



LASA ANALYSIS:
RESPONDING TO THE HOME
CARE PACKAGES WAITLIST
CRISIS

September 2018

CONTENTS

EXECUTIVE SUMMARY	3
1. INTRODUCTION	5
2. NATIONAL PRIORITISATION QUEUE.....	5
3. APPROVALS BY HOME CARE PACKAGE LEVEL.....	6
4. HOME CARE PACKAGE ACTIVATIONS AND UPGRADES.....	8
5. WAIT TIMES TO RECEIVE A HOME CARE PACKAGE.....	9
6. CONSEQUENCES OF LENGTHY WAIT TIMES.....	10
7. HIGH PRIORITY APPROVALS	11
8. VARIATIONS IN THE HOME CARE PACKAGE RELEASE MODEL	12
9. CONCLUSION.....	13
10. RECOMMENDATIONS.....	15



EXECUTIVE SUMMARY

The number of older Australians on the national prioritisation queue has grown by a third of the number reported at its commencement on 27 February 2017, now totaling 108,456 at 31 March 2018.

Of all the people on the national prioritisation queue at 31 March 2018, over 80 per cent are awaiting a level three or four home care package (HCP).

HCP approvals by package level has remained relatively stable across the 12 months to 31 March 2018 with an estimated 132,000 HCP approvals per year.

HCP approvals for levels two through to four, each accounted for near a third of all HCP approvals in the quarter to 31 March 2018.

HCP assignments may vary from quarter to quarter and will be very much dependent on the number of HCP activations that result from HCP assignments during any given quarter.

For each quarter to 31 December 2017, the combined number of HCP upgrades and new entry HCP activations accounted an average 21,353 consumers for each quarter. This equates to near 85,000 HCP activations per year, noting ACFA reported near 97,000 consumers were accessing HCPs in 2016-17¹.

HCP approvals appear to outweigh HCP activations by an additional 50 per cent. Until such time that Government increases HCP activation levels such that they exceed numbers of HCP approvals, the home care package waitlist crisis will inevitably continue.

At 31 March 2018, maximum wait times for older Australians with a high level HCP approval extended beyond 12 months while for lower level HCPs, they ranged between three to nine months.

It is critical that maximum wait times for high level HCPs be reduced as a matter of national urgency. The impact of lengthy wait times for older Australians unable to access a HCP at their approved level will undoubtedly result in increased rates of hospital admissions and entries to residential care.

Such impacts run counter to the intention of the *Home Care Package Program*² in facilitating ageing in place for older Australians.

Consequences of lengthy wait times include increasing numbers of consumers with unmet needs or accumulating unspent funds following HCP assignment³.

¹ Aged Care Financing Authority (2018) [Sixth Report on Funding and Financing of the Aged Care Sector](#).

² <https://agedcare.health.gov.au/programs/home-care-packages-program>

³ Leading Age Services Australia (2018) [Unmet needs and unspent funds: Improving home care package assignment](#).

Leading Age Services Australia (LASA) notes that the Aged Care Financing Authority (ACFA) has identified unspent HCP funds at 30 June 2017 totalling \$329 million with a recommendation for the review of policies concerning unspent package funds¹.

LASA Members throughout Australia have more recently reported that Aged Care Assessment Teams (ACATs) are starting to focus on reducing high priority HCP approval numbers to no more than 15 per cent of all HCP approvals, ensuring a consistent national approach to providing equitable access to HCPs for older Australians.

Providers will continue to experience a decrease in high priority HCP approvals with some states likely to experience more substantial decreases in high priority HCP approvals compared with other states.

Lengthy wait times and reductions in high priority HCP approval numbers will ultimately result in consumers on the national prioritisation queue having to pay for interim care and support while awaiting for a HCP assignment.

LASA is concerned that lengthy wait times may disadvantage consumers who cannot afford to pay for care and support in the interim period leading up to HCP assignment.

Government needs to ensure that identification of genuine financial disadvantage is accounted for in determinations for HCP prioritisation at assessment, so these consumers can be prioritised for access to high level HCPs in the context of a capped HCP supply.

Such an approach is consistent with the principles for establishing a safety net for those consumers who cannot afford to pay for care and support.

Noting that currently there are near 132,000 HCP approvals made a year with near 97,000 consumers also accessing HCPs each year, an increase of an additional 60,000 HCPs per year is required to improve industry response to the existing and emerging consumer demand for HCPs. Such an increase in HCPs could generate a 70 per cent reduction in the current HCP waitlist over the next three years, demonstrating that Australia can do better in providing for the care needs of older Australians.

Importantly, Government need to plan for the necessary increase in the number of HCPs that is required during the next three year term above current forward estimates announced in the 2018-19 Federal Budget⁴.

This plan should include consideration for improving HCP assessment, approval and assignment processes (noting LASA's earlier recommendations in the position paper - *Unmet needs and unspent funds: Improving home care package assignment*³).

⁴ 2018-19 Health Portfolio Budget Statements, Outcome 6: Ageing and Aged Care, [http://www.health.gov.au/internet/budget/publishing.nsf/Content/2018-2019_Health_PBS_sup2/\\$File/2018-19_Health_PBS_2.06_Outcome_6.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2018-2019_Health_PBS_sup2/$File/2018-19_Health_PBS_2.06_Outcome_6.pdf)

1. INTRODUCTION

LASA is the national peak body representing and supporting providers of age services across residential care, home care and retirement living. Our purpose is to enable a high performing, respected and sustainable age services industry delivering affordable, accessible, quality care and services for older Australians. We represent our Members by advocating their views on issues of importance and we support our Members by providing information, services, training and events that enhance performance and sustainability.

The recently released *Home Care Packages Program Data Report 3rd Quarter 2017-18*⁵ provides an update on the operation of the *Home Care Packages Program*² for the period between 1 January 2018 and 31 March 2018. This has afforded LASA the opportunity to undertake analysis of the Data Report to draw attention to pertinent issues concerning the increasing numbers of consumers on the national prioritisation queue.

In understanding demand for HCPs, account has been given to multiple variables including the number of older Australians on the national queue, the number of HCP approvals issued ongoing, wait times to be assigned a HCP, and the number of HCPs activated as an indication of supply.

2. NATIONAL PRIORITISATION QUEUE

There were 108,456 older Australians reported as waiting on the national prioritisation queue for a HCP at 31 March 2018⁵. This number is slightly greater than the 97,516 consumers who accessed a HCP in 2016-17¹.

The national prioritisation queue has grown 33.9 per cent since it first commenced on 27 February 2017 when there were 80,996 older Australians approved for a HCP⁶. Only 4.8 per cent of this growth in demand for HCPs has occurred in the quarter to 31 March 2018.

Demand for HCPs can be expected to continue to increase as the ageing population increases. This suggests that a reduction in the number of older Australians currently on the national prioritisation queue should be a priority for Government during the next three year term.

Figure 1 shows that of the 108,456 older Australians on the national prioritisation queue at 31 March 2018, half had been assigned an interim HCP at a level lower than what they were assessed as needing while the other half have not been assigned a HCP at all⁵.

⁵ Department of Health (2018) [Home Care Packages Program Data Report 3rd Quarter 2017-18, 1 January – 31 March 2018](#).

⁶ Department of Health (2017) [Home Care Packages Program Data Report, 27 February – 30 June 2017](#).

Among the 54,821 people *assigned an interim HCP* at a level lower than their approved HCP level, most were awaiting assignment of an approved level four (76.5 per cent) or level three (23.5 per cent) HCP⁵. This indicates, among older Australians with interim HCP assignments, that there is a strong demand for upgrades to level four HCPs.

Among the 53,653 people *not having been assigned a HCP* at all, there were relatively equal numbers of people awaiting a level 2 (36.1 per cent), level 3 (35.8 per cent) or level 4 (27.3 per cent) HCP. Additionally, one half of this group have been reported as accessing care and support through the Commonwealth Home Support Program (CHSP)⁵. This indicates, among older Australians not having been assigned a HCP, that there is an equally strong demand for each of the HCP levels, two through four.

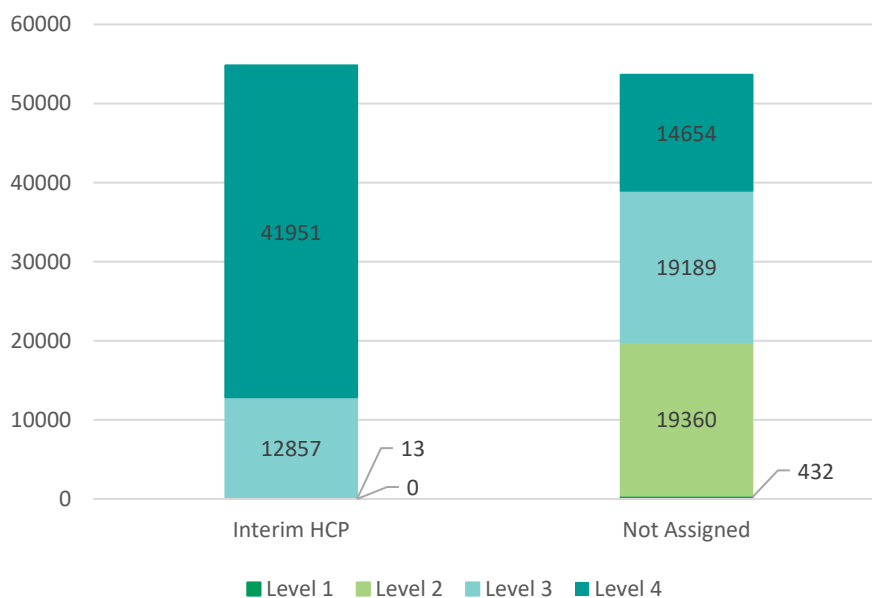


Figure 1. Number of people awaiting a HCP assignment at an approved HCP level for the quarter to 31 March 2018.

Importantly, of all people on the national prioritisation queue at 31 March 2018 there were 52.2 per cent awaiting assignment of a level four HCP and 29.5 per cent awaiting assignment of a level three HCP.

Over 80 per cent of older Australians on the national prioritisation queue are waiting for a high level HCP.

3. APPROVALS BY HOME CARE PACKAGE LEVEL

There were 31,240 HCP approvals issued nationally by ACATs in the quarter to 31 March 2018⁵. There has also been a national average of 33,014 approvals for each quarter during the 12 month period to 31 March 2018.

Figure 2 shows the distribution of HCP approvals by package level across the 12 month period to 31 March 2018 ^{5,6,7,8}.

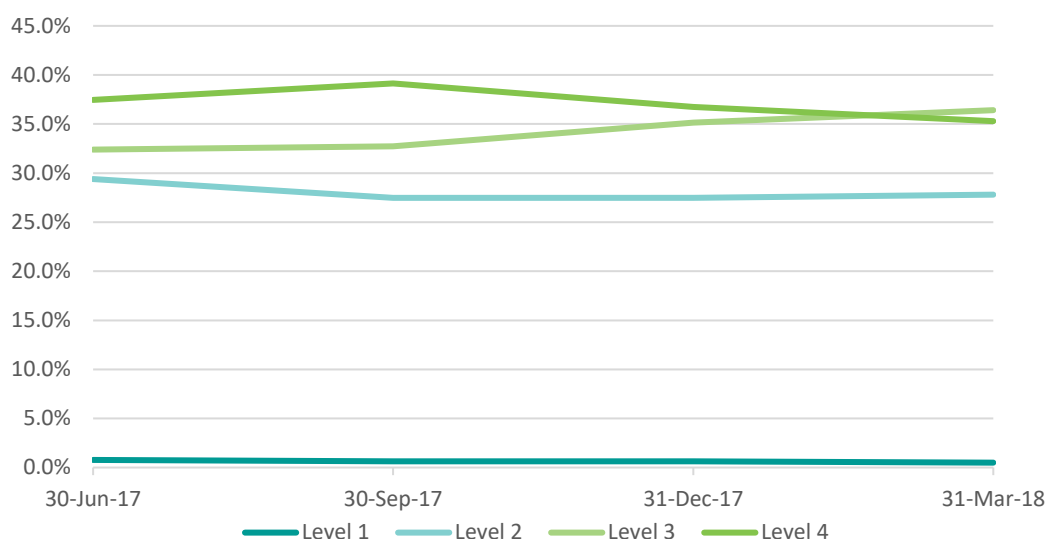


Figure 2. Percentage of HCP approvals by package level relative to all HCP approvals for each quarter to 31 March 2018.

Distribution of HCP approvals by package level has remained relatively stable across the 12 months to 31 March 2018. HCP approvals for levels two through four accounted for 27.8 per cent, 36.4 per cent and 35.3 per cent of all HCP approvals, respectively in the quarter to 31 March 2018. This suggests HCP assignments to consumers on the national queue should be released to achieve an equal ratio of HCP activations across HCP levels two through four ongoing.

ACFA have reported that the number of HCPs released to consumers on the national prioritisation queue at each HCP level takes into account the number of new HCPs that are available (having regard to the phased increase in the target home care provision ratio), as well as the number of HCPs that consumers have exited or not accepted in previous weeks¹. As such HCP assignments may vary from quarter to quarter and will be very much dependent on the number of HCP activations that result from HCP assignments during any given quarter.

HCP assignments for consumers on the national prioritisation queue should be released to achieve an equal ratio of HCP activations across HCP levels two through four ongoing.

In contrast, the number of level one HCP approvals has remained below one per cent of all HCP approvals across the 12 months to 31 March 2018⁵. This low HCP approval rate is not surprising, noting CHSP offers similar levels of care and support to that received through a level one HCP. This reiterates the ongoing need for Government to progress the integration

⁷ Department of Health (2017) [Home Care Packages Program Data Report, 1 July – 30 September 2017](#).

⁸ Department of Health (2017) [Home Care Packages Program Data Report, 1 October – 31 December 2017](#).

of CHSP services and HCPs, noting the advice provided in the *Legislative Review of Aged Care*⁹, so as to address the inequities created for consumers across both programs and hindering transition between them.

The Government needs to progress the integration of CHSP services and HCPs, noting both programs currently offer similar low levels of in-home support whilst simultaneously creating inequities for consumers across both programs.

4. HOME CARE PACKAGE ACTIVATIONS AND UPGRADES

The *Home Care Packages Program Data Reports* thus far provide limited information on the number of older Australians accessing a HCP^{5,6,7,8}. Available data focuses exclusively on the total number of consumers receiving a HCP rather than the number of consumers receiving HCPs by package level. More detailed data is required concerning consumers receiving care at each HCP level to better understand HCP activations relative to HCP approvals across HCP levels.

Data reporting needs to include the number of consumers receiving care at each HCP level to better understand HCP activations relative to HCP approvals across HCP levels.

There were 77,918 older Australians with an active HCP at 31 December 2017⁵. This represents a 7.8 per cent increase in HCPs since 27 February 2017⁶.

Importantly, the number of HCP upgrades and new entry HCP activations are reported for each quarter across this period, and combined they provide indication of HCP supply relative to demand.

Table 1 shows the number and percentage of HCP upgrades, new entry HCP activations and HCP queue returns as a proportion of HCP assignments for each quarter to 31 December 2017.

Table 1. Assignments, upgrades, new entries and queue return numbers/percentages for each quarter to 31 Dec 2017.

	30 Jun 17		30 Sep 17		31 Dec 17	
	N	%	N	%	N	%
HCP Assignments	47,729		32,722		50,300	
HCP Upgrades	13,995	29.3	9,233	28.2	13,631*	27.1
New Entry HCP Activations	6,900	14.5	11,200	34.2	9,100	18.1
HCP Queue Returns	26,834	56.2	12,289	37.6	27,569	54.8

* Based on 27.1 per cent of all releases

⁹ Department of Health (2017) [Legislative Review of Aged Care 2017](#).

There were 13,995, 9,233 and 13,631 HCP upgrades respectively, for each quarter to 31 December 2017. Concurrently, there were 6,900, 11,200 and 9,100 new entry HCP activations respectively, for each quarter to 31 December 2017, ^{5,6,7,8}.

The combined number of HCP upgrades and new entry HCP activations accounted for 20,895, 20,433 and 22,731 HCP activations respectively, for each quarter to 31 December 2017. This represents an average 21,353 consumers activating their assigned HCP during each quarter to 31 December 2017.

Given there is an average 33,014 HCP approvals for each quarter to 31 March 2018 that compares with an average 21,353 HCP activations for each quarter to 31 December 2017, the increase in the number of consumers on the national prioritisation is likely to continue.

It is evident from the analysis that HCP approvals outweigh HCP activations by an additional 50 per cent. Until such time that Government increases HCP activation levels such that they exceed the number of HCP approvals, the HCP waitlist crisis will inevitably continue.

HCP approvals exceed HCP activations by near 50 per cent. Reduction of the number of consumers on the national prioritisation queue will require an increase in HCPs to a level whereby HCP activations exceed HCP approvals.

HCP upgrades, new entry HCP activations and HCP queue returns from assigned HCPs not activated by consumers are also reported in Table 1 as a percentage of HCP assignments for each quarter to 31 December 2017. LASA acknowledges that the proportion of HCPs not activated by consumers in each quarter to 31 December 2017, ranging between 37.6 and 56.2 per cent of all HCP assignments, is considerable and requires further analysis to better understand consumer behaviour and the composition of the national prioritisation queue in determining to what extent it represents a robust measure of consumer demand ongoing¹.

The proportion of HCPs not activated by consumers once assigned is considerable and requires further analysis to better understand consumer behaviour and composition of the national prioritisation queue.

5. WAIT TIMES TO RECEIVE A HOME CARE PACKAGE

From 14 September 2017, consumers approved for a HCP on the national prioritisation queue have been able to access their individual expected wait time to receive their first interim HCP assigned at a level lower than that for which they have been approved. They can also access their individual expected wait time for their approved HCP level. Wait times vary depending a person's individual circumstances, including how long they have been waiting for care and their priority level⁷.

Table 2 shows estimated maximum wait times for those consumers entering the medium priority queue on 31 March 2018⁵.

Table 2. Estimated maximum wait time for people entering the medium priority queue at 31 March 2018, by HCP level.

Approved HCP Level	First Interim HCP Assignment	Time to First Interim HCP	Time to Approved HCP
Level 1	Level 1	3-6 months	3-6 months
Level 2	Level 1	3-6 months	6-9 months
Level 3	Level 1	3-6 months	12+ months
Level 4	Level 2	6-9 months	12+ months

Estimated maximum waiting times for assignment of a consumer’s *first interim HCP* on the medium priority queue as of 31 March 2018 are 3-6 months for HCPs at levels one through to three while level four HCP wait times are 6-9 months. In comparison, estimated maximum waiting times for assignment of a consumer’s *approved HCP* on the medium priority queue as of 31 March 2018 are 3-6 months for a level one HCP, 6-9 months for a level two HCP, and more than 12 months for both level three and four HCPs⁵.

Noting that over 80 per cent of all older Australians on the national prioritisation queue are approved for a high level HCP, it is critical that additional high level HCPs be released from the national prioritisation queue so maximum wait times for high level HCPs to first interim HCPs and approved HCPs can be reduced as a matter of national priority.

The impact of lengthy wait times for older Australians awaiting a high level HCP will undoubtedly increase rates of hospital admissions and entry to residential care. Such impacts run counter to the intention of the *Home Care Packages Program*² to facilitate ageing in place.

The wait time for older Australians to access a high level HCP is greater than 12 months. It is critical that maximum wait times for high level HCPs be reduced as a matter of national priority.

6. CONSEQUENCES OF LENGTHY WAIT TIMES

The misallocation of HCPs relative to assessed need is exacerbated by lengthy wait times. The longer the period of time that lapses for a consumer between assessment of need and assignment of a HCP, the more likely the consumer’s need will change. Consequences of lengthy wait times include increasing numbers of consumers with unmet needs or unspent funds following HCP assignment. LASA has reported on this dynamic to Government earlier this year, recommending a range of immediate and medium term actions including additional HCPs and actions concerning the accumulation of unspent HCP funds³.

LASA notes that the Aged Care Financing Authority (ACFA) has since identified unspent HCP funds at 30 June 2017 totalling \$329 million. ACFA also reported that the level of unspent funds could increase substantially in the medium term, recommending the review of policies concerning unspent package funds¹.

Lengthy wait times on the national prioritisation queue will increase the numbers of consumers with unmet needs or unspent funds following HCP assignment.

7. HIGH PRIORITY APPROVALS

The number of high priority HCP approvals during each quarter across the 12 month period to 31 March 2018 has ranged between 22.4 and 28.7 per cent of all HCP approvals. This compares with advice received by LASA Members throughout Australia who have reported ACATs as starting to focus on reducing high priority HCP approval numbers to no more than 15 per cent of all HCP approvals.

Figure 3 shows the proportion of high priority HCP approvals relative to all HCP approvals nationally and by state/territory for each quarter to 31 March 2018^{5,6,7,8}. Based on the number of HCP approvals reported in each quarter to 31 March 2018, consumers and providers will continue to experience a decrease in high priority HCP approvals. This equates to a national estimate of 2,304 less high priority HCP approvals than were reported for the quarter to 31 March 2018. Some states can expect to experience more substantial decreases in the number of high priority HCP approvals compared with other states.

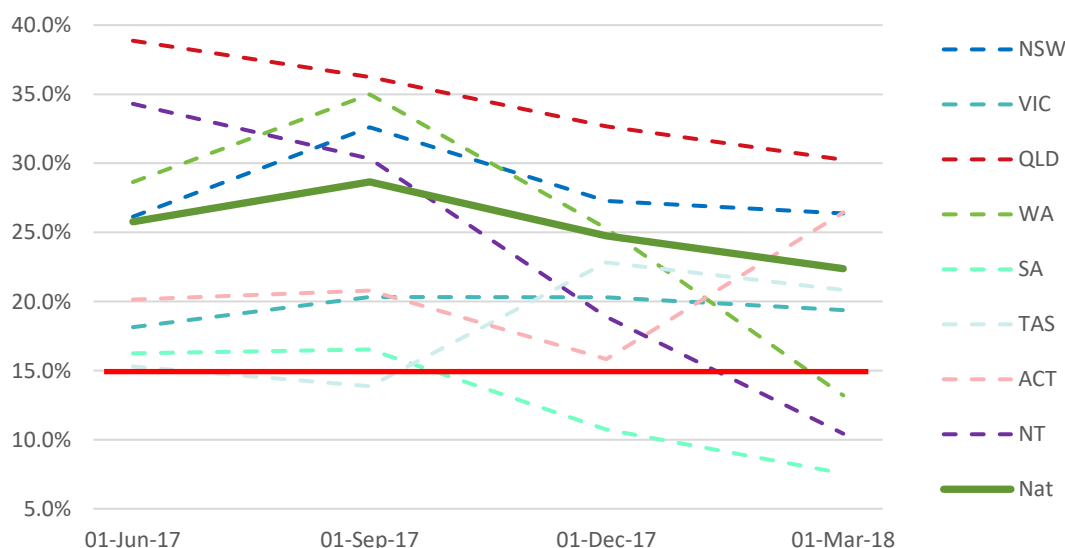


Figure 3. Percentage of high priority approvals relative to all HCPs, nationally and by state (with a 15 per cent target in red).

Importantly, the Department of Health has issued the *ACAT Guidance for HCP High Priority*¹⁰ with a focus on achieving consistency of assessment across Australia including both HCP levels and service priority⁵. The impact of reducing high priority HCP approvals on both consumers and providers is currently unclear, noting wait times for consumers on the national prioritisation queue have only been published for medium priority HCP approvals.

Lengthy wait times for HCP assignments will result in consumers on the national prioritisation queue having to pay for their interim care and support while awaiting for a HCP assignment. LASA is concerned that lengthy wait times may disadvantage consumers who cannot afford to pay for care and support in the interim period leading up to HCP assignment.

Government need to ensure that there is guidance for the identification of genuine financial disadvantage in determining HCP priority at assessment, so consumers with financial disadvantage can be prioritised for access to high level HCPs in the context of a capped HCP supply.

Such an approach is consistent with the principles for establishing a safety net for those consumers who cannot afford to pay for care and support, noting income means testing arrangements only apply following HCP assignment and not while consumers are on the national prioritisation queue.

Government needs to factor in the identification of genuine financial disadvantage in prioritising access to HCPs in the context of a capped HCP supply.

8. VARIATIONS IN THE HOME CARE PACKAGE RELEASE MODEL

ACFA have reported that the number of HCPs released at each package level will continue to be capped in line with the aged care target provision ratio and available budget¹. Providers have sought to plan business operations and budget activities consistent with forecasted numbers of HCP releases.

Advice received by LASA Members throughout Australia, however, is that they have experienced a sudden drop in HCP releases during the last four months, since May 2018. Over this period, HCP assignments to older Australians on the national prioritisation queue have consistently been reported as only increasing for level one HCPs with some automatic HCP upgrades. This has been experienced by approved home care providers as a sudden variation to past HCP release patterns with no advice being issued by Government to the sector on any variation in HCP releases during this time. This situation risks approved

¹⁰ <https://agedcare.health.gov.au/acat-guidance-for-home-care-package-high-pr>

provider viability, especially as many report significant program discharges and a reduction in funded care hours being available for their aged care workforce.

LASA has since written to the Minister for Aged Care regarding this matter with advice being provided that there may be variations in the number of HCPs released while there is an overall aim to release HCPs on a weekly basis to allow for business continuity. Advice provided is that HCP releases will continue to stabilise, with a more consistent release model expected during the 2018-19 financial year.

Timely communication to the sector is required, however, from Government when any future variation in the management of the HCP release model occurs. Additionally, mandated publishing of the Home Care Packages Program Data Report at 90 days post close of each data reporting period is required, noting providers were unable to access the last Home Care Packages Program Data Report for the quarter to 31 March 2018⁵ until almost five-months after the end of the data reporting period.

Timely communication is required from Government to the sector when variations in management of the HCP release model occur that may impact on business continuity.

Mandated publishing of the Home Care Packages Program Data Report is required at 90-days after the close of each data reporting period.

9. CONCLUSION

LASA's comprehensive analysis of available HCP data has identified inherent problems in the current HCP funding model in responding to consumer demand on the national prioritisation queue.

Over 80 per cent of consumers on the queue are awaiting a high level HCP, being indicative of *existing* demand. Furthermore, the current number of HCP approvals exceeds the current number of HCP activations, this being indicative of *emerging* demand. In the context of the current HCP funding parameters, the number of consumers on the national prioritisation queue will continue to grow noting it has already grown by a third in the 12 months to 31 March 2018.

Wait times for older Australians on the national prioritisation queue who are waiting for a high level HCP exceed 12 months in duration and are indicative of consumers needing to engage in private in-home care arrangements where they can afford to do so. Consumers may otherwise be forced to enter residential care which runs counter to the principle of ageing in place.

Additionally, lengthy wait times on the national prioritisation queue will increase the numbers of consumers with unmet needs or unspent funds following HCP assignment. This

further compromises the integrity of the *Home Care Package Program*² in being responsive to the needs of older Australians and supporting ageing in place.

Government need to address the HCP waitlist crisis as a matter of urgency. Noting there are near 132,000 HCP approvals made each year with near 97,000 consumers also accessing HCPs each year¹, an estimated increase of 60,000 HCPs is required to respond to both existing and emerging demand.

LASA's analysis indicates that an increase of 60,000 HCPs has the potential to reduce the HCP waitlist by near 70 per cent over three years. A 70 per cent reduction has been modelled, noting further analysis is required to better understand consumer behaviour and composition of the national prioritisation queue.

It should also be noted that the modelled increase of 60,000 HCPs, while targeting a 70 per cent reduction in the number of consumers on the national prioritisation queue over the next three years; also provides a sufficient HCP activation base relevant to emerging HCP demand from which to consider the requirements for a population-based ratio for supply of HCPs relative to the increasing number of consumers who will require care ongoing.

LASA notes that ACFA have acknowledged the limitations of the current home care target provision ratio with reference to an alternate population-based ratio to measure relative supply in the future¹. This would enable measurement of the *Home Care Packages Program's* performance using the number of consumers receiving care, HCP activations, instead of operational places.

Importantly, Government need to plan for the necessary increase in the number of HCPs that is required during the next three year term above current forward estimates announced in the 2018-19 Federal Budget⁴. This plan should include consideration for improving HCP assessment, approval and assignment processes, noting LASA's earlier recommendations in this regard³.

Government will also need to give due consideration to the requirements and actions necessary for accessing additional funding that could be drawn from a range of sources above additional Government funding, including accumulated unspent HCP funds, consumer contributions, and through the redistribution of program funding that can occur in accounting for integration of CHSP services with HCPs.

LASA will continue to engage with Government and other key stakeholders concerning the future home care reforms in this respect, demonstrating industry leadership in working with our Members to identify key aged care issues, consider appropriate solutions, and advocate with authority and influence to enhance the delivery of aged care programs on behalf of LASA Members and older Australians.

10. RECOMMENDATIONS

- 1) That Government undertake detailed modelling and provide additional funding to increase the number of HCPs made available to consumers during the next three year term above current forward estimates announced in the 2018-19 Federal Budget⁴ and accounting for LASA's current analysis of the required response to address the HCP waitlist crisis.

It is noted that approximately \$100M annually will afford additional HCPs to the equivalent of either:

- 7,000 x Level 2 HCPs,
 - 3,000 x Level 3 HCPs, or
 - 2,000 x Level 4 HCPs.
- 2) That Government review key policies contributing to the accumulation of excessive unspent funds where funds allocated to consumers exceed amounts consistent with contingency principles.
 - 3) That Government progress the integration of CHSP services and HCPs consistent with advice provided in the *Legislative Review of Aged Care 2017*³, noting both programs offer similar levels of in-home support whilst simultaneously creating inequities for consumers across both programs.
 - 4) That Government undertake further analysis to better understand consumer behaviour and composition of the national prioritisation queue.
 - 5) That Government factors in the identification of genuine financial disadvantage during assessment processes in prioritising HCP approvals in the context of a capped HCP supply and lengthy wait times to HCP assignment. Such an approach is consistent with the principles for establishing a safety net for those consumers who cannot afford to pay for care and support while waiting on the national prioritisation queue.
 - 6) That the Government legislate the release of successive Home Care Packages Program Data Reports at 90 days after the close of the respective data reporting period.
 - 7) That the Department of Health publish data in subsequent Home Care Packages Program Data Reports that includes estimated maximum wait times for consumers with high priority HCP approvals.

- 8) That the Department of Health publish data in subsequent Home Care Packages Program Data Reports that includes the number of new entry HCP activations for each HCP level (accounting for the lag time in the availability of this data).
- 9) That the Department of Health engage with the sector to further review the required detail published in the Home Care Packages Program Data Report to support approved home care providers plan and develop business operations, budget activities and forecasting consistent with an open market.
- 10) That the Department of Health commit to timely communication of variations in management of the national HCP release model in periods proceeding the release of successive Home Care Packages Program Data Reports when business continuity issues are anticipated.
- 11) That the Department of Health formally advise the sector about key targets for HCP approvals by HCP level and priority for service.