Ref #	Submission	Response	Comments (Limited to ~300 words)
Respondent Details			
	Contact Details - Please complete		
Contact Detail	Name	Ian Yates	This response is authorised by Ian Yates as Chief Executive. The contribution of other COTA Australia staff to the response is recognised. In particular we acknowledge the immense work of Deputy Chief Executive, Corey Irlam, who worked through all the Recommendations and their sub-points in meticulous detail and identified those requiring our more substantial consideration and calling out.
Contact Detail	Email address	iyates@cota.org.au	
Contact Detail	Phone	0418835439	
Contact Detail	Preferred means of contact (select response)	Email	
Contact Detail	Postcode of location you are making your response from	2600	
Contact Detail	I am responding on behalf of (select response)	An organisation	
	Individual details - Please complete for personal response		
Individual detail	Are you a person receiving aged care services or a family member of a person receciving aged care services? (select	No	
Individual detail	Do you identify as being of Aboriginal and/or Torres Strait Islander origin? (select response)	No	
Individual detail	Do you identify as a person from a culturally and linguistically diverse background? (select response)	No	
Individual detail	Do you identify as a person with a disability? (select response)	No	
	Organisation details - Please complete for organisational response		
Organisation Detail	What is the name of the organisation?	COTA Australia	
Organisation Detail	What is the nature of the organisation? (select response)	Peak body	
Organisation Detail	What is the organisation's role in Aged Care? [Free text available in comments, if needed]	Consumer Peak Body	COTA Australia is the consumer peak body for Older Australians across all public policy portfolios and subjects, including aged care. COTA A consults closely with actual users of CHSP, Home Care Package and Residential Care and their informal carers and families, through a wide range of channels and methods, including email, phone and letter interactions, surveys, newsletters, focus groups, project participation, conferences, etc. COTA A does this directly and through its member COTAs in each State and Territory. COTA Australia has given high priority to advocacy of a transformed aged care system built around consumers since 2009.
Publication permissions - Please complete	*Your response may be made public on the Royal Commission's website unless you do not provide consent for it to be published or the Royal Commission considers it should not be made public. Responses that are made public will not include personal details, other than your name where you provide consent to do so, and may include redactions made as the Royal Commission considers appropriate. You may also provide consent for your response to be published anonymously.* *The Royal Commission may also consider using an excerpt from your response, including as a vignette, in its final report unless you do not provide consent for your response to be used in this way.* *At the conclusion of the Royal Commission, all of its records, including responses, will become subject to requests under the Freedom of Information Act 1982 (the FOI Act). Royal Commissions are not subject to the FOI Act while they are in operation.*		
Publication Permission	Do you agree to your response being published by the Royal Commission? (select response)	Yes - I agree to my response being published in my name	Should be published in the name of COTA Australia
Publication Permission	Do you agree to your response being used in the Royal Commission's final report? (select response)	Yes - I agree to my	
Response Details			
	Principles of the new aged care system		
Recommendation 1	**A new act**		
1.1.	The *Aged Care Act 1997* (Cth) should be replaced with a new Act to come into force by no later than 1 July 2023. The objects of the new Act should be to:	Support	

1.1.	(a) provide a system of aged care based on a universal right to high quality, safe and timely support and care to: i. assist older people to live an active, self-determined and meaningful life, and ii. ensure older people receive high quality care in a safe and caring environment for dignified living in old age	Support	
1.1.	(b) protect and advance the rights of older people receiving aged care to be free from mistreatment and neglect, and harm from poor quality or unsafe care, and to continue to enjoy rights of social participation accessible to members of society generally	Support	
1.1.	(c) enable people entitled to aged care to exercise choice and control in the planning and delivery of their care	Support	
1.1.	(d) ensure equity of access to aged care	Support	
1.1.	(e) provide advocacy and complaint mechanisms for people receiving aged care	Support	
1.1.	(f) provide for regular and independent review of the aged care system	Support	
1.1.	(g) promote innovation in aged care based on research	Support	
1.1.	(h) promote positive community attitudes to enhance social and economic participation by people receiving aged care.	Support	
1.2.	The new Act should state that the above objects are to be achieved by establishing:	Support	
1.2.	(a) the Australian Aged Care Commission	Do not support	COTA Australia does not support the proposed Australian Aged Care Commission being responsible for both the management and funding of the system and for standards compliance and complaints. We support a separate regulator for compliance and complaints. Aged care consumer movement organisations and advocates spent decades getting these functions set up independent of the managing Department and we cannot support them being put back again into the one body. It was dysfunctional before and it will be again.
1.2.	(b) the Australian Aged Care Pricing Authority	Support	
1.2.	(c) the office of the Inspector-General of Aged Care	Support in principle	Need to understand where this is located and how operates if there is not a new Aged Care Commission
1.2.	and by the other provisions of the Act.	Support	
1.3.	The new Act should:	Support	
1.3.	(a) define aged care as: i. support and care for people to maintain their independence as they age, including support and care to ameliorate age-related deterioration in their social, mental and physical capacities to function independently ii. supports including respite for informal carers of people who need aged care	Support	
1.3.	(b) provide that the paramount consideration in the administration of the Act should be ensuring the safety, health and wellbeing of people receiving aged care	Support	

1.3.	(c) specify the following principles that should also guide the administration of the Act: i. Older people should have certainty that they will receive timely high quality support and care in accordance with assessed need ii. Informal carers of older people should have certainty that they will receive timely and high quality supports in accordance with assessed need iii. Older people should be supported to exercise choice about their own lives and make decisions to the fullest extent possible, including being able to take risks and be involved in the planning and delivery of their care iv. Older people should be treated as individuals and be provided with support and care in a way that promotes their dignity and respects them as equal citizens v. Older people are entitled to pursue (and to be supported in pursuing) physical, social, emotional and intellectual development and to be active and engaged members of the community, regardless of their age or level of physical or cognitive capability vi. The relationships that older people have with significant people in their lives should be acknowledged, respected and fostered vii. To the fullest extent possible, older people should receive support and care in the location they choose or, where that is not possible, in the setting most appropriate to their circumstances and preferences viii. Older people are entitled to receive support and care that acknowledges the aged care setting is their home and enables them to live in security, safety and comfort with their privacy respected ix. Older people should have equal access to support and care irrespective of their location or personal circumstances or preferences x. Care should be provided in a healthy environment which protects older people from risks to their health xi. Care and supports should, as far as possible, emphasise restoration and rehabilitation, with the aim of maintaining or improving older people's physical and cognitive capabilities and supporting their self-determination xii. Aboriginal and Torres Strait Islander people are entitled to received support and care that is culturally safe and recognises the importance of their personal connection to community and Country xiii. The system should support the availability and accessibility of aged care for all older Australians, including special or vulnerable groups xiv. The aged care system should be transparent and provide public access to meaningful and readily	Support in principle	COTA fully supports the introduction of principles but provides the following commentary on the items proposed: Missing: A principle should be embedded that indicates care is delivered in a person centred way, that embraces the principle of self-determination by the person receiving aged care, or their representative. Missing: A principle that identifies the authority of a consumer's substitute decision maker to act on their behalf when the consumer is unable to make decisions on their own behalf and/or through a supported decision making approach. Principle x: Care should be provided in an environment of the older person's choosing. The current wording of this principle could be interpreted to enable forced transfer of older people into a residential care setting if it was felt that other environments were not a healthy one. Principle xiii: COTA notes that the language of 'diverse populations' rather then 'special needs' or 'vulnerable' may be preferred. Principle xvii: COTA supports the balancing of rights between people receiving aged care with the rights of other people living in aged care. We note however the application of balancing rights between workers and care recipients needs to be constructed in such a way that its applications does not infringe on the rights of individual people living in aged care. For example, balancing the rights of a worker in an environment of poor staffing levels should never justify restrictive practices over the individual resident.
1.4.	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 into account in interpreting the Act and any instrument made under the Act. The list of such rights should be:	Support in principle	Principles (iii) and (iv) proposed by Counsel Assisting should be elevated to rights. The support for older people to exercise choice about their lives and to be treated as individuals and citizens is essential to delivering a transformed aged care sector. With acknowledgement to co-participants in the OPAN symposium on human rights in aged care on 6 October the following additional rights should also be included: # The right to live free of physical and chemical restraint – An explicit right to live free of chemical and physical restraint needs to be expressed in the Act. Would support Recommendation 1.4b. (ii) regarding 'the right to liberty, freedom of movement, and freedom from restraint' if this specified physical and chemical restraint. # The right to rehabilitation – access to comparable levels of rehabilitation services as younger people in the community is required to maintain function and promote active ageing. Escalate the principle at 1.3 c. xi to be a right. # The right to the presumption of capacity and supported decision making - we support Recommendation 1.4 B. (iii) but this should also include the 'right to supported decision making models and advocates to assist in supported decision making' # The right to time, timely care and locally delivered care – care must be provided by appropriately qualified staff but with time to deliver this care – the service must be available locally and be able to be delivered. The Right specified at 1.4 a. ii. must include the right to those services being available in a timely manner, integrated with the community, be locally available and in the least restrictive environment # The right to have my diversity supported and promoted – 'treatment in receiving care must be more than "non-discriminatory" as outlined

1.4.	(a) for people seeking aged care: i. the right to equitable access to care services ii. the right to exercise choice between available services	Support in principle	Older Australians must have choice beyond a menu provided to them. Where they elect to do so, people must be empowered and supported to exercise their full choices not simply the 'between available services'. It is also about how those services are delivered, who delivers those services, when those services are delivered etc. COTA Australia recommends that a) (ii) read as
1.4.	(b) for people receiving aged care i. the right to freedom from degrading or inhumane treatment, or any form of abuse ii. the right to liberty, freedom of movement, and freedom from restraint iii. the right of autonomy, the right to the presumption of legal capacity, and in particular the right to make decisions about their care and the quality of their lives and the right to social participation iv. the right to fair, equitable and non-discriminatory treatment in receiving care	Support	COTA suggestes that there must also be a legislated right of self determination about how services are delivered. We would suggest an additional subclause v "the rights to self-determination over how services are delivered to them"
1.4.	(c) for people receiving end-of-life care, the right to fair, equitable and non-discriminatory access to palliative and end-of-life care.	Support in principle	COTA Australia notes that the concept of palliative care is broader capturing symptom management, social, spiritual, and psychological needs butencompasses the concept of end-of-life care. For some older people receiving palliative care to prepare for end of life is a critical service. COTA suggests that it may be more appropriate therefore to extend these rights to people receiving palliative care, rather than the narrower end-of-life care
1.5.	Unless indicated otherwise, the new Act should incorporate provisions giving effect to amendments to the *Aged Care Act 1997* (Cth) and the *Aged Care Quality and Safety Commission Act 2018* (Cth) (as well as to delegated legislation made under those Acts) the subject of other recommendations.	Support in principle	We are unclear as to the full implications of this recommendation. We understand that Counsel are proposing a new Aged Care Act and we support that. WE had assumed that that the existing Act (including all amendments) would be retired upon the introduction of the new Aged Care Act. If this recomendation means that other recommendations to in the interim amend the current Acts should than be included in the new Act, we agree, but the wording is unclear to us. WE note that if a new Aged Care Commission is not created the new Act could be implemneted much more quickly.
Recommendation 2	**Integrated long-term support and care for older people**		
2.1.	The Australian Government should coordinate the development of an integrated system for the long-term support and care of older people providing for their needs for welfare support, community services directed at enhancing social participation, affordable and appropriate housing, high quality health care, and aged care, through a new National Cabinet Reform Committee on Ageing and Older Australians, to be established between the Australian and State and Territory Governments, and composed of the highest-ranking ministers whose primary responsibility is the care, health and wellbeing of older people.	Support in principle	Older Australians must retain their rights to access services from mainstream systems. It is unclear whether the development of an 'integrated system' would create a parrallel system of entitlements or simply create a streamline acccess to such services. A begining of any such system must be a clearly articulated responsibility for ensuring equitble access to such services within aged care.
2.2.	Work on a strategy to develop the integrated system for the long-term support and care of older people should begin immediately. That work should involve consultation with older people. The strategy should be agreed between the Australian and State and Territory Governments by 31 December 2022. The strategy should include measurable goals, regular reporting on progress to the National Federation Reform Council, and two-yearly public progress reports.	Support	COTA submits that annual progress reports would ensure effective monitoring of such a strategy.
2.3.	The strategy should provide for implementation of an integrated system for the long-term support and care of older people within a 10-year period.	Support	
Recommendation 3	**Design of the new aged care system** **Australian Aged Care Commission**		
3.1.	By 1 July 2023, the Australian Aged Care Commission should be established under the new Act as a corporate Commonwealth entity within the meaning of the *Public Governance, Performance and Accountability Act 2013* (Cth), with its own legal personality, and able to sue and be sued. The Commission should be independent of Ministerial direction, and there should be a requirement that any expectations or advice provided by the responsible Minister to the Commission should be made public. The Commission should have:	Do not support	COTA Australia does not support the proposed Australian Aged Care Commission being responsible for both the management and funding of the system and for standards compliance and complaints. We support a separate regulator for compliance and complaints. Aged care consumer movement organisations and advocates spent decades getting these functions set up independent of the managing Department and we cannot support them being put back again into the one body. It was dysfunctional before and it will be again. COTA has some concern about the development of a litigious process of achieving provider outcomes by allowing this entity (if created) to be sued. In practice this is only likely to be taken up by aged care providers with the financial means to do so. Past practice has shown that decisions of bodies which are able to be sued to overturn their decisions, is that the decisions made attempt to prevent such a lawsuit and therefore in practice the decisions of the body favour the provider over consumers. We strongly suggest legal protections of Government be extended to any future Commission

3.1.	(a) a governing board appointed by the Governor-General, in which the authority and functions of the Commission should be vested under the new Act, comprising: i. at least three non-executive members, who are to constitute the majority of the board and one of whom is to be appointed as chair of the board, and who are to be chosen for their integrity, eminence and public standing, each of whom must be independent of any current involvement in the aged care sector, and who together are representative of the community and should have a range of backgrounds and skills including experience and proven capacity in: aged care, clinical services, human services, legal services, and corporate governance; and in one or more of the financial, accounting or general business areas ii. the Secretary of the Department administered by the responsible Minister, who shall be an *ex officio* member of the board iii. the presiding commissioner of the Commission, who shall be the chief executive officer of the Commission and may participate in the deliberations of the board of the Commission except where the presiding commissioner has a material personal interest in the subject matter under deliberation	Support in principle	COTA Australia notes that the skills and background for eligibility to be appointed to the board should include "lived experience of receiving aged care services" and this may include family and friend carers.
3.1.	(b) no fewer than five assistant commissioners to be appointed by the board on the basis of their integrity, standing, skills, and expertise, one of whom must be a person of Aboriginal or Torres Strait Islander background, one of whom will be responsible for complaints, and another of whom will have workforce development and training as a dedicated portfolio	Support in principle	If five Commissioners are to be appointed, it is unclear what the other three Commissioners responsibilities will be (noting Complaints and Workforce Training are already listed). COTA submits that the existing function of consumer engagement by the ACQSC must be an additional function of an assistant commissioner.
3.1.	(c) staff employed or engaged by the Commission (whether under the provisions of the *Public Service Act 1999* (Cth) or otherwise), who should be subject to the direction and supervision of the commissioners	Support	
3.1.	(d) a distributed network of offices including regional offices to deliver or manage the delivery of assessment and care finding services, administer the aged care program, and provide general assistance to the public, and a head office outside Canberra	Support in principle	COTA has no opinion about the pros or cons of a head office outside of Canberra, but we note the attempt to relocate NDIS in Geelong has resulted in a Canberra office also being created. We support the concept of regional offices but note that Government 'shopfronts' may not reach the people who currently are disengaged from the aged care system.
3.1.	(e) system management functions, including support and funding of local assessment and care finding teams and personnel, provision of information on services and providers (including through My Aged Care), system data management, ensuring the coverage of service availability for all aged care services to which people are assessed as eligible, commissioning and funding of providers to provide sufficient aged care services in all locations, providing assistance to providers to build capacity where appropriate, and managing the orderly exit of consistently poor-performing providers	Do not support	COTA Australia does not support the proposed Australian Aged Care Commission being responsible for both the management and funding of the system and for standards compliance and complaints. We support a separate regulator for compliance and complaints. Aged care consumer movement organisations and advocates spent decades getting these functions set up independent of the managing Department and we cannot support them being put back again into the one body. It was dysfunctional before and it will be again. There is a significant role for non-Government information provision and community connectors who are not Government representatives, if we wish to embed genuine access to hard to reach populations.
3.1.	(f) the following functions: i. approval of service providers as providers eligible to receive subsidies for providing aged care ii. financial risk monitoring of providers, and prudential regulation of providers iii. approval of the scope of subsidised services approved providers may provide, and accreditation of the outlets ('services') through which they provide them iv. payment of subsidies to approved providers of aged care v. quality and safety regulation of approved providers and their services vi. ensuring that appropriate aged care services are widely available for Aboriginal and Torres Strait Islander people vii. workforce planning and development, including setting and refining requirements for minimum staffing levels and minimum qualifications for staff providing care, and (through a workforce planning division within or operated by the Commission) ongoing development of workforce capacity through requirements for training and professional development viii. consulting with the Australian Commission on Safety and Quality in Health and Aged Care (which is to be responsible under the new Act for review and setting of quality and safety standards and quality indicators) on reviews and revisions of the standards and indicators for the provision of safe and high quality aged care ix. management of complaints about providers, staff, assessors and care finders	Support in principle	We note concerns with item ix that appears to indicate the Commission manages complaints about its own functions. It may be more appropriate this sits with the Inspector General. It may also be appropriate that these other items are assigned to the 'regional function' of the Commission, where as system governance may be a 'centralised function' of the Commission.

3.1.	(g) the primary responsibility for system governance, including the responsibility of continuously monitoring the performance of the system, formulating new policy and reform proposals for improvement of the performance of the system, limited authority to make legislative instruments about the details of arrangements for the administration of funding and service delivery, and the responsibility for recommending other amendments of legislation and delegated legislation to the responsible Minister	Support	
3.1.	(h) an obligation to report regularly to the Inspector-General of Aged Care and to the responsible Minister on the performance of its functions	Support	
3.1.	(i) an obligation to lay before the Parliament and to publish an annual report on all important aspects of the operation of the new Act, including: i. the extent of unmet demand for aged care, including unmet demand for particular services or in particular places ii. the adequacy of the Commonwealth subsidies provided to meet the care needs of people needing or receiving aged care iii. the extent to which providers are complying with their responsibilities under the Act iv. the amounts paid by people receiving residential care in connection with their care, including amounts paid for accommodation and daily living needs v. the amounts paid for accommodation in the form of lump sum deposits and in the form of daily payments vi. the duration of waiting periods for assessment, and between assessment and commencement of provision of particular services, including respite and residential care vii. the extent of building, upgrading and refurbishment of aged care facilities, and viii. such other aspects of the operation of the Act as the Commission considers relevant to ensure an accurate understanding of the operation of the Act.	Support	If a traditional department approach were to be established – how might something like the role of Inspector General be incorporated into the Commonwealth Ombudsman or perhaps the Australian National Audit Office to ensure annual (or ideally six monthly) reporting and transparency about the progress of implementing the Commission's recommendations. Further how might such a measure provide insight and transparency about the regular ongoing operations of aged care beyond the life of implementing the Royal Commission.
Recommendation 4	**Aged Care Advisory Council**		
4.1.	By 1 December 2021, the responsible Minister should appoint an Aged Care Advisory Council, to be constituted by such people of eminence, expertise and knowledge of aged care services as the Minister sees fit, drawn from all relevant aspects of the aged care system, including people receiving aged care, representatives of the aged care workforce, approved providers, health and allied health professionals, specialists in training and education, and independent experts.	Support in principle	Any Council regarding services for older people in aged care, must include representatives of older people with both lived and systemic experiences of the aged care system. We submit that 'older people' or 'consumers and their family/friend carers' are a critical missing group of representatives not mentioned.
4.1.	The Advisory Council should be established with its own secretariat, funded by the Australian Government, for the purpose of providing advice on aged care policy, service arrangements and any aspect of the performance of the aged care system, to the Australian Aged Care Commission and the Minister. It should convene itself regularly, and should have authority to provide advice to the Commission and the Minister on its own initiative. In addition, the Commission and the Minister should have authority to convene it on reasonable notice, and may refer particular issues to it for advice.	Support	
Recommendation 5	**Australian Aged Care Pricing Authority**		
5.1.	The Australian Government should establish an Aged Care Pricing Authority and confer on it all necessary functions for determining prices (inclusive of subsidies and user contributions) for specified aged care services so as to meet the reasonable and efficient costs of delivering those services. Its functions should include the function of identifying and recommending to the Australian Aged Care Commission the aged care services for which price cap determinations or other forms of economic regulation may be appropriate.	Support	
Recommendation 6	**Inspector-General of Aged Care**		
6.1.	The Australian Government should establish an independent office of the Inspector-General of Aged Care to monitor and report on the administration and governance of the aged care system, including:	Support in principle	COTA notes that it may be more appropriate for complaints about the Commission and Pricing Authority may be more appropriate to be received by the Inspector General.
6.1.	(a) the implementation of the reforms recommended by the Royal Commission	Support	
6.1.	(b) the performance by the Australian Aged Care Commission and the Australian Aged Care Pricing Commission of their functions	Support	
6.1.	(c) the extent to which the aged care system attains the objects of the new Act.	Support	
6.2.	An Inspector-General should be appointed forthwith under interim administrative arrangements, and should in due course be established formally under the new Act.	Support	

Recommendation 7	**Enhanced invididual advocacy**		
7.1.	By 1 July 2022, the Australian Government should, through the implementation unit referred to in Recommendation 123, complete a consultation with the contracted provider of services under the National Aged Care Advocacy program in order to determine the extent of unmet demand for prompt advocacy services by people seeking or receiving aged care services. In light of the conclusions reached by the implementation unit after that consultation, the Australian Government should increase the funding of the National Aged Care Advocacy program to a level that provides for increased coverage of the program so as to meet currently unmet demand for prompt advocacy services.	Support in principle	While supportive of increased funding for the National Aged Care Advocacy Program (NACAP), COTA submits that consultation about such needs require far broader discussions than simply the current contracted provider of services. Consultations should also include other consumer representatives and various government bodies that interact with the NACAP program (e.g. State guardianship boards, State trustees). Consideration as to the unmet demand in relation to the prevention of elder abuse experienced by people living in aged care should also be considered.
	Program design		
Recommendation 8	**A new aged care program**		
8.1.	By 1 July 2024, the Australian Government should implement a new aged care program that combines the existing Commonwealth Home Support Programme, Home Care Packages Program, and the Residential Aged Care Program, including Respite Care and Short-Term Restorative Care. The new program should aim to retain the benefits of each of the component programs, while delivering a more comprehensive continuum of care for older people. The core features of the program should be:	Support	
8.1.	(a) a common set of eligibility criteria, identifying a need (whether of a social, psychological or physical character) to prevent or delay deterioration in a person's capacity to function independently, or to ameliorate the effects of such deterioration, and to enhance the person's ability to function independently as well as possible, for as long as possible	Support in principle	In principle we support this, but it is unclear if its practically implementable. For a long as possible - may not be in the best interest of the consumer and the system. Recognising that they On Clinical Care - sufficient acuity - they need to be monitored 24 / 7. You dont have this in home care. Choice to be in home is more important. Professional Supervision and Oversight.
8.1.	(b) an **entitlement** to all forms of support and care which the individual is assessed as needing	Support	But note need for clearer definition of what entitlement is based on. Entitlement risks scaring Treasury and Finance into thinking it could have uncontrolled cost. Suggest the ACRC should provide boundary -assessment based on need with ceilings on cost of support. Does it means unlimited support to everybody in any setting (e.g. 24x7x52 full range care at home despite level of acutiy?) Approach should be Consumer First, Entitlement not Rationing, Consumer Choice & Control.
8.1.	(c) a single assessment process, using the same assessment framework and arrangements for assessors	Support	
8.1.	(d) certainty of funding based on assessed need	Support	
8.1.	(e) genuine choice accorded to each individual over how their aged care needs are to be met (including choice of provider and level of engagement in managing care, and appropriate and adapted supports to enable people from diverse backgrounds and experiences to exercise choice)	Support	
8.1.	(f) access to one or multiple categories of the aged care program simultaneously, based on need	Support	
8.1.	(g) portability of entitlement between providers and across State or Territory borders.	Support	
Recommendation 9	**Meeting preferences to age in place**		
9.1.	The Australian Government should clear the home care package waiting list, otherwise known as the National Prioritisation System, by:	Support	
9.1.	(a) immediately increasing the home care packages available and allocating a package to all people on the waiting list that do not have a package or do not have a package at the level they have been approved for (as set out in their letter from the Aged Care Assessment Team/Service). The package allocated should be at the level the person was approved for (Level 1, 2, 3 or 4). This must be completed by 31 December 2021	Support	COTA notes its deep support for this recommendation and in particular the well overdue timeframe of occuring by December 2021.
9.1.	(b) keeping the waiting list clear by allocating a home care package at the approved level to any new entrants to the waiting list within one month of the date of their assessment. This must occur between 1 January 2022 and 1 July 2024	Support in principle	While supportive of the one month from date of assessment - clear recommendations on timeframes for assessment and the transparent reporting of such timeframes should also be considered by the Royal Commission either in Recommendation 9 or 12.
9.1.	(c) publicly reporting, each quarter, the status of the waiting list, showing progress in clearing the waiting list as set out in paragraphs a. and b. above, at a national, State or Territory, and regional level. This report should include reasons for delay in clearing the waiting list and actions being taken to address the delay. This must occur every quarter from 31 March 2021 to 1 July 2024.	Support in principle	COTA strongly urges the Commission to ensure such reporting includes all timeframes from when a customer 'registers' in the aged care system, until they commence their services. This means additional metrics of 'register to assessment contact' and 'register to assessment complete' should be included.
Recommendation 10	**Care finders to support navigation of aged care**		

10.1.	From 1 July 2023, the Australian Aged Care Commission should engage, support and fund 'care finders' to provide assistance on a local, face-to-face basis, to people seeking or receiving aged care services. The care finders should be Commonwealth, State or Territory or local government employees who have suitable skills and experience in meeting the needs of people for aged care, health care, social work or other human services, or otherwise demonstrate aptitude for a highly trusted role in assisting older people who have such needs.	Do not support	COTA rejects the suggestion that 'care finders' must be a Government employee. In many cases such an approach will increase the disconnect of certain vulnerable populations from accessing the aged care system. COTA understands that the Royal Commission intends Care Finders to perform four functions: 1) Build strong connections with the local community including diverse populations within that regional area 2) Information provision to current and prospective users of the aged care system 3) Support / case manage vulnerable older people seeking aged care services through their assessment up until their service commencement (at which point a service delivery provider would assign a case manager to support their needs) 4) Approve interim commencement of services while an assessment is being completed. COTA Australia submits that items 1 and 2 are better provided for by a 'community connector' organisation which has existing relationships with the target populations. While recognising that item 4 above may only be delivered by a government employee, in some cases where issues of trust in government employees are of concern, item 3 may also be better delivered by a trusted 'community connector' organisation. Explore whether Item 4 culd be delivered by a non-government organisation within contracted limits for small scale urgent services
10.2.	Pending establishment of the Commission, the implementation unit referred to in Recommendation 123 should commence engagement of care finders.	Support in principle	
Recommendation 11	**Improved public awareness of aged care**		
11.1.	By 1 July 2022, the Australian Government in cooperation with other levels of government, and working with health professionals, aged care providers and Primary Health Networks, should fund and support education and information strategies to:	Support in principle	Such an approach should include 'working with older people and their representatives' to strengthen engagement
11.1.	(a) improve public awareness of resources to assist people to plan for ageing and potential aged care needs	Support	
11.1.	(b) improve knowledge about aged care among those responsible professionals with whom older people have frequent contact	Support	
11.1.	(c) encourage discussion about and consideration of aged care needs.	Support	
11.2.	These strategies should be implemented by 1 July 2022 and should:	Support	
11.2.	(a) support a continuum of planning for ageing, including consideration of health care preferences, finances, housing and social engagement	Support	
11.2.	(b) bring older people's general practitioners to the centre of their planning for ageing and aged care	Support in principle	COTA notes the central importance of GPs in the planning for aged care. However, increasing the centrality of such a role will require alternative funding than exists today in order to ensure GP's are remunerated to spend sufficient time to plan and support older people in their planning for ageing and aged care.
11.2.	(c) be evaluated and revised annually by the Australian Aged Care Commission.	Support	
Recommendation 12	**A single comprehensive assessment process**		
12.1.	By 1 July 2023, the Australian Government should replace the Aged Care Assessment Program and the Regional Assessment Services with a single assessment process. That assessment process should:	Support	
12.1.	(a) be independent from approved providers, so that a person's level of funding should be determined independently of the approved provider, but that determination may involve consultation with providers or prospective providers, provided final assessment decisions affecting eligibility for funding are made by independent assessors	Support	COTA notes however that certain populations will only have a trusted referral source who is a provider (e.g. Aboriginal and Torres Strait Islander communities in some geographical locations). Such trusted community based / community controlled 'providers' should be considered as part of the assessment process.
12.1.	(b) occur, wherever possible, before funded services commence, although funded services may be offered on an interim basis pending assessment where this is necessary in the opinion of a care finder	Support in principle	Noting COTA's comments to recommendation 10, we suggest that assessment teams be able to approve short term funded services on the recommendation of a medical professional (e.g. GP, geriatician, nurse practitioner etc), without requiring a care finder's involvement.

12.1.	(c) be efficient and scalable according to the complexity of needs and vulnerability of the older person	Support in principle	COTA notes that the current assessment process is insufficient when seeking to assess the solutions and quantum of services of older people with specific conditions. For example the current assessment processes lack any specialised assessments for the vast range of common disabilities experienced by older people. In addition to any multi-disciplinary approach (which will largely focus on fraility of older people), such an approach must include the solicitation of specialist views for specific disabilities that people over 65 years now are required to seek services from the aged care system
12.1.	(d) be forward-looking and promote older people's autonomy and self-determination	Support	
12.1.	(e) include assessment of the need for care management and the intensity and complexity of that need	Support	
12.1.	(f) include an assessment of any informal carer's needs	Support	
12.1.	(g) use multidisciplinary teams for more complex needs.	Support	
12.2.	People should be provided with details of their assessed need and funding level at the conclusion of the assessment process.	Support	
12.3.	Reasonable requests for reassessment of need can be made by a person receiving care (or their informal carer, close family or other representative), their care finder, or their approved provider.	Support	If the GP is to become central in the planning for ageing and aged care (recommendation 11) they must be able to be involved in requesting reassessments for care.
Recommendation 13	**Respite supports category**		
13.1.	From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement a respite supports category within the aged care program that:	Support	COTA notes that the Royal Commission has not clarified if eligibility to the respite supports category should be based on the assessed need of the carer or the assessed need of the person receiving aged care. COTA submits such eligibility should be based on the need of the family/friend carer.
13.1.	(a) supports the carers of older people earlier and more often to maintain their wellbeing and supports the caring relationship	Support	
13.1.	(b) provides a greater range of high quality respite support in people's homes, in cottages and in purpose-built facilities	Support	
13.1.	(c) provides people with up to 63 days of respite per calendar year	Support	
13.1.	(d) is grant funded with a capital component.	Support	
13.2.	The respite supports category should continue within the new aged care program from 1 July 2024.	Support	
Recommendation 14	**Approved provider's responsibility for care management**		
14.1.	From 1 July 2022, unless an assessment team has assessed the person as eligible for home care (or, from 1 July 2024, care at home) without the need for any care management, the person's approved provider must assign a care manager to the person.	Support in principle	While it may be a provider responsibility to assign a care manager, it must also be the right of an older person to not accept such services if they elect to self manage their care.
14.2.	In the case of home care (or, from 1 July 2024, care at home), if the person has more than one approved provider, the person's lead provider must assign a care manager to the person.	Support	
14.3.	Care management should be scaled to match the complexity of the older person's needs and should be provided in a manner that respects any wishes of the person to be involved in the management of their care.	Support	
14.4.	The care manager should:	Support	
14.4.	(a) have relevant qualifications and experience as a registered nurse or allied health professional	Support	
14.4.	(b) consult with the person and, if applicable, their carer, to develop a comprehensive support and care plan, including activities to promote various aspects of health and wellbeing and to enhance their ability to live or participate in the community and address their strengths, capability, aspirations and goals	Support	
14.4.	(c) implement, monitor and review the support and care plan, and adjust as appropriate	Support	
14.4.	(d) for home care (or, from 1 July 2024, care at home), meet the requirements for care management set out in the care recipient's care plan and (if applicable) personalised budget	Support in principle	Looking at item 14.4 c and 1.4 d - it is unclear who is expected to develop the initial care plan. Is this an outcome from the assessment, or a deliverable of the care manager when commencing in that role. COTA Australia notes that currently the outcome of assessments are often ignored have little continuity with care plans developed by providers for a range of reasons. This causes a disconnect between asssessments and reassessments because the services performed in the intervening period do not relate to the services identified as needed by the assessment.

14.4.	(e) for residential care: i. identify when the older person accessing aged care services requires additional care beyond the usual services provided by the approved provider ii. take reasonable steps to ensure that the older person in aged care accesses appropriate health care at an appropriate time iii. take reasonable steps to ensure that any health care plan is implemented on an ongoing basis and updated as required iv. liaise with general practitioners, other primary health care providers, including allied health care providers, specialists and multidisciplinary outreach services; and take reasonable steps to ensure that staff of the provider are available to support visiting health practitioners v. liaise with the person's family and staff of the aged care provider.	Support	
Recommendation 15	**Social supports category**		
15.1.	From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement a social supports category within the aged care program that:	Support in principle	COTA notes that it believes Care Management should be available to all streams of funding including social supports category.
15.1.	(a) provides supports that reduce and prevent social isolation and loneliness among older people	Support	COTA Australia seeks clarity from the Royal Commission as to whether residents living in aged care will be able to access the social support category services. If so, we strongly urge the Royal Commission to specifically mention this in its recommendations. While noting 17.1 c ii discussion of Social Support, COTA notes that access to community transport has been a long standing issue for people living in aged care and that this may not be captured by the interpretation of social support outlined in 17.1 c ii.
15.1.	(b) can be co-ordinated to the greatest practicable extent in each location with services and activities provided by local government, community organisations and business designed to enhance the wellbeing of older people	Support	
15.1.	(c) includes the social support, delivered meals and transport service types from the Commonwealth Home Support Programme	Support	COTA Australia notes that one of the greatest strategies to reduce socialisation is through the provision of social eating programs. We submit that social meals should also be included along with 'delivered meals'. Further, clarity about the function of paid 'social support' and 'volunteer/community visiting' should be considered.
15.1.	(d) is grant funded.	Support in principle	While supportive of 'grant funded' activity, COTA submits that the current arrangements for grants outside of the aged care act should discontinue, with all aged care services regulated via the aged care act into the future.
15.2.	The social supports category should continue within the new aged care program from 1 July 2024.	Support	
Recommendation 16	**Assistive technology and home modifications category**		
16.1.	From 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should implement an assistive technology and home modifications category within the aged care program that:	Support	COTA notes that it believes Care Management should be available to all streams of funding including Assitive Technology and Home Modifications Category
16.1.	(a) provides goods (including aids and appliances) and services that promote a level of independence in daily living tasks and reduces risks to living safely at home	Support	
16.1.	(b) includes the assistive technology, home modifications and hoarding and squalor service types from the Commonwealth Home Support Programme	Support in principle	COTA Australia is supportive of 'squalor and hoarding' services being grant funded, but submits such a service type is better suited to the types of providers delivering social support activities, rather than the types of providers delivering assistive technology and home modifications. Accordingly, we suggest this service type is moved to the social support category.
16.1.	(c) is grant funded.	Support in principle	While supportive of 'grant funded' activity, COTA submits that the current arrangements for grants outside of the aged care act should discontinue, with all aged care services regulated via the aged care act into the future.
16.2.	The assistive technology and home modifications category should continue within the new aged care program from 1 July 2024.	Support	
Recommendation 17	**Residential care category**		
17.1.	From 1 July 2024, the Australian Government and the Australian Aged Care Commission should implement a category within the new aged care program for residential care that:	Support	

17.1.	(a) provides older people with: i. goods and services to meet daily living needs ii. accommodation iii. care and support to preserve and, where possible, restore capacity for meaningful and dignified living in a safe and caring environment	Support	
17.1.	(b) ensures care is available for people who can no longer live at home due to their frailty, vulnerability or behavioural and psychological symptoms of dementia, or other similar reasons	Support in principle	COTA Australia notes concern that the language used in this Recommendation implies that someone other than the older person is determining that they "can no longer live at home". COTA reaffirms its view that such a determination, against the will of the older person, should only occur in the rarest of occassions where no alternative decision maker is able to be found for the older person.
17.1.	c. provides integrated and high quality and safe care based on assessed needs, which allows for personalised care, regular engagement, and a coordinated and integrated range of supports across the following domains: i. Care management ii. Social supports, including support for psychological, cultural and (if applicable) spiritual wellbeing iii. Personal, clinical, enabling, therapeutic care and support – including nursing care and allied health care iv. Palliative and end-of-life care.	Support	
Recommendation 18	**Residential aged care to include allied health**		
18.1.	To ensure residential aged care includes a level of allied health care appropriate to each person's needs, the Australian Government and the Australian Aged Care Commission should, by no later than 1 July 2024:	Support	
18.1.	(a) require approved providers to engage at least one of each of the following allied health professionals: an oral health practitioner; a mental health practitioner; a podiatrist; a physiotherapist; an occupational therapist; a pharmacist; a speech pathologist; a dietitian; an exercise physiologist; a music or art therapist	Support in principle	COTA notes it is unclear why 'oral health practitioner' is included in this allied health recommendation and how it interacts with Recommendation 66 regarding a Seniors Dental Benefit Scheme. Further, we note our understanding that the official terminology is 'Dental Practitioner' including oral health hygienists and others (as per AHPRA Dental Board Scope of Practice Guidelines https://www.dentalboard.gov.au/codes-guidelines/policies-codes-guidelines/guidelines-scope-of-practice.aspx)
18.1.	(b) require providers to enter into arrangements with each of the following professional groups to provide services as required to care recipients: optometrists; audiologists	Support in principle	COTA notes it may be more appropriate for dental practitioners to sit here at as an arrangement rather than a direct engagement with dental practitioners.
18.1.	(c) provide funding to approved providers for the engagement of allied health professionals through a blended funding model, including: i. a capped base payment per resident designed to cover about half of the costs of establishing ongoing engagement of allied health professionals ii. an activity-based payment for each item of direct care provided with the Australian Aged Care Pricing Authority determining the quantum of funding for the base payment and the level of activity-based payments, including by taking into account the extra costs of providing services in regional, rural and remote areas	Support in principle	We note that for oral health if the funding occurs through a seniors dental benefit scheme (recommendation 66) the arrangement for half cost may not be applicable as outlined in paragraph C
18.1.	(d) ensure strict monitoring of the level of allied health services that are actually delivered, including collection and review of data on the number of full-time equivalent allied health professionals delivering services, the number of current allied health assessments, the volume of service provision, and expenditure on allied health services.	Support in principle	
Recommendation 19	**Designing for diversity**	**Support**	
19.1.	The Australian Government (or, from 1 July 2023, the Australian Aged Care Commission) should:	Support	
19.1.	(a) by 1 July 2022, implement: i. training requirements as a condition of approval or continued approval of providers that all staff engaged by providers who are involved in direct contact with people seeking or receiving services in the aged care system undertake regular training about cultural safety and trauma-informed service delivery ii. similar training requirements for people engaged to provide care finder and assessment services iii. as a condition of approval or continued approval of any aged care providers who publicly represent their ability to provide specialised services for groups of people of diverse experience or background, a requirement to verify to the satisfaction of the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) that the provider has proper grounds for making that representation	Support	

19.1.	(b) by 1 July 2022: i. formulate a standard dataset and data collection mechanism for collecting, monitoring, analysing and using data about the diverse characteristics and life experiences of older people seeking or receiving aged care, including, as considered appropriate, people whose circumstances are not currently included in the 'special needs' provision, such as those living with mental illness, dementia or disability, and ii. commence collection and analysis of those data for the purpose of identifying variations in and improving equity of access and utilisation of aged care by people of diverse backgrounds and experiences	Support	
19.1.	(c) complete, by 1 July 2024, a national audit evaluating regional and local variation in levels of services for people from diverse backgrounds and life experiences, and, in light of the outcomes of the national audit, thereafter undertake commissioning arrangements to address deficits in meeting the needs of people from diverse backgrounds on a regional and local basis as required	Support in principle	Older people from diverse backgrounds should be required to self identify in order to be counted in a particular region and then receive services for their need based on the national audit. While supportive of increased data collection there should not be a requirement for example for people to 'out' themselves in order to receive appropraite quality care.
19.1.	(d) report to the Inspector-General and the public on the extent to which the needs of diverse older people are being met by the aged care system by 31 December 2024.	Support	
Recommendation 20	**Planning based on need, not rationed**		
20.1.	By 1 July 2024, the Australian Government should develop and implement a new planning regime, to replace the Aged Care Provision Ratio, which:	Support	
20.1.	(a) supports a funding allocation that is sufficient to meet people's entitlements for their assessed need	Support	
20.1.	(b) provides for demand-driven access to aged care based on assessed need	Support	
20.1.	(c) funds cost-effective enabling care in the interests of people who need such care	Support	
20.1.	(d) collects data to monitor outputs and outcomes	Support	
20.1.	(e) aligns planning boundaries for Aged Care Planning Regions with boundaries based on Primary Health Network regions so that aged care planning is aligned with primary health care and hospital planning.	Support	
	Quality and safety		
Recommendation 21	**Embedding high quality aged care**		
21.1.	The *Aged Care Act 1997* (Cth) should be amended to provide that the Australian Commission on Safety and Quality in Health and Aged Care, in setting and amending safety and quality standards for aged care (under the functions referred to in Recommendation 23), give effect to the following characteristics of high quality aged care:	Support	
21.1.	(a) diligent and skilful care	Support	
21.1.	(b) safe and insightful care	Support	
21.1.	(c) caring relationships	Support	
21.1.	(d) empowering care	Support	
21.1.	(e) timely care.	Support	
Recommendation 22	**A general duty to provide high quality and safe care**		
22.1.	The new Act should include a general, positive and non-delegable statutory duty on any approved provider to ensure that the personal care or nursing care they provide is of high quality and safe so far as is reasonable having regard to:	Support in principle	COTA recognises the important role of subcontracting arrangements in the aged care system. Areas such as regional, rural and remote services delivery; specialised or diverse population service delivery; consumer-chosen carers, may all require someone other than the employee of the primary approved provider to deliver the care sought. In such situations, the statutory duty must be on the individual delivering the care and/or their employing organisation and not simply the primary approved provider.
22.1.	(a) any reasonably foreseeable risks to any person to whom the provider provides, or is engaged to provide, that care	Support	
22.1.	(b) the wishes of any person for whom the provider provides, or is engaged to provide, that care, and	Support	
22.1.	(c) any other relevant circumstances.	Support	

22.2.	Any entity which facilitates the provision of aged care services funded in whole or in part under the new Act should have a duty to ensure that any worker whom it makes available to perform personal care work has the experience, qualifications, skills and training to perform the particular personal care work the person is being asked to perform.	Support in principle	Such a recommendation may not be practical in all situations. In order to identify the skills needed, an assessment by the entity may need to be undertaken about what was being asked to be performed. If this construction were implemented all nursing agencies or labor hire firms may be required to make individual assessments of each and every individual request of its staff. This may not be a practical implementation or the intent of the Royal Commission. In addition, COTA Australia affirms its view that older people should be able to directly select an entity or individual to perform services for them through their aged care services. Such an approach should have minimal 'safety' regulations and a clear understanding and consent of the older person.
Recommendation 23	**Aged care standard setting by the re-named Australian Commission on Safety and Quality in Health and Aged Care**		
23.1.	Section 9 of the *National Health Reform Act 2011* (Cth) should be amended urgently to:	Support	
23.1.	(a) rename the Australian Commission on Safety and Quality in Health Care as the 'Australian Commission on Safety and Quality in Health and Aged Care', and	Support in principle	COTA notes that while the regulatory approach for standards by the Commission on Safety and Quality in Health Care' may be preferable, it must implement standards that are consistent with the regulatory environment faced by people with a disability. If inconsistencies between disability and aged care were to become too great, the cost of an individual provider to provision services to both systems may result in providers electing to operate in only one system. This would result in a significant impact in the workforce availability across both system at a time when both systems are seeking to expodentially increase their available workforce.
23.1.	(b) confer upon that body the functions of formulating standards, guidelines and indicators relating to aged care safety and quality.	Support	
23.2.	Amendments to section 10 of the *National Health Reform Act 2011* (Cth) should also be made to provide for an appropriate consultation process for the Commission's aged care functions.	Support	
Recommendation 24	**Urgent review of the Aged Care Quality Standards**		
24.1.	By 15 July 2021, the responsible Minister should refer to the Australian Commission on Safety and Quality in Health and Aged Care the following matters for urgent ad hoc review and, if the Commission considers appropriate, amendment of the Aged Care Quality Standards:	Support in principle	If this is uported - that is extending the role of the Australian Commission on Safety and Quality in Health Care to include Aged Care there needs to be agrement about principles of how this is to be done. COTA A does not want to see aged care over medicalised. The Commission must have aprocess that propoerly engages with all relevant stakeholders. We note that the current (new) Aged Care Standards weredeveloped though an extensive process that engaged a wide range of stakeholders including the Australian Commission on Safety and Quality in Health Care. These Standards are slowely making a substative difference to aged care quality.
24.1.	(a) requiring best practice oral care, medication management, pressure injury prevention, wound management, continence care, falls prevention, and infection control, and providing sufficient detail on what these requirements involve and how they are achieved	Support	COTA supports the articulation of best practice in these areas. We submit however that two suites of best practice may need to be developed based on the setting provided in residential care or in home care.
24.1.	(b) imposing appropriate requirements to meet resident nutritional needs and ensure meals are desirable to eat, having regard to a person's preferences and religious and cultural considerations	Support	
24.1.	(c) sufficiently reflecting the needs of people living with dementia and providing high quality dementia care	Support	
24.1.	(d) implementing a new governance standard	Support	
24.1.	(e) requiring residential aged care providers to demonstrate their capacity to provide high quality palliative care, including staff capacity (number, skill and type), processes and clinical governance, for recognising deterioration and dying.	Support	
24.2.	The Australian Commission on Safety and Quality in Health and Aged Care should complete its review by 31 December 2022.	Support	
Recommendation 25	**Priority issues for periodic review of the Aged Care Quality Standards**		
25.1.	By 1 July 2022, the responsible Minister should refer the following matters for the Australian Commission on Safety and Quality in Health and Aged Care to consider as part of the first comprehensive review of the Aged Care Quality Standards:	Support in principle	Refer to comments on 24.1
25.1.	(a) imposing appropriate requirements relating to the professional development and training for staff	Support	
25.1.	(b) including sufficient reference to and delineation between staff practice roles and responsibilities	Support	
25.1.	(c) requiring providers to assist people receiving care to make and update advance care plans if they wish to, and ensuring that those plans are followed	Support	

25.1.	(d) reflecting the Aged Care Diversity Framework and underlying Action Plans, including considering making them mandatory.	Support	COTA urges the Royal Commission to strengthen its language from "considering" to "including ***how*** to make them mandatory". Further we propose a specific refernce of the review should be how to embed cultural competency for a diverse range of consumers within the standards beyond those articulated in specific diversity action plans.
Recommendation 26	**Aged Care Quality Standards**		
26.1.	The renamed Australian Commission on Safety and Quality in Health and Aged Care should complete a comprehensive review of the Aged Care Quality Standards within three years of taking on the standard-setting function and every 5 years after that. It should also be empowered to undertake ad hoc reviews and make corresponding amendments either of its own motion or where issues are referred to it for consideration by the Australian Aged Care Commission or the responsible Minister.	Support in principle	Refer to comments on 24.1
Recommendation 27	**Establishment of a dementia support pathway**		
27.1.	By 1 January 2023, the Australian Government should establish a comprehensive, clear and accessible post-diagnosis support pathway for people living with dementia and their carers and families. This should involve:	Support	
27.1.	(a) providing information and advice on dementia and support services, including the aged care system	Support	
27.1.	(b) facilitating access to peer support networks	Support	
27.1.	(c) providing education courses, counselling and support services for both people living with dementia and their family and carers	Support	
27.1.	(d) providing assistance with planning for continued living and access to care, including regular and planned respite for carers.	Support	
27.2.	The Australian Government should provide information and material to general practitioners and geriatricians on the pathway and encourage them to refer people to the pathway at the point of diagnosis.	Support	
Recommendation 28	**Specialist dementia care services**		
28.1.	By 1 July 2023, the Australian Government should review and publicly report on:	Support in principle	
28.1.	(a) whether the number of Specialist Dementia Care Units established or planned to be established is sufficient to meet need within the areas and populations they are designed to cover	Support in principle	
28.1.	(b) the capacity of those Units to meet the needs of people exhibiting extreme changed behaviour and whether any further resources are required	Support in principle	
28.1.	(c) the suitability of the Units for shorter stay respite for people living with moderate to extreme changed behaviour.	Support in principle	
28.2.	The outcome of the review should be implemented by the Australian Government as a matter of urgency.	Support in principle	We note the concerns that the cost / benefit of such an approach has not yet been evaluated and it is difficult to support the review without seeing it.
28.3.	The Australian Government should immediately ensure that the specialist dementia service it funds provides treatment to people with a mental health condition if they meet other eligibility criteria (including, for instance, a diagnosis of dementia).	Support in principle	
Recommendation 29	**Regulation of restraints**		
29.1.	By 1 July 2021, the Australian Government should introduce new requirements regulating the use of chemical and physical restraints in residential aged care to replace Part 4A of the *Quality of Care Principles 2014* (Cth).	Support	
29.2.	The new requirements should comprehensively regulate the use of chemical and physical restraints in residential aged care and should be informed by:	Support	
29.2.	(a) the report of the review conducted pursuant to section 15H of the *Quality of Care Principles 2014* (Cth)	Support	
29.2.	(b) the report of the Parliamentary Joint Committee on Human Rights on the Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019 (Cth), and	Support	
29.2.	(c) the operation of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth).	Support	
29.3.	A person receiving aged care who is the subject of a restraint should be readily able to seek an independent review of the lawfulness of the conduct.	Support	
29.4.	Any breach by an approved provider of the new requirements should expose the provider to a civil penalty.	Support	

29.5.	The Australian Commission on Safety and Quality in Health and Aged Care should review the operation of the new requirements as part of its first comprehensive review of the Aged Care Quality Standards.	Support	
Recommendation 30	**Quality indicators**		
30.1.	By 15 July 2021, the responsible Minister should refer to the Australian Commission on Safety and Quality in Health and Aged Care responsibility for the introduction, implementation and amendment of aged care quality indicators, including:	Support	
30.1.	(a) ongoing research into the use and evidence basis for quality indicators	Support in principle	Such quality indicators must include consumer experience and quality of life indicators, not simply quality of care metrics.
30.1.	(b) publication of guidance on use of indicator data to identify risks and to undertake evidence-based risk management.	Support	
30.2.	By 1 July 2023, the Australian Commission on Safety and Quality in Health and Aged Care should:	Support in principle	COTA argues that indicators of quality in home care should be implemented sooner than 2023.
30.2.	(a) expand the suite of quality indicators for care in residential aged care	Support	COTA notes its "Measuring Quality in Aged Care" project identified metrics around medication management were of particular importance to older people in aged care and their family/friend carers.
30.2.	(b) develop quality indicators for care at home, and	Support	Strong focus on Quality of Life indicators in home care should be provided, over and above quality of care indicators that may not have a direct link with the services provided by the aged care provider.
30.2.	(c) implement a comprehensive quality of life assessment tool for people receiving aged care in residential care and at home.	Support	COTA supports the introduction of an assessment tool for quality of life.
30.3.	In the interim, in addition to the existing commitment to implement quality indicators in the new domains of falls and fractures and medication management, the Australian Government should expand the National Mandatory Indicator Program, as set out in the 2019 PwC Consultation Paper 'Development of Residential Aged Care Quality Indicators', to use more comprehensive indicators for the existing domains of pressure injuries, physical restraint and unplanned weight loss.	Support	
Recommendation 31	**Using quality indicators for continuous improvement**		
31.1.	By 1 July 2022, the Australian Government should implement reporting and benchmarking of provider performance against quality indicators. To achieve this:	Support	
31.1.	(a) the Australian Commission for Safety and Quality in Health and Aged Care should develop a methodology to enable providers to be benchmarked against similar providers	Support	
31.1.	(b) the Australian Government should track sector and provider performance and set progressive improvement targets to raise performance against quality indicators over time	Support	
31.1.	(c) the Australian Government should publicly report on sector and provider performance against benchmarks.	Support	
31.2.	From 1 July 2023 onwards, the Australian Aged Care Commission should assume responsibility for the functions and powers in subparagraphs 31.1. (b) and (c).	Support	
	Aboriginal and Torres Strait Islander People		
Recommendation 32	**Aboriginal and Torres Strait Islander service arrangements within the new aged care system**		
32.1.	The Australian Government should ensure that the new aged care system makes specific and adequate provision for the changing and diverse needs of Aboriginal and Torres Strait Islander people and that:	Support	
32.1.	(a) Aboriginal and Torres Strait Islander people receive culturally respectful and safe, high quality, trauma-informed, needs-based and flexible aged care services regardless of where they live	Support	
32.1.	(b) priority is given to existing and new Aboriginal and Torres Strait Islander organisations, including health, disability and social service providers, to cooperate and become providers of integrated aged care services	Support	
32.1.	(c) regional service delivery models that promote integrated care are deployed wherever possible	Support	
32.1.	(d) there is a focus on providing services within, or close to, Aboriginal and Torres Strait Islander populations while maximising opportunities for people to remain on, and maintain connection with, their Country and communities	Support	
32.1.	(e) aged care is available and providers are engaged at the local aged care planning region level on the basis of objectively established need that is determined in consultation with Aboriginal and Torres Strait Islander populations and communities, and recognising that aged care needs and service delivery preferences may vary between locations and population centres	Support	

32.1.	(f) older Aboriginal and Torres Strait Islander people are given access to interpreters on at least the same basis as members of culturally and linguistically diverse communities when seeking or obtaining aged care including health care services.	Support	
Recommendation 33	**An Aged Care Commissioner within the Australian Aged Care Commission with oversight of Aboriginal and Torres Strait Islander aged care**		
33.1.	By 1 July 2023, there should be within the Australian Aged Care Commission a statutory role that involves the ongoing fostering, promotion and development of culturally safe, tailored and flexible aged care services for Aboriginal and Torres Strait Islander people across the country. The person appointed to this role shall be an Aboriginal or Torres Strait Islander person.	Support in principle	COTA Australia notes that this is the only statutory function regarding particular 'diverse' populations within aged care service provision. COTA submits that there should be a broader remit assigned to a particular statutory function for engagement with consumers generally and specifically with diverse populations. Ideally this would be in addition to an Aboriginal and Torres Strait Islander specific statutory role. Whether this would the necessitate specific statutory oversight of aboriginal and torres strait island aged care or be better suited to be an outcome responsibility of the broader diverse populations is a live question.
33.2.	In advance of the formal establishment of the Commission, a person should be appointed by 31 December 2021 under interim administrative arrangements to perform relevant functions and exercise relevant powers.	Support	
Recommendation 34	**Cultural safety**		
34.1.	By 1 July 2022, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should:	Support	
34.1.	(a) require all of its employees who are involved in the aged care system, and any care finders who are not its employees, to undertake regular training about cultural safety and trauma-informed service delivery	Support	COTA notes its understanding that cultural safety and trauma informed service delivery has a broader application than Aboriginal and Torres Strait Island peoples
34.1.	(b) require all aged care providers which promote their services to Aboriginal and Torres Strait Islander people to: i. train their staff in culturally safe and trauma-informed care, and ii. demonstrate to the Australian Aged Care Commission that they have reached an advanced stage of implementation of the Aboriginal and Torres Strait Islander Action Plan under the Diversity Framework	Support in principle	COTA supports such an approach for all diverse populations, including Aboriginal and Torres Strait Island peoples, but does not support such an approach **only** being applied to Aboriginal and Torres Strait Islander people.
34.2.	From 1 July 2023, the Australian Aged Care Commission should:	Support	
34.2.	(a) ensure care finders serving Aboriginal and Torres Strait Islander communities are local Aboriginal and Torres Strait Islander people who are culturally trained and familiar with existing Aboriginal and Torres Strait Islander service providers who are trusted by the local population	Support in principle	COTA Australia notes that such an objective may be best achieved by the care finder function being delivered on behalf of the Government by the trusted local service provider recognised by the Aboriginal and Torres Strait Islander community.
34.2.	(b) wherever possible, ensure aged care assessments of Aboriginal and Torres Strait Islander people are conducted by assessors who are, wherever possible, Aboriginal or Torres Strait Islander people, or others who have undertaken training in cultural safety and trauma-informed approaches	Support in principle	
34.2.	(c) work with State and Territory Governments to establish culturally appropriate advance care directive processes, guidance material and training for aged care providers that account for the diversity of cultural practices and traditions within each State and Territory.	Support	
Recommendation 35	**Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers**		
35.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should assist Aboriginal and Torres Strait Islander organisations to expand into aged care service delivery, whether on their own or in partnership with other organisations, including Aboriginal Community Controlled Organisations and existing Aboriginal and Torres Strait Islander providers.	Support	
35.2.	In fostering additional providers, the Australian Government and the Commission should provide a degree of flexibility in the approval and regulation of Aboriginal and Torres Strait Islander aged care providers to ensure:	Support	
35.2.	(a) existing Aboriginal and Torres Strait providers are not disadvantaged and should continue to provide high quality and safe aged care while being assisted to meet the new provider requirements	Support	
35.2.	(b) other organisations that wish to move into aged care to enhance services to Aboriginal and Torres Strait Islander people across Australia are given special consideration.	Support	
35.3.	Flexible mechanisms should include additional time to meet new requirements, alternative means of demonstrating the necessary capability or requirement, and, in some very limited cases, exemptions. Assistance should include financial assistance for capacity building.	Support	
Recommendation 36	**Employment and training for Aboriginal and Torres Strait Islander aged care**		

36.1.	By 1 December 2022, the Australian Government should:	Support	
36.1.	(a) develop a comprehensive national Aboriginal and Torres Strait Islander Aged Care Workforce Plan in consultation with the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care, including: i. the refinement of existing Aboriginal and Torres Strait Islander training and employment programs ii. targets for the training and employment of Aboriginal and Torres Strait Islander people across the full range of aged care roles	Support	
36.1.	(b) provide the funds necessary to implement the Plan and meet the training and employment targets	Support	
36.1.	(c) work with the State and Territory Governments to implement the Plan, including making vocational educational training facilities, teachers and courses available in urban, rural, regional and remote Australia.	Support	
36.2.	In the interim, the Australian Government should ensure, in consultation with the National Advisory Group for Aboriginal and Torres Strait Islander Aged Care, that the existing employment programs and initiatives for Aboriginal and Torres Strait Islanders are aligned to the needs of the aged care sector.	Support	
Recommendation 37	**Funding cycle**		
37.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should block fund providers under the Aboriginal and Torres Strait Islander Aged Care Service Arrangements (see Recommendation 32) on a three to seven year rolling assessment basis.	Support	
37.2.	The Australian Aged Care Pricing Authority should:	Support	
37.2.	(a) set the funding of the Aboriginal and Torres Strait Islander aged care service arrangements following advice from the Aged Care Custodian	Support	
37.2.	(b) 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.	Support	
Recommendation 38	**Program streams**		
38.1.	Under the Aboriginal and Torres Strait Islander Aged Care Service Arrangements, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should:	Support	
38.1.	(a) provide flexible grant funding streams that are able to be pooled for: i. home and community care ii. residential and respite care (including transition)	Support	
38.1.	(b) establish funding streams under the Aboriginal and Torres Strait Islander aged care service arrangements that allow Aboriginal and Torres Strait Islander aged care service arrangement providers to apply for funding for: i. capital development and expenditure ii. provider development	Support	
38.1.	(c) make funds available, on application, for any residential aged care provider that has Aboriginal and Torres Strait Islander residents who require assistance to retain connection to their Country, including meeting the costs of: i. travel to and from Country, as well as the costs of any people needed to provide clinical or other assistance to the resident to make the trip ii. a family member travelling to and from the older person at a distant residential facility iii. establishing, maintaining and using infrastructure that facilitates connection between the residential facility and communities on Country, such as videoconferencing technology.	Support	
	Aged care workforce		
Recommendation 39	**Aged care workforce planning**		
39.1.	The Australian Government should establish an Aged Care Workforce Planning Division within the Australian Department of Health by 1 January 2022. When the Australian Aged Care Commission is established, the Division should be transferred to the Commission, answering to an Assistant Commissioner. It should be responsible for developing workforce strategies for the aged care sector through:	Support	
39.1.	(a) long-term workforce modelling on the supply and demand of health professionals, including allied health professionals, and care workers	Support	

39.1.	(b) consultation with the providers of education and training for health professionals and personal care workers, in partnership with the State and Territory Governments, Universities, Registered Training Organisations, National Boards, professional associations, and specialist colleges	Support	
39.1.	(c) ensuring an appropriate distribution of health professionals (including allied health professionals) and care workers to meet the needs of population across the aged care sector, particularly in regional, rural and remote Australia	Support	
39.1.	(d) aged care workforce planning, including through modelling, and shaping the role of immigration and changes to visa arrangements as a workforce strategy to address aged care workforce needs.	Support	
39.2.	By 1 July 2022, the Aged Care Workforce Planning Division should prepare an interim workforce strategy and planning framework for the next 3 years (2022–25).	Support	
39.3.	By 1 July 2025, the Aged Care Workforce Planning Division within the Australian Aged Care Commission should prepare a 10 year workforce strategy and plan, following the interim 3 year Workforce Strategy (2025–35).	Support	
39.4.	The Aged Care Workforce Planning Division should be supported by an Aged Care Workforce Fund that can be used to support training, clinical placements, scholarships and other initiatives to respond in a targeted manner to the workforce challenges that the Division identifies.	Support	
Recommendation 40	**Aged Care Workforce Council**		
40.1.	By 1 July 2021, the Australian Government should strengthen the capacity of the Aged Care Workforce Council by:	Support	
40.1.	(a) having an Australian Government representative become a member and assume the role of chair	Do not support	COTA Australia supports the notion that the Aged Care Workforce Council must continue to be an industry-led body, not a Government-led body.
40.1.	(b) reviewing membership of the Council to ensure it is comprised of individuals, including worker representatives who represent the diversity of the aged care workforce with an appropriate mix of skills and experience to lead and drive change across the sector	Support	COTA Australia also submits that a greater representation of older people must be included in the Council
40.1.	(c) providing the necessary funding and resources to enable the Council to implement workforce recommendations of this Royal Commission and to build on its work implementing the Aged Care Workforce Strategy Taskforce's strategic actions.	Support	
40.2.	By 30 June 2022, the Aged Care Workforce Council should:	Support in principle	COTA Australia notes that it is not the unilateral decision of the Aged Care Workforce Council to implement the items in 40.2 but that it will require the leadership of the Council in collaboration with other bodies (such as AHPRA Boards for the role of Nurses's scope of practice) to effectively implement.
40.2.	(a) re-profile all aged care occupational groups, jobs and job grades to ensure they reflect the skills, capabilities, knowledge and competencies as well as the structure required in the new aged care system	Support	
40.2.	(b) revise the competency and accreditation requirements for all job grades in the aged care sector to ensure education and training builds the required skills and knowledge	Support	
40.2.	(c) standardise job titles, job designs, job grades and job definitions for the aged care sector, and	Support	
40.2.	(d) lead the Australian Government and the aged care sector to a consensus to support applications to the Fair Work Commission to improve wages based on work value and or equal remuneration. This may include re-defining job classifications and job grades in relevant awards.	Support	
40.3.	The Aged Care Workforce Council should work collaboratively with the proposed Aged Care Workforce Planning Division so that its work complements aged care workforce design and planning.	Support	
40.4.	From 1 July 2022, the Aged Care Workforce Council, in conjunction with the National Careers Institute, peak industrial partners, Universities Australia and VET providers, and informed by its work on redefining the Aged Care Workforce structure, should develop and document a clear set of career pathways for the aged care sector. These career pathways should:	Support	
40.4.	(a) highlight opportunities for nurses to advance in clinical and managerial roles in the aged care sector	Support	
40.4.	(b) facilitate personal care workers having opportunities to move laterally across aged care, disability care, community care and primary health care and vertically in aged care by advancing into nursing, specialist care roles and supervisory or managerial roles	Support	
40.4.	(c) develop and document career opportunities in the aged care sector for non-direct care workers, including kitchen hands, cooks, cleaners, gardeners, drivers, security and people performing administrative roles.	Support	

40.5.	By 1 July 2022, the Human Services Skills Organisation should develop detailed multimedia careers information for prospective aged care workers including information about work experience opportunities and pre-employment programs with approved aged care providers and nominated Registered Training Organisations.	Support	
Recommendation 41	**Increases in award wages**		
41.1.	Employee organisations entitled to represent the industrial interests of aged care employees covered by the *Aged Care Award 2010* , the *Social, Community, Home Care and Disability Services Industry Award 2010* and the *Nurses Award 2010* should collaborate with the Australian Government and employers and apply to vary wage rates in those awards to:	Support	
41.1.	(a) reflect the work value of aged care employees in accordance with section 158 of the *Fair Work Act 2009* (Cth), and/or	Support	
41.1.	(b) seek to ensure equal remuneration for men and women workers for work of equal or comparable value in accordance with section 302 of the *Fair Work Act 2009* (Cth).	Support	
Recommendation 42	**Improved remuneration for aged care workers**		
42.1.	In setting prices for aged care, the Aged Care Pricing Authority should take into account the need to attract sufficient staff with the appropriate skills to the sector, noting that relative remuneration levels are an important driver of employment choice.	Support	
Recommendation 43	**Review of certificate-based courses for aged care**		
43.1.	By 1 January 2022, the Human Services Skills Organisation should	Support	
43.1.	(a) review the need for specialist aged care Certificate III and IV courses, and	Support	
43.1.	(b) commence an annual cycle of review of the content of the Certificate III and IV courses and consider if any additional units of competency should be included.	Support	
Recommendation 44	**Dementia and palliative care training for workers**		
44.1.	The Australian Government should implement, by 1 July 2022, as a condition of approval or continued approval of aged care providers that all staff engaged by providers who are involved in direct contact with people seeking or receiving services in the aged care system undertake regular approved training about dementia care and palliative care.	Support in principle	In addition to mandatory training in dementia and palliative care, COTA Australia submits that mandatory training on 'working with diverse populations' be required. Such an approach today is often only delivered as elective module for many workers completing Certificate III and IV.
Recommendation 45	**Review of health professions' undergraduate curricula**		
45.1.	By 1 January 2023, the relevant national boards, professional associations, and accreditation bodies for nursing, medicine, audiology, optometry, dietetics, dental practice, psychology, social work, occupational therapy, osteopathy, podiatry, physiotherapy and speech therapy should review existing course accreditation standards to ensure professional entry qualifications for these professions are appropriately addressing age-related conditions and illnesses, including dementia, to ensure that graduates have the education and knowledge to meet the care needs of older people.	Support	
Recommendation 46	**Funding for teaching aged care programs**		
46.1.	By 1 July 2023, the Australian Government should fund teaching aged care programs for delivery to students in both residential aged care and home care settings. The teaching aged care programs should have designated catchment areas and should:	Support	
46.1.	(a) operate on a 'hub and spokes' model	Support	
46.1.	(b) collaborate with educational institutions and research entities	Support	
46.1.	(c) facilitate clinical placements for university and vocational education and training sector students	Support	
46.1.	(d) train future aged care workers in local aged care services.	Support	
Recommendation 47	**Minimum staff time standard for residential care**		
47.1.	The Australian Government should require approved providers of residential aged care facilities to meet a minimum staff time quality and safety standard. This requirement should take the form of a quality and safety standard for residential aged care. The minimum staff time standard should allow approved providers to select the appropriate skills mix for delivering high quality care in accordance with their model of care.	Support in principle	COTA Australia supports measures that ensure the right skills are available in the right setting and at the right time, within the individual's professional scope of practice. Accordingly, COTA believes that in addition to the vital role that clincial nurses perform in aged care, other skills such as allied health should also be provided for wihin any model of care. In addition, COTA notes that such an approach for minimum staffing time should distinguish between time spent as a clinician and time spent in an administrative/management function. It is insufficient to say that there is 38 hours of care by a registered nurse simply because the facility manager who performs 100% of their time as an administrative function happens to have a nursing qualification.

47.2.	From 1 July 2022, the minimum staff time standard should require approved providers to engage registered nurses, enrolled nurses, and personal care workers for at least 215 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.	Support in principle	COTA Australia is dismayed to see the Royal Commission has not adopted the University of Wollongong's methodology of including not only nursing minutes but also minutes of allied health professionals.
47.3.	In addition, from 1 July 2022, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility for the morning and afternoon shifts (16 hours per day).	Support in principle	COTA Australia is dismayed to see the Royal Commission has not adopted the University of Wollongong's methodology of including not only nursing minutes but also minutes of allied health professionals.
47.4.	From 1 July 2024, the minimum staff time standard should increase to require approved providers to engage registered nurses, enrolled nurses, and personal care workers for the average resident for at least:	Support in principle	
47.4.	(a) 215 minutes per resident per day for the average resident, with at least 44 minutes of that staff time provided by a registered nurse, or	Support in principle	
47.4.	(b) 264 minutes per resident per day for the average resident, with at least 36 minutes of that staff time provided by a registered nurse.	Support in principle	
47.5.	In addition, from 1 July 2024, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility at all times.	Support	
47.6.	The minimum staff time standard should be linked to the casemix adjusted activity based funding model for residential aged care facilities. This means that approved providers with a higher than average proportion of high needs residents would be required to engage additional staff, and vice versa.	Support	
47.7.	Approved providers should be able to apply to the Australian Aged Care Commission for an exemption from the quality and safety standard relating to staff skills mix, but not the standard relating to numbers of staff. Any exemption should be granted for a limited time, and details of the exemption should be published on My Aged Care. The grounds for granting an exemption should include:	Support	
47.7.	(a) specific purpose residential aged care facilities, such as specialist homeless facilities, where the profile of the residents is such that it may be appropriate to substitute a registered nurse with another qualified health professional	Support	
47.7.	(b) residential aged care facilities that are co-located with a health service, such as Multi-Purpose Services, where registered and enrolled nurses are present at the co-located health service	Support	
47.7.	(c) regional, rural and remote residential aged care facilities, where the approved provider can demonstrate it has been unable to recruit sufficient numbers of staff with the requisite skills, and	Support	
47.7.	(d) innovative residential aged care facilities where an alternative skills mix is being trialled and it would be appropriate to substitute a registered nurse with another qualified health professional. There should be a requirement for any such trial to be comprehensively evaluated and publicly reported.	Support in principle	
47.8.	The Australian Commission on Safety and Quality in Health and Aged Care should review and update this standard as appropriate. At a minimum, this should occur in line with significant revisions of the casemix classification for residential aged care facilities, or at least every five years.	Support in principle	
Recommendation 48	**National personal care worker registration scheme**		
48.1.	By 1 July 2022, the Australian Health Practitioner Regulation Agency should establish a National Board and a registration scheme for personal care workers, with the following key features:	Support	COTA Australia notes that the practical implementation of having a Working with Vulnerable Persons Card does not seem to be part of its proposed registration scheme. This will therefore likely lead to a duplication with S/T laws that are increasingly requiring such an approach. Further, COTA Australia notes having a photographic Identification to produce of your registration would be welcome by many people receiving aged care.
48.1.	(a) a mandatory minimum qualification	Support	
48.1.	(b) ongoing training and continuing professional development requirements	Support	
48.1.	(c) minimum levels of English language proficiency	Support	
48.1.	(d) criminal history screening requirements	Support	
48.1.	(e) a code of conduct and power for the registering body to investigate complaints into breaches of the Code of Conduct.	Support	
48.2.	For existing aged care workers who do not meet the mandatory minimum qualification requirements, there should be transitional arrangements that allow them to apply to the National Board for registration based on their experience and prior learning.	Support	
Recommendation 49	**Mandatory minimum qualification for personal care workers**		

49.1.	A Certificate III should be the mandatory minimum qualification required for personal care workers performing paid work in aged care. The proposed Personal Care Worker National Board should establish an accreditation authority to:	Support	COTA Australia notes that currently Certificate III staff require supervision by a Certificate IV. It is unclear if the Royal Commission is recommending that current qualification is lowered? COTA Australia notes that the transition towards a mandatory minimum qualification, for current employees within aged care (Rec 48.2) may not require such a qualification.
49.1.	(a) develop and review accreditation standards for the mandatory minimum qualification	Support	
49.1.	(b) assess programs of study and education providers against the standards, and	Support	
49.1.	(c) provide advice to the National Board on accreditation functions.	Support	
49.2.	The National Board should approve the accredited program of study, and review the need for personal care workers in home care to have specialised skills or competencies.	Support	
	Informal carers		
Recommendation 50	**Informal carers and assisting them to receive support**		
50.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should improve services and support for informal carers by:	Support	
50.1.	(a) linking My Aged Care and the Carer Gateway by 1 July 2022, to enable the sharing of information to enable respite available through My Aged Care and support services available on the Carer Gateway to be identified jointly and to be provided in a co-ordinated manner	Support	
50.1.	(b) on and from 1 July 2022: i. enabling direct referral and information sharing for informal carers between My Aged Care, care finders, assessment services and the Carer Gateway ii. providing accurate and up-to-date information on My Aged Care about the range of supports locally available to informal carers, including training, education, counselling, income support, and access to the Carers Hub network (once established)	Support	
50.1.	(c) on and from 1 July 2023: i. requiring My Aged Care, care finders and assessment services to identify informal carers when assessing a person for aged care ii. enabling care finders to refer informal carers to assessment services for assessment for and access to formal respite care iii. supporting and funding a community-based Carers Hub network.	Support	
Recommendation 51	**Volunteers and Aged Care Volunteer Visitors Scheme**		
51.1.	From 1 July 2021, the Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should promote volunteers and volunteering in aged care to support older people to live a meaningful and dignified life and supplement the support and care provided to them through the aged care system, whether in their own home or in a residential care home, by:	Support	COTA Australia notes that currently Aged Care Volunteer Visitor Scheme participants are only able to visit older people who have been assessed and are receiving a home care package and/or residential care. COTA Australia submits that all future provision of Aged Care Volunteer Visitors Scheme should be able to be delivered to any and all Australians over 75 who consent to be visited.
51.1.	(a) increasing the funding to the Volunteer Grants under the Families and Communities Program – Volunteer Grants Activity in 2021–22 to support organisations and community groups to recruit, train and support volunteers who provide assistance to older people	Support	
51.1.	(b) requiring, as a condition of approval and continuing approval of all approved providers, that all aged care services, which use volunteers to deliver in-house co-ordinated and supervised volunteer programs, must: i. assign the role of volunteer coordination to a designated staff member ii. provide induction training to volunteers and regular ongoing training, to volunteers in caring for and supporting older people, complaints management and the reporting of abuse and neglect iii. retain evidence of provision of such training	Support	COTA Australia notes that some aged care providers refuse entry to Community Visitors today in lieu of their own volunteer programs. This does not always meet the specific needs of all residents in aged care. Accordingly, we submit the requirement to receive 'external' volunteers from the Aged Care Volunteer Visitors Scheme should be imposed on aged care providers
51.1.	(c) providing additional funding, and expanding the Community Visitor Scheme and changing its name to the Aged Care Volunteer Visitors Scheme, to provide extended support for older people receiving aged care who are at risk of social isolation.	Support	
	Provider governance		
Recommendation 52	**Legislative amendments to improve provider governance**		
52.1.	By 1 January 2022, the *Aged Care Act 1997* (Cth) should be amended to require that:	Support	
52.1.	(a) the governing body of an approved provider providing personal care services must have a majority of independent non-executive members (unless the provider has applied to the Aged Care Quality and Safety Commissioner for an exemption and the exemption has been granted)	Support	

52.1.	(b) the constitution of an approved provider must not authorise a member of the governing body to act other than in the best interests of the provider	Support	
52.1.	(c) an applicant for approval to provide aged care services must notify the Aged Care Quality and Safety Commissioner of its key personnel, and an approved provider must notify the Commissioner of any change to key personnel within ten business days of the change	Support	
52.1.	(d) a 'fit and proper person' test (replacing the 'disqualified individual' test) applies to key personnel	Support	
52.1.	(e) an approved provider must provide an annual report to the Secretary of the Australian Department of Health containing information to be made publicly available through My Aged Care.	Support	
52.2.	By 1 January 2022, the *Freedom of Information Act 1982* (Cth) should be amended to remove from Schedule 3 of that Act references to provisions in the *Aged Care Act 1997* (Cth) and the *Aged Care Quality and Safety Commission Act 2018* (Cth), thereby ensuring that the exemption in section 38 of the Freedom of Information Act does not apply to 'protected information' under aged care legislation merely on the grounds that it is information that relates to the affairs of:	Support	COTA notes its strong support for recommendation 52.2
52.2.	(a) an approved provider	Support	
52.2.	(b) an applicant for a grant under Chapter 5 of the Aged Care Act	Support	
52.2.	(c) a service provider of a Commonwealth-funded aged care service, or	Support	
52.2.	(d) an applicant for approval under section 63B of the Aged Care Quality and Safety Commission Act.	Support	
52.3.	The new Act should contain provisions reflecting both the amendments to the Aged Care Act and the system governance arrangements provided for in that new Act. Under the new Act, the system governor and quality regulator will be the Australian Aged Care Commission. The government functions in subparagraphs 52.1. (a), (c) and (e) above will be undertaken by the Australian Aged Care Commission.	Support	
Recommendation 53	**New governance standard**		
53.1.	Any governance standard for aged care providers developed by the Australian Commission on Safety and Quality in Health and Aged Care should require every approved provider to:	Support	
53.1.	(a) have members of the governing body who possess between them the mix of skills, experience and knowledge of governance responsibilities, including care governance, required to provide governance over the structures, systems and processes for ensuring the safety and high quality of the care delivered by the provider	Support	
53.1.	(b) have a care governance committee, chaired by a non-executive member with appropriate experience in care provision, to monitor and ensure accountability for the quality of care provided, including clinical care, personal care and services, and supports for daily living	Support	COTA submits that representatives of people in aged care (such as the older person themselves or their family/friend carers) should be included in the care governance committeed to ensure that the lived experience of service users are included in all such discussions.
53.1.	(c) allocate resources and implement mechanisms to support regular feedback from and engagement with people receiving aged care, their representatives, and staff to obtain their views on the quality and safety of the services that are delivered and the way in which they are delivered or could be improved	Support	
53.1.	(d) have a system for receiving and dealing with complaints, including regular reports to the governing body about complaints and containing, among other things, an analysis of the patterns of and underlying reasons for complaints	Support	
53.1.	(e) have effective risk management practices covering care risks as well as financial and other enterprise risks, and give particular consideration to ensuring continuity of care in the event of default by contractors or subcontractors	Support	
53.1.	(f) have a nominated member of the governing body: i. attest annually on behalf of the members of the governing body that they have satisfied themselves that the provider has in place the structures, systems and processes to deliver safe and high quality care, and ii. if such an attestation cannot be given, explain the inability to do so and how it will be remedied.	Support in principle	COTA suggests that a single member of the governing body m,ay only make such a declaration if it is BY RESOLUTION of that governing body. That may be implied but it should be specified.
Recommendation 54	**Program of assistance to improve governance arrangements**		
54.1.	The Australian Government should establish an ongoing program commencing in the 2021–22 financial year to provide assistance to approved providers to improve their governance arrangements, including their care governance arrangements.	Support in principle	
Recommendation 55	**Research, Innovation and Technology** **Dedicated Research Council**		

55.1.	By 1 July 2022, the Australian Government should establish and fund a dedicated Aged Care Research Council to:	Do not support	COTA Australia supports the principle of this recommendation but does not support developing a new body. Rather we submit that such measures should be contained within the NHMRC, ARC, AIHW and other exisitng bodies. In doing so this will enable more effective research not only of issues which are completely within aged care, but also where research subjects include areas which interface between aged care and another system.
55.1.	(a) set the strategy and agenda for research and development into aged care and ageing related health conditions	Support	
55.1.	(b) administer an aged care and ageing related health conditions research fund with an annual budget, funded by a special appropriation, of 1.8% of the total government expenditure on aged care	Support	
55.1.	(c) conduct peer review of projects to determine funding allocations	Support	
55.1.	(d) prioritise research that involves co-design with older people, their families and the aged care workforce	Support	
55.1.	(e) facilitate networks between research bodies, academics, industry and government for research, technology pilots and innovation projects, and assist with the translation of research into practice to improve aged care in Australia	Support	
55.1.	(f) work with the Australian Research Council, the National Health and Medical Research Council, and health and research networks to facilitate the sharing and application of research outcomes with policy makers, research bodies, health care bodies, approved providers and the community	Support	
55.1.	(g) ensure that research into ageing-related health conditions is high on the national research agenda including for the Australian Research Council and the National Health and Medical Research Council.	Support	
Recommendation 56	**Data governance and an aged care national minimum dataset**		
56.1.	The Australian Government should establish the framework to enable the Australian Aged Care Commission to effectively take leadership of and responsibility for aged care data on and from 1 July 2023. This will require the Australian Government to:	Support in principle	COTA Australia strongly suggest that such measures are commenced by the implementation unit from 1 July 2021. Past experiences would indicate that consultation and implementation may take many years before the data governance envisaged is implemented.
56.1.	(a) establish a 'management group' to develop an outcomes framework for an aged care national minimum dataset	Support	
56.1.	(b) develop data sharing agreements, in accordance with any relevant legislation, and under agreements with the States and Territories, to support timely access to and linkage of data for the aged care national dataset and quality indicators	Support	
56.1.	(c) ensure that legislative hurdles to the Australian Institute of Health and Welfare obtaining aged care national minimum dataset elements are removed and the collection is timely and mandatory	Support	
56.1.	(d) ensure the Australian Institute of Health and Welfare Authority is funded to curate and regularly publish an aged care national minimum dataset through an unconditional annual appropriation from the Federal Budget adequate to perform the curation and publication of the dataset and publish aged care data for public education through the GEN website.	Support	
56.2.	The Australian Aged Care Commission's aged care data functions will involve:	Support	
56.2.	(a) chairing the 'management group' to develop an outcomes framework for an aged care national minimum dataset, including ensuring that relevant stakeholders are consulted	Support	
56.2.	(b) overseeing the development of a common language and standardisation of aged care data, including consideration of interoperability with the health care sector	Support	
56.2.	(c) facilitating the development of software for use by approved providers, to be accredited by the Australian Institute of Health and Welfare for collection of aged care national minimum dataset elements and quality indicator data and incorporating compliance with the Aged Care Quality Standards	Support	
56.2.	(d) facilitating the development of software and ICT systems to enable automatic reporting by approved providers on mandatory reporting obligations, quality indicators, prudential arrangements and other responsibilities	Support	Fully support.

56.2.	(e) establishing arrangements consistent with the 'collect once, use many times' principle, including: i. ICT interoperability arrangements between the Australian Aged Care Commission and the Australian Commission on Safety and Quality in Health and Aged Care to enable the sharing of data relevant to the functions of both organisations ii. ensuring administrative data relevant to approved providers, such as assessment data, is made available to providers, and iii. ensuring a mechanism exists for approved providers to effectively and securely transfer information about a consumer when the consumer changes service providers.	Support	COTA notes that the cost of transition to such systems may be prohibitive for some smaller specialist aged care providers. We submit that the ACRC may need to consider whether Government funds should be made available to help the transition towards an improved ICT solution across the industry and if so include such consideration in its recommendations.
56.3.	The *Australian Institute of Health and Welfare Act 1987 (Cth)* , and other legislation as required, should be amended as necessary to achieve the objectives of this recommendation. This should include ensuring the Institute has the powers and responsibilities necessary to undertake the curation and publication of the aged care national minimum dataset.	Support	
56.4.	The Australian Institute of Health and Welfare should accredit software used by approved providers and, where relevant, data custodians assessed as compatible with the dataset specifications of the aged care national minimum dataset.	Support	
	Accommodation		
Recommendation 57	**Improving the design of aged care accommodation**		
57.1.	The Australian Government should guide the design of more appropriate residential aged care accommodation for older people by:	Support	
57.1.	(a) developing and publishing by 1 July 2022 a comprehensive set of national aged care design principles and guidelines on accessible and dementia-friendly design for residential aged care, which should be: i. capable of application to 'small home' models of accommodation as well as to enablement and respite accommodation settings ii. amended from time to time as necessary to reflect contemporary best practice	Support in principle	Such an approach must continue to provide for alternative models and delivery of residential care like settings.
57.1.	(b) implementing by no later than 1 July 2023 a program to promote adoption of the National Aged Care Design Principles and Guidelines in design and construction of residential aged care buildings, which program should include: i. industry education, including sharing of best practice models ii. financial incentives, whether by increased accommodation supplements or capital grants or other measures or a combination of such measures, for residential aged care buildings that comply with the Guidelines	Support	
57.1.	(c) advancing to the National Federation Reform Council by 1 July 2025 a proposal for amendments to Class 9c of the National Construction Code to require the adoption of accessible and dementia-friendly design standards for any new residential aged care buildings, or those proposed to be substantially refurbished, according to specifications informed by the National Aged Care Design Principles and Guidelines.	Support	
Recommendation 58	**Capital grants for 'small home' models of accommodation**		
58.1.	The Australian Government should expand, with effect from 1 January 2022, the Rural, Regional and Other Special Needs Building Fund to provide additional capital grants for building or upgrading residential aged care facilities to provide small scale congregate living.	Support in principle	Support in principle, but should not be the exclusive model.
58.2.	A majority of the people who receive, or who will receive, aged care at the premises to which any such grant relates should, within the meaning of section 7 of the *Grant Principles 2014* (Cth), be one or more of the following:	Support	
58.2.	(a) supported residents, concessional residents or assisted residents	Support	
58.2.	(b) people with special needs	Support	COTA Australia proposes that the terms "special needs" be replaced with "diverse populations" to generally refer to all people and "vulnerable people" to refer to some parts of diverse populations who have specific additional support needs.
58.2.	(c) low-means care recipients	Support	
58.2.	(d) people who live in a location where there is a demonstrated need for additional residential care services	Support	
58.2.	(e) people who do not live in a major city.	Support	

58.3.	A capital grants program for building or upgrading residential aged care facilities to provide small scale congregate living should continue after the introduction of the new Act.	Support	
Recommendation 59	**Younger people in residential aged care** **No younger people in residential aged care**		
59.1.	The Australian Government should immediately put in place the means to achieve, and to monitor and report on progress towards, the commitments announced by the Australian Prime Minister on 25 November 2019 to ensure that:	Support	
59.1.	(a) no person under the age of 65 enters residential aged care from 1 January 2022	Support	
59.1.	(b) no person under the age of 45 lives in residential aged care from 1 January 2022	Support	
59.1.	(c) no person under the age of 65 lives in residential aged care from 1 January 2025 by:	Support	
59.1.	(a) referring for assessment by the agency most appropriate for the assessment of the person concerned, such as the National Disability Insurance Agency (and not an Aged Care Assessment Team or Aged Care Assessment Service), any younger person who is at risk of entering residential aged care	Support	
59.1.	(b) developing hospital discharge protocols with State and Territory Governments to prevent discharge into residential aged care of any younger person	Support	
59.1.	(c) developing, funding and implementing with State and Territory Governments programs for short-term and long-term accommodation and care options for any younger person who is: i. living in or at risk of entering residential aged care and ii. not eligible to be a participant in the National Disability Insurance Scheme	Support	
59.1.	(d) requiring the National Disability Insurance Agency to publish an annual Specialist Disability Accommodation National Plan setting out, among other things, priority locations and proposed responses to thin markets	Support	
59.1.	(e) providing directly for, where appropriate and necessary, accommodation in the Specialist Disability Accommodation market, particularly in thin or underdeveloped markets	Support	
59.1.	(f) funding dedicated and individualised advocacy services for younger people who are living in or at risk of entering residential aged care	Support	
59.1.	(g) collecting data on an ongoing basis, and publishing up-to-date collected data each quarter, on, for each State and Territory, the number of younger people living in residential aged care and, among other things i. their age ranges ii. the average length of time in residential aged care iii. the numbers of admissions into and discharges from residential aged care, and iv. the reasons for younger people exiting from residential aged care, such as death, turning 65 years old or moving into the community	Support	
59.1.	(h) having the responsible Minister report to the Parliament every six months about progress towards achieving the announced commitments, and	Support	
59.1.	(i) ensuring that a younger person will only ever live in residential aged care if it is in the demonstrable best interests of the particular person (and is independently certified to be such by someone with suitable skills, experience, training and knowledge of the person) in limited and exceptional circumstances such as, for instance, where: i. the person will turn 65 years old within a short period of time, being no more than three months, after entering into residential aged care ii. the person's close relatives over 65 years of age live in a residential aged care facility and the person would suffer serious hardship on being separated from those relatives iii. an Aboriginal or Torres Strait Islander person between the age of 50 and 64 years old elects to live in residential aged care.	Support	
Recommendation 60	**Aged care for people with disability** **Equity for people with disability receiving aged care**		

60.1.	By 1 July 2024, every aged care recipient with a disability or disabilities, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person with the same or substantially similar conditions.	Support	COTA Australia urges the Royal Commission to implement this recommendation earlier than 2024. Further as discussed in earlier recommendations regarding assessemnt, we propose an additional recommendation that specifically addresses the unique and specialised assessment individual disabilities require to ensure their support is received.
Recommendation 61	**Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner**		
61.1.	By 1 July 2024, the Disability Discrimination Commissioner and the Age Discrimination Commissioner should be required, as part of the new National Disability Strategy, to report annually to the Parliament on the numbers of aged care recipients with disabilities who are 65 years old or older and their ability to access daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those available under the National Disability Insurance Scheme.	Support	COTA Australia notes that the involvement of the proposed Aged Care Commissioner may be of assistance to this reporting requirement. Further, we propose that this report should be required one year before the recommendation of 60.1 to ensure a transparent and public understanding of the existing gap to be addressed.
	Better access to health care		
Recommendation 62	**A new primary care model to improve access**		
62.1.	Commencing by no later than 1 January 2024, the Australian Government should implement a new voluntary primary care model for people receiving aged care.	Support	
62.2.	The new primary care model would have the following characteristics:	Support	
62.2.	(a) general practices may, if they choose, apply to the Australian Government to become accredited aged care general practices	Support	
62.2.	(b) the initial accreditation criteria would be: i. accreditation with the Royal Australian College of General Practitioners ii. participation in after-hours cooperative arrangements, and iii. use of My Health Record	Support	
62.2.	(c) over time, as aged care general practices mature, the accreditation requirements could be strengthened	Support	
62.2.	(d) each accredited aged care general practice would enrol people receiving residential care or personal care at home who choose to be enrolled with that practice	Support	
62.2.	(e) each accredited aged care general practice would receive an annual capitation payment for every enrolled person, based on the person's level of assessed need	Support	
62.2.	(f) an accredited aged care general practice would agree with each enrolled person and the person's aged care provider on how care will be provided, including by any use of telehealth services and nurse practitioners	Support	
62.2.	(g) the accredited aged care general practice would be required to: i. meet the primary health care needs of each enrolled older person (including through any cooperative arrangements with other general practices to provide after-hours care if required) ii. use My Health Record in conjunction with aged care providers iii. initiate and take part in regular medication management reviews iv. prepare an 'Aged Care Plan' (in collaboration with a geriatrician and the aged care provider and others) for each enrolled person v. accept any person who wishes to enrol with it (subject to geography) to avoid practices accepting only patients with less complex care needs, and vi. report on performance against a range of performance indicators, including immunisation rates and prescribing rates	Support	
62.2.	(h) the capitation payment would be reduced by the value of benefits paid when an enrolled person sees a general practitioner in another practice.	Support	
62.3.	The Australian Government should undertake a thorough evaluation of the new primary care model in 2030 and make appropriate adjustments to the model at that time.	Support	
Recommendation 63	**Royal Australian College of General Practitioners' accreditation requirements**		
63.1.	By 31 December 2021, the Royal Australian College of General Practitioners should amend its Standards for general practices to allow for accreditation of general practices which practise exclusively in providing primary health care to aged care recipients in residential aged care facilities and in their own homes.	Support in principle	Strengthening of GP access- another accreditation process presents a barrier. COTA Australia notes that it may be necessary for a new model to link GP's to deliver services within a specific aged care provider.
Recommendation 64	**Access to specialists and other health practitioners through Multidisciplinary Outreach Services**		

64.1.	By 1 January 2022, the Australian and State and Territory Governments should introduce Local Hospital Network-led multidisciplinary outreach services.	Support in principle	
64.2.	These services should be funded through amendment of the National Health Reform Agreement, and all aged care recipients receiving residential care or personal care at home should have access based on clinical need.	Support	
64.3.	The amended National Health Reform Agreement should include a recurrent and sustainable funding mechanism to stimulate outreach services. The level of funding should be based on underlying costs as determined by the Independent Hospital Pricing Authority.	Support	
64.4.	The key features of the model should include:	Support	
64.4.	(a) provision of services in a person's place of residence wherever possible	Support	
64.4.	(b) multidisciplinary teams, including nurse practitioners, allied health practitioners and pharmacists	Support	
64.4.	(c) access to a core group of relevant specialists, including geriatricians, psychogeriatricians and palliative care specialists	Support	COTA supports the recommendation but proposes that the Royal Commission should recommend any such model needs to INCREASE the number of prfessionals from these specialities in order to meet the demand
64.4.	(d) embedded escalation to other specialists (including endocrinologists, cardiologists, infectious disease specialists and wound specialists), who are already salaried within the hospital and assigned to the model for part of their work	Support	
64.4.	(e) 24 hour a day on-call services available to: i. aged care recipients receiving residential care or personal care at home ii. the families of those people receiving aged care, and iii. staff of aged care services	Support in principle	COTA notes that consumers receiving care at home will need clear protocols of when to call 000, when to call their current GP after hours service and when to call the proposed on-call services. COTA notes that the recommendation should be enhanced from receipt of 'personal care' to include 'nursing care'
64.4.	(f) proactive care and rehabilitation	Support	
64.4.	(g) a focus where feasible on skills transfer to staff working in aged care	Support	
64.4.	(h) a specific focus on palliative care outreach services	Support	
64.4.	(i) clinical governance arrangements involving Local Hospital Networks and relevant aged care and primary care providers.	Support	
Recommendation 65	**Increased access to Older Persons Mental Health Services**		
65.1.	By 1 January 2022, the Australian and State and Territory Governments should:	Support	
65.1.	(a) fund separately under the National Health Reform Agreement outreach services delivered by State and Territory Government older persons mental health services to aged care recipients receiving residential care or personal care at home	Support in principle	COTA supports the increased inclusion of OPMHS services within aged care. However we note that lower level mental health care is still be required beyond the acute cases serviced by the OPMHS. The increased use of OPMHS should not become a barrier to access of local service providers where they exist.
65.1.	(b) introduce performance measures and benchmarks for these outreach services	Support	
65.1.	(c) promulgate standardised service eligibility criteria for hospital, community based, and aged care older persons mental health services that do not exclude from eligibility for such services people with dementia.	Support	
Recommendation 66	**Establish a Senior Dental Benefits Scheme**		
66.1.	The Australian Government should establish a new Senior Dental Benefits Scheme, commencing no later than 1 January 2023, which will:	Support	COTA recommends that the Royal Commission consider a three step implementation recommendation. From 1 July 2021 the *National Dental Partnership Agreement* requires renewal. It would be optimal that this Scheme is implemented as part of that existing agreement.
66.1.	(a) fund dental services to people who: i. live in residential aged care, or ii. live in the community and receive the age pension or qualify for the Commonwealth Seniors Health Card	Support	COTA notes the vast difference of dental services between residential and community based care.
66.1.	(b) include benefits set at a level that minimises gap payments, and includes additional subsidies for outreach services provided to people who are unable to travel, with weightings for travel in remote areas	Support in principle	
66.1.	(c) provide benefits for services limited to treatment required to maintain a functional dentition (as defined by the World Health Organization) with a minimum of 20 teeth.	Support	COTA notes that this structure proposes to exclude about implants, orthodontics, vinears,
Recommendation 67	**Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services**		
67.1.	The Australian Government should:	Support	

67.1.	(a) create new Medicare Benefits Schedule items by 1 November 2021 to allow for a benefit to be paid for a comprehensive health assessment, whether conducted by a general practitioner or a nurse practitioner, when an aged care recipient begins to receive residential aged care or personal care at home and at six month intervals thereafter, or more frequently if there is a material change in a person's circumstances or health	Support in principle	As a principle, COTA Australia believes that comprehensive Health Assessments should be available to all older people, not only those who are an aged care recipient.
67.1.	(b) immediately amend the Medicare Benefits Schedule to allow benefits to be paid under the GP Mental Health Treatment items 2700 to 2717 to patients receiving these services within a residential aged care service	Support	
67.1.	(c) create new Medicare Benefits Schedule items by 1 November 2021 for: i. a mental health assessment, and subsequent development of a treatment plan, by a general practitioner or psychiatrist, within two months of a person's entry into residential aged care ii. three monthly re-assessments or reviews of a mental health assessment by a general practitioner, psychiatrist, or psychologist	Support	
67.1.	(d) create new Medicare Benefits Schedule items by 1 November 2021, with the value of the benefit aligned with recommended professional fees, for allied mental health practitioners providing services to people in residential aged care and: i. the number of services for which a benefit is payable should be based on clinical advice ii. these benefits should cease on 1 January 2023, when the aged care allied health funding arrangement is established	Support	
67.1.	(e) amend the General Practitioner Aged Care Access Incentive payment to: i. increase the minimum annual number of services required by general practitioners to qualify for the payment and the amount of the corresponding payment ii. introduce incremental increases to the amount of the payment for general practitioners who deliver more the minimum annual number of services and index these amounts on the same basis as Medicare Benefits Schedule general practitioner attendance items.	Support	
Recommendation 68	**Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care**		
68.1.	The Australian Government should:	Support	
68.1.	(a) amend the priorities of the Rural Health Outreach Fund by 1 July 2021 to include delivery of: i. geriatrician services in regional, rural and remote Australia, and ii. medical specialist services to people receiving aged care in regional, rural and remote Australia	Support	
68.1.	(b) increase, for these additional priorities, the annual funds available by $9.6 million, starting in the 2021–22 financial year, and	Support	
68.1.	(c) ensure that these additional priorities of the Fund are maintained on an ongoing basis.	Support	
Recommendation 69	**Access to specialist telehealth services**		
69.1.	By 1 November 2021, the Australian Government should:	Support	
69.1.	(a) expand access to Medicare Benefits Schedule-funded specialist telehealth services to aged care recipients receiving personal care at home	Support in principle	As a principle, COTA Australia believes that specialist telehealth services should be available to all older people, not only those who are an aged care recipient.
69.1.	(b) require aged care providers delivering residential care or personal care at home to have the necessary equipment and clinically and culturally capable staff to support telehealth services.	Support in principle	COTA Australia does not believe a personal care at home provider should be required to be involved in telehealth matters. This is a person's home. The telehealth solutions should exist outside of the days of the week when a personal care at home worker is on osite.
Recommendation 70	**Increased access to medication management reviews**		
70.1.	The Australian Government should immediately improve access to quality medication management reviews for people receiving aged care by:	Support in principle	COTA notes the importance of increasing access to medication management reviews for people living in the community, not only for those in residential aged care.
70.1.	(a) allowing and funding pharmacists from 1 January 2022 to conduct reviews on entry to residential care and annually thereafter, or more often if there has been a significant change to the care recipient's condition or medication regimen	Support	
70.1.	(b) amending the criteria for eligibility for residential medication management reviews to include people in residential respite care and transition care	Support	
70.1.	(c) monitoring quality and consistency of medication management reviews.	Support	
Recommendation 71	**Restricted prescription of antipsychotics**		

71.1.	By 1 November 2021, the Australian Government should amend the Medicare Benefits Schedule so that only a psychiatrist or a geriatrician can initially prescribe antipsychotics. General practitioners should be able to prescribe repeat prescriptions of antipsychotics for up to a year for people who have received an original prescription from a psychiatrist or geriatrician.	Do not support	COTA Australia supports Dementia Australia's concern that restricting prescriptions of antipsychotics so that only a psychiatrist or a geriatrician can initially prescribe them will not address the underlying reasons for their continued inappropriate use in people living with dementia in residential aged care (reasons for which include inadequate staff training, skills and experience). We note their further cocnern it could also have the unintended consequence of people not being able to receive medications they need for treatment of co-existing mental health conditions.
Recommendation 72	**Improving the transition between residential aged care and hospital care**		
72.1.	The Australian and State and Territory Governments should:	Support	
72.1.	(a) by 1 July 2022, implement, and commence publicly reporting upon compliance with, hospital discharge protocols that ensure that discharge to residential aged care from hospital should only occur once appropriate clinical handover and discharge summary (including medications list) has been provided to and acknowledged by the residential care service, and provided to the person being discharged	Support	
72.1.	(b) by 1 December 2021, require staff of aged care services, when calling an ambulance for a resident, to provide the paramedics on arrival with an up-to-date summary of the resident's health status, including medications and advance care directives.	Support	
Recommendation 73	**Improving data on the interaction between the health and aged care systems**		
73.1.	The Australian Government and State and Territory Governments should improve the data available to monitor the interaction between the health and aged care systems and improve health and aged care planning and funding decisions. In particular:	Support	
73.1.	(a) the Australian Government should implement an aged care identifier by 1 July 2022 in the Medicare Benefits Schedule and Pharmaceutical Benefits Schedule datasets to allow regular public reporting on the number and type of medical and pharmaceutical services provided to people receiving aged care	Support	Clear protocols about residential aged care vs aged care in the home must be considered as part of this implementation
73.1.	(b) by 1 July 2023 all National Minimum Datasets reported to the Australian Institute of Health and Welfare should include an item identifying whether a person is receiving aged care services and the type of aged care the person is receiving	Support	
73.1.	(c) National Minimum Datasets covering all State and Territory Government-funded health services should be implemented by 1 July 2023	Support	
73.1.	(d) all governments should implement a legislative framework by 1 July 2023 for health and aged care data to be directly linked, shared and analysed to understand the burden of disease of current and prospective aged care recipients and their current and future health needs	Support	
73.1.	(e) the Australian Government should direct the Australian Institute of Health and Welfare to include data tabulated on the basis of aged care recipient status in any relevant health statistical publications, and make the de-identified data publicly available through the Australian Government's data portal data.gov.au.	Support	
Recommendation 74	**Universal adoption by the aged care sector of digital technology and My Health Record**		
74.1.	The Australian Government should require that, by 1 July 2022:	Support	Cost of transtitioning to a digital care management system may need to be considered by the Australian Government for smaller aged care providers.
74.1.	(a) every approved provider of aged care: i. uses a digital care management system (including an electronic medication management system) meeting a standard set by the Australian Digital Health Agency and interoperable with My Health Record ii. invites each person receiving aged care from the provider to consent to his or her care records being made accessible on My Health Record iii. if the person consents, places that person's care records (including, at a minimum, the categories of information required to be communicated upon a clinical handover) on My Health Record and keeps them up to date	Support in principle	Older people must maintain authority over their health and aged care information and who has access to them. The current protocols enabling a user of My Health Record to identify who may see what parts of their record should be considered in implementing 74.1 a ii
74.1.	(b) the Australian Digital Health Agency immediately prioritises support for aged care providers to adopt My Health Record	Support	
Recommendation 75	**Clarification of roles and responsibilities for delivery of health care to people receiving aged care**		

75.1.	By 31 December 2021, the Australian and State and Territory Governments should amend the National Health Reform Agreement to include an explicit statement of the respective roles and responsibilities of approved aged care providers and State and Territory health care providers to deliver health care to people receiving aged care, similar to the Applied Principles and 'tables of supports' for the National Disability Insurance Scheme, on the basis that, among other things:	Support	COTA suggests tsuch a roles and responsibilities needs to make clear the role of GP along with the role of community based nusing support outside of aged care and within aged care.
75.1.	(a) allied health care should generally be provided by aged care providers	Support	
75.1.	(b) specialist services, including specialist palliative care and subacute rehabilitation, should be provided by State and Territory health care providers, even if these services involve allied health practitioners	Support	
75.1.	(c) less complex health conditions should be managed by aged care providers' staff, particularly nurses.	Support	
75.2.	By 31 December 2021, the Australian Government should amend the *Quality of Care Principles 2014* (Cth) to clarify the role and responsibilities of approved providers to deliver health care to people receiving aged care, including but not limited to their particular role and responsibilities to deliver allied health care, mental health care, and oral and dental health care.	Support	
Recommendation 76	**Improved access to State and Territory health services by people receiving aged care**		
76.1.	By 1 July 2022, the Australian and State and Territory Governments should amend the National Health Reform Agreement or any future health funding agreement to include explicit commitments by State and Territory Governments to provide:	Support	
76.1.	(a) access by people receiving aged care to State and Territory Government-funded health services, including palliative care services, on the basis of the same eligibility criteria that apply to residents of the relevant State and Territory more generally	Support	COTA Australia notes that often aged care becomes a defacto palliative care provider due to the absence of available specialist palliative care. Clearer information about quantities of specialist palliative care should be available.
76.1.	(b) clinically appropriate subacute rehabilitation for patients who i. are aged care recipients receiving residential care or personal care at home, or ii. may need such aged care services if they do not receive rehabilitation, as well as performance targets and reporting requirements on the provision of subacute rehabilitation care to people receiving aged care.	Support	
Recommendation 77	**Ongoing consideration by the Health National Cabinet Reform Committee**		
77.1.	The Health National Cabinet Reform Committee should require the Australian Health Ministers' Advisory Council to:	Support	
77.1.	(a) consider the full suite of the Royal Commission's recommendations related to the interface of the health care and aged care systems and report to the next meeting of the Committee	Support	
77.1.	(b) include a standing item in all future meetings of the Council on the aged care system and its interface with the health care system.	Support	
	Aged care in regional, rural and remote areas		
Recommendation 78	**Planning for the provision of aged care in regional, rural and remote areas**		
78.1.	From 1 December 2021, the Australian Government should:	Support	
78.1.	(a) identify areas where service supply is inadequate and actively respond by supplementing services to meet entitlements and needs, and	Support	
78.1.	(b) plan for the specific needs of different locations and develop aged care service provision based on those identified needs and by doing so ensure that older people in regional, rural and remote locations are able to access aged care in their community equitably with other older Australians.	Support	
78.2.	From 1 December 2021, the Australian Government should make it clear when people first engage with the aged care system if they will not be able to access a certain type of aged care in their community.	Support in principle	COTA Australia does not support a system where certain types of care is not available in regional locations, while noting that it may not be cost effective to deliver all services in rural and remote locations.
78.3.	On and from 1 July 2023, the Australian Aged Care Commission will assume these functions and powers.	Support	
Recommendation 79	**The Multi-Purpose Services Program**		
79.1.	The Australian Government (and, from 1 July 2023, the Australian Aged Care Commission) should maintain and extend the Multi-Purpose Services Program in the new aged care system by, from 1 December 2021:	Support	
79.1.	(a) together with State and Territory Governments, establishing new Multi-Purpose Services in accordance with community need as identified by the Australian Government or the Commission	Support	

79.1.	(b) ensuring that people entering Multi-Purpose Services are subject to the same eligibility and needs assessments as all other people receiving aged care	Support	
79.1.	(c) requiring people accessing Multi-Purpose Services to make contributions to the cost of their care and accommodation on the same basis as all other people receiving aged care (with appropriate protections for people currently accessing Multi-Purpose Services)	Support	
79.1.	(d) permitting Multi-Purpose Service providers to access all aged care funding programs on the same basis as other aged care providers	Support	
79.1.	(e) developing a funding model for Multi-Purpose Services which reflects the changing number and acuity of people receiving care over time while maintaining certainty of funding over the course of a financial year	Support	
79.1.	(f) together with State and Territory Governments, establishing a cost-shared capital grants program to rebuild or refurbish older Multi-Purpose Services to ensure that the infrastructure meets contemporary aged care design standards, particularly to support the care of people living with dementia.	Support	
Recommendation 80	**Funding in the new aged care system** **Amendments to residential aged care indexation arrangements**		
80.1.	Commencing with effect on 1 July 2021, the Australian Government should amend the indexation arrangements for residential aged care so that all care subsidies, and the viability supplement, are increased on 1 July each year by the weighted average of:	Support	
80.1.	(a) 45% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to minimum wage for an Aged Care employee Level 3 under the Aged Care Award 2010 (section 14.1)	Support in principle	COTA Australia notes that Awards are often under the actual wage increases included in enterprise bargaining agreements. Accordingly, it may be that despite this being an improvement on CPI, the amount of increases will not cover the real wage cost increases experienced.
80.1.	(b) 30% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to the minimum wage for a registered Nurse Level 2 – pay point 1 under the Nurses Award 2010 (section 14.3)	Support in principle	
80.1.	(c) 25% of the yearly percentage (to the 30 March immediately preceding the indexation date) increase to the Australian Bureau of Statistics Consumer Price Index.	Support	
80.2.	The increases based on these arrangements should apply to the financial year commencing 1 July 2021 and continue until such time as the Aged Care Pricing Authority is established and has commenced independent determination of prices for residential care.	Support	
Recommendation 81	**Amendments to aged care in the home indexation arrangements**		
81.1.	Commencing with effect on 1 July 2021, the Australian Government should amend the indexation arrangements for home care so that subsidy rates are increased on 1 July each year by the weighted average of:	Support	
81.1.	(a) 60% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to minimum wage for an Aged Care employee Level 3 under the Aged Care Award 2010 (section 14.1)	Support in principle	
81.1.	(b) 15% of the yearly (to the 30 June immediately preceding the indexation date) percentage increase to the minimum wage for a registered Nurse Level 2 – pay point 1 under the Nurses Award 2010 (section 14.3)	Support in principle	
81.1.	(c) 25% of the yearly percentage (to the 30 March immediately preceding the indexation date) increase to the Australian Bureau of Statistics Consumer Price Index.	Support	
81.2.	The increases based on these arrangements should apply to the financial year commencing 1 July 2021 and continue until such time as the Aged Care Pricing Authority is established and has commenced independent determination of prices for aged care in the home.	Support	
Recommendation 82	**Immediate changes to the Basic Daily Fee**		
82.1.	The Australian Government should, no later than 1 July 2021, offer to provide funding to each approved provider of residential aged care adding to the base amount for the Basic Daily Fee by $10 per resident per day, for all residents. The additional funding should be only provided on the condition that the provider gives the Australian Government a written undertaking that:	Support	
82.1.	(a) it will conduct an annual review of the adequacy of the goods and services it has provided to meet the basic living needs of residents, and in particular their nutritional requirements, throughout the preceding 12 months, and prepare a written report of the review	Support	COTA proposes that any written report of the review should be published and public to its residents

82.1.	(b) the review report will set out in detail the provider's expenditure to meet the basic needs of residents, especially their nutritional needs, and changes in expenditure compared with the preceding financial year	Support	
82.1.	(c) by 31 December each year, commencing in 2021, the governing body of the provider will attest that the annual review has occurred, and will give the review report and a copy of the attestation, to the Australian Aged Care Commission (or, pending its establishment, the implementation unit referred to in Recommendation 123)	Support	
82.1.	(d) in the event of failure to comply with the above requirements, the provider will be liable to repay the additional funding to the Australian Government, and agrees that this debt may be set-off against any future funding as a means of repayment.	Support	
82.2.	The Australian Government will commence payment of the additional funding to a provider within one month of the provider giving its written undertaking.	Support	
82.3.	The results of any review may be taken into account in any reviews of the compliance of the provider with the Aged Care Quality Standards.	Support	
Recommendation 83	**Amendments to the viability supplement**		
83.1.	With immediate effect, the Australian Government should continue the 30% increase in the viability supplement that commenced in March 2020, as paid in respect of each residential aged care service and person receiving home care, until the Aged Care Pricing Authority has determined new arrangements to cover the increased costs of service delivery in regional, rural and remote areas and has commence independent determination of prices.	Support	
83.2.	For the avoidance of doubt, the increased indexation arrangements proposed in Recommendations 80 and 81 should apply in addition to the measure in this recommendation.	Support	
Recommendation 84	**Immediate funding for education and training to improve the quality of care**		
84.1.	The Australian Government should establish a two-year scheme, commencing on 1 July 2021 to improve the quality of the current aged care workforce. The scheme should reimburse providers of home support, home care and residential aged care for the cost of education and training of the direct care workforce employed (either on a casual, part-time or full-time basis) at the time of its commencement or during the period of its operation. Eligible education and training should include:	Support	
84.1.	(a) Certificate III in Individual Support and Certificate IV in Ageing Support	Support	
84.1.	(b) continuing education and training courses (including components of training courses, such as 'skill sets' and 'micro-credentials') relevant to direct care skills, including, but not limited to, dementia care, palliative care, oral health, mental health, pressure injuries and wound management.	Support in principle	COTA submits that such funding should have quality assurances placed around it including that it be delivered by a qualified trainer, based on evidence and achieving professional development in an area directly linked to either the aged care standards or their professional registration requirements.
84.2.	Reimbursement should also include the costs of additional staffing hours required to enable an existing employee to attend the training or education. The scheme should be limited to one qualification or course per worker.	Support	
Recommendation 85	**Functions and purposes of the Aged Care Pricing Authority**		
85.1.	Before the establishment of the Aged Care Pricing Authority, preliminary work on estimating the costs of providing high quality aged care should be undertaken by the implementation unit referred to in Recommendation 123.	Support	
85.2.	Upon its establishment (by 1 July 2023) under the new Act, the Aged Care Pricing Authority should take over that work and all resources developed by the implementation unit.	Support	
85.3.	The functions of the Aged Care Pricing Authority should include:	Support	
85.3.	(a) providing expert advice to the Australian Aged Care Commission on optimal forms for funding arrangements for particular types of aged care services and in particular market circumstances	Support	
85.3.	(b) reviewing data and conducting studies relating to the costs of providing aged care services	Support	
85.3.	(c) determining prices for particular aged care services based on estimates of the amounts (whether constituted by government subsidies or user payments or both) appropriate to the provision of high quality and safe aged care services	Support	
85.3.	(d) evaluating, or assisting the Australian Aged Care Commission to evaluate, the extent of competition in particular areas and markets	Support	

85.3.	(e) advice on appropriate forms of economic regulation, and implementation of such regulation, where necessary.	Support in principle	COTA Australia believes that all charges must be transparent and published on the provider's website. This is particularly important in cases of price gauging allegations for the delivery of extra/additional services in residential care, or bundles of services in in-home-care. Accordingly, COTA believes stronger regulation of non-core aged care charges must be a mandated responsibility of the Pricing Authority.
85.4.	In undertaking its functions, the Aged Care Pricing Authority should be guided by the following objects:	Support	
85.4.	(a) ensuring the availability and continuity of high quality and safe aged care services for people in need of them	Support	
85.4.	(b) ensuring the efficient and effective use of public funding and private user contributions in the provision of high quality and safe aged care services	Support	
85.4.	(c) promoting efficient investment in the means of supply of high quality and safe aged care services in the long term interests of people in need of them	Support	
85.4.	(d) promoting the development and retention of a highly motivated and appropriately skilled and numerous workforce necessary for the provision of high quality and safe aged care services in the long term interests of people in need of them.	Support	
Recommendation 86	**Requirement to participate in Aged Care Pricing Authority activities**		
86.1.	By 1 July 2022, the *Accountability Principles 2014* (Cth) should be amended to require participation by approved providers in cost data reviews.	Support	
86.2.	By 1 July 2023, the new Act should require that as a condition of approval or continued approval, aged care providers are required to participate in any activities the Aged Care Pricing Authority requires to undertake its functions, including transmitting cost data in a format required by the Authority for the purposes of costing studies. The Aged Care Pricing Authority should take costs associated with these activities into account when determining funding levels.	Support	Such data should include all services delivered to aged care recipients, including those services regulated outside of the Aged Care Act.
Recommendation 87	**Services to be funded through a combination of block and activity based funding**		
87.1.	The Aged Care Pricing Authority should advise the Australian Aged Care Commission on the combination and form of block and activity based funding that should be adopted for social supports, respite, and assistive technology and home modifications, having regard to the characteristics of these services and market conditions where they are delivered.	Support	
Recommendation 88	**Casemix-adjusted activity based funding in residential aged care**		
88.1.	By 1 July 2022, the Australian Government should fund approved service providers for delivering residential aged care through a casemix classification system, such as the Australian National Aged Care Classification (AN-ACC) model. The classification system should take into account the above recommendations for high quality aged care. On-going evidence-based reviews should be conducted thereafter to refine the model iteratively, for the purpose of ensuring that the model accurate classification and funding to meet assessed needs.	Support	
88.2.	The implementation date of 1 July 2022 is needed to support Recommendations 46.2 and 46.3. However, the independent pricing capability referred to in Recommendations 5 and 85 is unlikely to be developed by that time. Therefore an estimated National Weighted Average Unit (NWAU) for interim application of a casemix-adjusted funding model such as AN-ACC should be calculated by or on behalf of the implementation unit and applied to fund approved providers of residential care prior to the commencement of independent pricing by the Aged Care Pricing Authority.	Support	
Recommendation 89	**Maximum funding amounts for care at home**		
89.1.	With effect from 1 July 2024, the Australian Government should ensure that the maximum Commonwealth funding amount available for a person receiving care at home is the same as the maximum Commonwealth funding amount that would be made available to provide care for them if they were assessed for care a residential aged care service.	Support	
Recommendation 90	**Framework for the assessment of funding to incentivise an enablement approach to residential care**		
90.1.	From 1 July 2022, the following enablement incentives should be incorporated into the rules, principles and guidelines for assessment and funding eligibility:	Support	
90.1.	(a) where reassessment determines that a person is entitled to a higher level of funding, and the approved provider can demonstrate that they have been providing the higher level of care then it should be eligible for back-payment to the date that the reassessment was requested	Support	

90.1.	(b) in order to promote an enablement approach in care at a residential aged care home, a resident should not be required to be reassessed if their condition improves under the care of a provider.	Support	
Recommendation 91	**Reporting of staffing hours**		
91.1.	From 1 July 2022, the *Accountability Principles 2014* (Cth) should be amended to require any approved providers of residential aged care to provide reports, on a quarterly basis in standard form reports, setting out total direct care staffing hours provided each day at each facility they conduct, broken into different employment categories (including personal care workers, enrolled nurses engaged in direct care provision, registered nurses engaged in direct care provision, and allied healthcare professionals engaged in direct care provision).	Support	COTA is dismayed that such a requirement would take so long to be implemented. We would submit such an approach could be implemented with 6 months of the Royal Commission's report being released.
Recommendation 92	**Payment on accruals basis for care at home**		
92.1.	By 1 September 2021, home care providers should commence invoicing and receipt of payments from the Australian Government out of their clients' home care packages on an accruals basis, only once services have been delivered or the liability to deliver them has been incurred.	Support	
Recommendation 93	**Standardised statements on services delivered and costs in home care**		
93.1.	The Australian Government should develop and implement a standardised statement format for home care providers to record services delivered and costs incurred on behalf of home care package holders. From 1 July 2022, providers should be required to issue completed statements in the standardised format to people receiving their care on a monthly basis.	Support	COTA Australia submits that the Australian Government should be required to develop the standard format for home care providers no later than 31 December 2021, in order for providers to implement such an approach no later than 1 July 2022.
Recommendation 94	**Fees for social supports, assistive technology and home modifications**		
94.1.	Individuals receiving social supports, assistive technology and home modifications should be required to make nominal co-payments for the services that they receive.	Support	Assume when the stream comes into play there is an implementation date for the new Fee structures?
94.2.	The levels of these notional co-payments should be set in the new Act.	Do not support	COTA believes that people should contribute towards their care where they can afford to do so. Asking multi-millionaires to provide only a nominal co-payment reduces confidence in the aged care system. This should be determined by the Independent Pricing Authority
Recommendation 95	**Fees for respite care**		
95.1.	Individuals receiving respite care should be required to contribute to the costs of the services that they receive associated with ordinary costs of living and additional services. They should not be required to contribute to the costs of the accommodation and care services that they receive.	Support	
95.2.	The level of any payment for the ordinary costs of living should be determined from time to time by the Australian Aged Care Pricing Authority.	Support	
Recommendation 96	**Fees for care at home**		
96.1.	Individuals receiving care at home should not be required to contribute to the costs of any care services that they receive. They should, however, be required to make nominal co-payments for any domestic assistance services that they receive.	Support in principle	COTA believes that people should contribute towards their care where they can afford to do so. Asking multi-millionaires to provide only a nominal co-payment reduces confidence in the aged care system. Clarity is sought as to whether 'personal care' is included in the proposed 'care service' to be exempt from co-contributions.
96.2.	The levels of these notional co-payments should be set in the new Act.	Support in principle	COTA believes that people should contribute towards their care where they can afford to do so. Asking multi-millionaires to provide only a nominal co-payment reduces confidence in the aged care system.
Recommendation 97	**Fees for residential aged care – ordinary costs of living**		
97.1.	From 1 July 2023, the amount that providers should be paid for services that are associated with ordinary costs of living should be determined by the Aged Care Pricing Authority. Funding for this amount should be provided by:	Support	
97.1.	(a) a basic fee paid by the resident equal to 85% of the maximum amount of the basic age pension	Support	
97.1.	(b) a means tested fee paid by the resident	Support in principle	
97.1.	(c) a subsidy paid by the Australian Government to make up any gap.	Support in principle	
97.2.	The means tested fee should have the following features:	Support in principle	
97.2.	(a) it should be zero for anyone in receipt of the full pension	Support in principle	COTA notes that due to the increased balances of superannuation, and a sale of a family home, few people enter as full pensioners into residential aged care.
97.2.	(b) it should be recalibrated to achieve progressively greater contributions from people who have greater levels of assets and income without imposing hardship, or arbitrary outcomes on people in certain asset or income brackets	Support in principle	

97.2.	(c) non-pensioners should be required to pay the full costs of ordinary living (without any contribution by the Australian Government).	Support in principle	COTA notes that many 'self funded retirees' of modest means who have just missed out on the pension are often in a more precarious financial position than those who receive a small amount of pension (and its associated benefits). We would submit the appropriate point at which to require full costs recovery is to link it with Commonwealth Seniors Health Card eligiblity not 'non pensioner'.
Recommendation 98	**Repeal co-contributions for care component of funding in residential care**		
98.1.	From 1 July 2023, the means tested daily care fee for care provided in residential care facilities should be repealed.	Support	
Recommendation 99	**Reform of means testing for accommodation charges**		
99.1.	From 1 July 2023, the maximum amount that the Australian Government will pay for a person's accommodation costs in residential aged care should be determined by the Aged Care Pricing Authority.	Support	
99.2.	The amount payable in respect of any individual should be determined by a means test that is calibrated to achieve progressively greater contributions from people who have greater levels of assets and income without imposing hardship, or arbitrary outcomes on people in certain asset or income brackets.	Support	
99.3.	Where a resident is eligible under this means test for some Australian Government assistance with their accommodation costs then the fee that they can be charged is capped at the amount worked out by the means test.	Support	
99.4.	Where a resident is not eligible for any Australian Government assistance with their accommodation costs then the fee that they can be charged should be not be price-capped, but should remain subject to a provisional upper limit (to be set by the Aged Care Pricing Authority from time to time) that may be raised upon application by the approved provider to the Authority.	Support	
	Prudential regulation and financial oversight		
Recommendation 100	**Prudential regulation by the Australian Aged Care Commission**		
100.1.	From 1 July 2023, the Australian Aged Care Commission should be given the statutory role as the prudential regulator for aged care with responsibility for ensuring that, under all reasonable circumstances, providers of aged care have the ongoing financial capacity to deliver high quality care and meet their obligations to repay accommodation lump sums as and when the need arises.	Support	
100.2.	The Commission should also be given the statutory role of developing and implementing an effective financial reporting framework for the aged care sector that complements the purposes of the prudential standards.	Support	
100.3.	The Presiding Commissioner shall allocate the responsibilities associated with prudential oversight and the establishment of an effective financial reporting framework to an Assistant Commissioner.	Support	
Recommendation 101	**Establishment of prudential standards**		
101.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered to make and enforce standards relating to prudential matters that must be complied with by approved providers.	Support	
101.2.	In this context prudential matters are matters relating to:	Support	
101.3.	(a) the conduct of the affairs of approved providers in such a way as to: i. ensure that providers remain in a sound financial position, or ii. ensure continuity of care in the aged care system, or	Support	
101.4.	(b) the conduct of the affairs of approved providers with integrity, prudence and professional skill.	Support	
Recommendation 102	**Liquidity requirements**		
102.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered under statute to impose liquidity requirements on approved providers of residential aged care which hold refundable accommodation deposits, for the purpose of ensuring that such providers are able to repay refundable accommodation deposits promptly as and when required without jeopardising their financial viability.	Support	
Recommendation 103	**Capital adequacy requirements**		
103.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered under statute to impose capital adequacy requirements on approved providers for the purpose of ensuring that providers maintain adequate net assets above the liabilities they owe.	Support	
Recommendation 104	**More stringent financial reporting requirements**		
104.1.	From 1 July 2023, the Australian Aged Care Commission should be empowered under statute to require approved providers to submit regular financial reports.	Support	
104.2.	The frequency and form of the reports should be prescribed by the Commission.	Support	

Recommendation 105	**Continuous disclosure requirements in relation to prudential reporting**		
105.1.	From 1 July 2023, approved providers should be required under statute to comply with continuous disclosure requirements, under which an approved provider that becomes aware of material information that:	Support	
105.1.	(a) affects the provider's ability to pay its debts as and when they become due and payable, or	Support	
105.1.	(b) affects the ability of the provider or any contractor providing services on its behalf to continue to provide aged care that is safe and of high quality to individuals to whom it is currently contracted or otherwise engaged to provide aged care must immediately disclose the information to the Commission.	Support	
105.2.	The Australian Aged Care Commission should have the power to designate events, facts or circumstances that should give rise to continuous disclosure obligations.	Support	
Recommendation 106	**Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers**		
106.1.	From 1 July 2023, the Australian Aged Care Commission should have the power to impose a range of regulatory responses where there has been a breach of the new prudential standards or the financial reporting requirements, including a failure to comply with the continuous disclosure requirements.	Support	
106.2.	Such responses should include:	Support	
106.2.	(a) the power to give directions to a provider that mirror those that can be made by the Australian Prudential Regulatory Authority pursuant to the *Private Health Insurance (Prudential Supervision) Act 2015* (Cth)	Support	
106.2.	(b) the power to impose civil and administrative penalties in respect of any breach	Support	
106.2.	(c) the ability to accept enforceable undertakings	Support	
106.2.	(d) the ability to impose sanctions to limit the ability of the provider to expand its services, revoke accreditation for a service, or revoke approved provider status.	Support	
Recommendation 107	**Building the capability of the regulator**		
107.1.	In establishing the Australian Aged Care Commission, the Australian Government should ensure that its prudential capability in relation to the aged care sector includes the following:	Support	
107.1.	(a) an effective program to recruit and retain senior forensic accountants and specialists with prudential regulatory experience, and sufficient numbers of supporting employees who have either accounting qualifications or other financial skills	Support	
107.1.	(b) systems and processes to capture, collate, analyse and share regulatory intelligence from internal and external sources to build a risk profile of approved providers	Support	
107.1.	(c) a system and processes to monitor indicators of risk revealed by providers' financial reporting tailored to the aged care sector and to respond to them in a timely manner	Support	
107.1.	(d) an electronic forms and lodgement platform for the use of all large operators, with an optional alternate electronic filing system available for smaller operators	Support	
107.1.	(e) appropriate resourcing of the above system and processes, including design expertise, Information Communications Technology requirements, technical support, and recruitment and training of sufficient numbers of appropriately skilled staff.	Support	
Recommendation 108	**Requirement to report on outsourcing of care management**		
108.1.	From 1 July 2022, the *Accountability Principles 2014 (Cth*) should be amended to require that aged care providers approved to provide residential care or personal care services at home notify the Australian Aged Care Commission of any proposed sub-contracting of general management of care before the arrangement takes effect.	Do not support	COTA does not support the notion that an individual care worker who is an employee is inately delivering high quality care, compared with an employee who is via a subcontracting / outsourcing arrangement. We would propose that if this recommendation was intended to cover where an aged care provider subcontracted the entire management of a care facility (e.g. as occured in Earle Haven) that greater clarity should be provided. Further we would submit that such an arrangement would not be comparable in home care as to residential care.
	Effective regulation		
Recommendation 109	**Civil penalty for certain contraventions of the general duty**		

109.1.	The new Act should provide that:	Support	COTA Australia notes that too often the legal principle of "duty of care" is used to impose restrictions on people in aged care arbitrarily. COTA is deeply concerned that the inclusion of such a general duty could be implemented in a way that creates similar restrictions. This should not occur and consideration must be given to balancing the general duty with other factors, such as dignity of risk for the individual to choose risky behaviour in a way that doesnt open the aged care provider to liability.
109.1.	(a) on application by the Australian Aged Care Commission to a court of competent jurisdiction, the following is a contravention of the Act attracting a civil penalty: i. a breach by an approved provider of the general duty to provide high quality and safe aged care so far as reasonable (see Recommendation 22), and ii. where the breach gives rise to harm, or the risk of harm, to a person whom the provider is providing care or engaged under a contract or understanding to provide care; and iii. where a failure to provide 'high quality' care is taken to occur if and only if the approved provider has failed to comply with one or more of the Aged Care Quality Standards	Support in principle	COTA believes that many consumers and the Australian public in general would expect that the most egregious of quality and safety breaches would incur criminal penalties. The restriction to civil penalties is therefore disappointing. Further we note that the recommendation is that only the Commission may seek a civil penalty and not any individual who believes the contravention of general dutry had occured. This will further restrict individuals from obtaining natural justice for breaches of duty.
109.1.	(b) the contravention attracts a civil penalty, and attracts accessorial liability for directors, key personnel and any other person who: i. aids, abets, counsels or procures the approved provider to commit the contravention ii. induces the approved provider to commit the contravention iii. is in any way, directly or indirectly, knowingly concerned in, or party to, the contravention by the approved provider (who should be defined as a person 'involved in the contravention').	Support in principle	
Recommendation 110	**Private right of compensation for certain contraventions of the general duty**		
110.1.	The new Act should provide:	Support	
110.1.	(a) that an order may be made on the application of the Australian Aged Care Commission to a court of competent jurisdiction that an approved provider that has contravened the civil penalty provision (referred to in Recommendation 109), or a person involved in the contravention, pay damages for any loss and damage suffered by a person as a result of the contravention, and	Support	COTA is disappointed that such compensation will only be possible if the application is made by the Commission and not by any one individual who believes such a contravention occurred. COTA proposes that the Royal Commission should include an additional 110.2 recommendation outlining that individuals may at least make an application to the Commission to seek such a remedy and that the Commission shall provide written reasons for its acceptance and/or rejection of such an application by the individual or representatives of an individual who has suffred loss and damages of such a contravention.
110.1.	(b) for a private right of action for damages in a court of competent jurisdiction by or on behalf of a person who has suffered loss and damage as a result of any such contravention, in which proceeding any findings or admissions of the contravention in another proceeding may be adduced in evidence as proof that the contravention occurred.	Support	
Recommendation 111	**A wider range of enforcement powers**		
111.1.	The new Act should confer on the quality regulator:	Support in principle	In line with changes in Recommendations 112 - recommend this is updated to include a "From 31 December 2021, the current Act should include a wider range of powers" along with the new Act also having them.
111.1.	(a) a wider range of enforcement powers, including enforceable undertakings, infringement notices and banning orders	Support	
111.1.	(b) the power to impose a sanction suspending or removing the group of people responsible for the executive decisions of a provider and appoint an external administrator of the provider, or manager of specified assets or undertakings of the provider	Support	
111.1.	(c) the power to impose a sanction to be applied to a non-compliant provider revoking the provider's approval unless the provider agrees to the appointment of an external administrator or manager.	Support	
Recommendation 112	**Strengthened powers for the quality regulator to undertake investigations and inquiries**		
112.1.	From 31 December 2021, the *Aged Care Quality and Safety Commission Act 2018* (Cth) should be amended to confer on the Aged Care Quality and Safety Commissioner the following additional statutory functions and powers, to be exercised in connection with, or for the purposes of, its functions conferred by that Act:	Support	

112.1.	(a) the function of conducting inquiries, including into complaints (see Recommendation 114) or reported serious incidents (see Recommendation 118)	Support	
112.1.	(b) a power to enter and search the premises of residential aged care facilities and other non-residential aged care workplaces without warrant or consent	Support	
112.1.	(c) a power to compel the production of documents and information relevant to the performance of its functions	Support	
112.1.	(d) a power to compel by notice an officer, employee or person acting on behalf of an approved provider to appear before an officer authorised by the quality regulator for examination.	Support	
112.2.	The new Act should confer on the Australian Aged Care Commission responsibility for general administration of the Act. The new Act should authorise the Commission to conduct inquiries and exercise any of its powers for the purpose of the general administration of the Act.	Support	
112.3.	For the avoidance of doubt, these powers should also be available to Aged Care Quality and Safety Commission and subsequently the Australian Aged Care Commission for the purposes of their prudential regulatory and financial risk monitoring functions.	Support	
Recommendation 113	**Greater weight to be attached to consumer experience**		
113.1.	From 1 July 2021 onwards, the quality regulator, whether it be the Aged Care Quality and Safety Commissioner or the Australian Aged Care Commission, should:	Support	
113.1.	(a) ensure that consumer experience reports for a service are informed by consumer experience interviews with at least 20% of care recipients or services users (or their families)	Support	
113.1.	(b) take consumer experience reports into account in accreditation, assessment and compliance monitoring processes	Support	
113.1.	(c) publish consumer experience reports for each aged care service, informed by consumer experience interviews	Support	
113.1.	(d) establish channels (including an on-line mechanism) to allow aged care recipients and their families to report their experiences of aged care and the performance of aged care providers, all year round.	Support	
Recommendation 114	**Improved complaints management**		
114.1.	The new Act should provide that at all times one or more of the Assistant Commissioners of the Australian Aged Care Commission ('Complaints Commissioner') be designated to exercise and perform:	Do not support	COTA does not support the creation of the new Commission. If it is created then, as stated at other points in this submission, we do not suport Complaints (and compliance) being in the same Commssion that manages and funds the system.
114.1.	(a) the functions of: i. complaints handling ii. complaints referral and coordination iii. promoting open disclosure and publishing information about complaints iv. consideration and determination of requests to maintain confidentiality of the identity of complainants	Support	
114.1.	(b) in relation to these functions, powers to: i. apply enforceable undertakings, whereby the provider agrees to take certain steps or actions ii. issue directions to providers iii. refer complaints to a more appropriate complaints body or regulator, and to obtain information on the action taken, if any, by that complaints body or regulator	Support	
114.1.	(c) before deciding to close a complaint or continue an investigation, a duty to advise complainants of the proposed outcome of complaints, and seek their views on: i. the way the process has been handled by the Commission ii. the provider's response to the process iii. the proposed outcome of the process	Support	
114.1.	(d) a duty to publish reports at least every six months on: i. the number of complaints received ii. the subject matter of complaints by general topic iii. the number of complaints by provider and service iv. the outcomes of complaints v. the average time for conclusion of complaints vi. satisfaction with the outcomes of the complaints handling process.	Support	

114.2.	The new Act should provide that complaints are to be made to the Australian Aged Care Commission at first instance. If a complainant is not satisfied with the Commission's handing of a complaint or the outcome, the complainant may refer the matter to the Inspector-General. The Commission should refer to the Inspector-General any complaints about the Commission itself, its performance of its functions and exercise of its powers.	Support	
114.3.	The new Act should also set out the role of advocates in the complaints processes of the Commission and the Inspector-General.	Support in principle	COTA notes that any person nominated by the older person, should have a clear role in complaints proceses, including any formal support through the National Aged Care Advocacy Program.
Recommendation 115	**Protection for whistle-blowers**		
115.1.	The new Act should contain comprehensive whistle-blower protections for:	Support	Needs to ensure protections are not extended when vexatious allegations are provided.
115.1.	(a) people receiving aged care, their family, carer, independent advocate or significant other	Support in principle	COTA Australia believes that all people should be provided whistle-blower protections. A best friend or neighbour who visits an aged care facility every day to see their friend, should not be afforded less protections simply because they are not a 'significant other' or family member / official carer.
115.1.	(b) an employee, officer, contractor, or member of the governing body of an approved provider who makes complaints or reports suspected breaches of quality and safety standards or other requirements of the Act.	Support	
Recommendation 116	**Graded assessments and performance ratings**		
116.1.	From 1 July 2021, the Aged Care Quality and Safety Commissioner should adopt a graded assessment of service performance against the Aged Care Quality Standards.	Support	
116.2.	The Australian Aged Care Commission should continue to use graded assessment from 1 July 2023 onwards.	Support	
Recommendation 117	**Star ratings: performance information for people seeking care**		
117.1.	By 1 July 2022, the Australian Government should develop and publish a system of star ratings based on objective and measurable indicators that allow older people and their families to make meaningful comparisons of the quality and safety performance of providers. The star ratings and accompanying material should be published on My Aged Care.	Support	
117.2.	The star ratings should incorporate a range of measurable data and information including, at a minimum:	Support	
117.2.	(a) graded assessment of service performance against standards	Support	
117.2.	(b) performance against relevant clinical and quality indicators	Support in principle	Measures should include quality of life indicators, and not only clinical quality indicators
117.2.	(c) staffing levels	Support	
117.2.	(d) robust consumer experience data, when available.	Support	
117.3.	The overall star rating should be accompanied by appropriate additional information on performance and outcomes, in a readily understandable form and capable of comparison across providers. This should include all performance information that is relevant to the performance of a service provider, even if it is not reflected in the overall star rating outcome. For example, it should include:	Support	
117.3.	(a) details about current and previous assessment by the quality regulator, whether it be the Aged Care Quality and Safety Commissioner or the Australian Aged Care Commission, including notices of non-compliance, sanctions, withdrawal of accreditation or approved provider status	Support	
117.3.	(b) benchmarked performance for all quality indicators that are suitable for publication, including changes in performance over time	Support	
117.3.	(c) consumer experience information	Support	
117.3.	(d) serious incident reports data	Support	
117.3.	(e) complaints data.	Support	
117.4.	The Australian Aged Care Commission should assume responsibility for the star ratings system from 1 July 2023 onwards.	Support	
Recommendation 118	**Serious incident reporting**		
118.1.	The Australian Government should, in developing a new and expanded serious incident reporting scheme:	Support	

118.1.	(a) ensure that the new scheme: i. includes all serious incidents, including in home care, regardless of whether the alleged perpetrator has a cognitive or mental impairment ii. supports the matching of names of individuals accused of being involved in a serious incident with previous serious incident reports	Support	
118.1.	(b) require the quality regulator to publish the number of serious incident reports on a quarterly basis at a global level, at a provider level, and at a service or facility level	Support	
118.1.	(c) confer a statutory power on the quality regulator to: i. requisition a plan of responsive action from a provider who has reported a serious incident ii. obtain evidence from the provider to satisfy itself that the responsive action has been taken and is effective iii. satisfy itself as to whether or not the responsive action has been taken and is effective iv. require the provider to take further or additional steps, in circumstances where the quality regulator is not satisfied with the effectiveness of the responsive action.	Support	
Recommendation 119	**Responding to coroner's reports**		
119.1.	The new Act should provide that the Australian Aged Care Commission is required to:	Support	
119.1.	(a) maintain a publicly available register of reports made to the Australian Aged Care Commission or other Commonwealth entity by a State or Territory coroner that involve the death of a person in aged care	Support	
119.1.	(b) publish a response to the report on the publicly available register within three months of its receipt	Support	
119.1.	(c) provide annual reports to the Inspector-General of Aged Care detailing any action taken in response to coroner's reports, and assessment of the impact of such action.	Support	
Recommendation 120	**Approval of providers**		
120.1.	The new Act should provide for the commencement by 1 July 2024 of new approval requirements for all aged care providers to ensure their suitability, viability and capability to deliver the kinds of services for which they receive subsidies.	Support	
120.2.	Applicants for approval as a provider or existing approved providers may seek approval from the Australian Aged Care Commission to provide particular kinds of aged care services, or general approval to provide all kinds of aged care services attracting Australian Government funding.	Support	
120.3.	A current approved provider should be taken to be approved to provide the kinds of services they have been regularly providing from the commencement of 12 months prior to the commencement of the new Act (or since their approval, whichever is more recent), and there should be an administrative process to record all such approved providers' scopes of approval.	Support	
Recommendation 121	**Requirement of continuing suitability for approval**		
121.1.	The new Act should provide that approvals are ongoing but subject to continuing suitability, including (in addition to the matters referred to in sections 63D and 63J of the *Aged Care Quality and Safety Commission Act 2018* (Cth)), the fitness and propriety of the provider and its key personnel, the provider's capacity to deliver high quality and safe services within its scope of approval, and the provider's performance in delivering high quality and safe services of the kinds for which they are approved.	Support	
121.2.	In cases where the Australian Aged Care Commission becomes aware the approved provider may no longer be suitable to remain a provider or to retain its current scope of services for which it is approved, the Commission must consider on notice to the provider whether to revoke the provider's approval or limit its scope of approval.	Support	
Recommendation 122	**Aged Care Quality and Safety Commission capability review**		
122.1.	The Australian Government should urgently conduct a review of the capabilities of the Aged Care Quality and Safety Commission, including its assessor workforce, and should take any necessary steps to enhance the Aged Care Quality and Safety Commission's capabilities in light of the outcome of the review.	Support in principle	COTA proposes that in reviewing the 'capabilities' of the Assessor workforce there must be consumer and conumer advocacy involvement and engagement, and matters to be considerd should include consistentcy of understanding of the new Standards and consistency of application of a common interpretation.
Recommendation 123	**Transition and implementation** **An implementation unit**		

123.1.	Pending the establishment under the new Act of the Australian Aged Care Commission, an administrative unit or body should forthwith be established by the Australian Government (through the Australian Department of Prime Minister and Cabinet) and properly staffed and resourced to implement and direct implementation of the Royal Commission's recommendations (**implementation unit**).	Support	
123.2.	Pending the establishment of the office of the Inspector-General of Aged Care under the new Act, an officer should be appointed to the role of Inspector-General under temporary administrative arrangements. That officer should monitor the implementation of recommendations and should report to the responsible Minister and to the Parliament at least every six months on the implementation of the recommendations.	Support	
123.3.	From the commencement of the new Act, the Australian Aged Care Commission should implement and direct implementation of the recommendations of the Royal Commission. The Inspector-General of Aged Care should continue to monitor and report on the implementation of recommendations, in accordance with the requirements of that Act.	Support	
Recommendation 124	**Evaluation of effectiveness**		
124.1.	The Inspector-General of Aged Care should undertake independent evaluations of the effectiveness of the measures and actions taken in response to the recommendations of the Royal Commission, five and ten years after the tabling of the Final Report.	Support	
Additional matters raised in Counsel Assisting's final submissions			
Paragraph reference	**Subject of additional matters**		
Para 312 – 314	My Aged Care and improved provider search function	Support	COTA supports the Royal Commission's suggestion that the Aged Care Commission should consider rebranding My Aged Care. After many years of improved processes, COTA believes that the historical negative experiences of older Australians continue to be the prevelent word of mouth view about entering aged care. Once such processes are truly improved as best as they can be from this reform process, removing this historical baggage may help increase consumer adoption of the new process. COTA notes the proposed enhancements to the search and compare function in para 313 and urges the Royal Commission to make these items a specific recommendation its final report, perhaps as part of a new Recommendation 11.3. Further we note that consumers want to know quality of life indicators and that if such indicators are not a heavy determination of any future star rating system, such a measure should be explicitly included here.

Para 333 – 351	Care at home	Support	COTA reaffirms its opposition to including 'care management' within the Care At Home stream. It should be standalone funding stream available to support older people across all funding streams equally. Further, we would propose the responsibilities envisaged for a 'lead provider' outlined at paragraph 339(d) would be better assigned to the care manager. Given that that reform has twice faltered COTA urges the Royal Commission to make an explicit recommendation that the CHSP and HCP programs are combined no later than 1 July 2023 Further we reject the suggestion in paragraph 350 that there should not be a promotion of 'self-management'. We recognise that many consumers will choose not to self-manage and that the assignment of care hours rather than funding amounts will further reduce demand on self-management by those seeking stretch their support. Nevertheless, if the aged care system is to truly embrace human rights the availability of self-management must be maintained to embed the right to self-determination. COTA does not support Professor Egar's approach outlined in paragraph 334. The lack of individualised services has historically resulted in consumers accepting 'what was available' from their local provider and not 'what their assessed needs identified would improve their quality of life'. We broadly support the approach outlined by Counsel Submission para 337-339 but note such processes should commence immediately under the Implementation Unit, rather than wait until the creation of the Aged Care Commission. We are agnostic as to whether this can be best achieved through a case mix based classification and funding model. We note paragraph 348c indicates that Care Finders are to be used post-assessment to assist consumers throughout the process of assessment, entitlement and commencement of services. This expands the role envisaged by Recommendation 12.1b discussing the involvement of care finders prior to the completion of assessment. It is unclear however how it is intended that Care Finders will assist people 'currently receiving services' outlined in Recommendation 10.1
Para 340 – 345; 356 – 364	Allied health care	Support in Principle	COTA supports the increased use of allied health professionals within aged care 'at home' and in 'residential' settings. We note however our dismay that a guaranteed number of minutes/hours of allied health has not been included in the minimum staffing levels and skills mix model being put forward by the Royal Commission. We submit this original component of the proposal by Professor Egar should be retained by the Commission.
Para 636(c) and 658	Workforce: short term arrangement to increase wages	Support in Principle	COTA supports a direct increase in funding tied to an increase in wages for aged care staff. As to whether the proposed methdology of achieving this in the short term is the best, we will leave to others to ascertain.

Para 711 – 726	Direct employment of care workers	Do not support	COTA supports increasing worker satisfaction and stability through attractive wages, secured permanent hours and an empowering work culture. Indeed, consumers often cite wanting the 'same person to come to my home' as one of their number 1 desires from a home care provider. In practice however, over the years, this has only been achievable through the direct engagement between a consumer and a specific provider of services. While the likelihood of a permanent roster of same worker is higher with a directly employed employee, we understand the reason why many aged care providers will not guarantee a 'same worker' is because of rostering, illness and/or the desire of a provider to have future flexibility to re-roster their staff. Accordingly, COTA rejects the notion that the system should be predicated on a 'direct employee' basis. Further, we note that structural requirement for this to occur through a 'statutory general duty' as outlined in para 724 will unjustly impact providers who allow genuine choice of worker arrangements for consumers. We reject the suggestion that a direct employee model is the only model in which quality can be assured. Contractual terms that the contractor will take direction from the consumer and/or their representative (e.g. care manager), along with systems to support the easy transfer of such information can and should be in place between care managers and any staff, be they direct employees or non-direct employees. Finally, we note that proposals outlined by counsel assisting are not practical for implementation in rural and remote areas. Explicit exclusion of such geographical arrangements should be considered. Especially where only one worker is available in an area, servicing a range of programs and providers as the fund's holder, as is often the case in many remote towns.
Para 770 – 771	Informal carers: leave entitlement	Support	COTA Australia supports this recommendation, however submits that such an approach should be implemented for all carers, not just aged care carers.
Para 1321 – 1324; 1326	Financing	Support in Principle	COTA awaits the full details of financing options before finalising a position. In the interim we make the following observations: • Funding solutions for the next 10-20 years may not be the funding solution for beyond 20 years time. That is to say, the introduction of a social insurance model on which future aged care may be used to fund individual contributions towards aged care may not meet the immediate needs of the generation in and about to enter aged care. • Including proposals for 'aged care levies' which the Australian public clearly associate with an ask for more funds to a particular purpose they support does not require such a proposal to be hypothecated as the amount of funding sought from such a measure is highly unlikely to contribute the full funding requirements of the sector. • Any 'levy' should be accompanied with the requirement on Government to publish in its annual budget the revenue raised from such a levy and the revenue expended for the purpose on which the levy was stated to the Australian public. That is an explicit statement that $5.5B was raised by an 'Aged Care Levy' should be accompanied by the statement that $22.5B was spent on aged care.
Para 1339 – 1345	Capital financing	Do not support	COTA Australia opposes the proposal that accomodation payments in the future should only have a 'rental' model and no 'buy your house' model. Many Australians are deadset that they must always own a 'bricks and mortar' asset as a sense of social and financial security. Current aged care business models do not support this but future ones could. Consumer choice and preference should etermine options, not policy. That said, COTA supports less reliance on RADs at the overall industry level for all the reasons the Commission has pointed out. For that to occur aged care must become more investable for private equity and superannuation funds. So far the recommendations of Counsel Assisting will not achieve this, inded the inconstencies and gaps have created a high degree of uncertainty, which is antithetical to investment.

Request for public response to remarks made by Commissioner Briggs

Transcript reference	Subject of remaks made by Commissioner Briggs

T9691.11–42	Aged care policy principles	Support	COTA Australia supports the policy principles outlined by Commissioner Briggs. We believe, however, that Principle 1 should be strengthened so that it is not simply a 'preference' of the consumer, but rather the 'decision' or 'wishes' of the consumer. Too often the 'preference' articulated by the Consumer themselves is interpreted to be of lesser priority than the 'need' of the consumer which is often determined by someone other than themselves (e.g. health professional). May we particularly applaud Commissioner Briggs for Principle 4 – that aged care must be ambitious and not simply the minimum requirement and principle 5 – that the system must be accountable. Such principles have for too long been lacking in the design and redesign processes of aged care. We would welcome such principles being incorporated into a legislative or other formalised requirement on the sector.
T9699.29–9701.37	System design and governance	Support	COTA Australia does not support the proposed Australian Aged Care Commission being responsible for both the management and funding of the system and for standards compliance and complaints. We support a separate regulator for compliance and complaints. Aged care consumer movement organisations and advocates spent decades getting these functions set up independent of the managing Department and we cannot support them being put back again into the one body. It was dysfunctional before and it will be again. Radical structural change to system architecture is not, in our view, the major issue. The major issue is getting commitment at the highest levels politically, and across the political aisles, to transforming the aged care system in ways that other Counsel recommendations envisage, plus a whole of government commitment to properly resourcing aged care, both financially and in terms of the level of Departmental capacity; and equipping the Aged Care Quality and Safety Commission with the resources and powers and tools that other pubic sector regulators have. If a traditional department approach were to be established – how might something like the role of Inspector General be incorporated into the Commonwealth Ombudsman or perhaps the Australian National Audit Office to ensure annual (or ideally six monthly) reporting and transparency about the progress of implementing the Commission's recommendations. Further how might such a measure provide insight and transparency about the regular ongoing operations of aged care beyond the life of implementing the Royal Commission.
T9710.20–9711.21	Program management	Support	We welcome Commissioner Brigg's observation that there is no indicator of unmet demand of Home Support and submit that analysis of CHSP requests for service that have gone unresolved may provide some geographical and service type unmet demand insights. We would urge the Royal Commission to consider including such an analysis as a recommendation in its final report. Further, we support Commissioner Brigg's suggestion that allied health should be included in the home, not only in residential care. While recognising that the quantum general MBS access to allied health is often felt insufficient for older Australians, clear consideration of how access to allied health in the community via aged care interfaces with the MBS-funded allied health will be critical. It maybe simply that the Royal Commission proposes an increased quantum of available services to older Australians over the age of 70 to maintain the primary responsibility of allied health within the existing health ecosystem.

T9723.17–9724.12	Restraints	Support	COTA Australia welcomes Commissioner Brigg's observation that the aged care system has not kept pace with the disability sector's changes in the area of restraint practices. In part we submit this is because the Convention on the Rights of Persons with Disabilities (CRPD) are often assumed to not apply to older people, who may be seen as having being protected by the CRPD because of their frailty or seeing dementia as a protected form of disability under the CRPD. We believe a clear statement by the Royal Commission outlining that aged care should comply with the CRPD will assist government policies in aligning with the pace and changes occurring in disability. Accordingly we would support the requirement for restraint to be approved by the regulator on a monthly basis as outlined by Commissioner Briggs. Further, we support such use of restraint (physical or chemical) to be reportable under Serious Incident Response Scheme, provided such a scheme includes the requirement for individual providers to publish this information. Finally, we note Commissioner Brigg's suggestion that the inappropriate use of restraint, not complying the statutory requirements may leave directors of a provider personally liable to a civil penalty with possible compensation options for older people affected. We support this measure, however note our earlier concerns that such a step should be able to be initiated by an older person or their representative and not require the consent of the Commission in order to take such action.
T9751.27–9752.24	Provider leadership and culture	Support in Principle	COTA supports the notion of embedding a better leadership culture within aged care. Whether the most appropriate regulatory tool is the accreditation/reaccreditation of providers, or whether it is more appropriate as a quality standard COTA Australia remains uncertain. We have long argued that lack of high quality leadership - at both Executiuve and Governance levels, is a major problem in the aged care industry/sector.
T9756.41-9757.18	Research and data governance	Do not support	As discussed above, COTA Australia believes that the dedicated focus on aged care research is better achieved through a dedicated stream within existing structures (ARC, AIHW, NHMRC) rather than a separate 'aged care' stream. Many of the research projects that will benefit aged care, particularly in the community, interface with general health outcomes and COTA is concerned that the standalone focus of 'aged care and ageing' research centres will lead to the existing research centres no longer including older Australians within their priority focuses (as they will mistakenly believe the 'aged care' research centre will cover the needs of all older people research).
Transcript of 23 October 2020	Capital financing	Support	COTA Australia assumes this reference is to T9799.41-9799.48. We strongly support the suggestion that the Royal Commisison must include clear recommendations on capital financing, indeed all funding and financing. In fact we would be so bold as to suggest that a short paper on draft recommendations at the conclusion of the consultation on funding and financing should be made available for publication and consultation with stakeholders.