



# Appendix H – Commonwealth Home Support Programme (CHSP) Compliance Framework 2024-25

## Contents

1. About the CHSP Compliance Framework.....	1
2. Data Exchange (DEX) oversight .....	2
3. Fraud.....	2
4. Financial acquittals .....	2
5. Sector Support and Development .....	3
6. DEX performance reporting review .....	3
7. Flexibility provisions .....	4
8. My Aged Care .....	4
9. Wellness and Reablement reporting .....	5

## 1. About the CHSP Compliance Framework

The CHSP Compliance Framework (the Framework) outlines the performance and regulatory requirements for all CHSP providers. These include:

- performance against the grant agreement
- submitting financial and reporting information
- monitoring compliance against the [Aged Care Quality Standards](#) (the Standards)
- complying with obligations outlined in the CHSP Manual 2024-25
- escalation of fraud related issues for investigation
- meeting requirements to maintain current and accurate information on My Aged Care.

The Framework also covers the receipt of deliverables outlined within the grant agreement upon the expected due date, including:

- Data Exchange (DEX) monthly reporting,
- financial acquittals
- Sector Support and Development (SSD) performance reports
- wellness & reablement reports.

The department works closely with the Community Grants Hub (CGH) and internal sections to monitor and manage CHSP providers to ensure delivery against their grant agreement.

Externally, the department works with:

- Aged Care Quality and Safety Commission (ACQSC) regarding the Standards
- The Department of Social Services (DSS) Community Grants Hub (CGH) in the management of the reporting of service delivery and expenditure against the grant agreement
- National Indigenous Australians Agency (NIAA) for First Nation organisations.

## 2. Data Exchange (DEX) oversight

As of 1 July 2022, CHSP providers are contractually required to submit monthly performance reports through DEX for services delivered in the previous calendar month. This replaced the 6-monthly performance report process.

Contractually providers must submit data for the preceding month by the 14th of the following month. Providers can submit DEX reporting more frequently if they prefer, such as daily, weekly, or fortnightly.

The CGH and the department review the services delivered by providers and engage with providers where performance is low or of concern. This engagement gives insights into provider capacity, sector strain, workforce issues, region specific challenges and cost increases related to service delivery.

If there are concerns at any time the provider will fail to meet their DEX data reporting obligations, Funding Arrangement Managers (FAM) may require providers to implement a Performance Improvement Plan to ensure compliance with deliverables.

## 3. Fraud

Any suspected fraud within CHSP is escalated to the department's fraud area for assessment and potential investigation in accordance with the [Fraud and Corruption Control Plan 2023-25](#).

## 4. Financial acquittals

CHSP providers are required to submit a financial acquittal for funds received in the preceding financial year by 31 August. The provider should, given robust accounting processes, be able to provide the financial acquittal within the required timeframe.

**Note:** the department requires a financial acquittal, but not an audited financial statement.

### 4.1 Unspent funds

The department has advised providers that all unspent funds is recovered at the end of the financial year. The only exception is for 'new funds' received late in the financial year, which the department has approved to be carried forward into the next year.

Providers should not spend previous years unspent funds without approval from the department. Any request to spend unspent funds must be justified and may be approved in exceptional circumstances.

In relation to unspent funds, providers may have future year agreements written down or be issued with Debtor Tax Invoices (DTIs). The repayment of these funds is monitored by the department. Should a debt remain unpaid, this may affect future funding requests received from the provider.

## **4.2 Financial viability**

Payment plans relating to outstanding debts are not encouraged, however if financial viability may be an issue, providers may request a payment plan with supporting documentation accompanying any requests.

Payment plans will be monitored for further compliance action as it is a grant; the debt should be able to be repaid in full at the time of the request as these funds were paid to the organisation for the purpose of the grant. If there is a surplus then the funds should be available to be repaid.

## **4.3 Exiting the program**

CHSP providers who have relinquished funds and/or novated their funding agreement are still required to provide a financial declaration statement for funds received before exiting the program.

Acquittal processes, including compliance actions, are managed by DSS, with processes in place for the management of inactive providers.

# **5. Sector Support and Development**

The department has administrator responsibilities for daily operations for the Sector Support and Development (SSD) Community of Practice (CoP).

The administration of the CoP includes management of access, delegation of moderators, high level reporting and analytics and management of the SSD Network meetings.

The department tracks and monitors receipt of SSD Performance Reports and Activity Work Plan deliverables. The department will take compliance action, including monitoring of the mandatory requirements under the CoP.

# **6. DEX performance reporting review**

The department monitors all CHSP service providers and undertakes a performance review against the entire agreement.

Twice a year, the department undertakes an audit of service delivery based on DEX data submitted by providers. The department works in consultation with CGH to identify providers where potential compliance action may be appropriate.

DEX closes each year on the 30 January for the July to December reporting period and 30 July for the January to June reporting period.

Providers will be assessed on all information they provide to DEX to determine if changes to the grant agreement are appropriate to meet local needs within the Aged Care Planning Regions (ACPR) that they are funded within.

The department will work with providers to understand historical performance issues and potential adjustment to agreements to align to performance delivery. If the department needs further information about under delivery and/or funding spent against the agreement, additional action and reporting may be required.

## 7. Flexibility provisions

The CHSP Manual outlines the flexibility provision for service providers.

The aim is to provide a flexible approach to:

- ensure compliance with contractual performance reporting requirements under the CHSP grant agreement
- enable CHSP service providers to meet changes in the demand for services.

Service providers that use flexibility provisions to establish service types funded in their grant agreement in an ACPR must keep a footprint of a **minimum of 50%** for the relevant service type in the ACPR. This ensures those services remain in the ACPR and align in part to the contract. This came into effect from 1 July 2023.

The department is monitoring compliance with this requirement.

More information about flexibility provisions in the [CHSP Manual](#).

## 8. My Aged Care

CHSP providers are required to use My Aged Care to accept client referrals and update client service information.

Providers are responsible for the ongoing management of their My Aged Care profile. Each service outlet, and services associated with the outlet, needs to be actively managed by CHSP providers to ensure a positive user experience and reduce misinformation for clients.

Service availability and current information related to service descriptions is essential for an efficient aged care system. Aged care assessors, care finders, advocates, clients and the public rely on accurate information on the [My Aged Care Service and Support Portal](#).

Providers should only appear against:

- CHSP services in areas where they are contractually funded to deliver services
- post codes within the ACPR they can deliver within.

To ensure compliance, the department:

- monitors CHSP provider availability on My Aged Care to ensure it aligns with their grant agreement and DEX reporting.
- reviews analysis of provider behaviour on My Aged Care and reasons for rejecting referrals

- raise any ongoing and systemic trends with providers.

The CGH's FAMs have access to information relating to service delivery against the agreement to guide discussions with providers where service levels are high or low. FAMs will also seek responses from providers if they are under delivering via DEX and are showing unavailability on My Aged Care.

## 9. Wellness and reablement reporting

Under the terms and conditions of the CHSP grant agreement, CHSP providers are required to submit an annual wellness and reablement report to the department by 31 July.

The department provides an online reporting template for this purpose in [Citizen Space](#). The report must include service level information regarding the application of wellness and reablement approaches to service delivery within their organisation.

The department will liaise with the CGH to action non-compliance in accordance with this Framework.

The [outcomes of past reports](#) are available on the department's website.