



Home Care Packages Program Assurance Reviews

Explanatory notes (Version 2.0
February 2024)

Overview

The Home Care Packages (HCP) Program Assurance Framework (assurance framework) protects the integrity of the HCP Program funding, through evidence-based assurance activities focused on the HCP Program's design, delivery and administration.

An assurance review or activity is where review officers from the Department of Health and Aged Care (the department) collect detailed information and evidence on a particular aspect of the HCP Program. They review and assess the information to determine whether the HCP Program's requirements are being met by HCP approved providers (providers) and, as relevant, the department.

Providers are selected for reviews based on risk factors and the context of a review. Generally, providers receive a legal notice which explains the scope of the review, action required by the provider and which documents are necessary to submit. Reviews are primarily desk-based and review officers will maintain contact with providers to clarify any issues.

At the end of the review process, selected providers will receive an individual review report which will include corrective actions needed. A summary report of the review is also published.

An activity may not involve formal engagement of providers via review notices. Neither are reports issued for such activities. However, "nudge" letters may be sent to providers or the HCP sector, depending on need.

Program assurance reviews and activities are conducted by a specialist team within the department with accredited training in program assurance and the expertise to undertake the reviews (AS/NZS ISO 19011:2019 standard auditing quality management systems).

How are topics chosen for assurance reviews or activities?

A HCP Assurance Plan on a Page (assurance plan on a page) is prepared and published on the department's program assurance [internet page](#). To inform the plan, the following information is considered:

- relevant program risks/priority areas of focus for the program area
- findings and observations from previous reviews
- reporting from the Aged Care Quality and Safety Commission (ACQSC)
- feedback from stakeholder groups, providers and care recipients
- analysis of financial reporting

- any other intelligence available.

The assurance plan on a page may be updated as required. This may be due to further intelligence becoming available, changing risk profiles, efficiency reasons or program need/priorities, including to support the transition to Support at Home.

Why does the department conduct program assurance reviews and activities?

Program assurance reviews and activities can help confirm whether care recipients and taxpayers are receiving value for money for the HCP Program funds that providers receive from the department. Reviews and activities help ensure, through evidence-based analysis, that most of the funding is used by providers for direct service delivery and for the purposes approved by the Australian Government.

Assurance reviews and activities are designed to:

- be risk-based
- assure value for money for care recipients and the Australian public
- drive unfair costs to care recipients out of the system
- assure that providers use funds for approved purposes
- uplift providers' program knowledge to support continuous improvement and delivery within the program requirements
- identify anomalies and sharp practice
- identify and address fraud
- support better services for older people.

How often are assurance reviews and activities conducted?

Reviews and activities are conducted throughout the financial year. A complex review generally takes between 3 to 6 months.

The impact on providers

How are providers selected for an assurance review?

Providers are selected for review through a risk-based approach. A provider may therefore be selected for more than one review over the planned review period. Furthermore, given the importance of the topic, some reviews may cover all providers

regardless (for example, assuring pricing transparency on My Aged Care is a critical topic that benefits from all providers visible on My Aged Care being reviewed).

For more complex reviews, generally, between 50 to 100 providers are selected. The selection of providers is based on several factors, including the size of the organisation, location, and services offered. Specific risk factors are considered, depending on the context of the review and the topic being reviewed.

To minimise the administrative burden on providers, where possible, the review teams conduct reviews in phases. For example, phase 1 may involve a desktop-based exercise only. Based on the findings from this, only a smaller cohort of providers may be asked to provide documentation and participate in phase 2 of the review.

Assurance activities are another means of reducing the burden on providers while fulfilling our program assurance obligations. For suitable topics where information is available within the department, review teams undertake just desktop-based activities, with no formal request for documentation from providers. At commencement and/or conclusion of such an activity, “nudge letters” may be sent to relevant providers or the HCP sector to raise awareness, share learnings from the activity, and, where relevant, seek voluntary action from providers or the broader HCP sector.

Note: provider assurance reviews or activities are not always an indication of concern from the department. These activities or reviews may be undertaken to enhance the department’s understanding of a particular issue or to support continuous improvement of the sector. However, the primary purpose of reviews and activities is to manage the 4 risks outlined in the assurance [framework](#).

What are the requirements of providers when selected for an assurance review?

All non-government providers selected for a review will receive a legal notification letter from the department, issued under division 95BA of the *Aged Care Act 1997*. The notice will provide details on the terms of reference for the review, the information required and contact details for an assigned review officer. Non-government providers must comply with the notice or they may be fined, or have their name published by the department (see Part 6.8 of the amended [Aged Care Act 1997](#)).

Government providers selected for the review will receive an invitation to participate in the review, however, under 95BA of the *Aged Care Act 1997*, they are not required to participate. Voluntary participation in a review allows providers to examine their operations to achieve best practice.

After the notice/letter is issued, an entry meeting is offered to selected providers to answer any questions, meet with their review officer and check what information is required for submission. It is up to providers to take up this offer of an entry meeting, unless, in exceptional cases, the department mandates attendance at such a meeting.

Entry meetings may be conducted face to face or via a webinar approach, depending on the nature of the review. Dedicated review officers will be available on an ongoing basis for their allocated provider.

How long do providers have to submit information?

Providers will be required to provide their documentation within the timeframe stipulated in the review notice/letter. Providers can discuss timeframes with their assigned review officer.

Review teams consider previous feedback, the complexity of the request and other relevant aspects in setting up a response time associated with assurance review notices or requests for information or to meet.

Extensions are only granted for extenuating circumstances and based on evidence provided to the review teams in support of such requests. The assurance [framework](#) provides further details.

What information is required?

Generally, providers need to provide information and documents about their delivery and administration of HCP. Specific information requirements will depend on the scope of a particular review.

Information may include (but not be limited to):

- verifiable information on what providers charge care recipients (for example common services, care management, package management, staff travel and other indirect charges)
- internal policies, guidance or processes for determining HCP charges (business process documents)
- selected care recipient care agreements, budgets and monthly invoices
- evidence verifying that services were delivered
- any relevant and verifiable documentation offered by the provider.

Review teams take care where possible to streamline the collection of such information and use information already collected by the department, provided it meets review, legal/privacy and procedural fairness requirements.

How do I upload this information to the Health Data Portal?

If you are requested to submit documents electronically using the Health Data Portal, a user guide is available [here](#). The Health Data Portal is a secure system, which will ensure protection of the information your organisation uploads. If you have further queries, please contact your review officer.

Impact on care recipients

Are care recipients involved in assurance reviews?

Assurance reviews usually do not require participation from care recipients, although they may be approached for input.

Providers may be asked to submit documentation about the care and services they provide, which may include personal information of care recipients. The department adheres to privacy principles and takes steps to safeguard any personal information supplied as part of an assurance review.

As part of the program assurance review process, selected providers are required to provide privacy information to those care recipients whose documentation is required by the department.

A HCP Program Assurance Reference Group has been established with representatives of providers and consumer and provider peak bodies. This group provides practical advice to the department on the assurance reviews.

A community of practice also offers an opportunity for consumer peak bodies to understand the overarching review findings.

What is the role of the ACQSC in assurance reviews?

The HCP Program assurance reviews undertaken by the department are separate to the ACQSC's role as the national regulator of providers. The department is responsible for program governance and HCP Program funding and assuring that funds are spent as they were approved by the government.

Program assurance reviews and activities focus on program-wide risks and determine how to address them at a program level. Departmental assurance reviews are for the purposes of assuring HCP Program integrity. Further rationale is available in the assurance [framework](#) document.

A provider may be referred to the ACQSC, where the review team identifies issues that are relevant to the ACQSC's role as the national regulator of aged care. The department may also share review information as appropriate with the ACQSC.

Completion of a review

An individual report or letter of findings is generally issued to participating providers which may include the scope, key findings, better practices identified, and any identified areas for improvement.

The report/letter of findings may note whether any matters will be referred to the ACQSC or for departmental program assurance compliance action. Any matters referred for fraud or misuse of funds consideration cannot be advised through such reports.

Providers can comment on findings in the report prior to its finalisation. An exit meeting is also offered for such purposes.

The provider's management response comments and feedback provided are included at the department's discretion in the published review summary report and/or finalised individual provider reports.

Providers should note that not all review reports may look the same or have the same content.

What assurance review information is published?

For most reviews, an overarching review summary report will be published at the end of the review.

The report will not include any personal details of care recipients or staff of providers. The report will also not include any commercial-in-confidence findings.

Can providers be publicly named?

The department can publicly name providers where providers do not cooperate with a review.

The review summary report may include a summary of the findings, including any case studies/findings, and may include attributable (providers may be named) observations/findings, including any better practices as appropriate in relation to particular providers.

What if a provider disagrees with review findings?

If a provider disagrees with the outcomes and findings of the assurance activities, they can raise their initial concerns directly with their assigned review officer/s, and, if still dissatisfied, subsequently with the Executive within the Quality and Assurance Division in the department.

The assurance [framework](#) provides further details about raising concerns.

The offer of an exit meeting is made to all participating providers for an opportunity to raise any concerns. It is up to providers to take up this offer of an exit meeting, unless, in exceptional cases, the department mandates attendance at such a meeting.

How do I provide feedback on the review process?

The review team is committed to continuous improvement of its review process. A provider feedback survey is issued at the end of each review to participating providers. Any feedback is considered carefully and has, in the past, informed ensuing review activity. In addition, the review teams undertake a lessons learnt exercise after each review.

The community of practice also supports review teams to engage with providers and the broader sector.

I have some information for the department that may help with a review underway or may help in considering future review topics. How can I share this information?

You can email the review teams directly to share such information at:
hcpassurancereviews@Health.gov.au

If you wish to remain anonymous when sharing such information about a provider or another aged care provider, you can provide such information through our fraud reporting channels:

Telephone: [1800 829 403](tel:1800829403)

This hotline is open 9am to 5pm Australian Eastern Standard Time (AEST), Monday to Friday.

Email: agedcarefraud@health.gov.au

Website: [Report suspected fraud form](#)

Phone: [1800 829 403](tel:1800829403)

Community of practice

The community of practice uses a web-based platform to share findings of the program assurance reviews with the HCP sector. The community of practice supports providers and relevant peak bodies to discuss sector implications of review findings, share best practices, provide feedback on the review process and/or program settings. It also serves as an opportunity for providers to review information, develop and discuss new ideas, share resources and build a sense of community with other providers.

The CoP can be accessed at <https://www.hcpcommunity.com.au>.

Community of practice support for providers

The community of practice provides an opportunity for providers to continuously improve, by using review findings as an opportunity to:

- discuss (with each other and the department) and understand program requirements, and help uplift provider performance in relevant aspects
- promote consistency of practice across the provider sector
- help the sector to improve and/or innovate existing practices and approaches.

For continuous improvement and success of the sector, the community of practice requires active and good-faith participation from providers and departmental representatives.

Further information

For further information, contact the community of practice team at PAEngagement@health.gov.au