



Mable Technologies - Pre-budget 2020 Submission

Executive Summary

The introduction of Consumer Directed Care in 2015 was a positive development for the aged care sector, with broad support from the community and the sector. However, almost four years on, the system needs further enhancements to ensure that the objective of providing choice and control for consumers as they age is realised.

The Royal Commission into Aged Care Quality and Safety is specifically examining the challenges of how to ensure that aged care services are person-centred, critically enabling people to exercise greater dignity, choice, control and independence in relation to their care; and how best to deliver aged care services in a sustainable way, including through innovative models of care and increased use of technology. The Royal Commission's interim report states, "*The notion that most care is 'consumer directed' is just not true*" and "*It is a myth that aged care is an effective consumer driven market*".

This is not due to Consumer Directed Care being poor policy, but due to challenges in the implementation of that policy, which has left consumers uninformed about their rights, funding and options. As a result, providers have retained control and continue to make decisions on behalf of the consumer.

Despite the reforms, very little has changed for the vast number of consumers. There is a scarcity of available information and support to assist consumers to self-direct and an extreme lack of diversity options. Informing consumers of their rights, funding and options under CDC needs to be a priority for this Government in order to enhance consumer outcomes and drive a market response in terms of better quality, person-centred, more flexible, more diverse, more innovative and better value for money services.

The interim report also states that "*The Royal Commission's next phase of work will examine in more detail the systemic barriers to innovation and flexibility that currently impede positive change*". It is time for new thinking and a new approach to solving aged care challenges.

The proposed four "new thinking" initiatives in this submission focus on related opportunities to inform home care consumers and undertaking trials of new home care solutions offering person-centred, flexible and affordable home care that improve quality of life.

1. Funding a trial for “new thinking” solution for regional, rural and remote Australia

Background

Australia needs older people living in regional, rural and remote areas to be able to remain at home ageing well. Country populations and communities are essential to our economy and society as Australia draws great benefit from the primary and service industries in our rural areas.

Further the recent devastating bushfires mean rural and regional Australia face the challenge of rebuilding homes, communities and local economies.

The Royal Commission Consultation Paper 1 “Aged Care Program Redesign: Services for the Future” states that “The delivery of services to rural and remote geographical regions in Australia is complex and differs for every community”. As such, the members of each community would ideally fashion their own solution, consistent with Asset Based Community Development, where the solutions are fashioned from the assets that exist in community rather than focussing on bringing in outside services to fill the gaps. Further the Consultation paper states “most aged care services rely on scale and this is challenged in rural and remote settings”.

Many of the proposed solutions in the Royal Commission’s Interim Report do not take into consideration new thinking. Innovation and technology have the potential to offer game changing solutions, ones that don’t necessarily rely on supporting traditional provider service models, which as noted will struggle in regional, rural and remote communities.

The NDIS has currently commissioned a Thin Markets Project discussion paper that is also seeking solutions for rural and remote communities that preferably are based on light touch Government interventions, including what they refer to as “Market Facilitation” and “Market Deepening”, functions Mable enables via its digital marketplace model.

As a solution to address the challenges in regional, rural and remote communities, there is an opportunity for a technology enabled, community-based solution using the existing Mable platform that effectively and efficiently connects diverse people within their chosen communities, whilst recognising their individuality.

The platform enables communities to come together and build their own solutions leading to both organic sector development and greater economic independence with support funds being funnelled back into local communities rather than to large often metro-based providers.

Proposal

To fund a 15-month trial of Mable, a proven safeguarded eMarketplace, as a community-based solution/enabler of care and support in two regional areas.

1. South Coast, NSW; and
2. East Gippsland, Victoria.

The population of NSW is ageing rapidly, with regional areas seeing the biggest growth in older people. It is predicted that by 2021, there will be more people aged 65 years and older living outside Sydney than under 16.¹

East Gippsland is one of Victoria's highest per capita populations of ageing people, with almost 40 per cent of the population being over 60 years and is one of 19 municipalities within Victoria already super aged. Its age profile is typical of rural Australia, with a high proportion of 55-69 year old Baby Boomers.²

These regions and communities have a strong regional identity, a significant ageing population and are both severely socially and economically impacted by the bushfires.

There is also a changing socio-economic profile in these regions with many communities no longer able to sustain their economies, made more challenging by the bushfires. Therefore, there is a need for additional income streams, with interest in part time roles and roles which are flexible. Without this additional income community members will continue to be forced to leave, intensifying disadvantage, further skewing the age of the population and threatening the long-term sustainability of these communities.

There is also a need to activate more accessible and sustainable support for older people in these regions, along with opportunities to purposefully develop a workforce from within the community. Mable can facilitate these local connections, enabling people to curate their own support teams, assembled with trusted members from their community, resulting in more jobs and the HCP funding remaining in the community.

The proposed 15 month trial (including a 3 month mobilisation period) would combine Mable's proven online platform with a community engagement strategy based on building capacity of consumers to self-manage their Home Care Package, elevate the understanding and skills of local support workers and educate the community to enable a local support solution. The solution brings together community, with education and a earn/work local resolution that ensures income stays within the community.

Mable is unique in that it aggregates support demand and supply across community aged care, NDIS and potentially the health system, offering a more sustainable solution. As such, Mable would approach this as a whole community solution.

Benefits

- Connecting locally - minimise travel and maximise flexibility;
- Attracting a new workforce from within the community;
- Communities are enabled to create their own solutions consistent with Asset Based Community Development and the practice of building social capital; and

¹ <https://www.abc.net.au/news/2015-10-01/population-of-nsw-ageing-rapidly-figures-show/6818954>

- Economic benefits - most of the Home Care Package funding remains within the communities, creating jobs and supporting the local economy.
- Independent assessment of a new approach as a solution for rural and regional communities

Request 1

Funding of **\$800,000** to fund the 12-month trial of a new approach in regional, rural and remote communities to provide home care package consumers with sustainable and affordable access to care and support in the South Coast NSW and East Gippsland Victoria regions.

The funding would cover a part time project manager, a full time local Community Engagement Manager for each region, training, travel, events and an independent research report.

2.(a) Funding a consumer and influencer “self management in home care” education roadshow

Background

With the introduction of Consumer Directed Care, funding was made available to educate providers, but little has been done to better educate consumers in respect to choice and control.

Almost 4 years since the introduction of CDC, a large portion of consumers are generally unaware of the options to self-manage, or how to do it, and in many cases need simple capacity building to easily and effectively self manage. And yet the benefits for consumers are profound. It will be informed consumers, rather than providers, who will lead self management and more broadly, new models of home care.

Proposal

COTA Australia would like to share with consumers its learnings from leading a "self-management in Home Care packages project" funded by the Department of Health. This project has led to the development of consumer information resources and toolkits that build consumers' capacity to effectively self-direct and self-manage.

Mable is a proven safeguarded eMarketplace or platform that connects people who need support (including those with a Home Care Package) to independent support workers, nurses and therapists, in local communities around Australia. Mable would like to share its perspectives and experiences from pioneering with consumers and independent workers, a self-managed approach to at-home care and support

COTA Australia and Mable are seeking \$400,000 to fund a joint COTA and Mable “self-management in home care” road show targeting consumer influencers and consumers in

metro and regional areas of NSW, Victoria and Queensland (they have the largest number of HCPs) over a 6 month period. Based on an evaluation of the road show, we would propose seeking further funding to extend the road show to other states.

Key influencers include Aged Care Assessment Teams and Regional Assessment Service teams, state-based COTA and carer organisations, Older People Advocacy Network, National Seniors, Dementia Australia, General Practitioners and social workers, financial advisors and local carer groups.

Benefits

- Informed consumers will drive better outcomes and more efficient use of funding;
- Informed consumers will cause the market to respond with innovation;
- Consumers who do things differently will educate consumers who follow; and
- By informing the influencers they can in turn educate new consumers.

Request 2(a)

Consumer focused information and awareness campaigns in conjunction with the Council of the Ageing (COTA) Australia:

\$400,000 for a “self-management in home care” road show that targets ACAT/RAS teams, consumers and influencers with the goal of educating the community regarding their consumer directed care rights to help them successfully exercise choice and control that will lead to better outcomes and value for money.

2(b). Funding an “age well at home” national media and mail out campaign

Proposal

“Age well at home” information and awareness campaign targeting people at different life ages comprising:

- **\$5 million** for a national awareness campaign across TV, radio and digital (which ideally would be repeated every 2 to 3 years).
- **\$1 million** for ‘Age well at home’ information packs mailed out each year to people turning 75 and 80 years of age. This approach has the potential to reach approximately 270,000 older Australians across metropolitan areas, regional, rural and remote Australia. This is similar to the preventative National Bowel Cancer Screening Program (NBCSP) for people aged between 50 and 74 which aims to “reduce deaths from bowel cancer through early detection of the disease”.

The aim of “ageing well at home” program would be to ensure consumers and the community:

- Understand they can continue living at home and remain in control;

- Feel positive about engaging support early to remain active and engaged in their community, which will delay functional decline and enable them to live independently at home for longer;
- Reduce hospitalisations; and
- Understand CDC and options available, including possibilities of self-managing their support

Benefits

- People are more informed and willing to plan for aged care. i.e. they will be more able to make informed choices regarding supports they need and use their funding more effectively;
- People will be more willing and likely to engage support early, thereby delaying functional decline and increasing the likelihood to live independently for longer at home; and
- Ultimately leading to longer term cost savings for the Australian Government that can be reinvested into the broader health budget.

Request 2(b)

\$6 million in total for an “ageing well at home” national media campaign and targeted mail out to inform consumers and the community regarding opportunities to remain living at home independently and in control; the benefits of engaging support early, CDC and the possibilities and options available to self-manage your support.

3. Funding a 12-month trial for a “new thinking” self-managed approach to Commonwealth Home Support Program

Background

The Commonwealth Home Support Program (CHSP) is a block funded program for entry level home support services. There remains a lack of data over the use of CHSP services, with some consumers receiving considerably more services than others. The average CHSP funding is approximately \$3,000 to \$4,000 per person.

The CHSP program is critical for providing entry-level care and support services to a large number of people across the nation to assist them to stay living at home. A wide range of service types are available through the program, including care services and support services which traditionally have been block funded to providers, however accessing these services directly from community (such as for domestic and social activities) will lessen social isolation, improve community connection and is a more affordable solution.

There is a lack of clarity on the overall provider cost for these services and how much of the funding ends up directly funding services. Comparable a level 2 Home Care Package pricing suggests that the all up cost for attendant care type services could be in the order of \$80 to \$140 per hour. On average, support services engaged via Mable are \$40 per hour but vary across personal care, social support and domestic assistance. As such, there is the potential

for consumers (and Government) to double the hours of support and care from the same CHSP funding, with workers earning more.

Home Care Package consumers on the home care waitlist are often reliant on interim CHSP services. It is imperative that consumers can maximise services from within the CHSP.

The proposed merging of CHSP with HCP's has been delayed twice from 2018 to 2020, and more recently to 2022 as the Government grapples with the challenges of how to implement the two programmes.

Proposal

The Australian Government funds a 12-month trial of a new individualised funding and consumer choice-based model for CHSP funding utilising Mable as a proven safeguarded eMarketplace.

Mable proposes the Government make up to \$8 million available from the CHSP funding pool for 2000 CHSP consumers (i.e. \$4,000 per person) to engage support services of their choosing directly via Mable's safeguarded eMarketplace. Amounts could be paid monthly directly into each CHSP consumer's Mable account, which operates like an e-toll account. Alternatively, and if needed, Mable could partner with a progressive approved CHSP Provider.

The Government would only fund the number of CHSP consumers (at \$4,000 per consumer) who took up the opportunity to self-manage their CHSP funding via Mable.

The funding could target people on the Home Care queue who by definition are in need of additional services and maximising the use of their CHSP funding. This will relieve pressure on the queue by delivering more support from CHSP funding while improving quality of life.

CHSP consumers, accessing entry level services, are capable of making decisions (some with decision making support) around the type of services, who provides them, when and what they pay. Mable enables these decisions via its easy to use and proven safeguarded platform, which is efficient, transparent and empowering.

Mable would work with the Government to determine the most appropriate evaluation process to define what success looks like.

Benefits

- Small amounts of funding go further - relieves pressure on the Home Care queue and people get access to services and care faster;
- Consumer choose who supports them and they in turn have a direct relationship with those who support them, which increases satisfaction;
- HCP Consumers using Mable report a significantly better experience using Mable versus traditional service provision; and
- Government gains insights into how to merge the two programmes (Home Care Program and CHSP).

Request 3

Allocate **up to \$8 million** of existing Commonwealth Home Support Program (CHSP) funding (no net cost to Government) to CHSP consumers (via Mable) to trial a new self-managed approach for engaging CHSP services. This would be based on individualising funding and empowered, informed consumers accessing a safeguarded marketplace to engage support directly from their community.

4. Utilising a portion of a consumer's Home Care Package to fund independent advice.

Background

The goals of Consumer Directed Care are to provide more choice and flexibility to consumers, having more control over the types of care and services they access and the delivery of those services, including who delivers the services and when.

This will cause the market to improve consumer outcomes and respond with better quality, more flexible, more innovative and better value services. This only works when a consumer is well informed.

Along with timely information being available and accessible to consumers, they would benefit enormously from access to impartial "fee for service" advice that is independent of home care service provision. Currently consumer choice is limited to choosing an approved home care provider from the MyAgedCare portal, typically in a time of crisis.

The approved home care provider typically positions themselves as providing a wrap around, all inclusive, one stop shop, - administering the package funding ("package management"), providing the advice ("care management") and providing the services - in exchange for 100 per cent of the consumer's Home Care Package funding. Consumer Directed Care should allow the consumer to unbundle this typical packaged offering and have choice at each level. However, providers won't lead this, nor move away from what they are benefiting from, but an informed consumer will.

There are new websites emerging that promote free "independent" advice. Instead of being free, it is paid for by the providers they refer to. We know the challenges in the financial services industry of financial advisors conflicted with upfront and trail commissions. This needs to be urgently addressed by fostering a high-quality fee for service aged care advisory network based on funding consumers from their Home Care Package to obtain and pay for independent advice. This becomes critically important when services are often considered at a time of crisis and vulnerability. The fee for service advice would cover:

- Understanding Government programs/funding and your finances,
- Upfront care planning - what are the possibilities,
- Rights and options under Consumer Directed Care and CHSP; and

- Understanding of and linking to service options (including innovative options) and other community-based solutions.

Proposal

Mable proposes 3 per cent of each Home Care Package funding to be allocated separately to HCP consumers on the basis it is used to obtain advice from independent accredited aged care advisors (advisors that are not affiliated with home care service providers). This is somewhat akin to the separate funding of “support co-ordination” which occurs under the NDIS.

Benefits

This proposal would foster a professional independent accredited (fee for service) advisor network. The 3 per cent cost would be paid back to consumers and Government many times over in terms of improved outcomes and more effective and efficient use of Government funding.

It will also address the over and underutilisation of home care packages and funding. The Government also needs to move on this before a non-accredited and non-impartial advisor network emerges offering “independent and free” advice to consumers paid for by providers.

Informed consumers would also drive innovation leading to higher quality, more flexible and value for money services.

There is no net new cost to Government other than creating the accreditation standards for being an Accredited Aged Care or “ageing well” Advisor.

Request 4

Develop policy to enable the allocation of 3 per cent of existing Home Care Packages to consumers to obtain advice from independent “ageing well” advisors. This policy would be at no net cost to Government and would enable a better and more informed consumer experience. This would enable consumers to exercise choice and control for the services they wish to acquire and would encourage the development of an independent, fee-for-service advisor network.

Key Recommendations

This proposal seeks the Australian Governments support for four key initiatives:

1. Trialling a new approach in regional, rural and remote communities to provide home care package consumers with sustainable and affordable access to care and support.
 - Funding of \$800,000 to fund trials in two regions: proposing the South Coast NSW and East Gippsland Victoria.
2. Consumer focused information and awareness campaigns in conjunction with the Council of the Ageing (COTA) Australia:

- a. \$400,000 for a “Self-Management in Home Care” road show that targets ACAT/RAS teams, consumers and influencers with the goal of educating the community regarding their Consumer Directed Care (CDC) rights to help them successfully exercise choice and control that will lead to better outcomes and value for money.
 - b. \$6 million for an “ageing well at home” national media campaign and targeted mailout to inform consumers and the community regarding opportunities to remain living at home independently and in control; the benefits of engaging support early, CDC and the possibilities and options available to self-manage your support.
3. Allocate up to \$8 million of existing Commonwealth Home Support Program (CHSP) funding (no net cost to Government) to CHSP consumers (via Mable) to trial a new self-managed approach for engaging CHSP services. This would be based on individualising funding and empowered, informed consumers accessing a safeguarded marketplace to engage support directly from their community.
4. Develop policy to enable the allocation of 3 per cent of existing HCPs to consumers to obtain advice from independent “ageing well” advisors. This policy would be at no net cost to Government and would enable a better and more informed consumer experience which exercises choice and control for the services they wish to acquire, and encourage the development of an independent, fee-for-service advisor network.

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APPENDIX

Who is Mable?

The name “Mable” derives from the first-person expression of “I’m Able”. **For example**, using the Mable platform:

- **I’m able** to live independently and choose who supports me, when and what I pay (Consumer); or
- **“I’m able** to run my own small business and decide the services I offer, to whom, when and what I charge”. (Support Worker)

By being empowered with real choice and control, what I’m able to do via Mable, is unique to each individual.

Mable’s origin, credentials and experience as an innovator and transformer in community aged care and the NDIS, means we bring unique insights. Briefly, Mable is a safeguarded online marketplace or platform that directly connects aged care and disability support consumers with independent support workers, nurses, therapists and other service providers in communities around Australia. It is a technology enabled, community-based approach. It’s empowering for both consumers and workers offering both real choice and control, while delivering a substantial productivity gain that can be shared by consumers, workers and Government.

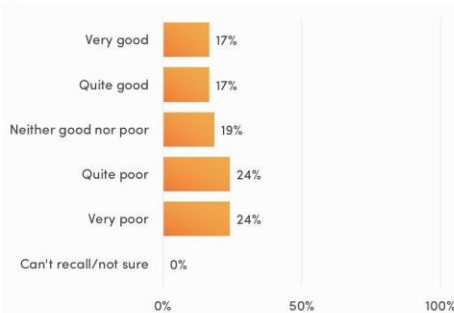
Mable’s matching platform operates with key safeguards while streamlining payments and record keeping. Mable partners with Approved Home Care Providers to enable consumers to self-manage their HCP – which provides choice and flexibility over services, who provides them, when and what they pay. One game changing outcome is the doubling of support hours from the same HCP funding with workers able to earn more.

Further, Mable is attracting a new workforce by offering independent workers the opportunity to run small businesses providing support services directly to their clients in local communities around Australia. 30% of independent workers signing up to Mable are new to sector. Individualised funding, choice and control embedded in CDC has created “markets of one”. Businesses of one are well placed to respond to the markets of one.

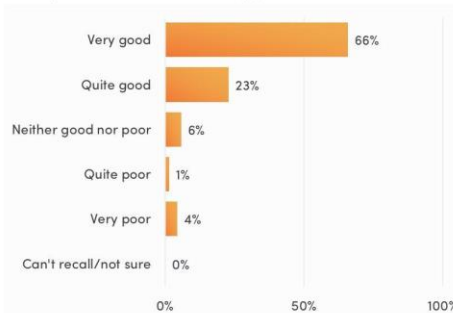
Mable is a technology based innovator in aged (home) care and disability support that is growing rapidly and operating at scale, not because we hold the keys to Government funding, but because we are responding to what consumers and front line workers want: empowerment with safeguards, mutual choice, lasting relationships, flexibility, transparency, value for money (or low fees that puts more money in the hands of consumers and workers), ultimately improving quality of life and strengthening communities.

May 2019 Survey of Aged Care Clients – Experience prior to and with Mable

Overall, on a scale of 1 to 5, how would you best describe your experience with care and support **prior to Mable?**



Overall, on a scale of 1 to 5, how would you best describe your experience **using Mable** to source independent care and support workers?



Mable is **empowering for everyone** and is brought to life in these short video stories of users of the platform, which demonstrates the diverse and intimate connections that need to be facilitated in care-at-home:

- <https://www.youtube.com/watch?v=i9A3Zl0Crj8&t>
- https://www.youtube.com/watch?v=cJXqSt7l_H0
- <https://www.youtube.com/watch?v=u9gCX4HfiMU>
- <https://www.youtube.com/watch?v=p6WRCBAP5DY>
- <https://www.youtube.com/watch?v=ABRr0-NSVMo>

Mable has been recognised

- Won 'Technology Growth Company of the Year' category at 2019 Australian Growth Company Awards and finalise in 'Growth Company of the Year'
- Won 'Growth Company to Watch' category and finalist in 'Growth Company of the Year' category at 2018 Australian Growth Company Awards
- Finalist 'Improving Consumer Choice' category at 2019 innovAgeing Awards
- Featured in Westpac Smart Industries - Healthcare 2030 publication
- Won 'Best solution that provides ongoing consumer independence' category at 2016 Information Technology in Aged Care (ITAC) awards

Mable has a layered approach to safeguarding

Mable proposition: "Empowerment with Safeguards"

Older people receiving aged care services have the same rights as any person to the full and effective use of their personal, civil, legal and consumer rights. This is underpinned by the presumption that all adults have the right to make decisions that affect their life, to have those decisions respected and be provided with the support to implement them. The opportunity and

right to choose independent support workers bring responsibilities for the consumer which Mable assist with. The empowerment of the ability to choose comes with the requirement for necessary safeguards to ensure the delivery of safe, quality services. There are important safeguards required in consumer directed care which assist to minimize elder abuse, undue influence and ensure clients and workers are safe. There are many safeguards provided to consumers and independent workers engaging via the Mable platform to achieve this goal, these include: Worker screening, management of invoicing and payments, ratings and reviews system, service notes and complaints and incident management systems, to name a few.

How we stack up (Hours per week)

- Illustrative example comparing a typical Home Care Package (not self-managed) with a Home Care Package self-managed through Mable, at Levels 2, 3 and 4.
- The figures for the "Typical Home Care Package" are based on average fees and hourly service costs published by a selection of large providers on My Aged Care as at July 2019.
- The admin fee for "Mable" is based on average fees charged by a selection of commonly used Approved Provider partners who host self-managed Home Care Packages as at July 2019. Mable hourly service cost is an example only. Rates typically range from \$30 to \$48 per hour on the platform across independent workers with different experiences, qualifications and services.

	Level 2 Low care needs \$15,250*		Level 3 Intermediate care needs \$33,500*		Level 4 High care needs \$50,750*	
	2-4 hours	6-7 hours	7-8 hours	14-16 hours	10-13 hours	20-24 hours
	Typical Home Care Package	 Mable	Typical Home Care Package	 Mable	Typical Home Care Package	 Mable
Administration Fees	\$5,338 (35%)	\$2,288 (15%)	\$11,725 (35%)	\$5,025 (15%)	\$17,763 (35%)	\$7,613 (15%)
Service Funds Available	\$9,912 (65%)	\$12,962 (85%)	\$21,775 (65%)	\$28,475 (85%)	\$32,987 (65%)	\$43,137 (85%)
Service Cost Per Hour	\$56	\$38**	\$56	\$38**	\$56	\$38**
Resulting Hours per week (illustrative)	2-4 hrs	6-7 hrs	7-8 hrs	14-16 hrs	10-13 hrs	20-24 hrs

*Approximate yearly government contribution as at July 2019. These figures are rounded.

**You agree rates directly with the independent workers you choose.

Important information

© 2019 Mable Technologies Pty Ltd ABN 80 162 890 379. Mable facilitates connections between independent workers and people who require their services, but does not employ or retain the workers, and does not supervise the arrangements made between workers and those requiring their services. Mable conducts certain checks on independent workers before they are approved, but we do not guarantee the accuracy of the information provided by them. Use of the Mable platform should be considered in accordance with our Terms of Use and Privacy Policy available at mable.com.au.

This document compares the hours of support potentially available per week through a typical Home Care Package (not self-managed) with those potentially available when an individual self-manages their Home Care Package through Mable. The bases of the figures and comparisons are described above. They do not include any additional amounts that might be paid by an individual towards their care. The figures and comparisons in this document are necessarily general, and do not take into account all relevant factors such as the kind of help required or the training and experience of the relevant workers. Arrangements between independent workers and people who require their services (including hourly rate and hours of work) facilitated through the Mable platform will be the subject of agreement between the relevant individuals, and the general comparisons in this document may not reflect any such arrangements.