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Department of Health and Aged Care
GPO Box 9848
CANBERRA ACT 2601
Australia

Email: [Aged Care Legislative Reform](#)

Aged Care Consultation Stage 4b Release rules (Release 4b)

National Seniors Australia (NSA) welcomes the opportunity to provide feedback to the Aged Care Consultation Stage 4b Release rules (Release 4b). NSA is the peak consumer body representing older Australians. With more than 255,000 members and supporters, we work to improve the well-being of all older Australians.

Significant changes are on the horizon as the new Aged Care Act and Support at Home (SAH) Program set to begin on 1 July 2025. This represents a positive step toward developing an aged care system that empowers older Australians to live safely and independently in their homes for as long as they desire.

We support the rules set out in S188 for Digital Platform Operators, especially the section that outlines the information the System Governor must publish about funded aged care services as important for promoting transparency.

However, we are concerned the processes relating to SAH package reassessment may have unintended consequences for older Australians timely access to care and support. We also hold deep concerns about the complicated rules relating to the prioritisation and allocation of SAH packages.

We are concerned the rules regarding reassessment, prioritisation, and place allocation will result in older people waiting an unreasonable time for the care and support they need.

We believe the system proposed in the Rules does not achieve fairness and reasonableness and is not in the spirit of Recommendation 39 (Rec 39) of the Royal Commission into Aged Care Quality and Safety. Rec 39 called for the wait list to be cleared and for any new entrants approved for home care within one month of their assessment date.

Instead, the new rules create arbitrary wait times with the goal of reaching an arbitrary target, rather than provide timely access to care and support services in the home.

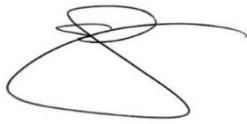
We also continue to be concerned about the ambitious timeline set for the implementation of these changes. Aged care providers are struggling to adapt to the new regulations within limited timeframes,

which will make it difficult to explain the complexities of the new system to older people, their carers, and their family.

More detailed feedback on the various sections of the Release 4b Rules is outlined below.

Should you require further information or input, please contact NSA Policy Team via policy@nationalseniors.com.au.

Yours sincerely,



Chris Grice
Chief Executive Officer

Aged Care Digital Platform operators

The Rules for Digital Platform Operators establish important new duties and obligations for operators in the aged care sector. These guidelines aim to enhance the transparency of aged care services provided through online platforms, address concerns, and foster greater accountability for the quality and safety of care delivered.

We support the inclusion of the 188 Digital Platform Operators section and commend the acknowledgment of the significant role digital platforms fulfil to enhance access to aged care services.

These platforms play an essential part in fostering greater transparency, efficiency, and consumer choice. We support the inclusion of a fine of up to 500 penalty units for anyone who does not comply with the requirements to ensure compliance.

By clearly defining the responsibilities and obligations of platform operators, we can cultivate a more accountable and user-friendly digital environment. We view this as a constructive step forward that aligns well with our collective efforts to improve the quality and coordination of aged care services, in line with Royal Commission Recommendation 14 (2). This recommendation highlights the importance of ensuring that all individuals engaged in personal care work possess the appropriate experience, qualifications, skills, and training to effectively provide such services.

Information the System Governor Must Publish about funded aged care services generally

S544 of the Aged Care Act states the System Governor must publish specific information about funded aged care services. The information the System Governor must publish is critical for transparency to ensure quality and safety.

NSA has long advocated for enhancing [transparency within the aged care sector](#), particularly through disseminating financial information from aged care providers. We believe that making this financial data accessible to the public is vital for fostering trust, empowering consumers to make informed decisions, and ensuring that government funding is utilised effectively to support high-quality care.

Eligibility for Entry

Reassessment process could be complicated and slow

Reassessments of older Australians will be legislated for the first time under the new Act, specifically in section S64(1)(ii) and paragraph S64(2)(b), which we strongly support. According to section S62-5, the tool used for these reassessments is the Integrated Assessment Tool (IAT). Reassessments of an individual's need for funded aged care services will occur when certain conditions are met, such as a change in the person's circumstances or upon request by the individual. This will occur via an initial support plan review followed by a full reassessment if it is determined that needs have changed to a level requiring additional care and support, above what is available in an existing SAH package.

The new Aged Care Act 2024 aims to enhance the quality of aged care and promote a rights-based approach and reassessment of need. This is a critical part of this process to ensure older people receive the level of care and support required as circumstances change.

However, we have concerns regarding the timeliness of the reassessment process. While the reassessment using the IAT is intended to ensure care plans remain responsive to individuals' evolving needs, we are worried about the practical implications of this process.

The need for reassessment due to changes in health can place extra pressure on the assessment workforce. Reassessment may result in gaps in care or delays in accessing essential services, which could negatively impact the health and well-being of older adults, primarily through delays in carrying out these reassessments.

We acknowledge the introduction of reassessment is essential, aimed at ensuring that care and support services meet the healthcare needs of older individuals who experience deterioration in their health and wellbeing. We believe it is important to carefully consider how this will be implemented, such that it minimises complexity and avoids any unintended negative consequences for older Australians.

We believe the proposed reassessment process could create a significant bottleneck for the delivery of timely care and support that meet the changing needs of older people. We call on the government to monitor closely the reassessment process to consider how this process could be streamlined to ensure older people receive access to services in a timely manner.

Given Support at Home will have eight funding levels versus the four for Home Care Packages, reassessments are likely to be more important. It is therefore important that people are not charged for reassessments, even though this was allowed for under the new Act.

We also do not see a justification why if a higher priority might be granted where someone in a remote or regional area has waited more than six months, that this resets if they request a reassessment as set out in S87-5.

Prioritisation and Place allocation

The rules apply arbitrary wait times to receive Support at Home packages

The Royal Commission into Aged Care Quality and Safety recommended: “The Australian Government should clear the Home Care Package waiting list, otherwise known as the National Prioritisation System, ... 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....”

The Department of Health and Aged Care’s process, which appears to include arbitrary wait time targets to determine eligibility for entry for SAH packages, creates a highly rationed system. This will make people wait longer for much-needed care.

There is already a significant level of concern about worsening wait times and burgeoning numbers of people on the wait list under the current program. Should the introduction of the SAH program be accompanied by further delay in people receiving the care they need, this could undermine confidence in the SAH program.

Receiving care at home is the preference of many people and is more cost-effective than residential aged care. If access to home care services is restricted and leads more people to enter residential aged care, this would be counterproductive in terms of recipient outcomes, budgetary impact, and capacity pressure on the residential aged care system.

In February 2023, the wait times for all four HCP levels reached under three months, showing it is possible to reduce the wait time, regardless of a person's level of need or urgency. We call for a return to this timeframe (at a minimum), which goes some way to fulfilling the recommendations of the Royal Commission.

The implementation of increased user pay was designed to ensure the financial sustainability of the aged care system, so older people get access to services they need. Set correctly, this should remove any need to restrict access to aged care services. Yet, the rules as set out in Part 4 -Prioritisation and Part 5 – Place allocation, appear to reinforce arbitrary restrictions on services, at odds with the recommendation of the Royal Commission.

There is little description in the support material to the Rules of the intent or method behind the complex calculations which will determine when someone receives a package. The *Aged Care Rules – Release 4b Public Release – Supporting document* states, “older people approved for Support at Home will need to wait for a budget to be available before they can access funding for services”.

Our understanding of the proposed Rules is that people will need to wait until they have reached the arbitrary wait time before they receive a package. Section 93-12, in step 1, states to “identify the number of waiting individuals for whom the current wait time is equal to or greater than the target priority category wait time...”. This creates the situation where even if the budget was available to deliver a package, the care recipient won’t receive it until the arbitrary wait time has elapsed.

We cannot see a justification for setting the target priority category wait time for the ‘urgent’ priority category at 1 month. The [MyAgedCare website](#) lists the wait times to be assigned a package at all levels for the current ‘high’ priority as under one month as of 31 March 2025; why should the new and higher priority category ‘urgent’ be set to always be longer than current wait times?

Based on the new point-based system for priority categories, someone assessed as urgent (at least 5 points) could have an urgent need (2 points), live alone (1 point), have a cognitive impairment (1 point) and be at risk of homelessness (1 point).

We see no justification, in the supporting material or otherwise, for a permanent slowing of the allocation of packages to those most urgently in need of care. With the new user pay settings reducing the cost to government, there should be no reason to hold back packages.

There also appears to be a broader slowing of the allocation of packages through the new ‘queue rate’ set in the regulations: 0.25 for High, 1 for Medium and 1.25 for Standard. This means the minimum wait time for the medium classification will be four times the high classification ($1/0.25 = 4$) and the standard will be five times the high classification ($1.25/0.25 = 5$).

Additionally, because the Urgent priority is fixed at one month, but High varies to make the weighted average of the *current wait times balance* equal the *target classification type wait time*, there could be situations where packages are allocated to people with a High priority over those with an Urgent priority. This process may match the target set by the department but is unfair to the care recipient.

Reaching the arbitrary wait times does not mean someone will receive a package, only they are eligible if one is available. Step 3 of section 93-12 can allocate packages only if they are available through the as yet unclear process set by Ministerial determination. Additionally, section 93-10 allocates packages within priority groups by length of waiting time. This means care recipients can wait longer than the target wait time if the supply of packages is restricted.

The importance of wait times is only increased by the announcement, through the release of version 2.0 of the Support at Home program manual on 8 May 2025, that interim packages will not form part of

Support at Home on 1 July 2025 but may later be added. As of [31 December 2024](#), there were 17,930 in a lower-level Home Care Package while waiting for a package at their approved level, which represents over 21% of the National Priority System waitlist. Almost 95% of these people are assessed as needing a Level 3 or Level 4 package. We are concerned by the implications for people entering Support at Home with these high-care needs if there are no interim packages available.

Government must reconsider the application of arbitrary methods to restrict access to Support at Home packages as it is inconsistent with the recommendations of the Royal Commission and with a rights-based approach to aged care.

The way in which the regulations under *Subdivision B—Method for allocation* seek to achieve a weighted average wait time instead of a target is likely to cause confusion in the community.

The former Minister for Aged Care [stated in September](#), “This new home care program will come into effect from the 1 July 2025 and will reduce wait times for in home care, with a target of three months by July 2027.”

By November, the language had changed to clarify this situation. The [Minister said](#): “Support at home is targeted to bring waitlists down to an average of three months by 2027, to make sure older Australians have flexibility and choice to meet their needs.”

Despite this, both the [Support at Home factsheet](#) and [Support at Home program handbook](#) resources produced by the Department of Health and Aged Care for older people, their families and carers continues to reference a three-month target.

NSA believes that distinctions between a target and an average will be lost on older people, their families and carers and will lead to significant confusion and anger if someone on a lower priority wait more has to wait more than three months for a package.

The importance of a three-month target versus an average of three-months can be highlighted by a simplified example: if two people wait three months then the average of this is three months; however, if one person waits one month and the other waits five months, then the average is still three months, but this doesn’t reflect the underlying wait times.

As an example of the potential impact of a weighted average by the priority categories, consider the below table where the wait time is weighted by the number of people in each of the four priority categories. This is the effect of section 93-14 setting the three-month target via the ‘target classification type wait time’. If instead, keeping with the original announcement, a true three-month target would have the above 90,000 people waiting less than three months.

The queue rate sets the wait time for medium and standard classifications to be four and five times higher than for high priority cases, respectively, while urgent cases will have a wait time of at least one month. Consequently, even if the weighted average wait time is three months, many will be waiting longer than this target, causing confusion and anger.

Category (queue rate)	People	Wait time
Urgent (N/A)	15,000	1 month
High (0.25)	20,000	1 month
Medium (1.0)	20,000	3 months
Standard (1.25)	35,000	5 months
Total	90,000	
	<u>Weighted average</u>	<u>3 months</u>

Prolonged wait times in Home Care are already damaging confidence in the aged care system. Advising people they will have to wait only months, then making them wait longer because it was an 'weighted average target' will seriously undermine the new Support at Home program.

While NSA does not support the arbitrary rationalisation of packages (as set out above), if adopted, the method proposed should be adjusted to ensure that any wait time reflects the maximum wait time that a person should have to wait and this maximum wait time should be the timeframe that is communicated to ensure consistent expectations.

The time it takes someone to receive a package is longer than the formal wait time

It is important to recognise that this formal wait time does not represent an ongoing administrative process, but is solely a rationing device of a delay between acknowledgement that someone should receive a package and actually receiving the package. It does not include the time taken to wait for the assessment, or for services to commence after assignment. On average, these likely add two months to the total wait time between applying for care and receiving care.

The data available on wait times is concerningly limited. The answer to a [Senate Estimates question](#) on notice in October 2023 had the average wait time for a comprehensive assessment nationally at 35.6 days; although there is significant variation between the states and territories and the average is likely only this low due to prompt assessment with a matter of days within hospital settings.

According to the [Productivity Commission](#), while the 50th percentile for the time between referral for assessment and approval was 22 days in 2023/24, the 90th percentile was 138 days in 2023/24. In other words, 10% of people were waiting more than 4.5 months to receive an ACAT approval. Based on trends in the data, these timeframes have likely worsened.

Once a person receives a package the care does not start immediately. They must then find a provider willing and able to provide the services within the package. This process can take time, especially in areas with limited services and labour shortages. There are also administrative processes to complete before the provider can start the services.

The Productivity Commission has the 50th percentile for the time between assignment to the service commencement date for all priority groups as 32 days in 2023/24. Though the 90th percentile for medium priority was 267 days.

The Rules also provide set periods for the System Governor to make certain decisions about Support at Home packages. It is therefore appropriate here to [reiterate our concerns](#) from the consultation on the Aged Care Act 2024 in regards to time frames in regards to assessment.

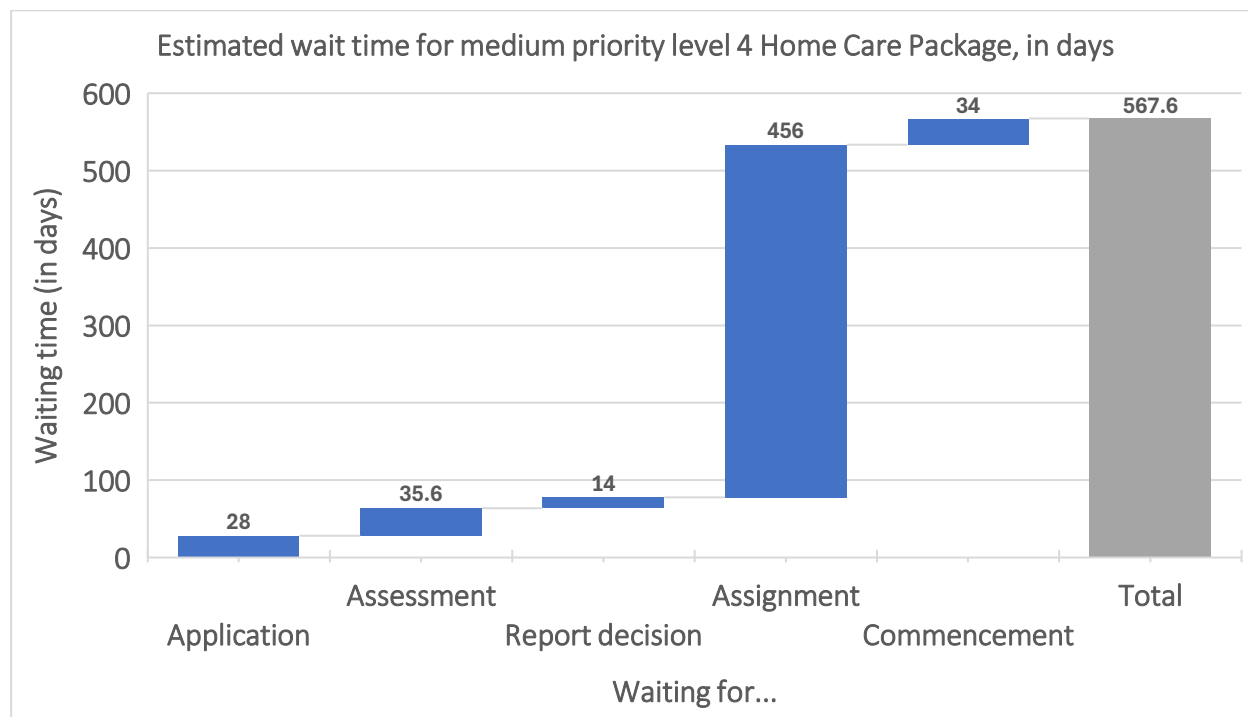
While the Act generally requires the System Governor to give written notice of a decisions to individuals with 14 days, the timeframe for the underlying decisions has largely been left to the Rules. Under the Rules, the System Governor has 28 days to decide to make an eligibility determination, which then allows for an assessment.

Furthermore, for those who have been deemed eligible, the System Governor has 14 days from receiving the resulting reports of the assessment. This could add 42 days on top of the 'current wait time', which is defined as "the time starting at the time the individual's access approval for the classification type for the service group was given and ending at the end of the day before the current day".

We recommend this definition be changed to include the time it takes for the System Governor to make their decision.

Furthermore, the Rules in relation to packages should use the terms "one month" as opposed to the timeframes for the System Governor which are set out in days. We suggest the use of the term "month" be replaced with '28 days'.

Drawing these timeframes together, while currently someone receiving a level 4 Home Care Package with a medium priority could expect to be on the National Priority System waitlist for 15 months, their total wait could be almost 19 months, including the 28 days before they are referred to assessment, more than a month to be assessed, 14 days for a decision on the assessment reports, then the formal wait list, and then more than a month for the provider to arrange commencement of care.



Note: due to limitations in reported data, the above graph is subject to several assumptions.¹

¹ The graph combines several different data sources over different times periods, due to data limitations. The wait times for assessment and approval are based on the national average provided in response to a [Senate Estimates question on notice](#). The wait time for assignment is based on the upper range for a Level 4 Home Care Package with a medium priority for people with an outcome letter dates in March 2025 according to [MyAgedCare](#). The wait time for commencement is based on the 'time between assignment to service commencement date' for the 50th percentile for medium priority in 2023/24 from the [Productivity Commission Report on Government Services 2025](#). Where applicable, days are converted to months on the basis of a 30-day month.