeated breaches of the Standards from the Commission.</p>
<p>Recommendation 19: Urgent review of the Aged Care Quality Standards</p>	<p>The LIV commends the recommendations concerning the additional requirements of palatability [<b>Rec. 19(1)(b)</b>].</p> <p>The LIV recommends that the Aged Care Quality and Safety Commission provide urgent education and training for the aged care sector about: decision-making support, the roles and responsibilities of attorneys, guardians and financial administrators, and the rights of people with impaired decision-making capacity to: respect and dignity; have their views and preferences considered and acted upon; and be supported to exercise their autonomy and agency to the greatest extent possible. The Aged Care Quality and Safety Commission should also collaborate with the Australian Guardianship and Administration Council (AGAC) when developing the education and training to ensure that it accurately represents the relevant law in each state or territory.</p>
<p>Recommendation 20: Periodic review of the Aged Care Quality Standards</p>	
<p>Recommendation 22: Quality indicators</p>	<p>The LIV supports the expansion of evidence-based quality indicators in residential aged care, and its development for care at home, as the basis for maintaining quality in these settings by a new regulatory body.</p>
<p>Recommendation 23: Using quality indicators for continuous improvement</p>	<p>The use of these indicators as a benchmark against which providers are publicly compared is a welcome means of regulation. It is in-keeping with past LIV submissions calling for public transparency where providers fail to meet quality principles.</p>

<p>Recommendation 24: Star ratings: performance information for people seeking care (Pagone: The Australian Aged Care Commission should assume responsibility for the star ratings system from 1 July 2023 onwards.)</p>	<p>The LIV has called for public accountability for underperformance in past submissions. Therefore, the principle behind a rating system is welcomed.<sup>iii</sup></p> <p>However, the LIV also noted that if the goal is to maximise quality of care, the expectation should be for all providers to achieve a 5-star rating. The LIV hopes for more detail regarding a minimum standard or star rating requirement, below which a provider may face sanction or loss of licence.</p>
<p>Chapter 4: Program Design</p>	
<p>Recommendation 25: A new aged care program</p>	<p>The LIV supports this recommendation.</p>
<p>Recommendation 26: Improved public awareness of aged care</p>	<ul style="list-style-type: none"> <li>○ It is noted that the final recommendations did not provide an accessible easy-to-read summary for elderly people to read, and what the proposed changes mean in real terms. This is a crucial missed opportunity.</li> <li>○ Support the concept of Recommendation 26 but the recommendation is sparse in terms of what it recommends to better educate the community on resources available.</li> <li>○ Do not think the recommendations in relation to My Aged Care go far enough in terms of distribution of necessary information.</li> <li>○ <b>The problem is not the lack of information necessarily, it is how to get it. It does not address the barrier of access to technology.</b></li> <li>○ Greater interplay with allied health professionals (and other advocates – social workers, lawyers etc.) is needed to ensure dissemination of information to vulnerable and remote people.</li> </ul>
<p>Recommendation 27: More accessible and usable information on aged care – Briggs</p>	<p>**Comment in Recommendation 26 overlaps with this Recommendation**</p>
<p>Recommendation 28: A single comprehensive assessment process</p>	

<p>Recommendation 29: Care finders to support navigation of aged care – Briggs</p>	<ul style="list-style-type: none"> <li>○ Support this recommendation but suggest there should be strict guidelines about the qualification of the person applying to the role. In relation to appropriate qualifications, the LIV notes that too much prescription around qualifications of this role may result in adverse outcomes, and that this should be addressed with increased education and support for those with the right aptitude for the role.</li> <li>○ There are examples of ‘care finders’ operating in the private sector now, which could help guide the introduction of the system.</li> <li>○ Given the care finder’s appointment can be triggered by almost anyone on behalf of an older person, query education to care finders about substituted decision making and elder abuse.</li> </ul>
<p>Recommendation 30: Designing for diversity, difference, complexity and individuality</p>	<p><b>Recommendation: national audit evaluating regional and local variation in levels of service for people from diverse backgrounds and life experiences</b></p> <ul style="list-style-type: none"> <li>○ Support this recommendation with caveat that it will be a <u>useless</u> exercise if no action is taken as a result of the information gleaned.</li> </ul>
<p>Recommendation 31: Approved provider’s responsibility for care management</p>	
<p>Recommendation 32: Respite supports category</p>	
<p>Recommendation 33: Social supports category</p>	
<p>Recommendation 34: Assistive technology and home modifications category</p>	
<p>Recommendation 35: Care at home category</p>	
<p>Recommendation 36: Care at home to include allied health care</p>	
<p>Recommendation 37: Residential care category</p>	
<p>Recommendation 38: Residential aged care to include allied health care</p>	
<p>Recommendation 39: Meeting preferences to age in place</p>	<p><b>Recommendation: Home Care waiting time reductions</b></p>

	<ul style="list-style-type: none"> <li>○ Commission recommending clearing the Home Care Package waiting list.</li> <li>○ Allocate a package to everyone on waiting list by <b>31 December 2021</b>.</li> <li>○ Allocate all new entrants within 1 month of assessment.</li> <li>○ Public reporting on waiting lists.</li> <li>○ Introduce a short-term program pending introduction of care finder system.</li> <li>○ Whilst the LIV supports this recommendation, it is noted that this may be unachievable in practice due to workforce challenges to service to volume of demand within short timeframes. Commission noted that additional funding for more packages did not keep pace with demand and the wait time has not improved between June 2019 and June 2020. It may be more apt to aspire to reduced waiting times, rather than imposing unachievable deadlines.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Recommendation: pending introduction of care finder workforce, immediate establishment of a short-term program to link people allocated a Home Care Package with appropriate providers and to encourage the expansion of the home care sector</b> <ul style="list-style-type: none"> <li>○ Support this recommendation, but query who is qualified to carry out this function given the Commission is contemplating an entirely new specialized workforce in the form of care finders. Government may need to look to independent private specialists who currently do this work (very limited field who do it properly).</li> </ul> </li> </ul>
Recommendation 40: Transition to care at home	We support this recommendation and wish to emphasise the need for care finders to be properly educated in supported decision-making models, and to recognise and appropriately respond to elder abuse.
Recommendation 41: Planning based on need, not rationed	
<b>Chapter 5: Informal Carers and Volunteers</b>	
Recommendation 42: Support for informal carers	The LIV supports this recommendation.
Recommendation 43: Examination of Leave for Informal Carers (Briggs)	



<p>Recommendation 44: Volunteers and Aged Care Volunteer Visitors Scheme</p>	<p>Training for volunteers to recognise and report suspected abuse or neglect, as well as evidence of the training must be retained.</p> <p>The LIV strongly supports measures around minimum training levels, and the registration scheme. More focus on employee and volunteer training and qualifications, as well as the registration scheme will do much towards eliminating abuse by employees of Aged Care Providers. It is noted however, that the shortage of appropriate candidates is shared across multiple similar sectors, including disability and mental health, and this points towards a funding gap. <b>[Shared comment with Rec 77]</b></p>
<p>Chapter 6: Aged Care Accommodation</p>	
<p>Recommendation 45: Improving the design of aged care accommodation</p>	
<p>Recommendation 46: Capital grants for 'small household' models of accommodation</p>	
<p>Chapter 7: Aged Care for Aboriginal and Torres Strait Islander People</p>	
<p>Recommendation 47: Aboriginal and Torres Strait Islander aged care pathway within the new aged care system</p>	<ul style="list-style-type: none"> <li>○ Support the recommendation but suggest that the care finder workforce when introduced will need to be:</li> <li>○ Specifically trained on cultural safety for Aboriginal and Torres Strait Islanders</li> <li>○ Specifically contracted to remote and regional areas</li> <li>○ Further suggest that there may be an issue of ability to provide the services as are required – the recommendation is that people be able to maintain community and Country connection, but this may be impractical where the services do not exist and there is no incentive for private providers.</li> </ul>
<p>Recommendation 48: Cultural safety</p>	<ul style="list-style-type: none"> <li>○ Support this recommendation; cultural diversity and trauma can be a massive barrier to access. Refer to point above *found in Recommendation 39* about training of care finders and their qualifications; same principles apply.</li> </ul>
<p>Recommendation 49: An Aboriginal and Torres Strait Islander Aged Care Commissioner</p>	
<p>Recommendation 50: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers</p>	

Recommendation 51: Employment and training for Aboriginal and Torres Strait Islander aged care	
Recommendation 52: Funding cycle	
Recommendation 53: Program streams	
<b>Chapter 8: Aged Care in Regional, Rural and Remote Areas</b>	
Recommendation 54: Ensuring the provision of aged care in regional, rural and remote areas	
Recommendation 55: The Multi-Purpose Services Program	
<b>Chapter 9: Better Access to Health Care</b>	
Recommendation 56: A new primary care model to improve access	
Recommendation 57: Royal Australian College of General Practitioners accreditation requirements	
Recommendation 58: Access to specialists and other health practitioners through Multidisciplinary Outreach Services	
Recommendation 59: Increased access to Older Persons Mental Health Services	
Recommendation 60: Establish a Senior Dental Benefits Scheme	
Recommendation 61: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services	<p>The Commonwealth government should review the Medicare Benefits Schedule relating to medical practitioner visits to residential aged care facilities to incentivise GPs to continue to visit their patients, providing continuity of care and a trusted relationship for residents.</p> <p><b>Quoting Sept '19 LIV Memo to LCA Rec. 4</b></p>
Recommendation 62: Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care	
Recommendation 63: Access to specialist telehealth services	
Recommendation 64: Increased access to medication management reviews	

<p>Recommendation 65: Restricted prescription of antipsychotics in residential aged care</p>	<p>“Restricting the use of psychotropic medications, whether to control behaviour or for a medical purpose, by requiring any such medications only be given with the consent of the resident or, where the resident lacks medical treatment decision-making capacity, consent of the resident’s medical treatment decision maker.</p> <p><b>Quoting Sept ’19 LIV Memo to LCA Rec. 11</b></p>
<p>Recommendation 66: Improving the transition between residential aged care and hospital care</p>	<p>The LIV supports the recommendation to develop hospital discharge protocols to prevent discharge into aged care and strongly supports a funding advocacy service for young people.</p>
<p>Recommendation 67: Improving data on the interaction between the health and aged care systems</p>	
<p>Recommendation 68: Universal adoption by the aged care sector of digital technology and My Health Record</p>	
<p>Recommendation 69: Clarification of roles and responsibilities for delivery of health care to people receiving aged care</p>	
<p>Recommendation 70: Improved access to State and Territory health services by people receiving aged care</p>	
<p>Recommendation 71: Ongoing consideration by the Health National Cabinet Reform Committee</p>	
<p><b>Chapter 10: Aged Care for Older People with Disability</b></p>	
<p>Recommendation 72: Equity for people with disability receiving aged care</p>	
<p>Recommendation 73: Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner</p>	
<p><b>Chapter 11: Younger People in Residential Aged Care</b></p>	
<p>Recommendation 74: No younger people in residential aged care</p>	<p><b>Reducing number of younger people in aged care</b></p> <p>“The Commission recommended referring young people for an assessment to an alternate agency, rather than ACAT/ACAS. The LIV supports this recommendation to prevent young people being engaged with the Aged Care sector, but recognises that in</p>

	<p>some situations, a young person will not be eligible for NDIS and this creates a gap in the system.</p> <p>The LIV supports the recommendation that the Australian Government regularly collect and publish data, for each state and territory, on the number, ages, lengths of stay and admissions and discharges of younger people living in residential aged care.</p> <p>The Commission recommended dedicated advocacy services for younger people in residential aged care. Through its members, the LIV has a role in providing such advocacy. Health Justice partnerships have already been established in Victoria and these could be funded by the Commonwealth and the State to continue this advocacy work.</p> <p>Often, younger people are not eligible for NDIS funding or specialist disability accommodation, but the Commission report stated that this should not be a barrier to accessing accommodation which would enable younger people to avoid entering residential aged care. The LIV strongly supports the recommendation that the Australian Government develop, fund and implement short-term, long-term and transitional accommodations and care options for this group of young people. The Commonwealth must shoulder responsibility for removing this barrier and not pass responsibility to the States and Territories.</p> <p>Improved accommodation options are seen by the Royal Commission as a key factor in helping young people avoid entering residential aged care. The Commission recommended the Australian Government address this problem by developing a Specialist Disability Accommodation National Plan with annually assessed strategies to increase supply or other viable alternatives. The LIV supports this recommendation but acknowledges that creating a plan is meaningless if it does not actually result in an increase in specialist accommodation for younger people with a disability to ensure they can avoid entering residential aged care.”</p>
<p>Chapter 12: The Aged Care Workforce Planning</p>	
<p>Recommendation 75: Aged care workforce planning</p>	

Recommendation 76: Aged Care Workforce Industry Council Limited	Recommendations 75-77 propose Aged Care Workforce Industry Council proper training, education, job review, revise competence and accreditation requirements of positions.
Recommendation 77: National registration scheme	<p>The LIV commends the number of recommendations related to staff training, minimum education and ongoing training. This will ensure that any ratios when they are set are actually meaningful. Furthermore, the LIV believes Australian government should investigate the mental health skills and experience competency needs required by the aged care workforce.</p> <p>In relation to [Rec. 77] National registration scheme for employees:</p> <p>The LIV strongly supports measures around minimum training levels, and the registration scheme. More focus on employee and volunteer training and qualifications, as well as the registration scheme will do much towards eliminating abuse by employees of Aged Care Providers. It is noted however, that the shortage of appropriate candidates is shared across multiple similar sectors, including disability and mental health, and this points towards a funding gap. <b>[Shared comment with Rec 44]</b></p>
Recommendation 78: Mandatory minimum qualification for personal care workers	
Recommendation 79: Review of certificate-based courses for aged care	The LIV supports this recommendation.
Recommendation 80: Dementia and palliative care training for workers	<p>The Australian Government should amend the curriculum for training in the aged care sector to include compulsory training on behavioural and psychological symptoms of dementia and mental health management strategies - focussing on increasing the skills of staff to better manage symptoms so that a reliance on restrictive practices is reduced.</p> <p>In relation to palliative care, the Australian Government developing guidelines and improved training for residential aged care staff to ensure that they understand and meet their obligations regarding advance care planning and decision making, which includes meaningful engagement with residents on these topics.</p>

Recommendation 81: Ongoing professional development of the aged care workforce	
Recommendation 82: Review of health professions' undergraduate curricula	
Recommendation 83: Funding for teaching aged care programs	
Recommendation 84: Increases in award wages	
Recommendation 85: Improved remuneration for aged care workers	
Recommendation 86: Minimum staff time for residential care	
Recommendation 87: Employment status and related labour standards as enforceable standards - Briggs	

<b>Chapter 13: Provider Governance</b>	
Recommendation 88: Legislative amendments to improve provider governance	
Recommendation 89: Leadership responsibilities and accountabilities - Briggs	
Recommendation 90: New governance standard	
Recommendation 91: Program of assistance to improve governance arrangements	
<b>Chapter 14: Quality Regulation and Advocacy</b>	
Recommendation 92: Approval of providers	
Recommendation 93: Accreditation of high-level home care services	
Recommendation 94: Greater weight to be attached to the experience of people receiving aged care	
Recommendation 95: Graded assessments and performance ratings	
Recommendation 96: Responding to Coroner's reports	
Recommendation 97: Strengthened monitoring powers for the Quality Regulator	
Recommendation 98: Improved complaints management	The LIV supports the need for tougher regulation and strengthened powers for the Aged Care Quality & Safety Regulator.
Recommendation 99: Protection for whistleblowers	
Recommendation 100: Serious incident reporting	
Recommendation 101: Civil penalty for certain contraventions of the general duty	
Recommendation 102: Compensation for breach of certain civil penalty provisions	The LIV supports the need for tougher regulation and strengthened powers for the Aged Care Quality & Safety Regulator.
Recommendation 103: A wider range of enforcement powers	
Recommendation 104: Aged Care Quality and Safety Commission capability review	
Recommendation 105: Transparency around the performance of the Quality Regulator	The LIV supports transparency around the performance of the Quality Regulator (rec 105).
Recommendation 106: Enhanced advocacy	

Chapter 15: Research and Development and Aged Care Data	
Recommendation 107: Aged Care Research and Innovation Fund (note Pagone/Briggs differences re: proposed funding models)	
Recommendation 108: Data governance and a National Aged Care Data Asset	
Recommendation 109: ICT Architecture and investment in technology and infrastructure	
Chapter 17: Funding of the Aged Care System	
Recommendation 110: Amendments to residential aged care indexation arrangements	
Recommendation 111: Amendments to aged care in the home and Commonwealth Home Support Programme indexation arrangements	
Recommendation 112: Immediate changes to the Basic Daily Fee	<p>In relation to <b>[Rec. 112(1)]</b>:</p> <p>The LIV has previously submitted that the food budget per resident per day be increased to at least \$10 to ensure higher quality nutrition to aged care residents. Additionally, it was suggested that providers prove residents receive adequate nutrition and hydration.<sup>iv</sup> The LIV commends the much-needed increase of the daily food budget by \$10 a day. The Commissioners, however, did not include a recommendation to index the food budget to CPI, as previously submitted by the LIV.</p>
Recommendation 113: Amendments to the Viability Supplement	
Recommendation 114: Immediate funding for education and training to improve the quality of care	
Recommendation 115: Functions and objects of the Pricing Authority	
Recommendation 116: Requirement to participate in Pricing Authority activities	
Recommendation 117: Grant funding for support services to be funded through a combination of block and activity-based funding	



Recommendation 118: New funding model for care at home	
Recommendation 119: Maximum funding amounts for care at home	
Recommendation 120: Casemix-adjusted activity-based funding in residential aged care	
Recommendation 121: Incentives for an enablement approach to residential care	
Recommendation 122: Reporting of staffing hours	
Recommendation 123: Payment on accruals basis for care at home	
Recommendation 124: Standardised statements on services delivered and costs in home care	
Recommendation 125: Abolition of contributions for certain services	
Recommendation 126: Fees for respite care	<p><b>Recommendation: new funding regulations</b></p> <ul style="list-style-type: none"> <li>○ Focus on ensuring that individuals who cannot afford to make contributions are not denied the access to the high-quality service they require.</li> <li>○ Support this recommendation broadly as an overarching principle of new legislation but need to look at the actual funding proposal in detail in terms of what they are requiring from the care recipient.</li> <li>○ Broadly endorsing recommendation that the Government should provide more funding.</li> </ul> <p><b>[Shared comment across Recommendations 126-8, 140]</b></p>
Recommendation 127: Fees for residential aged care—ordinary costs of living	
Recommendation 128: Fees for residential aged care accommodation – Pagone	
Recommendation 129: Changes to the means test	
<b>Chapter 19 – Prudential Regulation and Financial Oversight</b>	
Recommendation 130: Responsibility for prudential regulation	<p>System governor to act as the Prudential Regulator. Has oversight of providers, not sites. Given the statute role of developing a financial reporting framework in accordance with prudential standards [Rec. 131].</p> <p>“LIV recommends that residential aged care financial data in the ACFR be provided at the site level, rather than at the global provider level. This would better identify how</p>

	<p>government, and other streams of funding, have been utilised. The LIV also recommends that this data be audited.”</p> <p><b>Quoting Apr '20 LIV Memo to LCA [Shared quote across Recommendations 130-131, 133]</b></p>
<p>Recommendation 131: Establishment of prudential standards</p>	<p>Continuity of care and providers are in a sound financial position, plus the conduct of providers maintains integrity, prudence and professional skill.</p> <p>Does not include reference to utilisation of funds, or the existence of other substantial income streams.</p> <p>“LIV recommends that residential aged care financial data in the ACFR be provided at the site level, rather than at the global provider level. This would better identify how government, and other streams of funding, have been utilised. The LIV also recommends that this data be audited.”</p> <p><b>Quoting Apr '20 LIV Memo to LCA [Shared quote across Recommendations 130-131, 133]</b></p>
<p>Recommendation 132: Liquidity and capital adequacy requirements</p>	
<p>Recommendation 133: More stringent financial reporting requirements</p>	<p>Frequency and form of financial reports (from providers, not sites) going to the prudential regulator is to be determined by the prudential regulator.</p> <p>Does not mention annual audited reports.</p> <p>“LIV recommends that residential aged care financial data in the ACFR be provided at the site level, rather than at the global provider level. This would better identify how government, and other streams of funding, have been utilised. The LIV also recommends that this data be audited.”</p> <p><b>Quoting Apr '20 LIV Memo to LCA [Shared quote across Recommendations 130-131, 133]</b></p>

Recommendation 134: Strengthened monitoring powers for the Prudential Regulator	
Recommendation 135: Continuous disclosure requirements in relation to prudential reporting	
Recommendation 130: Responsibility for prudential regulation	<p>System governor to act as the Prudential Regulator. Has oversight of providers, not sites. Given the statute role of developing a financial reporting framework in accordance with prudential standards [Rec. 131].</p> <p>“LIV recommends that residential aged care financial data in the ACFR be provided at the site level, rather than at the global provider level. This would better identify how government, and other streams of funding, have been utilised. The LIV also recommends that this data be audited.”</p> <p><b>Quoting Apr '20 LIV Memo to LCA [Shared quote across Recommendations 130-131, 133]</b></p>
Recommendation 131: Establishment of prudential standards	<p>Continuity of care and providers are in a sound financial position, plus the conduct of providers maintains integrity, prudence and professional skill.</p> <p>Does not include reference to utilisation of funds, or the existence of other substantial income streams.</p> <p>“LIV recommends that residential aged care financial data in the ACFR be provided at the site level, rather than at the global provider level. This would better identify how government, and other streams of funding, have been utilised. The LIV also recommends that this data be audited.”</p> <p><b>Quoting Apr '20 LIV Memo to LCA [Shared quote across Recommendations 130-131, 133]</b></p>
Recommendation 132: Liquidity and capital adequacy requirements	
Recommendation 133: More stringent financial reporting requirements	Frequency and form of financial reports (from providers, not sites) going to the prudential regulator is to be determined by the prudential regulator.

	<p>Does not mention annual audited reports.</p> <p>“LIV recommends that residential aged care financial data in the ACFR be provided at the site level, rather than at the global provider level. This would better identify how government, and other streams of funding, have been utilised. The LIV also recommends that this data be audited.”</p> <p><b>Quoting Apr '20 LIV Memo to LCA [Shared quote across Recommendations 130-131, 133]</b></p>
Recommendation 134: Strengthened monitoring powers for the Prudential Regulator	
Recommendation 135: Continuous disclosure requirements in relation to prudential reporting	
Recommendation 136: Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers	<p>There should be significant sanctions for an aged care provider that breaches the Principles. These may include publicly naming the organisation or provider, issuing of fines and, with repeated breaches, loss of licence to operate (either for a fixed term or permanently).</p> <p><b>Quoting Sept '19 LIV memo to LCA Rec. 1</b></p> <p>It is noted that some LIV members have offered a different view – that the Work Health and Safety system already provides government with an avenue for measures such as administrative penalties, civil penalties and enforceable undertakings, and that this is sufficient.</p>
Recommendation 137: Building the capability of the regulator	
<b>Chapter 20: Financing the New Aged Care System</b>	
Recommendation 138: Productivity Commission investigation into financing of the aged care system through an Aged Care Levy	
<b>Chapter 21: Funding the Aged Care System</b>	
Recommendation 139: Parliamentary scrutiny of determinations by the Pricing Authority – Briggs	

<b>Chapter 22: Personal Contributions and Means Testing</b>	
Recommendation 140: Fees for residential aged care accommodation – Briggs	<ul style="list-style-type: none"> <li>• <b>Recommendation: new funding regulations</b> <ul style="list-style-type: none"> <li>○ Focus on ensuring that individuals who cannot afford to make contributions are not denied the access to the high-quality service they require.</li> <li>○ Support this recommendation broadly as an overarching principle of new legislation but need to look at the actual funding proposal in detail in terms of what they are requiring from the care recipient.</li> <li>○ Broadly endorsing the recommendation that the Government should provide more funding.</li> </ul> </li> </ul>
	<b>[Shared comment across Recommendations 126-8, 140]</b>
Recommendation 141: Changes to the means test – Briggs	
<b>Chapter 23: Capital Financing for Residential Aged Care</b>	
Recommendation 142: Phasing out of Refundable Accommodation Deposits – Briggs	
Recommendation 143: Implementation of new arrangements for financial oversight and prudential regulation – Briggs	
<b>Chapter 25: Financing the New Aged Care System</b>	
Recommendation 144: Introduce a new earmarked aged care improvement levy – Briggs	
<b>Chapter 26: Oversight, Implementation and Monitoring</b>	
Recommendation 145: Report on recommendations by 31 May 2021	
Recommendation 146: An implementation unit – Pagone	
Recommendation 147: An implementation taskforce – Briggs	
Recommendation 148: Evaluation of effectiveness	

## Endnotes

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- i Sept '19 LIV Memo to LCA Rec. 17
- ii Sept '19 LIV Memo to LCA Rec. 11
- iii Sept '19 LIV Memo to LCA Rec. 1
- iv Sept '19 LIV Memo to LCA Rec. 6 & 7