



# CHSP 2023-24 – Specialised Support Services

The Department of Health and Aged Care (the department) has developed a new definition of Specialised Support Services (SSS) under the Commonwealth Home Support Programme (CHSP).

## Overview of consultation

The department worked with SSS providers throughout 2022 to better understand current service delivery and clarify the role of SSS services. The feedback and insight from two surveys and three workshops informed the new definition for SSS, which comes into effect from **1 July 2023**.

## New SSS definition

The SSS service type refers to specialised services for frail older people who are living at home with a clinical condition and/or specialised needs.

Services are entry-level and intended to complement other CHSP services. These services are targeted primarily at supporting individuals.

Services must help clients, and their carers and families, to access episodic support and information to manage these conditions and maximise client independence to enable them to remain living in their own homes.

Services provide a holistic and integrated approach for people with diverse and/or individualised needs, comprising a mix of advisory, targeted support and tailored advice. Services are not intended to substitute primary health services or allied health services available through the health care system or other CHSP services.

These services may include:

- developing plans and strategies to manage clients' conditions, incorporating elements of prevention and risk reduction.
- conducting timely evaluations and monitoring progress.
- establishing client-centred goals.
- providing advocacy, education and advice.
- supporting capacity building sessions for those with a clinical condition and/or specialised needs.

Examples of specific specialised services include, but are not limited to:

- continence advisory services
- dementia advisory services
- vision services
- hearing services
- other clinical conditions
- client advocacy – advisory and support services for diverse groups in aged care

## Advisory and support services

Client advocacy is now referred to as 'advisory and support services' and includes services to older people who have a clinical condition or identify with one or more of the diverse groups in aged care<sup>1</sup>. [Diverse groups in aged care](#) includes people who are:

- First Nations
- from culturally and linguistically diverse (CALD) backgrounds
- living in rural or remote areas
- financially or socially disadvantaged
- veterans
- experiencing homelessness or at risk of becoming homeless
- care leavers
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender and intersex
- experiencing mental health problems and mental illness
- living with cognitive impairment including dementia, and
- living with disability.

Advisory and support services target clients and their families who can proactively access aged care services without needing intensive one-on-one support. The services include:

- **Capacity building supports** to help clients to maintain their independence and build skills to better manage their clinical condition and understand their individual needs when accessing aged care services.
- **Linking support** to help clients access My Aged Care and other services.

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<sup>1</sup> Services provided should not duplicate services available through other Government funded programs such as the care finder program, Veterans' Home Care Services and Disability Support for Older Australians.

## Care finder program

The [care finder program](#) was launched in January 2023. It is a national, face-to-face network of care finders to provide support for vulnerable older people to interact with My Aged Care, access aged care services and other relevant supports in the community.

New clients should be referred to a care finder if they meet the eligibility criteria, particularly clients from vulnerable or diverse groups who require intensive one-on-one support. Existing SSS clients who are eligible for a care finder may wish to remain with their current SSS services provider.

More information on eligibility and how to locate a care finder is available on [My Aged Care](#) and the [contacting a care finder organisation](#) webpage.

## Reporting

SSS providers are responsible for monthly reporting through the Data Exchange (DEX). Providers can report services under continence advisory services, dementia advisory services, vision services, hearing services, other support services and client advocacy.

[Program Specific Guidance for DEX reporting](#) can be found on the Department of Social Services website. Providers can report client-facing services under continence advisory services, dementia advisory services, vision services, hearing services, other support services and client advocacy.

The following clarifications must be applied from 1 July 2023:

- **Advisory and support services** (including for diverse groups in aged care) must be reported under **client advocacy**.
- Services reported under **other support services** must include services to clients with **other clinical conditions** not listed in the service sub-type levels. This may include other conditions such as motor neurone disease or other neurological conditions.

## Registering clients for My Aged Care

A substantial number of older people come directly to SSS providers without having been assessed or referred by an assessor. For clients to receive ongoing services, providers must assist or direct their clients to register with My Aged Care and be assessed.

## Client scenarios

The following client scenarios help to demonstrate the revised SSS definition.

### Harry – CALD background

Harry is 68 years old and comes from a non-English speaking background. Harry has low literacy and relies on his wife Maria (62 years old) to complete any household paperwork. They have been managing to remain at home, but Harry has been feeling increasingly unsteady on his feet and had a couple of falls at home recently. Maria feels like she can't leave Harry home alone or safely assist him to attend appointments. Harry can no longer drive, and neither of them use the internet. They do not receive aged care services and instead rely on members of

their church community to help with shopping and transport. They have 2 adult children who are also worried about Harry's risk of more falls but they both live in other parts of Australia. Their daughter suggests Maria speaks to her church leader for guidance.

There can be a high level of stigma around aged care in many CALD communities. There may be an expectation that family look after other family members instead of seeking formal support. There can also be language barriers, lack of knowledge of the aged care system and services available, and cultural differences.

Maria confides in her church leader that she is scared about Harry's falls, doesn't feel confident to assist him and does not know what to do. The church leader (with consent) organises a call with a SSS provider attached to their community group. The provider speaks to Maria and determines that Harry does not qualify for the care finder program because Maria and their children are willing to assist.

The SSS provider begins speaking with Harry and Maria every week over the phone to explain the services available, the aged care system and build trust and rapport. The provider also organises calls with their children to keep them informed. The SSS provider discusses Harry's care goals and provides translated materials relating to services available. When Harry and Maria do agree to receive aged care services, the SSS provider supports them through the My Aged Care registration and assessment process.

Following the assessment process, Harry was recommended a range of support services, including SSS, assistive equipment, an allied health assessment for falls prevention and transport.

The SSS provider remained in contact with Harry and Maria to ensure the relevant services were meeting their needs and goals. With the right support in place, the risk of falls and hospitalisations, and carer burden were significantly reduced.

## **Betty – hearing decline and continence support**

Betty is 75 years old and lives alone in a unit within an independent living community. The community has many social activities and Betty has enjoyed the move since her partner passed away. She lives independently, looks after herself and does her food shopping online.

Over the last 12 months Betty has noticed her hearing is declining. She keeps turning the TV up to hear the news and gets behind in bingo and card games in the facility's common room. She feels embarrassed and now does not want to attend the social activities.

In a regular check-up, Betty's doctor recommends phoning My Aged Care to register for hearing services. After being assessed by a RAS, Betty is referred to a SSS provider, where she is supported and guided with accessing hearing services. The SSS provider gives her information on hearing loss, recommends places to have a hearing test and supports her to get hearing aids and demonstrates how to change batteries and clean the aids. The SSS provider checks in a

couple of months later to see if Betty's hearing aids are helping her and she explains she has re-joined the social activities and remains independent at home.

Later, Betty contacts the SSS provider to ask for additional help with getting continence aids. The provider gives Betty guidance and expert advice on being referred to an allied health professional and assists her to register for the Continence Aids Payment Scheme (CAPS). They also recommend she contacts the National Continence Foundation of Australia for additional clinical advice.

While in contact with the SSS provider, Betty confides it is getting hard for her to vacuum and mop these days. The SSS provider with consent, refers Betty to My Aged Care for a support plan review. Betty is re-assessment for DA services to support her to continue living independently at home.

## Further information

The department aims to update CHSP clients, carers and providers when there are changes to the program. Relevant [CHSP news](#) will be published on the department's website.

Alternatively, please email your enquiries to [homesupportpolicy@health.gov.au](mailto:homesupportpolicy@health.gov.au).

## Let's change aged care together

We invite Australians to continue to have their say about the aged care reforms.



Visit [agedcareengagement.health.gov.au](https://agedcareengagement.health.gov.au)



Phone **1800 318 209** (Aged care reform free-call phone line)

For translating and interpreting services, call 131 450 and ask for 1800 318 209.

To use the National Relay Service, visit [nrschat.nrsconnect.gov.au/nrs](https://nrschat.nrsconnect.gov.au/nrs) to choose your preferred access point on their website, or call the NRS Helpdesk on 1800 555 660.