

# PROJECT – 2014 - 2015

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PEOPLE WITH DISABILITY :

***AT AGE 65 – DISABILITY SUPPORT OR AGED CARE***



# SYSTEMIC PROJECT 2014

BY ANNE HANSEN

## SOURCE ACCURATE INFORMATION TO CONFIRM WHETHER PWD WILL HAVE NDIS FUNDING AT AGED 65

*Australia has an ageing population. We are living longer than ever before in the history of Australia. This is supported by research which suggests that at 65 years of age, the average male can expect to live until approximately 84, whilst women are living to around 87 years old. (AIHW 2009)*

If a person becomes a participant of the NDIS before the age of 65, when they turn 65 years of age they will be able to choose whether their supports continue to be provided by the NDIA or whether they would like the aged care system to provide their supports.

With regard to how people who acquire a disability after the age of 65 will be treated, their care and support needs will be provided by the aged care system. For example, existing services for older Australians such as hearing and vision services, will continue to provide supports to people who develop a disability after age 65.

It is important to remember that the NDIS is not intended to duplicate existing systems including the aged care system, and the age 65 threshold ensures that there is no duplication between the Scheme and aged care. The NDIS will compliment the aged care system to ensure we deliver a cohesive system that gives people with a disability, older people, their families and carers the support they need.

The types of supports to which each individual will have access to, will depend on the degree to which their permanent and significant impairment impacts on their participation in everyday life.

As people enter the scheme and have their planning and assessment appointment with a NDIA planner, their disability support needs including their current support arrangements will be looked at, to ensure that the person's support arrangement meet their needs.

For many people the NDIS will provide supports that they are familiar with, such as 24 hour care, communication aids, equipment and modifications while other supports may be new. Importantly, NDIS funding for an individual is allocated to that individual, not to organisations or disability support providers. In effect, participants in the scheme become "customers" and will have a greater level of choice and control over the supports they receive, who provides them and how they are provided.

Questions presented to NDIA by teleconference April 15 2014 re NDIS and answered below:

*Q1:* If a person currently lives in supported accommodation, do they retain that accommodation under NDIS

*RESPONSE:* Could not comment, unsure

*Q2:* At what point does PWD enter an aged care facility

*RESPONSE:* When PWD makes that decision

*Q3:* Does PWD continue on the disability pension or are they then transferred to the aged care pension.

*RESPONSE:* Centrelink will be able to provide those details, but believes it is PWD choice.

Response: Provided by NDIA – National Disability Insurance Agency 15/4/2014

When asked the same questions to Dept Communities, Child Safety and Disability Services, a response from Townsville Team Leader Intake and Assessment, Michelle Kunta via email on 11<sup>th</sup> March 2014.

**Response:**

Service delivery to clients will continue either by Disability Services or HACC services. No client should experience a reduction in their service. After turning 65 years of age the person will not receive additional support from Disability Services but will be referred to the Aged Care Assessment Team (ACAT).

Commencing July, 2012 the National Health Reform Agreement introduced changes in responsibility for aged care and disability services. This also included the Commonwealth Government funding and administering Home and Community Care (HACC) services for people aged 65 years and over, and Indigenous Australians aged 50 years and over. The Commonwealth Government assumes funding responsibility for specialist disability services delivered under the National Disability Agreement for people aged 65 years and over (aged 50 years and over for Indigenous Australians).

State and territory government will continue to administer and fund low intensity community care services for all eligible people aged under 65 years including Indigenous Australians aged 50 years.

### ***New clients – aged 65 years and over***

- People aged 65 years or over who are not in receipt of specialist disability services, at the time they make contact with Disability Services will be referred by the intake officer to the Commonwealth Government for assessment and support. This will occur through an Aged Care Assessment Team (ACAT) or other mainstream services.

### ***Existing clients – same level of support***

- People receiving funded specialist disability services will continue to receive the same level of support when they reach 65 years of age.

### ***Existing client – requiring additional services***

- Where a person who is 65 years of age or over, requests further support, this will trigger either a review of their existing support by Disability Services or an aged care assessment by ACAT.
- A disability Services review will be undertaken by either the Support Linker or Case Manager.
- An ACAT referral should occur when the needs of a person change who is receiving specialist disability services through a block funded or pre-purchased arrangement.

### **Difficulties when aged care and the NDIS are not interchangeable**

*As reported by Tony Jones Ramp Up 20 Feb 2014*

If you're over 65 and acquire a disability, your supports will be provided by the aged care sector, **NOT** the NDIS. Tony Jones asks, "Is this fair"?

Some may be surprised to learn that a person acquiring a disability over the age of 65, is not entitled to the services under the National Disability Insurance Scheme (NDIS). Instead, their supports will be provided by the aged care sector. On the face of it, this cut off point would appear arbitrary, if not discriminatory: **the aged care sector is not equipped or adequately resourced to deal with the complex requirements of people with significant disability. Aged care lacks the expertise to adequately support people with disability, particularly significant disability.** The philosophical differences between the care requirements of each group are significant. Society now accepts in disability support an ethos of independence and empowerment- a rights-based approach. Historically, this has been much less the case in the aged care sector which is more to do with personal assistance either in the home or aged care facility. There is no sense of the broader context of a person's life goals and community participation.

For instance, the Home Care Packages Program is targeted at frail older people and there is no minimum age requirement other than the requisite pension age of 65. The guidelines state that if a person has been assessed as eligible for a particular level of package and none is available, the person can be offered a lower level package in the interim until a high level package is available. This would be problematic for someone with a high degree of care needs.

Also, unlike the reforms taking place in Disability Service, an approved Home Care Package cannot be paid directly to the consumer to manage the funding. Furthermore, current budget figures for the four levels of care under program are lower than what someone with a significant care requirements would be entitled to under current state based disability programs of the NDIS. As an example – in NSW in 2012-2013, \$96 million assisted approx. 1325 people (\$72500 each) in the Attendant Care Program and High needs Pool (soon to be replaced by a single program called the Community Support Program) to cover intensive in-home personal care needs of up to 35 hours per week.

You simply will not get that comprehensive level of funding through the aged care system.

National Disability Services argues that irrespective of the funding source, people with disability should be able to use the support system-disability or aged care- that best meets their needs. NDS takes the view that people with a significant disability over the age of 65, whose needs are best met by a disability service, should have access to that service even if it means being funded by the aged care sector. This would certainly be more equitable for people requiring additional services due to the level of their disability.

If people who acquire a disability after the age of 65 are to have an engaged and fulfilling life, three main issues will need to be addressed:

1. Suitable support to remain in the home and engage in the community
2. Workforce support for those able to remain in employment, including working with employers to find ways to recruit and retain older workers with a disability
3. Adequate mainstream support to reduce the pressures through housing, healthcare and welfare.

These concerns require a broad public policy approach from all levels of government and agencies. **The demands will be beyond the scope of the aged care sector alone to address.**

**Australian Bureau of Statistics:**

**4430.0-disability, Ageing and Carers, Australia: Summary of Findings 2012.**

Issued 11.30am 13/11/2013

This survey collects information from people with disability, carers and older people to determine not only how ageing impacts on a person's life, but how the combination of

age and other factors affect the quality of life a person experiences. In 2012 SDAC, older people are defined as those aged 65 years or over.

There were around 3.3 million older Australians in 2012, representing one in every seven people (14%). This proportion has risen from 13.3% in 2009 and 12.6% in 2003. Around half of Australia's older population (1.7 million or 7.54% of Australians) have a disability. As such, older people with disability now form a larger part of the Australian population than previously measured.

Australia's ratification of the United Nations Convention on the rights of Persons with Disabilities in 2008 reflects the Australian Government's commitment to promoting and supporting the equal and active participation by people with disability in economic and social life. Understanding the prevalence of disability in the Australian population, and the socio-economic characteristics and needs and unmet needs of people with disability, is important in informing policies, planning services, and removing barriers to participation.

### **Physical Disability Australia (PDA):**

*PDA prepared a publication for the Australian Government in July 2012 and the publication was their views and do not represent the views of the Australian Government.*

### **This publication asks "what happens to a person with a physical disability turning 65? "**

A population that includes all levels of physical disability, those who are ambulant, wheelchair dependent or use other mobility devices, and irrespective of whether the physical disability is congenital or acquired.

The report identifies what if any, are the implications of moving from one funding system to another and how is someone who is ageing going to fare under NDIS.

These and other questions have been heard by PDA throughout the various consultations across Australia for the NDIS

**An email request to NDIA ON 13/8/2014 provided the below response on 19/8/2014.....**

#### **MY QUESTIONS ARE:**

1. What payments do PWD receive when they turn the age of 65 years, DSP or Aged pension?
2. If PWD, at any age, need to be accommodated in a facility, ie aged care due to deterioration of health, what payments will they receive – DSP/AGED PENSION
3. Should a PWD, who lives in the community and is aged 65 and over, and requires additional supports due to ageing and deterioration of disability, can they be reassessed for increased funds to access additional supports to remain in the community?
4. If a PWD has a guardian for decision making for service provision and PWD does not engage due to a conflict with that service, who has the final say on the service provider, PWD or their guardian

## **NDIA ANSWERS:**

*You may be interested in knowing that the Government has accepted the recommendations of the Productivity Commission that there should be an age 65 limit for entry to the NDIS.*

*The NDIS is not intended to replace the aged care system, and the age 65 threshold ensures that there is no duplication between the scheme and aged care. The NDIS will complement the aged care system to ensure we deliver a cohesive system that gives people with disability, older people, their families and carers the support they need. People will be able to get the care they need in either system. Existing services for older Australians, such as hearing and vision services, will continue to provide supports to people who develop a disability after age 65.*

*The Government consulted directly with key disability and seniors peak bodies and organisations on this important issue, and received feedback from members of the public through the online forum 'NDIS Your Say' and through submissions to the Senate Inquiry into the NDIS Bill.*

*In line with this feedback, the Government made amendments to the legislation to make it clear that participants will be able to choose to remain in the scheme after they turn 65, and that people with degenerative conditions who are under the age of 65 can enter the scheme. For example, a person diagnosed with a condition such as Multiple Sclerosis could benefit from some early intervention support before age 65, prior to their condition progressing to a point where they experience severe or profound impairment.*

*It is also important to remember that supports received through the NDIS are not intended to replace that which is provided through other systems (such as housing, health, education, income support). The health system has responsibility for assisting participants with clinical and medical treatment.*

*The NDIS is not intended to duplicate or replace mainstream systems such as the Health system and income support – including the Disability Support Pension (DSP). The NDIS is not income support. Participants of the scheme will be expected to continue to pay everyday living expenses, where appropriate such as rent/board, food etc. from their own source of income, which may include the DSP.*

*We encourage you to visit the Department of Human Services website (<http://www.humanservices.gov.au/customer/services/centrelink/>) for further information regarding DSP and Aged Pension payments for those aged 65 years and over.*

## **Self-Directed Funding**

Self Directed Funding is a relatively new approach to funding in Australia with people with disabilities, who traditionally having had services provided by government funded organisations

This is a dream situation for many, who have long wanted the independence to organise their own lives at their own time and pace. However, it is thought that some people may prefer to simply receive the service as they know it now: whilst someone else worries about the administration and reporting that will also be required. This comes down to personal choice and will become a reality under the proposed NDIS.

Anecdotal evidence is showing that there are positive benefits and lifestyles outcomes when people receive and direct their own funding. People are showing they are happier with the additional flexibility of organising their own lives, better care outcomes and relationships and at their stage there is no evidence to suggest this will cost more than bulk funding arrangements. In fact it may cost less under NDIS once it is established and running well.

With this information in mind, PDA believes this should be the case for those who are ageing with their disability also. In so far as their lifestyle is organised with self-directed funding *before* 65 there appears to be no evidence to suggest that the individual should move to aged care services.

Conversely, many in the aged sector could benefit significantly by being offered the opportunity to receive self directed funding. This means that families could plan to live successful lives without placing loved ones into a nursing home simply because there is no affordable care support. Being able to direct whether to pay for independent support or family support, would open many options and take the financial burden off governments for Nursing home places.

## **Intersection with Ageing**

Many people with physical disability already receive their support through the aged care system and many of this group acquired their disability before the aged pension age. However there are shared intersections between disability and ageing that do not seem to be in place and will need to be to ensure the successful transition between the services.

Intersections between disability and aged care services will need to include rights based approach, preservation of dignity and respect, maintaining mobility and independence, receiving appropriate aids and equipment and to be able to live freely in the community of their choice.



It is acknowledged that there are differences between the two sectors as historically one group came from a need for independence whilst the other sector faced losing independence. The objectives and philosophies, needs and aspirations of people in the two systems, appropriate funding sources, and the areas of greatest competence such as in the case of Dementia and Mental Health.

Even though the data suggest that patterns of need vary with age, age at onset, type of disability and availability of informal care and that people with early onset disability may have higher levels of need at earlier ages, none of these factors could reliably be used as indicators of need.

The recommendations from the Productivity Commission included that "People should be given much greater power and choice in a new system, with the objective of giving people greater flexibility and control over their lives – with the ultimate goal being greater wellbeing"

**CONCLUSION** The policy paper, prepared by Physical Disability Australia on the topic of ageing with a physical disability is a completely new direction in policy for PDA. Ageing has traditionally focused on physical disability as a part of the ageing process. PDA presents the document:

**"When I'm 65; can my Disability come too?"** from the perspective of people who are currently living independent lives in the community and approaching the age of 65 years as we move toward a National Disability Insurance Scheme.

As the implementation of the NDIS draws closer, it has become evident through members of PDA and external stakeholders, that people are concerned about what will happen to them when the NDIS is fully implemented and the sector ages beyond 65.

A key goal of the NDIS is enablement, which is hoped to increase the participation and opportunities over a lifetime for people with disabilities in Australia. However PDA believes that not enough is known about the NDIS to allow us to critique the future impact on our members and details are in short supply of what it is to look like and how it will work.

With such a diversity of physical disability, ranging from spinal injury (catastrophic and congenital)

Amputation, cerebral palsy, spina bifida, arthritis, muscular dystrophy and more, we believe that people with physical disabilities will span across all 3 tiers of the NDIS.

In line with information from the recent document "Realising the economic potential of senior Australians (2011) which states that "The emerging cohort of seniors will be different to previous generations of older Australians. This cohort is predicted to be significantly larger and has the potential for more productive middle years of life" PDA believes this to be true of those with a physical disability as well, and with careful consideration and implementation the NDIS has the potential to see these ideals come to fruition.

PDA embraces the position that all stakeholders should be included through all of the pathways that will need to be taken in the building of a whole new system of looking at disability in Australia, and reminds all decision makers of the following:

*NOTHING ABOUT US WITHOUT US*

## REFERENCES:

### GOOGLE ndis and the aged- refer NDIS FOR UNDER 65s Ageism or a battle over priorities

1. by the **aged** care sector, not the **NDIS**. Tony Jones asks, is this fair?

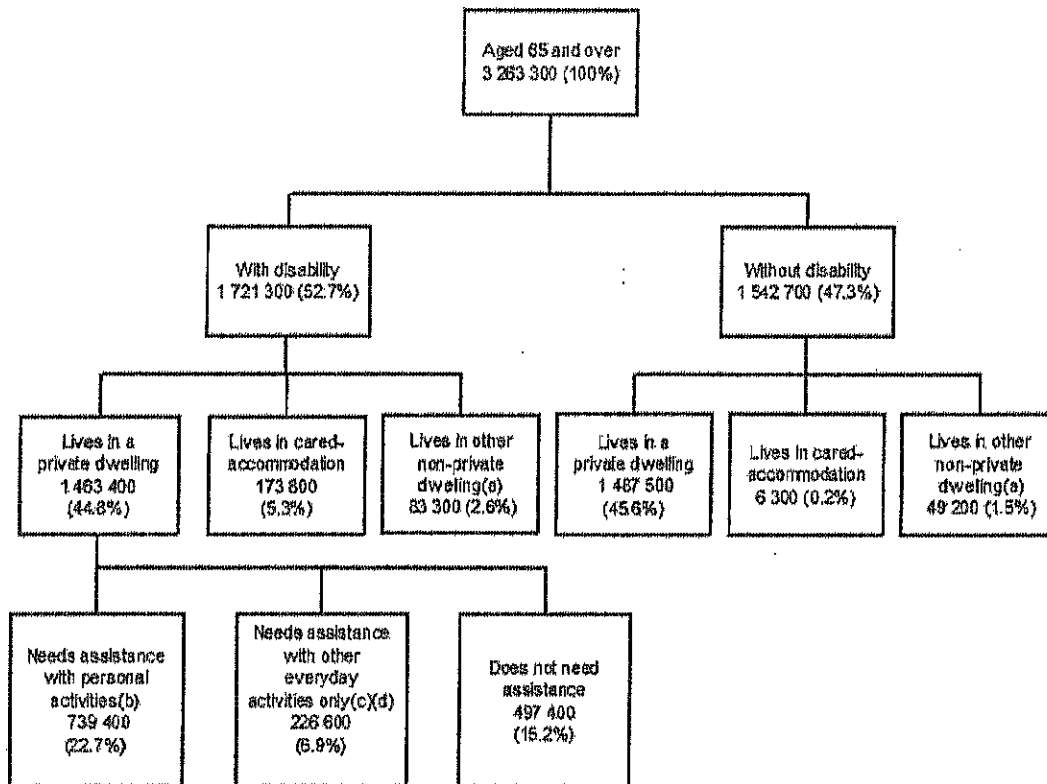
2. **NDIS** for under 65s: ageism or a battle over priorities?

*theconversation.com/ndis-for-under-65s-ageism-or-a-battle-over-prioriti...*

- o Cached

Jan 30, 2013 - The draft **National Disability Insurance Scheme** Bill 2012 was introduced into parliament in November and proposes two **age**-related criteria: a ...

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**Note:**

- estimates have been rounded to the nearest one-hundred persons.
- due to rounding and the effect of perturbation the sum of sub-totals may not equal totals.

(a) Other non-private dwellings comprise non-private dwellings apart from cared-accommodation, such as caravan parks and the self-care component of retirement villages.

(b) 'Personal activities' comprise self care, mobility, communication, cognitive or emotional tasks and health care.

(c) 'Other everyday activities' comprise reading and writing tasks, transport, housework, meal preparation and property maintenance.

(d) Excludes people who need assistance with one or more personal activities

