



Policy
Position
Statement:
Aged Care

Position on aged care

MND Australia and State Associations

The number of people living with a life-limiting disability increases with age.

With the decision to exclude older people from the NDIS, the Australian government has an ethical obligation to ensure that older people with disability are supported adequately and equitably compared to people under the age of 65 years. Failure to do so is a failure to value and respect older Australians and their right to adequate support, and is in direct conflict with the United Nations principles on human rights, which underscore the commitment to uphold the dignity and rights of every individual.

For older people living with motor neurone disease (MND), the difference between their care and support needs and the available funding through aged care services is vast. The highest aged care funding level equals slightly less than one-third the average NDIS package amount received by younger people with MND – a difference of over \$200,000 annually.

Low package values also reflect very real divisions in adequate support for managing a progressive, debilitating disease like MND.

The low package amounts coupled with new co-pay policies are placing great financial hardship and stress on households who are often on fixed incomes. Often an extraordinary caring burden is placed on a spouse who are themselves older and less capable of providing 24-hour clinical care. Many times there is not even the option of moving the person living with MND into residential care because they are likely to be 'clinically declined' due to the highly complex nature of care requirements.

People living with motor neurone disease cannot wait.

Timely, coordinated support is critical. The recent commitment to provide funding within 30 days of approval is a change that is celebrated and will make a critical difference to so many older people living with MND. By addressing the other areas of concern in this paper, we will have a responsive, fit-for-purpose aged care system that delivers tangible improvements in quality of life, reduced avoidable medical and financial crises, and ensures people living with MND and their families receive the care they need when it matters most.



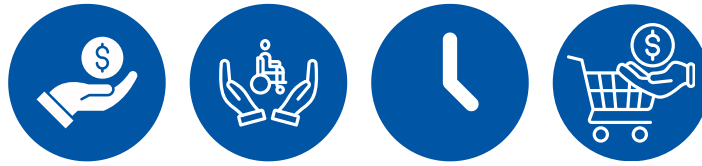
Context

A woman with short grey hair and glasses is looking down at an elderly man. The man is lying down and has a medical device on his face, possibly a ventilator or oxygen mask. The background is a blurred indoor setting, likely a hospital or care home.

“The purpose of the aged care system must be to ensure that older people have an entitlement to high quality aged care and support and that they must receive it. Such care and support must be safe and timely and must assist older people to live an active, self-determined and meaningful life in a safe and caring environment that allows for dignified living in old age.”

Aged Care Royal Commission final report executive summary, p. 80

MNDA's key aged care concerns



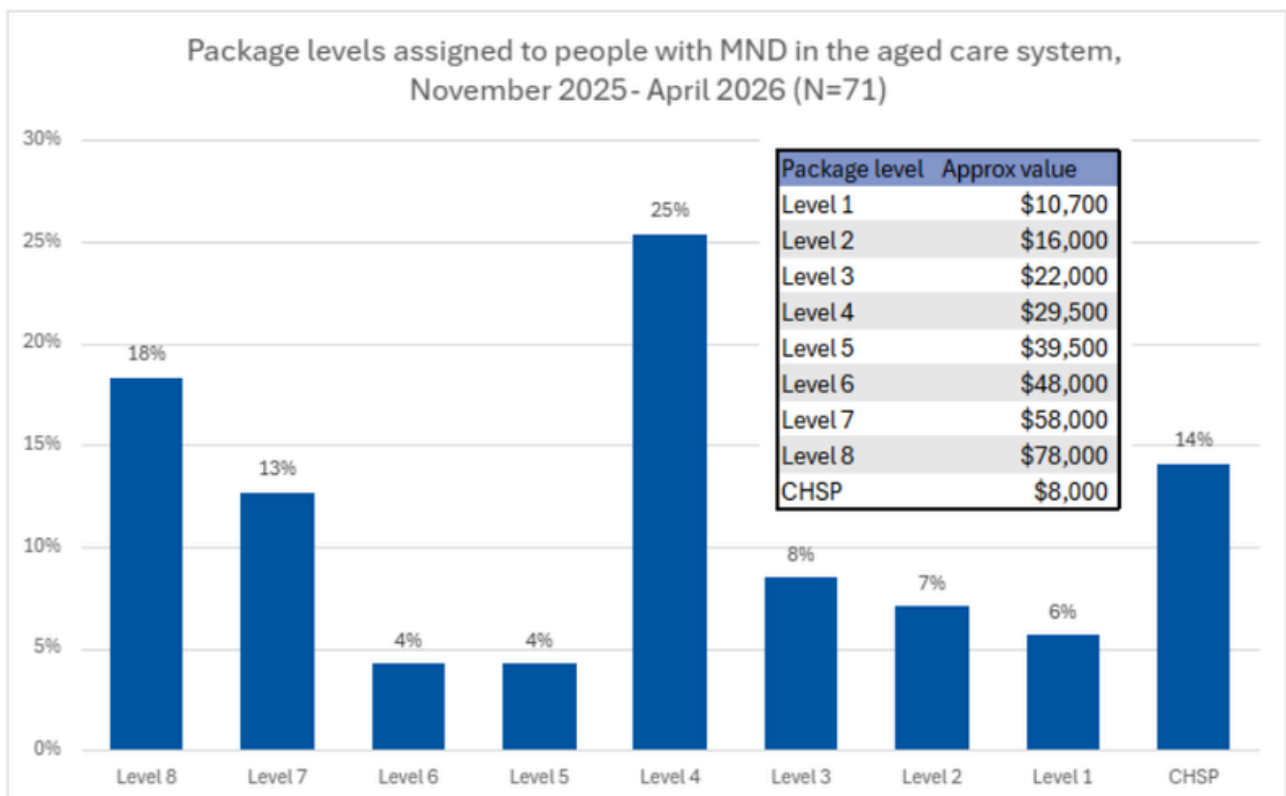
Package funding amounts

Even at the highest levels, the **funding amounts are too low** to support the clinical and caring needs of a person living with MND.

Despite a similar trajectory, **funding amounts are not consistently provided** for older people living with MND, with funding ranging from the very lowest to the very highest package amounts.

The **Integrated Assessment Tool uses unknown criteria** to assign package amounts, which vary widely. There is no point in time when a client is asked whether they have MND. Inappropriate decisions cannot be overridden by a human assessor.

Response: Remove funding caps and provide funding appropriate to the needs of the individual. Funding decisions must be predictive for a rapidly progressive disease like MND. Ensure transparency for the Integrated Assessment Tool and ensure it is only one input into a holistically-made decision that centres human expertise and judgement.



Purchasing power

The **co-pay structure is undermining the ability of many people to access services.**

The current lack of price regulation for aged care providers means **consumer prices have increased between 35-50%**. Even for people whose overall funding has increased, the purchasing power is reduced.

Response: Regulate aged care prices. Ensure aged care providers can remain viable either through covering their administrative costs directly or through a significant increase in package amounts to absorb these indirect costs.

Carers and household impacts

The lifetime co-pay cap of \$130,000 is much too high for a household on a fixed income, and could tip a household into severe financial distress.

The cumulative impact of inadequate support is placing an extraordinary, often unsustainable, burden on families and carers.

People living with MND are often 'clinically declined' from residential aged care facilities, leaving no option other than hospital for people who don't have adequate carer assistance.

Response: Reduce the lifetime co-pay cap to the value of not more than an average annual income for a retired household. Assess the impacts of the co-pay framework to understand the financial burden it may be placing on individuals and households. Ensure in-home clinical care is funded at adequate levels to keep people in their homes. Finance and incentivize clinical care delivery in residential aged care facilities and invest in the workforce to ensure MND and other complex conditions can be managed outside of hospital settings.

The need is clear, the solution is achievable, and the social return on investment is strong. Strategic funding in this area will deliver measurable outcomes, reduce downstream costs, and support a system that is both effective and sustainable. We urge decision-makers to act now and partner with the sector to translate this position into practical, high-impact outcomes.

Learn more



Reports

- Access [Every Moment Matters](#), quantifying the social and economic impact of MND in Australia (2025).
- Access the [MND Community Survey 2025 report](#).

Media and stories

- Read [Glenn Rowan's story on the impacts of inadequate aged care funding](#) (June 2026)
- Read [Helen O'Neill's address to the Parliamentary Friends of MND event](#), detailing her experience of the aged care system while caring for her husband Phil (March 2026).
- Read about [Graham and Gaynor Crossan's experiences with the Integrated Assessment Tool](#) (February 2026).
- Read [Jayne Christian's story of navigating aged care](#) on behalf of her mother Julie-Ann.



Press releases

- Read our [response to the announcement that all people living with MND will receive priority funding](#) (3 June 2026).
- Read our [response to the Hon Mark Butler's address on NDIS and aged care reform](#) (22 April 2026)
- Read our [response to the Ombudsman probe into the aged care integrated assessment tool](#) (15 April 2026)
- Read our [response to Minister Sam Ray's ABC radio interview on the aged care integrated assessment tool](#) (25 March 2026)

Policy positions

- Read MNDA's submission that outlines [emerging problems with the Aged Care reforms](#) (January 2026).
- Read MNDA's submission that addresses [shortfalls in the legislative instruments of aged care](#) (January 2026).
- Read MNDA's [Pre-Budget Submission](#). (January 2026).
- [Find all of MNDA's submissions](#), including those outlining our concerns in advance of aged care reform.