Redesigning Your Home Care Model

Lorraine Poulos

Managing Director LPA

Acknowledgement of Country

I acknowledge the traditional owners of the land on which we do our work today

We pay our respects to their elders, past, present and emerging.

We also acknowledge the Traditional Custodians of the various lands on which we meet today and the Aboriginal and Torres Strait Islander people here today

Disclaimer

The material, views and resources contained herein does not necessarily represent the views or policies of the Australian Government Department of Health and Ageing. The information contained in and referred to in this presentation is current at the time of production and participants are advised to check any recent changes via the Department of Health's website
www.health.gov.au
and the
Aged Care Quality and Safety Commission
www.agedcarequality.gov.au

LPA
Lorraine Poulos & Associates

2025

AUSTRALIA'S LEADING CARE TRAINING AND CONSULTANCY SPECIALISTS

Assisting your organisation via:

Mock Quality Audits
Registration Assistance
Strategic Business Support
Training & Resources
Ongoing Support
Clinical & Restorative Care
Policy and Procedure Development
& more

LPA Values

Courage

We fearlessly embrace challenges, inspiring personal growth and contributing to the organisation's progress

Integrity

At LPA, we prioritise doing what's right, not what's easy.

Kindness

At LPA, we value understanding, care, and generosity to build strong relationships within our team, clients, and community.

Respect

At LPA, we recognise the importance of others' thoughts, feelings, and backgrounds to our own, which enables understanding and collaboration.

Gratitude

LPA team members approach every interaction with humility and appreciation, and are grateful for the opportunity to make a positive impact.

Reliability

LPA values delivering on commitments with consistency. Our team is trustworthy, dependable, and highly engaged.

Lorraine Poulos & Associates

- “I can’t do this anymore”
- “I don’t want to do this”
- “When will it all end?”

Lorraine Poulos & Associates

- “It’s Yuk!!”
- “I don’t like it ”
- “you can’t make me !”

Lorraine Poulos & Associates

- “I’m eating but I hate it ”
- “Nooo it’s horrible”
- “Please don’t make me”

LPA
Lorraine Poulos & Associates

Overview

- Redesigning and restructuring home care services will be essential for providers over the next 18 months.
- Future demand for services is guaranteed but only if providers can adapt to the funding model and create new or alternate offerings.
- This presentation will focus on what others are doing and how important it will be to have systems in place that will support change when and if revenue streams fluctuate.

LPA
Lorraine Poulos & Associates

Bill Gross- TED talk- why Start Ups succeed?

He identified five key factors as to why new ‘start up’ companies succeed:

1. the idea
2. the team
3. the execution
4. the business model
5. the timing

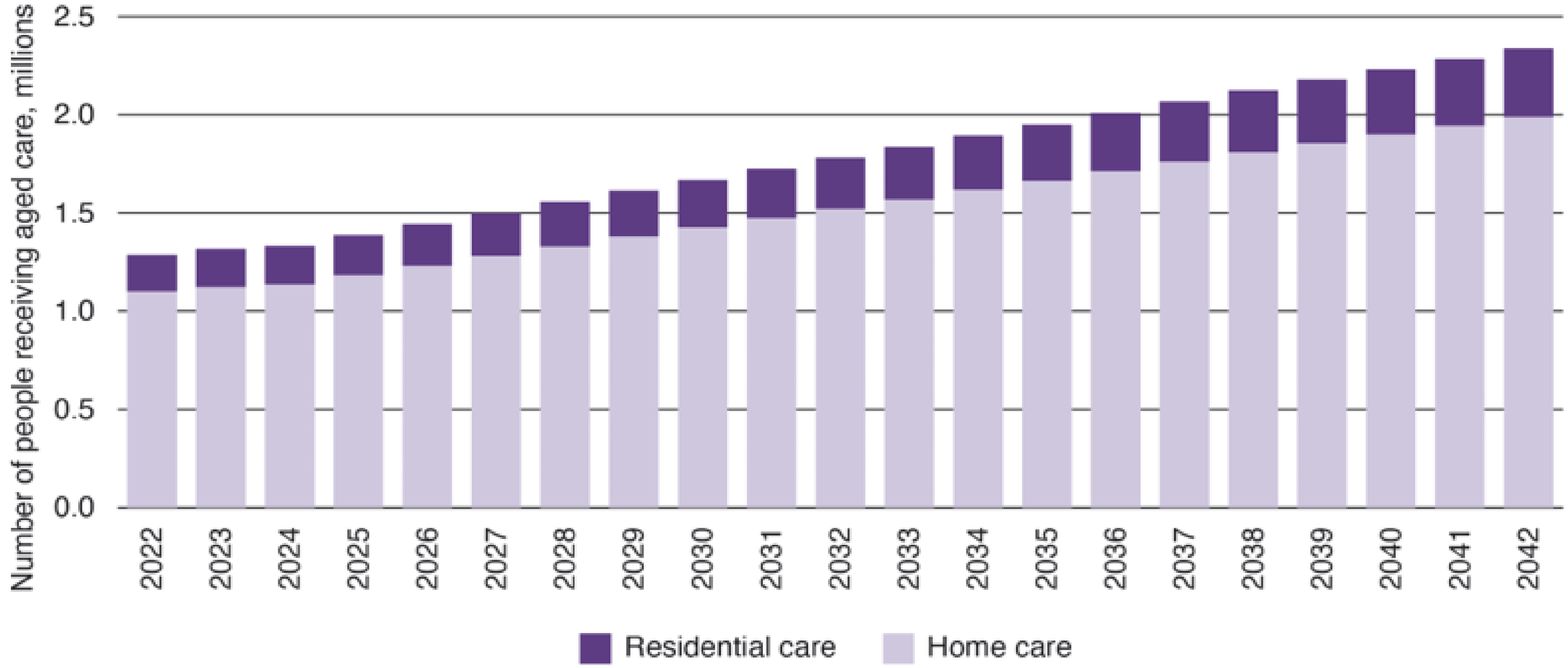
He found that overwhelmingly the most important factor in a startup’s success is **timing,** accounting for **42%** of the difference between success and failure. Team and execution 32% and idea 28%.

LPA opines it will be essential for Home Care providers to be ready to adapt and change their models quickly to survive the changes over the next 2-3 years. We can no longer continue with our current models of care if we want to remain in business.

Lorraine Poulos & Associates

The Good News

Chart 3: Projected use of aged care by care type, 2022 to 2042[30]



Source- Aged Care Taskforce report 2024

Lorraine Poulos & Associates

‘Back of the envelope’ case scenario

ABC services provides HCP services and CHSP

- Annual income – $15 Mil
- $13Mil for HCP
- $2Mil CHSP is break even
- HCP Package management income – $1.95 Mil (legislated rate 15%)
- HCP Care Management income - $ 2.6 Mil (legislated rate 20%)
- **Total PM and CM income: $4.5mil**

New world post November 2025

- No Package Management – loss of $1.95Mil
- 10% Care Management- loss of $1.3Mil
- **Total loss $3.25Mil plus any incidental profits**
- Support at Home Care Management income - ? $1.3Mil – could be more could be less depending on categories of care for new participants entering the system.
- Recouping lost income will only be possible if there is **an increase in the volume or utilisation rate** of allocated funding OR the increase in prices is acceptable to participants and funding body. Government cap not yet known due to be announced late 2025 early 2026.
- Providers can set own prices – monitored by Government and must be ‘reasonable’.

Lorraine Poulos & Associates

The Challenges

We do not know:

- The **rate of new referrals** and the impact on our growth.
- How long it will take for **‘new’ participants** to enter the system and become the ‘norm’ e.g. non-grandfathered.
- The anticipated **volume of clinical approvals** in Notice of Decision
- How the priority of clinical requests will be allocated by assessment services
- **The referral pathway for a reassessment** for support plan reviews
- **The uptake of S@H when contributions** are required (noting clinical care will not require a contribution however other service types will, and this may deter future participants from commencing services)
- **The price cap** that is expected to be set by IHACPA by July 2026 (e.g. you might set your clinical price at $180 per hour and the cap may be lower or higher)

LPA
Lorraine Poulos & Associates

Impact on Potential Participants

Post November fees (assuming approved for care AFTER September 12th 2024)

Hypothetical price $100 per hour of service (some services will be less some more)

Per week example Tom the Pensioner:

- 1 physio visit per fortnight – no charge
- 5 showers x$100 @5% cost = **$25**
- 2 Hours domestic assistance x $100 @ 17.5% of cost = **$35**
- 2 hours shopping x $100 @ 5% of cost **=$10**

Total cost to participant = $70 per week

Per week Gwenda the Full Self Funded Retiree (assuming highest income and means level)

- 1 physio visit per fortnight – no charge
- 5 showers x$100 @ 50%of cost **=$250**
- 2 Hours domestic assistance x $100 @ 80% of cost **= $160**
- 2 hours shopping x $100 @ 50% of cost **= $100**

Total cost to participant = $510

Remember **there are many variables to this scenario** however it is an example of the possible future impact on cost to older Australians to contributing to the cost of their care.

Assessing Your Readiness

- Map services and revenue lines; project demand changes
- Compare actual care management activities to new 10% budget allocation
- Audit all roles: which must be kept, adapted, or created.
- Identify competitive advantages for your new operating environment

LPA
Lorraine Poulos & Associates

Sustainable Business Model Components

We want over the next 6-12 months and beyond to:

1. Increase outputs
2. Decrease overheads

LPA
Lorraine Poulos & Associates

Quick Wins – Next 12 months

- **Review unspent funds** in detail – introduce proactive care management and empower care workers to increase service usage
- Use this time to **trial restorative models** within your current cohort
- **Start new participants with the S@H expectation** – outcomes, use it or lose it, circle of support, maximise funding
- **Be ‘real’ about your costs** and work accordingly
- **Stop thinking about ‘numbers’ of clients** and shift to ‘numbers’ of hours/services as key KPIs
- **Low/ medium/high case loads** according to usage and risk/vulnerability

Flexible Funding Utilisation

Pooled Care Management Resources

The Support at Home model allows **flexible allocation** of the 10% care management funding across participants, enabling providers to increase support for complex cases while scaling back for stable participants. This creates opportunities for:

- **Intensive support bursts** during transitions or health episodes
- **Maintenance-level monitoring** for stable participants
- **Crisis response teams** that can rapidly mobilise additional care management resources
- Which care management billable activities are shared? How do you evidence this?

LPA
Lorraine Poulos & Associates

Team-Based Care Management Models: Hybrid Clinical and Non-Clinical Teams

Innovative providers are implementing **stratified care teams** where non-clinical care partners handle routine coordination and check-ins, while registered nurses or allied health professionals provide clinical oversight for complex cases.

This approach maximises workforce efficiency by matching skill levels to participant needs while maintaining clinical governance.

Team-Based Care Management Models: Specialist Care Partner Roles

Organisations are developing **specialised care partner positions** focused on specific populations or pathways:

- **Dementia Care Partners** with specialised training in cognitive support
- **Cultural Care Partners** for CALD and Aboriginal and Torres Strait Islander participants
- **Restorative Care Partners** with clinical qualifications to coordinate time-limited intensive interventions
- **End-of-Life Care Partners** trained in palliative care coordination

Technology-Enhanced Care Management: Digital-First Hybrid Models

Leading providers are adopting **hybrid care delivery** combining in-person visits with virtual consultations and remote monitoring.

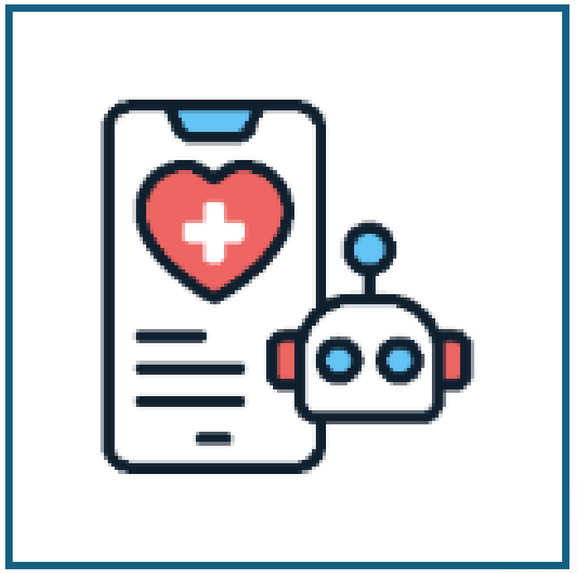
This model uses **telehealth** for routine check-ins, medication reviews, and care plan discussions, while reserving face-to-face visits for hands-on assessments and complex interventions.

LPA
Lorraine Poulos & Associates

Technology-Enhanced Care Management: AI-Enabled Care Coordination

Innovative platforms integrate **predictive analytics** to identify participants at risk of deterioration, automate care plan adjustments, and streamline communication between care teams.

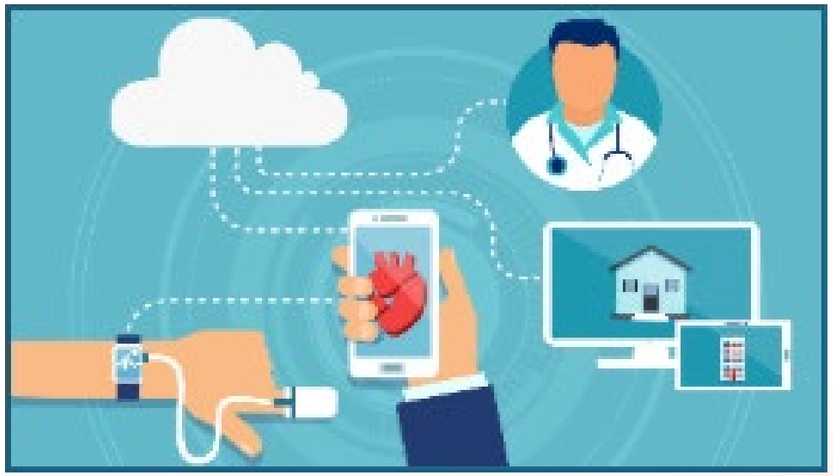
Digital care management systems provide real-time dashboards showing participant progress, budget utilisation, and outcome metrics.



Technology-Enhanced Care Management: Remote Monitoring Integration

Smart sensors, wearable devices, and home monitoring systems feed data directly into care management platforms, enabling **proactive intervention** rather than reactive responses.

Care partners can monitor vital signs, medication adherence, and activity patterns remotely.



Consumer-Directed and Self-Management Models

Supported Self-Management Framework
Under Support at Home's flexible funding model, providers can offer **graduated autonomy** where participants take increasing control of their care decisions while maintaining professional oversight. Care partners act as coaches and advisors rather than directors of care.

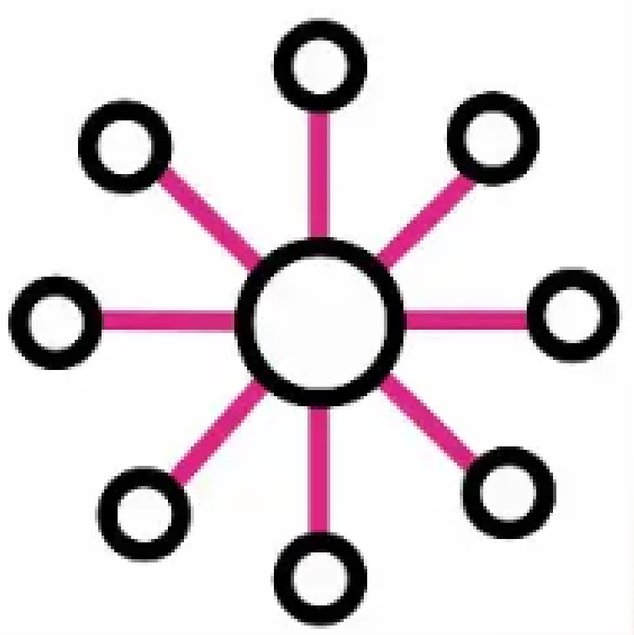
Co-Design Care Planning
Innovative providers involve participants as **equal partners** in care team meetings, using digital platforms for collaborative care planning and real-time feedback on service delivery.

Lorraine Poulos & Associates

Multidisciplinary Integration Models

Virtual Multidisciplinary Teams

Providers are establishing **virtual care networks** connecting care partners with GPs, specialists, allied health professionals, and community services through digital platforms. This creates seamless care coordination across multiple providers without requiring physical co-location.



Hub and Spoke Models

Larger providers are implementing **centralised clinical hubs** that provide virtual support to multiple care partners in the field, enabling rapid clinical consultation and decision-making support.

Outcome-Based Care Management

Value-Based Care Coordination

Progressive providers are structuring care management around **measurable outcomes** rather than service hours, using data analytics to track health improvements, functional gains, and quality of life measures. Care partners are incentivised based on participant progress toward independence goals.

Predictive Care Management

Using participant assessment data and risk algorithms, providers can **proactively adjust** care management intensity before crises occur, potentially preventing hospital admissions and maintaining independence longer.

Lorraine Poulos & Associates

Evolving Roles

Care managers: expand into clinical governance and risk management

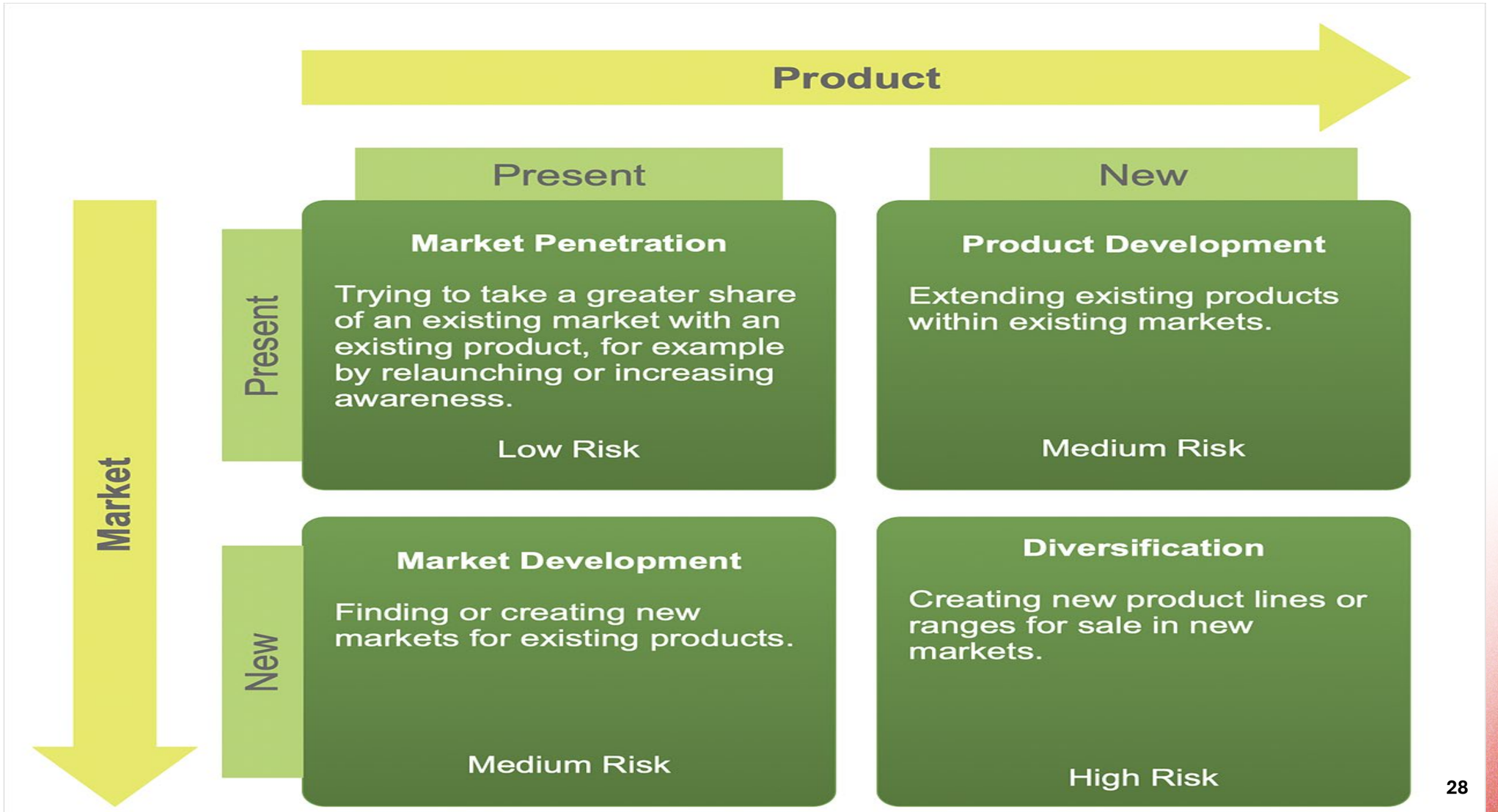
Support workers: broader duties, upskilling required

Administrative staff: digital skills, compliance reporting focus

Creation of new roles: quality, clinical governance, restorative care leads

Lorraine Poulos & Associates

ANSOFF's Matrix and its applicability to Support at Home



Lorraine Poulos & Associates

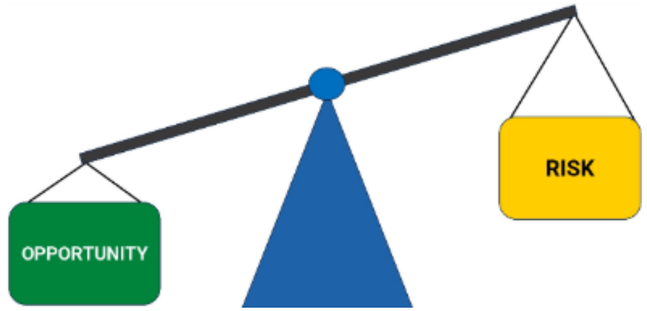
Decline, Shift and Growth

- **Demand decline:** when demand drops providers will need to have contingency plans in place to manage cash flow.

- **Demand shift: adapt service mix, partner for breadth-** look at ANSOFF's matrix- existing, new, etc.

- **Demand growth: invest in scalable systems and rapid upskilling** - when demand increases, efficiency and workforce capacity must keep pace to prevent service gaps or burnout. What can we do to attract workers e.g. vehicle subsidies, incentives,

Risks and Opportunities under Restorative Care



Opportunities

Specialist positioning and market differentiation
Providers offering restorative services can stand out in a competitive market by branding themselves as innovation leaders.

Stronger consumer outcomes and reputation advantage
Demonstrating measurable improvements in client function builds trust, enhances reputation, and attracts referrals.

Access to transition, innovation, and workforce grants
Government funding is being directed to support providers willing to innovate in restorative and reablement models.

Risks

Unpredictable demand due to short-term nature
Restorative care is episodic and time-limited, making it harder to forecast demand and stabilise revenue.

Workforce shortages (especially allied health)
Allied health staff are central to restorative programs, but shortages can constrain capacity and delay service delivery.

High compliance and outcome reporting requirements
Restorative care requires detailed tracking of outcomes to prove effectiveness, creating extra administrative burden.

Innovation Opportunities

- Short-term restorative and end-of-life pathways. These pathways create opportunities to diversify services
- AI and digital systems in care management
- Hybrid (face-to-face and digital) service models
- Partnerships with health, technology, and community organisations
- Customised, outcomes-driven service packages.

LPA
Lorraine Poulos & Associates

SPOTLIGHT on Restorative Care in Support at Home

- One of two short-term pathways (alongside End-of-Life Care)
- Replaces the Short-Term Restorative Care (STRC) Programme
- Goal: restore function, independence, and wellbeing
- Delivered through time-limited, multi-disciplinary interventions
- Outcome-driven, with a strong focus on reablement
- 20,000 places

Lorraine Poulos & Associates

Restorative Care Sub-Groups

Six sub-groups identified under the Restorative Care Pathway

Source: Health and Ageing Dept. Australia

LPA
Lorraine Poulos & Associates

End of Life Pathway

- The Support at Home End-of-Life Pathway is an Australian government initiative under the Support at Home program, providing a dedicated $25,000 over 12 weeks to eligible older adults who wish to stay at home with a prognosis of three months or less to live.
- It aims to enhance in-home aged care services, such as personal care, domestic assistance, and nursing, complementing state-based palliative care services for symptom management and advanced care planning. Eligibility requires a confirmed life expectancy of three months or less and an Australian-modified Karnofsky Performance Status (AKPS) score of 40 or less, verified by a doctor or nurse practitioner.

- Think about how many of your clients/participants have passed away at home or how many requests have you had for this service.

- LPA opines this will be low volume in the terms of your overall service delivery however worth considering.

LPA

Lorraine Poulos & Associates

Download our Clinical Care Checklist

Come and visit us at Booth 165 to get your copy of our Clinical Tasks in the Home book

LPA
Lorraine Poulos & Associates

The End Game

LPA – Lorraine Poulos & Associates can provide your Board and Executive Team a tailored presentation covering:

- Understanding Support at Home reforms
- Governance responsibilities under the new Act
- Risks and opportunities for providers
- Practical next steps to strengthen oversight and prepare for transition

This engaging session will provide your leadership team with clear, actionable insights to position your organisation for success.

THANK YOU

01 WWW.LPACONSULTING.COM.AU

02 RECEPTION@LPACONSULTING.COM.AU

03 (02) 9337 2337