

Consultation on Aged Care Rules release 4a – place allocation, obligations and funding for providers

Dementia Australia submission April 2025

Thank you for the opportunity to provide feedback on the draft Aged Care Rules release 4a. Dementia Australia's comments are focussed on the provisions under Chapter 4, Part 4, Division 4, related to starting and ceasing the provision of funded aged care services and continuity of those services.

Security of tenure in aged care services is a major area of concern for people living with dementia, especially those experiencing changed behaviour.

Our recommendations are that:

1. the Rules require that aged care providers demonstrate that all options have been exhausted to support an individual before cessation of services is considered.
2. the process for approval of cessation of services be clarified in the Rules.
3. the Aged Care Quality and Safety Commission provide regular guidance, monitoring and public reporting to ensure that these provisions are applied appropriately.

Concerns with current arrangements

The draft Rules seek to replicate current security of tenure provisions provided in the User Rights Principles 2014 for the purposes of residential care. Dementia Australia is concerned that these arrangements are not sufficient to prevent the inappropriate discharge from aged care of people living with dementia with higher care needs.

Transfers from both residential aged care and home care to hospital are common, and a high proportion of these transfers are unplanned and potentially avoidable.¹ There is often a rapid escalation of symptoms and deterioration of health for a person living with dementia who is hospitalised. Potentially avoidable hospitalisations have a negative impact on the individual,

¹ Peters et al. 2025. Addressing unnecessary and avoidable transfers from residential aged care to emergency departments and hospitals. Australian Health Review 49, AH24230. Harrison et al. 2024. Hospitalisations and emergency department presentations by older individuals accessing long-term aged care in Australia. Australian Health Review 48(2), 182-190.

interrupt continuity of care and are costly and resource intensive for both the health and aged care systems.

Dementia Australia regularly hears reports from people living with dementia and carers about breakdown of residential care arrangements. We have heard about the negative consequences for people living with dementia who are discharged from residential aged care to hospital with no solution for alternative and long-term care arrangements.

State and territory governments have also highlighted the impact on the public health system. For example, data from South Australia show that there are currently 263 people in state metropolitan hospitals awaiting placement in a residential aged care facility, of whom 77 are awaiting placement in a Memory Support Unit.²

Dementia Australia is also concerned that the aged care workforce does not have sufficient capability to support people living with dementia with more complex needs including changed behaviour, which can exacerbate breakdown of care.

The allocation of funding to support people living with dementia since the introduction of the AN-ACC funding model disincentivise providers to accept and continue to provide care to people living with dementia with more complex needs. Both these factors have elevated the risk of residential aged care placement breakdown.

Dementia Australia is concerned that people living with dementia who have more complex needs often have difficulty being accepted into aged care services. We note recent media reports that people living with dementia may not be accepted into residential aged care if additional resources and staffing are required to meet their needs.³

Cessation of services

The draft Rules require that a provider must not cease to deliver funded aged care services to an individual unless specific conditions apply. These conditions include that the individual cannot be cared for by the provider with the resources available to the provider, that the individual's needs can be more appropriately met by other types of funded aged care, or that the individual has intentionally caused serious injury or infringed the rights of an aged care worker.

We recommend that a Requirement be included in the Rules that aged care providers must demonstrate that all options have been exhausted to support the individual before cessation of services is considered. Evidence should be made available to the System Governor, or the Aged Care Quality and Safety Commissioner, should it be requested by either party in response to receiving a cessation of care notification.

This Requirement must include that the provider can demonstrate that it has developed, implemented and reviewed a comprehensive care plan in conjunction with the person living with dementia, their family and a coordinated multidisciplinary care team. If changed behaviour is a potential factor in considering a change in accommodation, a behaviour management plan must be part of the multidisciplinary review of the person's treatment and care plan which

² SA Health. 2025. [Patients waiting for residential aged care](#). Accessed 10/01/2025.

³ Neeland, J. 2024. [Cherry-picking: how aged care funding influences facility resident selection](#).

includes dementia behaviour specialists. The process to approve a decision to cease services should be clarified in the Rules.

Consistent with the Strengthened Quality Standards Outcome 5.6 – Cognitive Impairment, providers should be required to ensure all people living with dementia receive comprehensive clinical care services, including mitigating risks, monitoring deterioration, increasing care, and responding to identified causes of changed behaviour.

The governing body and the Aged Care Quality and Safety Commission must provide regular guidance, monitoring and review of decisions by an aged care provider to discharge residents, to ensure all measures have been taken to provide appropriate support and care for an individual before discharge is considered and in any transition to an alternate provider.

Public reporting on trends in cessation of services and compliance in the Rules should also be provided. This will ensure transparency and safeguard the right of the individual to have security of tenure in aged care services, and to receive safe and quality aged care consistent with the Strengthened Quality Standards.

Thank you again for the opportunity to comment on the draft Rules. The Dementia Australia Policy and Advocacy team can be contacted on [**policyteam@dementia.org.au**](mailto:policyteam@dementia.org.au).