Macarthur Disability Services
Sector Support & Development

**Supported by:**
Wingecarribee Shire Council

*We acknowledge and recognise the strengths, resilience and capacity of Gundungurra and Dharawal people and pay our respects to Elders past, present and future.*

# Wingecarribee Ageing Forum Agenda

## *Aged Care Reform Information Session*

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| **Date:** | Thursday 16th April, 2026 |
| **Time:** | 12:30pm to 2:20pm |
| **Location:** | Theatrette, Wingecarribee Shire Council, Elizabeth St, Moss Vale |

| Time | Agenda Item |
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| 12:30pm to 12:45pm | **Networking and Lunch:** |
| 12:45pm to 12:47pm | **Welcome & Acknowledgement to Country**: Krystle Sands |
| 12:47pm to 12:50pm | **Attendees:** Alicia Sandles (Interchange), Kirra Hayward (Interchange), Maria Lasic (Interchange), Margaret Halt (Dovida), Carlie Hamilton (BaptisCare), Eleanor Sainsbury (WADC), Debbie Smith (MoWSH), Krystle Sands (MDS), Janeen Harris (MDS), Stephen Neville (DoHDA), Kaylie Blyton (DoHDA), Alexandra Dias (Commission), Christina Maniatis (Commission)<br><br>**Apologies**: Liz Griffiths (WSC)<br>**Previous Minutes accepted by**: Deferred |
| 12:50pm to 12:55pm | **Council Updates**:<br>Krystle Sands on behalf of Wingecarribee Shire Council<br><br>• Liz is currently acting in Meredith's role<br>• Meredith is in a secondment role<br>• Seniors Festival went well. MDS supported two local events – Gut/Brain health in partnership with Creative Space and Changes to Aged Care info session with Department and Seniors Rights Service with 62 seniors in attendance. |
| 12:55pm to 1:40pm | **Guest Speaker:**<br>**Department of Health, Disability and Ageing** - **Western NSW Regional Team**<br>**Kaylie Blyton** (Assistant Regional Director)<br>**Stephen Neville** (Departmental Officer)<br>• New regulatory model – www.searchagedcarerequirements.health.gov.au<br>• Council of Elders – 9 new members, 5 continuing members.<br>• CHSP – Messaging is still currently staying the same until at least 1 July 2027. Department understands the sector has concern about the transition to Support at Home. Meet new obligations including registration regulation, more compliance with code of conduct, worker screening including volunteers, incident reporting and record keeping, stronger whistleblower protections. Clients must be registered with My Aged Care.<br>• DEX Changes – compulsory reporting of MAC ID. Stage 3 commence mid-2026. Stage 3 materials are available on CHSP reforms page. Any enquiries processes are to be referred to the CHSP resources website for the DEX toolkit and dictionary or their Funding Arrangement Manager (FAM). |

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| | • CHSP service agreements and client information – formal requirement required for all new clients from 1 November including short term and one-off support, including transport. Fee changes where low-income clients may receive low or no fees, providers must publish this publicly. Templates and guidance available at https//www.health.gov.au/ourwork/chsp<br>• Becoming a CHSP or Support at Home Provider – must be registered with the ACQSC<br>  ○ Registered CHSP are only approved to deliver CHSP in line with funding agreement<br>  ○ Not automatically approved to deliver Support at Home – must meet additional requirements<br>  ○ New organisations wanting to deliver CHSP must apply through grant opportunity and apply to commission or become an associated provider<br>• Currently no grant opportunities for CHSP funding at this stage through the GrantConnect platform. New organisations seeking to become a CHSP provider can become an associated provider.<br>• Single Assessment System – commenced in July 2024 with the intro of IAT. From Dec 2024 the SAT workforce was developed bring together ACAT and RAS. Assessment can be carried out in home, hospital and residential aged care.<br>• Aged Care Assessment – Eligibility and Referral<br>  ○ Eligibility: 65 years and over, A&TSI 50 years and over, and 50 years and over who are homeless or at risk of homelessness<br>  ○ Eligibility also depends on care needs. If you find that the person you are referring has registered previously, assist them to phone MAC to discuss care needs changes, especially if seeking clinical.<br>  ○ Assessment Wait Times – The Department acknowledges there are some wait times. They are working closely with the assessment orgs to monitor the referral and assess process and review systems to reduce wait times. Wait times are starting to decrease, with the establishment of the SAT workforce and due to algorithm.<br>• Assessment wait-times – wait times can vary at different stages of the assessment process, in different geographical areas and between assessment organisations. See slides for reasonings.<br>• Triage delegates – will contact the older person by phone and confirm the level of needs and determine the high, med or low priority. Wait-times can vary at different stages of the assessment process, in different geographical areas and between assessment organisations etc.<br>• SaH Pricing Transparency – Were required to update service prices by 31 March 2026. More information on these updates (see slide). Follow up notice was sent out in March in regard to compliance with obligations. If cannot complete, please demonstrate why and when to the Department to seek support with requirement.<br>• SaH Claiming period – Claims were due by 31 March. This was an extension. Regular 60 day reporting period will apply moving forward.<br>• SaH Priority System – system of how older Australian's are prioritised once they have been approved. They are marked as seeking services. Priority category and date of approval.<br>Pending – waiting for funding allocation<br>Assigned – Interim funding allocation or full funding allocation. 60% of the total funding will be allocated so the older person (see slide)<br>• S@H waiting times – Estimated wait times. Urgent 1-month, high priority 1.5-2.5, medium priority 8-9 months, standard priority 10-11 months<br>• AT-HM scheme<br>• RCP or EoL Pathways – 2 different schemes. No wait list for these two pathways. If AT-HM is approved alongside these two schemes, then funding is immediate. Participants under End of Life Pathway are not eligible to receive any funding for home modifications. |

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| | • S@H Participant Contributions – Department acknowledges that this is another pain point for providers. No worse off principle – apply for existing HCP approved on or before 12 Sept 2024. If means testing isn't completed, then the participant must pay the self-funded retiree rate of contribution. Participants can make an appt with Services Australia to assist with financial information.<br>• Associated providers – published FAQ (questions raised at Dec webinar).<br>• Support for First Nations are available<br>• Resources and supports – Western Regional Team contact info etc. |
| 1:40pm to 2:05pm | **Guest Speaker:**<br>**Aged Care Quality and Safety Commission – Complaints Division**<br>**Alexandra Dias** (Senior Complaints Officer)<br>**Christina Maniatis** (Senior Complaints Officer)<br>An overview of the rights-based approach of the new Act, including how the Statement of Rights is being upheld in regulatory practice (e.g., complaints handling, protections, transparency).<br>• ACQSC is responsible for approving providers, monitoring and assessing providers compliance, compliance and enforcement action, resolving complaints, SIRS, Code of Conduct and education and engagement with the sector.<br>• The new legislation<br>o Setting the scene for change.<br>o 1. Royal Commission Identified<br>o 2. Initial Action taken by the Commission<br>o 3. Delivered under the Aged Care Act 2024<br>▪ Independent Complaints Commissioner<br>▪ Rights based complaints handling process<br>▪ Include and recognise Supporters<br>▪ Option of leaving feedback<br>▪ Improved powers and Whistleblower provisions<br>▪ Clear complain resolution timeframes<br>▪ New reporting = increased transparency<br>o Statement of Rights<br>▪ Section 23 – specific rights section of the Act<br>▪ Section 24 – registered providers<br>▪ Section 144 – condition of registration, must demonstrate understanding of the Statement of Rights<br>o Key Legislative Protections<br>▪ Registered supporters – right to make decisions, be supported to make decisions, registered supporters, multiple register supporters, focus to help older people make and communicate their own decisions.<br>▪ Provision of feedback – raised concerns as feedback, information about a provider a responsible person or worker not complying with Aged Care Act 2024, Statement of Rights, in person or by phone or in writing, anonymously or confidentially.<br>▪ Whistleblower Protections - information qualifies when shared with the Commission, given verbally or in writing, and the person has reasonable grounds to suspect that the information indicates that an entity may be failing to comply, without fear they will be punished or treated unfairly.<br>▪ Give people confidence in raising issues of concern.<br>o Rights-respecting approach to regulation |

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| | ▪ Conditions of registration ensure only suitable organisations enter the market, code of conduct all workers need to apply, SIRS,<br>▪ Statement of Rights not enforceable in the court of law, but regulated<br>▪ From complaints perspective not now.<br>o A Rights-Based Approach means ACQSC – involve the older person (or their rep) in all complaints, handle the complaint in a way that respects the person's right to privacy, consult with the complainant/older person on the method and frequency of contact they prefer. (see slide)<br>• Current complaint volumes and sector insights<br>o 52% increase in complaints received Nov 2025-Feb 2026 compared to 2024-25. This may indicate general public awareness due to media or concerned about quality and safety of services receiving. See slide<br>o Other concerns relate to provider and workforce concerns, concerns about assessment and older persons risk of falling. Some resolutions include better explanations by the provider to the clients.<br>• Top concerns relating to rights<br>o Make their own decisions, to be supported to make those decisions, and take personal risks.<br>o Open communication and support from registered providers, to raise complaints through an accessible mechanism, and to have complaints handled fairly and promptly.<br>o Be informed about the services they access in a way they understand, and to express opinions and be hears.<br>• Do you have an accessible complaints process, can interpreter, how to you promote and communicate, are staff familiar, do you have an overall culture where complaints and feedback are encouraged for org to improve and learn.<br>• Our focus: genuine partnership with older people, meeting obligations and reaching for high quality care, looking for opportunities to improve.<br>• Complainants are always worried about repercussions of their complaint from providers.<br>• How providers can help older people and their families escalate concerns appropriately. |
| 2:05pm to 2:20pm | **Q & A Session:**<br>Department of Health, Disability and Ageing<br>Aged Care Quality and Safety Commission – Complaints Division<br><br>**One provider noted, that they have a CHSP client who is waiting for SaH funding however was provided At-HM funding which was beneficial as it enabled the client to get an OT, and a wheelchair etc. The biggest issue, there are Support at Home clients who need access to AT-HM eg falls alarms and we can't buy any of it without them going in to separately, and putting in applications, however it is taking on average 4 months, some even longer.**<br><br>Department confirmed that AT-HM is a separate scheme now and the scenario raised, will be fed back to the Department.<br><br>Krystle noted at other provider info sessions in SWS that new clients are receiving their AT-HM funding first but waiting for their Support at Home funding.<br><br>**One provides was curious about complaints being received – obviously an increase, is that more about new systemic processes in place, or is it about the providers. I watched a webinar recently and it alluded to being the providers responsibility in terms of the** |

**complaints being received however, the complaints received it is not about service provision, it is about the systems and the changes and how they can access things. Providers are trying to implement things they have no control over.**

ACQSC confirmed they receive complaints about both, provider provision and the system e.g. accessing services, or situations that are out of their scope e.g. Service Australia. ACQSC acknowledges the difficulties that providers are facing and support providers. This is why the Complaints Division wishes to engage with providers at events such as this forum to build the relationships. Inclusions and exclusions are a big component of the complaints that are received. ACQSC have changed the language when working with complainants from 'Issues of Concern' and 'Desired Outcome'. The wording is now 'What is the Achievable Outcome'. E.g. if there is an exclusion, it is clearly something that providers cannot achieve, they work with the complainant to find the right channel.

**One provider asked, 'How do complaints that are not achievable, get communicated back up [to decision makers]? It can't be changed but it is a continued issue.'**

The Department noted that when it comes to inclusion and inclusions, seniors' rights services receive them as well. Providers can go to the Communities of Practice to see if a question has already been asked and answered in the first instance, and/or, write to the NSW Regional Team and seek guidance on how to respond to the client's complaint/request that is out of scope. It can include anything about CHSP or S@H program.

Department and AQCSC, want to see that there are pathways for clients to be able to make complaints if needed e.g. being aware of Seniors Rights Service.

**One provider noted that CHSP providers are not wanting to join Support at Home and the perception out there in community/clients is SaH isn't worth it and to stay with CHSP only.**

Department acknowledges the largest piece of legislation, 384 amendments was made to it and that there are going to be some teething issues and localised challenges, the Regional Team's role is collating the feedback.

**One provider asked 'We understand complaints and feedback is being collected, but what changes are happening? Does the feedback go anywhere?'**

The Department noted that they collate the feedback and input the data to the 'implementation team'. E.g. the fuel situation is something is currently being looked at and escalated for review. However, any decision making ultimately is up to the Government.

The Department encouraged specific scenario sharing in relation to the fuel situation.

- One provider noted that a staff member turned down a shift because they couldn't travel to work.
- One provider noted that they have had clients that receive meals 3 nights a week call the office and offer to reduce their delivery to once a week.
- One provider noted that they needed to make changes to their flexible respite e.g. what they can and can't do. clients wanting to go to multiple destinations during care and the provider needing to advise clients that they can only travel x amount of time now. Carers and clients are asking to go to the doctors, however, they cannot provide it as they can't afford to provide the travel.
- One provider noted it would be other sectors as well.
- One provider asked if there were any AWARD changes in the near future.
- Providers note that support workers are affected the most with those who are supporting 1:1 clients in the community. One organisation has doubled the reimbursement cost for staff. Volunteers are affected by the fuel increases with

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| | meal delivery. For some staff and volunteers, for this area, it is 110kms to work, and not all positions can work from home.<br>• Another issued raised by a provider, is that sub-contractors/associated providers are increasing prices, due to the fuel costs, which has a roll-on effect on client budgets.<br><br>**A provider noted another concerning issue in the Wingecarribee area, recently Bowral hospital had 20 aged care clients presenting at hospital over the weekend e.g. one older person with dementia becoming distressed and their adult children became concerned for their mum therefore drove their dad to the hospital for care.**<br>**Older people are going to hospital as they;**<br>• **couldn't afford care,**<br>• **haven't got funding yet,**<br>• **there are no weekend services available,**<br>• **or have declined SaH as can't afford co-contributions.**<br><br>Regional team will follow this up, will contact Kirsty SWSPHN to seek a link in to LHD.<br><br>***One provider, wanted to give a big THANK YOU to all the staff that are navigating the changes so well in such a trying time.*** |
| 2:20pm | **Meeting Close:** 2:17 |
| **Next Meeting** | **Thursday 4th June, 2026**<br>Bong Bong room, Wingecarribee Shire Council, Elizabeth St, Moss Vale<br><br>**Register:** https://collections.humanitix.com/2026-ageing-forums |