TRACS NDIS-HEALTH COMMUNITY OF PRACTICE 20TH SEPTEMBER 2022

YPiRAC – THE PATH AWAY FROM RESIDENTIAL AGED CARE

PRESENTERS:

- KATE BULLOW – WA DEPT OF HEALTH
- ISABELLE CURRIE – ABILITY FIRST AUSTRALIA

KEY TAKEAWAYS

RACF should no longer be viewed as the last resort care option for people aged <65 years

There is no “short-cut” to younger people being admitted to RACF by exception

Testing NDIS eligibility through genuine application is essential to options exploration

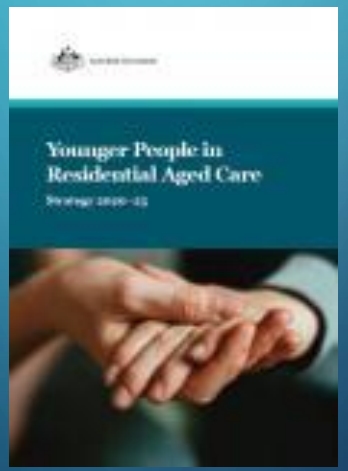
WHERE WE'VE COME FROM…

Old systems	New system
RACF viewed as a viable care and accommodation option for people with disabilities/ the last resort option for anyone with high support needs	
ACAT referrals accepted followed by options exploration • Disability Services Commission liaison role • NDIS recommendations for RACF • Specified exceptions – palliative care, family co-location, expressed preference, not NDIS eligible	
Young people in living in hybrid care – residing in RACF with additional NDIS supports	

WHERE WE'VE COME FROM…WHERE ARE WE GOING?

Old systems	New system
RACF viewed as a viable care and accommodation option for people with disabilities/ the last resort option for anyone with high support needs	RACF rarely accessed by younger people. Recognise and fill gaps for people who are not eligible for NDIS or who have support needs in addition to disability needs
ACAT referrals accepted followed by options exploration • Disability Services Commission liaison role • NDIS recommendations for RACF • Specified exceptions – palliative care, family co-location, expressed preference, not NDIS eligible	No ACAT referral before there has been thorough exploration of options RACF eligibility not based only ineligibility for NDIS
Young people in living in hybrid care – residing in RACF with additional NDIS supports	Younger people already in RACF being supported to move back to age appropriate care

YPiRAC STRATEGY 2020 – 2025



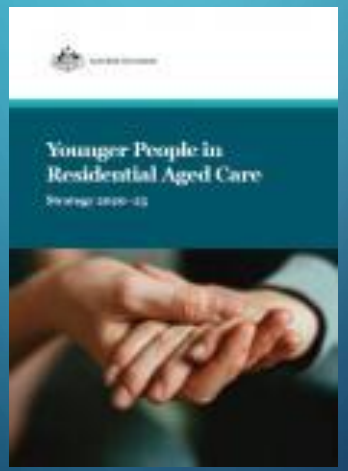
The Australian Government's targets, apart from in exceptional circumstances*, seek to ensure there are:

- no people under the age of 65 entering residential aged care by 2022
- no people under the age of 45 living in residential aged care by 2022
- no people under the age of 65 living in residential aged care by 2025

The Strategy covers four priority areas to give younger people greater choice and control over where they live and what supports they need to either transition out of, or not enter residential aged care. They are:

- Priority 1: Understanding younger people and systems
- Priority 2: Improving the system
- Priority 3: Creating options
- Priority 4: Supporting change

YPiRAC STRATEGY 2020 – 2025



What are the "exceptional circumstances"?

From the Strategy:

A. the accommodation, for reasons such as **remoteness, cultural, community or family considerations,** or a **specialist support model,** is considered to be the most appropriate option for the younger person; or

B. the younger person is an **Aboriginal and/or Torres Strait Islander** person who is aged between 50 and 64; or

C. there are **urgent circumstances** in which the younger person is unable to access supports and/or age-appropriate accommodation and where the lack of access to immediate support represents a significant risk of harm for that person.

In practice:

- (A) Full exploration required no automatic pathway
- (B) ATSI 50>64 being supported - but not always appropriate
- (C) People in hospital are not in "urgent circumstances"
- Very few people progressing to ACAT referral where there is NDIS eligibility

CURRENT BARRIERS – PATHWAY PROCESSES

- Process confusion – multiple agencies and steps, no central point of guidance
- 10+week NDIS Home and Living Panel decision timeframes (solved?)
- Multiple summary templates – AFA, NDIA and ACAT
- NDIS YPiRAC team involvement based on risk of RACF – but no one should be going to RACF??
- My Aged Care issues in referral management
- NDIS YPiRAC do not make recommendation for RACF; ACATs require better guidelines to support their decision making

CURRENT BARRIERS – SYSTEMS PRESSURES & DOUBTS

- Long Stay crisis - pressure to identify the fastest option
- System still directing younger people to aged care – palliative care teams, OPA Guardians. 24/7 care = safe.
- Families with RACF as a long standing component of their support planning – how are we managing expectations?
- Recent change in attitude towards young people with dementia
- RACF known/trusted better than NDIS options
- Expectation that people aged 64 will not be supported by NDIS

CURRENT BARRIERS – SERVICE GAPS

- Regional and remote areas have critical and hard-to-solve service gap issues
- Limited support options for younger people with chronic health conditions, cancer, morbid obesity, prematurely aged
- Palliative management of condition vs disability support needs vs imminent death
- Dual regulation burden for RACFs – not accepting people with NDIS supports

ABILITY FIRST AUSTRALIA

Roles of AFA

- Supporting younger people in RACF to access more appropriate care (commenced July 2021)
- A partner in the exploration of options for non-NDIS participants with significant support needs/high level of risk (commenced March 2022)
- Enquiries and referrals for exploration of options
- Highlight unmet need to funders
- Share experience/ successful programs from other states and territories

Experiences to date

- Referrals- receiving both hospital and community-based referrals for Young People at Risk
- Some reluctance to test/retest NDIS eligibility
- Limited long-term stainable support options for non-NDIS participants
- Where no option other than aged care funding is identified, age care funding does not meet individuals needs

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AFA referrals and processes for individuals at risk

- Referral criteria- Non NDIS participant under 65 (under 50 ATSI) with significant support needs (i.e not support for domestic assistance, transport)
- Enquiries to
  - 1800 771 663 (Option 1)
  - lsabelle.currie@abilityfirstypirac.org.au
  - My mobile- 0407 241 187

Types of support options in WA for people who are not NDIS eligible

- Rehabilitation and equipment focus – inpatient , outpatient, Rehab In The Home
- Interim Hospital Packages
- Carer Gateway, Cancer Council, PATS
- Family Support Funding through Rocky Bay has been a valuable short term funding option for some YPAR
- Individualised options/exploration- self funding, family, local community, charity/church/cultural groups
- When these combined options do not meet the individuals needs AFA completes a Summary Report of Options Explored – uploaded to MAC for ACAT referral.
- South Australia- Community Connections Program

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Young People in Residential Aged Care(YPIRAC)

- Approx 50 % of YPIRAC (without NDIS) have not tested/met NDIS eligibility before entering RAC
- With consent, AFA supports NDIS test/retest– approx. 50% then meet eligibility
- For many YPIRAC and their families the thought of leaving RAC is frightening/complex/reopens previous trauma

Young People at Risk (YPAR)

- Referral to AFA for YPAR in the last 6 months - 50% hospital 50% community
- More recent trend is 25% hospital 75% community (growing number of community referrals)

PATHWAY FOR PEOPLE WITH DISABILITY WITH RACF RISK

Set expectations for non-RACF outcome. **Test NDIS eligibility.**

Support **NDIS YPiRAC team** pathway within NDIA via HLO

aged.care.advisory.team@ndis.gov.au

Much faster decisions in hospital now due to NDIS changes

Exploration of options by NDIA YPiRAC team and support coordinator

Linkage to appropriate option where identified (NDIA YPiRAC/Support Coordinator)

In very limited situations of no appropriate option- NDIA summarises evidence. **NDIA do not make recommendation on aged care eligibility**

Evidence provided to Support Coordinator who can submit to MAC - MAC referral to ACAT

ACAT reinterpret evidence to fit agreed template

ACAT can assess if satisfied that **options have been explored and aged care only appropriate option**

QUESTIONS AND DISCUSSION

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