Home Care Packages Program Assurance Framework

February 2024 Version 2.0

Executive Summary

1. The Home Care Packages (HCP) Program supports older people in Australia with complex needs to help them stay at home. The HCP Program achieves this by using a consumer directed care approach, to make sure the support provided suits a person’s assessed needs and goals, across 3 focus areas:
2. 

The number of older people in Australia choosing to remain living in their own homes continues to increase, including through the HCP Program. To enhance the oversight of the HCP Program, the Australian Government will assure the integrity of the HCP Program through:

* an ongoing risk-based program of assurance activities focused on HCP Program approved providers (providers) to assure value for money of HCP Program funds
* continuous improvement of providers including through a community of practice
* enhanced fraud management and investigation capability within the Department of Health and Aged Care (the department).
1. To support these measures, a program assurance function has been established by the department outside the HCP Program area. The HCP Program Assurance Framework (assurance framework) implements a ‘Second Line’[[1]](#footnote-2) of assurance, aligned with the department’s Assurance Framework which follows the ‘Three Lines Model’[[2]](#footnote-3). The purpose of this assurance framework is to:

Outline the department’s risk-based approach to protect the integrity of HCP Program funding through evidence-based assurance activities focused on the HCP Program’s design, delivery and administration.

Assurance activities under this framework will enhance value for money for care recipients and Australian taxpayers, support providers to uplift their program knowledge and share better practices, inform the continuous improvement of providers and the HCP Program and support future development of home care policy and programs.

1. Program assurance reviews undertaken by the department are separate to the Aged Care Quality and Safety Commission’s (ACQSC) role as the national regulator of home care providers – further details at [Section 1.2. HCP Program assurance context.](#_HCP_Program_assurance)
2. This assurance framework reflects a broader mandate for the department to:
* support evidence-based pricing of services, efficient and effective service delivery and transparency to enhance consumer choice[[3]](#footnote-4)
* support provider education and continuous improvement in HCP Program delivery[[4]](#footnote-5)
* inform the development, monitoring, evaluation and continuous improvement of the HCP Program requirements and delivery to achieve intended outcomes[[5]](#footnote-6)
* conduct assurance activities to assess the effectiveness and efficiency of the HCP Program controls in place to appropriately manage risks and deliver outcomes[[6]](#footnote-7)
* support mitigation of fraud and misuse of funds in the HCP Program[[7]](#footnote-8).
1. To support this assurance framework, legislation was enacted through the Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021 (assented on 28 June 2021), amending the *Aged Care Act 1997* (Aged Care Act), to enable the conduct of home care assurance reviews[[8]](#footnote-9).
2. Against the purpose of this assurance framework, four key HCP Program risks have been identified:
3. 
4. To support this assurance framework, a HCP Program Assurance Plan (assurance plan) will be developed. The assurance plan will identify the key areas of focus against the program risks outlined above, and the planned and potential assurance activities for the relevant period. A summary of the assurance plan (assurance plan on a page) will be published. The nature and extent of these assurance activities may be amended throughout the relevant period. 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. Where providers have been engaged in the assurance activities, any findings may be issued in a report to the provider.
5. Review activities will be aligned where appropriate with the AS/NZS ISO 19011:2019 Guidelines for auditing management systemsand will be underpinned by the principles of: continuous improvement; building trust; risk-based and data driven; and collaboration and engagement.
6. The expected benefits of assurance activities for the HCP Program under this framework include:
7. 
8. This framework will be updated every two years, or when needed to ensure that learnings and stakeholder feedback supports fine-tuning of the framework and the assurance process.

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# Introduction

## The Home Care Packages Program (HCP Program)

1. The purpose of the HCP Program is to support people to remain living at home and connected to their communities for longer. The objective of the HCP Program is to support older people in Australia to live independently in their own homes, using a consumer directed care approach to help meet a person’s assessed care needs and goals through structured and comprehensive support. To achieve this, 3 focus areas have been identified:
2. 
3. For the HCP Program:
* the department is the policy and program lead
* Services Australia is responsible for payments
* providers deliver services
* care recipients participate in the program through a consumer directed care model
* the ACQSC is the national regulator.
1. The below figure summarises these functional responsibilities.
2. Figure : HCP Program roles and responsibilities
3. 

## HCP Program assurance context

1. The number of older people in Australia choosing to remain living within their own homes continues to increase, including through the HCP Program. To enhance the oversight of the HCP Program, the government will assure integrity of the HCP Program through:
* an ongoing risk-based program of assurance activities focused on providers to assure value for money of HCP Program funds
* continuous improvement of providers including through a community of practice
* enhanced fraud management and investigation capability within the department.
1. This assurance framework is essential to supporting the HCP Program’s integrity which will, in turn, enhance value for money for existing and future program participants and Australian taxpayers. It aligns with the department’s:
* Risk Management Policy and Risk Management Framework
* Assurance Framework
* Fraud and Corruption Control Plan 2023-25.
1. Specifically, the Risk Management Policy:
2. defines the department’s approach to risk management, supporting the department’s strategic plans and objectives
3. sets out the key accountabilities, roles and responsibilities for managing risk and implementing the department’s Risk Management Framework
4. defines the department’s risk appetite and risk tolerance.
5. The Risk Management Policy is supported by the department’s Assurance Framework which provides guidance and direction to facilitate effective assurance activities across the department to support the Secretary, Executive and business areas “to achieve better health outcomes for all Australians”.
6. The department’s Fraud and Corruption Control Plan 2023-25 articulates the approach to the deterrence, detection and mitigation of fraud risks.
7. The department’s Assurance Framework utilises the ‘Three Lines Model’[[9]](#footnote-10), which is a globally recognised model for best practice organisational governance, assurance, and risk management. The ‘Three Lines Model’ overlays roles for the management of risk and the provision of assurance across 3 key lines of an organisational structure as depicted in Figure 2, management control (first line), compliance/assurance oversight functions (second line), and independent assurance (third line). The assurance framework sits within the second line of defence, with the first line being the HCP Program area and the third line being internal audit activities.

Figure : Assurance responsibilities for the HCP Program across the ‘Three Lines Model’

1. 
2. Program assurance reviews undertaken by the department are separate to the ACQSC’s role as the national regulator of home care.
3. The ACQSC[[10]](#footnote-11), established under the *Aged Care Quality and Safety Commission Act 2018* (the Commission Act), is responsible for protecting and enhancing the safety, health, wellbeing and quality of life of people receiving aged care. It is the national end-to-end regulator of aged care services, and the primary point of contact for consumers and providers in relation to quality and safety. It approves providers and receives compulsory reports. It independently accredits, assesses and monitors aged care services subsidised by the government, conducts home care investigations, and determines compliance requirements to be imposed on providers (such as sanctions). It also resolves complaints about these services. Through its engagement and education work it aims to build confidence and trust in aged care, empower consumers, support providers to comply with quality standards, and promote best practice service provision.

## Legislative framework

1. The key legislation underpinning this assurance framework is:
2. TheAged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021, which amends the Aged Care Act to provide the Secretary of the department legislative powers to undertake assurance activities, compel providers to participate, publish reports and issue civil penalties.
3. ThePublic Governance, Performance and Accountability Act 2013(PGPA Act), which requires government funded programs, such as the HCP Program, to be delivered in an efficient, effective, economical and ethical manner.
4. The Public Governance, Performance and Accountability Rule 2014 (PGPA Rule), which establishes a minimum standard for the department for managing the risk and incidents of fraud.
5. ThePublic Service Act 1999 (Public Service Act), which establishes unifying values, and requires the secretary of the department to manage the department efficiently, effectively, economically and ethically.
6. Further details are included in [Appendix B – Legislative requirements for the assurance framework](#_Appendices).
7.

# Assurance framework overview

## Purpose

Outline the department’s risk-based approach to protect the integrity of HCP Program funding through evidence-based assurance activities focused on the HCP Program’s design, delivery and administration.

Assurance activities under this framework will enhance value for money for care recipients and Australian taxpayers, support providers to uplift their program knowledge and share better practices, inform the continuous improvement of providers and the program and support future development of home care policy and programs.

## Objectives

1. In line with the amended Aged Care Act, the objectives of the assurance framework are to conduct assurance activities to:
2. 

## Risk context

1. There are four key risks relevant to the objectives for the assurance framework for the HCP Program:
2. 
3. In relation to value for money, the Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021 outlines the need to consider efficiency, effectiveness and justification in assessing value for money and the delivery of the HCP Program. For the purposes of this assurance framework, these are defined as:
* efficient: the achievement of the maximum value for the resources used
* effective: the extent to which intended outcomes or results are achieved
* justified: providers are able to justify (through verifiable information provided to the review team) their charges to care recipients.
1. The department will assess these 4 HCP program assurance risks, in line with the department’s Risk Management Policy, to identify areas of focus to mitigate these risks.
2. The department is responsible for the prevention, detection and mitigation of fraud risks. As such, the department’s HCP Program Fraud Control Management Plan is within the scope of this assurance framework.
3. The department’s assurance review activities (Program Assurance Branch) and fraud management activities (Fraud Control and Investigation Branch) will complement and inform each other to maximise the impact of both sets of activities. For example, relevant information gleaned during HCP Program assurance reviews will be shared with the Fraud Control and Investigation Branch and vice‑versa.

## Program assurance roles and responsibilities

1. The assurance framework recognises roles and responsibilities of:
2. the department (as relevant to HCP program assurance only)
3. providers
4. care recipients.
5. These roles and responsibilities are outlined below.

Table : Roles and responsibilities within the assurance framework

|  |  |  |
| --- | --- | --- |
| Role | Responsibility | Description |
| **The department – Program Assurance Branch** | Responsible for the management and implementation of the assurance framework and associated activities. | This includes:* identifying and assessing assurance activity areas of focus (refer to [Section 3. HCP Program assurance plan](#_HCP_Program_assurance_1)) relevant to the HCP program assurance risks through an evidence-based approach
* developing a detailed HCP program assurance plan following an assurance planning process and publishing an assurance plan on a page that identifies planned and potential assurance reviews/activities
* scoping and undertaking the respective assurance activities including reporting review findings
* imposing civil penalties (as a last resort) if providers fail to respond to requests for documentation, information or to answer questions
* collaborating and engaging with relevant stakeholders operating within the HCP Program to advise of areas for improvement, including convening a community of practice to help uplift providers’ program understanding
* being transparent in reporting on the findings and outcomes of assurance activities
* referring any suspected fraud/misuse of funds or non-compliance with regulations to appropriate areas of the department and ACQSC for action
* monitoring the implementation of relevant post-assurance review actions at a HCP Program level.
 |
| **Providers** | Participate in assurance activities. | When a provider is selected to participate in assurance activities including assurance reviews, an incorporated provider is legally obliged to participate in the review. Selected providers will receive a formal letter of notice to provide information and documentation and make available any staff required by the department in the conduct of the assurance activities.Should an incorporated provider choose not to comply with the notice, the department may issue civil penalties under Division 95BA of the Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021 which amended the Aged Care Act. |
|  | Participate and engage within the community of practice. | The community of practice is primarily to support providers to uplift their program understanding in relation to issues identified through assurance activities. It will achieve this through a platform that facilitates sharing and discussing consolidated findings of assurance activities and identifying areas for improvement for providers. It will also facilitate sharing of identified better practices. Participating providers can also use the community of practice to provide feedback to support the continuous improvement of the HCP Program and/or the program assurance approach of the department. |
| **Care recipients** | Participate in assurance activities (as appropriate, and **not compulsory**). | Care recipients may have the opportunity to contribute to assurance activities at their discretion. For example, the department may engage with a care recipient where the department reasonably believes that a care recipient has information or documents relevant to the subject matter, or to obtain their perspective on a potential issue raised through the review process. This is not compulsory and there are **no penalties** for an individual should they choose not to provide the information requested by the department.Care recipient peak bodies may also provide input to the assurance planning process and participate in the community of practice to support the continuous improvement of the HCP Program. Consumer peak bodies will be engaged by the department during the review process as appropriate. |

1. The department may refer providers to the ACQSC, in its capacity as the national regulator of approved providers of home care, where potential non-compliance with the amendedAged Care Act*,*theCommission Act*,* theAged Care Quality and Safety Commission Rules 2018or other supporting legislation is identified. In addition to sharing review findings/information as appropriate, the department will also refer any cases where there are concerns raised for the health, safety, wellbeing or welfare of care recipients. The extent to which this information is used by the ACQSC is subject to the ACQSC’s independent Regulatory Strategy. At its discretion, it may use such information as an input into its risk assessment processes, conduct an investigation, deliver educational activities to the sector and/or take compliance and enforcement actions.
2. The department acknowledges a provider could be subject to activities by both the department and the ACQSC during the year. The department will work with the ACQSC to minimise the administrative burden placed on providers where possible.
3. If opportunities for improvement are identified through this assurance framework which are relevant to Services Australia’s functions, these will be referred to Services Australia for consideration.
4.

# HCP Program assurance plan

## Overview

1. The HCP Program assurance plan is the guiding document for the conduct of assurance activities. The assurance plan identifies:
* the risks and areas of focus identified for the relevant period
* the potential scope of assurance activities to be conducted for the duration of the plan
* the proposed timing of the assurance activities.
1. The assurance plan will be developed using the assurance plan approach detailed in Figure 3below.

Figure : Assurance plan approach

1. 

## Environmental scan

1. As part of developing the assurance plan, the department will conduct a scan of the HCP Program’s operating environment to ensure risk-based areas of focus are captured and considered for assurance planning purposes. This considers a range of information from both internal and external sources relevant to the 4 HCP Program assurance risks (refer to [Section 2.3. Risk context](#_Risk_context)). A range of information sources will be collated as depicted in Figure 4. The scan will then inform the assessment of available information and data/evidence against the risk causes to identify potential areas of focus and relevant assurance reviews/activities.

Figure : Information sources for use in the environment scan

1. 

## Prioritisation matrix

1. The recommended reviews/activities for the planned period will be prioritised using a weighted score model (prioritisation matrix). The prioritisation matrix will consider a range of criteria that are assigned relevant weights and the recommended reviews/activities will be scored for each criterion. The overall weighted scores will be used to rank the recommended reviews/activities and determine their priority.

## Publishing the assurance plan on a page

1. A summary of the assurance plan (assurance plan on a page) will be published to provide the sector with an overview of the areas of focus for assurance activities which will be undertaken throughout the relevant period.
2. The assurance plan on a page may be amended due to further intelligence, changing risk profiles or program need/priorities, including to support the transition to Support at Home.

# Assurance approach and activities

## Assurance principles

1. The assurance activities conducted under the assurance framework will be guided by 3 key assurance principles. These principles and how they will be achieved are outlined in Figure 5 below.

Figure : Assurance principles

|  |  |  |
| --- | --- | --- |
| Number | Assurance principle | How we will do this |
| 01 | **Continuous improvement**The department will adopt a whole-of-program perspective, continuously improving performance, capability and culture of providers and its assurance approach.  | We will do this by: * being prevention-focused
* providing education to providers and care recipients to support clear and consistent understanding of HCP Program requirements.
* being open to feedback and continuously improving our assurance approach.
 |
| 02 | **Risk-based and data driven**The department will manage risks proportionately and maintain essential safeguards while minimising administrative burden and leveraging data and digital technology to support the HCP Program assurance activities. | We will do this by: * taking a proportionate and risk-based approach to identifying and prioritising risks for assurance activities
* taking an evidenced-based and data-driven approach
* minimising the administrative burden.
 |
| 03 | **Collaboration, engagement and trust**The department will be a transparent and responsive communicator in conducting assurance activities to build trust and confidence in the assurance of the HCP Program. | We will do this by: * being consistent with our assurance activity approach and findings
* being transparent about the rationale for our findings
* adhering to natural justice in how we conduct our activities
* being collaborative with the sector and avoiding surprises
* being responsive to stakeholders.
 |

## Assurance activities

1. The department’s selection of assurance activities will vary, with activities proportionate to the HCP Program risks identified. In principle, as the risk increases, the extent of assurance activities being conducted will also increase proportionately as described in Figure 6 below.

Figure : Assurance activities model

1. 
2. To address the areas of focus identified in the assurance plan on a page, the department will define the assurance activities to be performed within the assurance scope, as outlined in [Section 5.2. Approach to assurance activities](#_Assurance_approach_and)**.** These assurance activities may include one, or a combination, of the following:

Table : Examples of assurance activities

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Description of assurance activities which may be undertaken | Potential outcomes of the assurance activity | What can providers expect? |
| Low (light-touch assurance) | Focused data analytics may be used, for example, to:* understand trends
* identify anomalies and outliers
* interrogate the integrity of reporting by providers.
 | * Letters outlining findings and suggested actions for self-correction by providers
* Targeted provider education sessions
* Engagement of provider through the community of practice
 | As a prevention-focused approach, a provider may receive a letter outlining they have been identified as an outlier in data with suggested actions or may be invited to education sessions to support capability uplift. |
| Medium(assurance reviews) | Assurance reviews[[11]](#footnote-12) will be undertaken, with a scope defined to address the areas of focus. This may involve the collection and review of information and documentation, as well as the conduct of interviews.  | * A provider may receive a report which specifies the findings from the assurance activity relevant to them and might recommend areas for improvement. Observations from this report will be published by the department in an over-arching review summary report.
* Targeted provider education sessions
* Engagement of providers through the community of practice
* Changes to HCP Program policy, guidance, practices and processes
 | To receive a notice from the department informing relevant providers of their selection to be a part of the assurance review. Further, the notice will outline the requirements to submit information or documents relevant to the assurance review. By notice, the department may also require the provider to make available appropriate staff to answer questions from the department.  |
| High and extreme (targeted assurance reviews) | Targeted assurance reviews will be undertaken with a scope defined to address high priority areas of focus identified in the HCP Program. They may also result from an assurance review where risks are evident that require further and focused review. This may involve the collection and review of information and documentation, as well as the conduct of interviews.Given its nature, a targeted assurance review will generally be deeper and more targeted than an assurance review.Fraud (or misuse of funds) management activities will also be undertaken where an indicator of potential fraud is identified through assurance activities.  | In addition to those outcomes for medium risk assurance activities, the outcomes and actions of matters relating to fraud will be undertaken in alignment with the department’s Fraud and Corruption Control Plan 2023-25 and the HCP Program Fraud Control Management Plan. | To receive a notice from the department informing providers of their selection to be a part of the targeted assurance review. Further, the notice will outline the requirements to submit information or documents relevant to the assurance review. By notice, the department may also require the provider to make available appropriate staff to answer questions from the department.  |

1. Documents and information gathered for the purpose of assurance activities will be managed in accordance with the amendedAged Care Actand supporting legislation, *Privacy Act 1988*, *Archives Act 1983* and the department’s Records Management Policy.

## Approach to assurance reviews

1. Figure 7outlines the overarching process for assurance reviews. This approach to undertaking these assurance reviews reflects better practice described by ISO19011:2019 Guidelines for auditing management systems and ISO17021-1:2015 Conformity assessment — Requirements for bodies providing audit and certification of management systems — Part 1: Requirements.

Figure : Assurance review process

1. 

### Scope

1. For each assurance review, the department will define the scope including the subject matter, providers selected, and the information and documentation required. Each scope will include:
* the purpose and objectives of the assurance review, as defined within the assurance plan
* the areas of focus of the assurance review
* the assurance review criteria (review criteria)
* the methodology for the assurance review
* the selection of providers, and any sample of care recipients’ documentation. An overview of the sampling methodology is included at Appendix C– Sampling methodology
* key stakeholders
* timeline for the completion of the assurance review.
1. Relevant stakeholders will be consulted on the proposed scope and methodology prior to finalisation by the department.
2. Following the development of the scope, a notice will be issued to each selected provider which specifies:
* the scope and intent of the assurance review
* the activities the department will undertake in conducting the assurance review
* the information and documentation required to be provided, and any questions to be answered
* the department’s representatives conducting the assurance review who will be asking the questions, and the means by which these will be asked
* the timeframes for the assurance review
* if the notice is being issued to a provider, the application of penalties should a provider not respond to the department.
1. Each provider will be invited to an entry interview (generally voluntary) to discuss the notice issued with the relevant member(s) of the review team and will be provided the opportunity to raise any concerns.

### Information collection

1. A notice to give information or documents and/or a notice to answer questions will be issued to a provider by the department to support the assurance review. These requests are supported by sections 95BA-5 & 95BA-6 in the amendedAged Care Act allowing the department to require information and documents, and require questions be answered relating to the subject matter of assurance activity.
2. Under the Aged Care Act*,* government providers are not legally bound to participate in program assurance reviews. As such, government entities will receive a letter of invitation to participate in the review.
3. Information from assurance reviews will be retained. Information obtained during assurance reviews which is confidential or proprietary will be appropriately stored by the department.
4. Where necessary, after an initial review, the department may request additional information and documentation, and for the provider to make staff available for interviews. Where the department issues a notice to make staff available, then civil penalties can be applied by the department as a last resort where a provider refuses to cooperate. The department will only request the information and documentation relevant to the scope of the assurance review and will seek to leverage information already available to reduce the burden of the assurance review on providers.
5. For some assurance reviews, the department may approach specific care recipients for additional information.
6. The notice to providers will contain details of how review information will be handled. For general information about the department’s privacy practices please see the department's [Privacy Policy](https://www.health.gov.au/resources/publications/privacy-policy).

### Analysis

1. The purpose of the analysis stage is to:
* evaluate the information and documentation provided against the review criteria outlined within the scope
* identify and explore any possible findings and related verifiable information (e.g. deficiencies, omissions or conflicts)
* summarise key findings.
1. All review officers undertaking assurance reviews as part of the assurance framework will be qualified under the International Standards Organisation in relation to:
* ISO 9001:2015 Quality management systems
* ISO 19011:2019 Guidelines for auditing management systems
1. Review officers will follow the principles and methodologies outlined in *AS/NZ ISO 9001:2016 Quality management systems* and *AS/NZS ISO 19011:2019 Guidelines for auditing management systems*. This includes using their training and professional judgement to determine the degree of reliance that can be placed on the information and documentation obtained, and responses to questions raised. Further, each review will have an effective moderation process to encourage consistency and identify outliers early in analysis to support transparency and consistency in review officers’ findings and decisions.

### Report

1. The purpose of the reporting stage is to support transparency in the department’s assurance reviews, explain why findings/observations have been raised, and to support continuous improvement.
2. The assurance review’s management and team will work together to share learnings and insights to drive consistency in the department’s reports. The lessons from assurance reviews will inform the scoping, analysis and reporting of subsequent assurance activities (refer to [Section 6. Continuous improvement](#_Continuous_improvement)).
3. All reports will be checked for accuracy, objectivity, evidence-base and consistency. Consultation will occur with relevant stakeholders and the reports will be finalised through relevant senior managers.
4. The reporting of review/activity findings will vary depending on need.
* Provider report[[12]](#footnote-13): Generally, providers will either receive a full report, an abridged report, or a letter of findings. Following the completion of an assurance review, a report summarising the scope, key findings, better practices identified, and any identified areas for improvement may be given to each provider in the review. The report may also note whether any matters will be referred to the ACQSC for further consideration. Providers will have the opportunity to confirm any factual errors in their report via a voluntary exit meeting or through correspondence prior to the report’s finalisation. For some reviews or some providers in a review, an abridged report may be issued that will have incidental findings outside the review scope but identifying where providers are non-compliant with program guidelines. A letter of findings may be issued to providers where there are no findings of concern.
* Review summary report: In addition to the provider reports, the department will prepare a review summary report, which may include aggregated findings, observations in relation to relevant providers, better practices identified, areas for improvement and key themes from all providers involved in the assurance review. Observations for this report will be drawn from the content of the provider reports. This report is likely to be published.
1. Following the publication of the review summary report, the community of practice will be used to share systemic HCP Program issues/findings and obtain feedback from providers on the process of conducting assurance reviews, including what worked well and areas for improvement. The community of practice will also be an opportunity for providers to help improve the HCP Program guidance and requirements.

### Dispute resolution

1. Where a provider needs to dispute any part of the assurance reviews undertaken, including where a provider disagrees with the findings of the assurance reviews, the provider will be able to raise concerns:
* initially directly with their assigned review officers. The Director of the relevant Program Assurance Reviews Section will work in good faith to resolve the issues, however, if unresolved, then
* with the Assistant Secretary (AS), Program Assurance Branch (PAB), and, if still dissatisfied,
* with the First Assistant Secretary (FAS), Quality and Assurance Division (QAD).
1. Requests will need to be made in writing (within 10 business days of the department’s decision/outcome being known to the provider) and include the following:
* a clear request for an internal review of the decision/finding, advising the reason for disputing the finding.
* verifiable information to support the claims/rationale for seeking a review.
1. A written response by the relevant Delegate (AS PAB/FAS QAD) will be provided within 10 business days of a valid request being received.
2. Once the FAS QAD has made a decision as the final delegate in a dispute resolution process, no further requests will be possible.
3.

# Assurance framework benefits

## Benefits overview

1. Through assurance activities, the department expects to realise 4 key benefits outlined in Figure 8 below.

Figure : Program assurance framework benefits

1. 

## Greater value for money for care recipients and taxpayers through enhanced program integrity

1. This benefit will apply to all current and future care recipients under the HCP Program. Care recipients will benefit from increased cost transparency and value for money for their package funds. They will be empowered through information to secure the best value for money for their individual needs or change providers to achieve a better pricing outcome.
2. The findings and reports from the assurance activities aim to improve the value for money of the services provided by providers and aim to serve care recipients and the government by assuring the use of funds are:
* efficient – the maximum value is provided for the cost of the goods and services
* effective – meets the needs of the care recipient within the time they require it
* justified – providers are able to justify (through verifiable information provided to the review team) their charges to care recipients.
1. This benefit will be measured by:
* subsequent reviews find minimal number of providers who cannot justify, through verifiable information provided to the department’s review teams, their charges to care recipients
* increased proportion of HCP Program funds going towards direct service delivery, measurable through review activity and/or existing sector reports (e.g. Quarterly Financial Report)
* feedback from care recipients/consumer peak bodies (e.g. Older Persons Advocacy Network) that providers’ pricing arrangements (including in relation to indirect charges) are clearer to care recipients.

## Better informed providers through education and capability uplift, including through the community of practice

1. A core benefit of this assurance framework will be the identification of areas which are not well understood by providers and refining the guidance material available. The department's work will include education of providers to clarify misunderstanding about the application of the rules. Further, the establishment of a community of practice will support better practice information sharing across the industry and help to identify common areas requiring further clarity. Through these initiatives, there will be a capability uplift in providers being able to deliver the right support to care recipients within the requirements of the HCP Program.
2. This benefit will be measured by:
* the number of providers engaging with the community of practice
* feedback from providers/peak bodies of enhanced understanding of program requirements
* ongoing program assurance activities by the department yielding majority positive findings
* the frequency and types of findings issued in the assurance activities over time, including root cause analysis where appropriate.
1. Providers should note that the department is legally obliged to address any suspected intentional misuse of funds/fraud identified through the assurance activities.

## Improved community confidence in the sector

1. Activities under the assurance framework will benefit the entire sector, by improving community confidence in the many providers offering quality, safe and reliable services. Community confidence is a key indicator of whether the HCP Program is designed, delivered and administered in a way that meets the needs of care recipients.
2. This benefit will be measured by:
* review reports demonstrating majority positive findings in relation to providers
* over time, a reduction in complaints from care recipients/the public regarding the providers/sector
* feedback from consumer peak bodies.

## Ongoing improvements to the current HCP Program as well as informing future home care reforms, benefitting current and future home care providers and care recipients

1. The findings from the assurance activities will be used to enhance the current HCP Program requirements/guidance. Relevant findings will also support future home care reforms.
2. This benefit will be measured by:
* improved guidance/requirements for the current HCP Program that reduces any ambiguities/confusion for providers
* enhancements evident in the reformed home care requirements.
1.

# Continuous improvement

1. To continuously improve assurance activities and reflect changes in the HCP Program landscape, the department will build on, develop and adapt this assurance framework towards meeting its intended objectives. The process of continuous improvement is described in Figure 9 below.

Figure : Continuous improvement cycle

1. 
2. The mechanisms of identifying potential areas for improvement include:
* the community of practice
* assurance activities
* feedback from participants in assurance activities (e.g. from providers)
* broader discussion with representative bodies, providers, care recipients and other stakeholders
* feedback from other relevant stakeholders
* complaints and feedback lodged with the department.

These mechanisms will allow the department to receive feedback on the existing HCP Program assurance framework and assurance activities, consider and prioritise potential opportunities for improvement (including through feedback received) and provide further clarifications where required. The assurance framework will be updated every 2 years, or when needed to reflect any changes in risks to the HCP Program and/or changes in the approach to undertaking assurance.

# Appendices

1. – Glossary of terms

|  |  |
| --- | --- |
| Term | Definition |
| ACQSC | Aged Care Quality and Safety Commission |
| AmendedAged Care Act and supporting legislation | Means the following Acts relevant to the HCP Program:Aged Care Act 1997Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021 which amended the Aged Care Act 1997Accountability Principles 2014Fees and Payments Principles 2014Information Principles 2014Quality of Care Principles 2014Records Principles 2014Sanctions Principles 2014Subsidy Principles 2014User Rights Principles 2014Prioritised Home Care Recipients Principles 2016Aged Care (Transitional Provisions) Act 1997Aged Care (Transitional Provisions) Principles 2014Aged Care (Transitional Provisions) (Subsidy and Other Measures) Determination 2014Aged Care (Subsidy, Fees and Payments) Determination 2014. |
| Areas of focus | Areas of focus will be identified following the assessment of information and data/evidence against the 4 HCP program assurance risks, gathered as part of the HCP Program environmental scan. These will determine the recommended assurance reviews/activities for the planned period. |
| Assurance activity | The purpose of an assurance activity is to assess the effectiveness and efficiency of the controls in place to appropriately manage risks and deliver outcomes. Examples of assurance activities include:* focused data analytics
* assurance reviews
* targeted assurance reviews.

(See [Section 4.2. Assurance activities](#_Assurance_activities) for further detail) |
| Assurance review | The purpose of an assurance review as defined in the amendedAged Care Actis:* assuring that arrangements for the delivery and administration of home care are effective and efficient
* informing development of home care policy and education of approved providers in relation to home care and home care services.

An assurance review will involve defining a scope, information gathering, analysis and reporting.To support the conduct of an assurance review, the amendedAged Care Actprovides for the department to issue notices to providers and require providers to submit information and documentation and make available any staff to answer questions to the department. |
| Community of practice | A forum for providers and provider and care recipient peak bodies to engage with the department to:* discuss findings from assurance reviews and their implications for providers/the sector/the HCP Program
* identify best practices identified through review activities
* share lessons learnt and possible improvements to the conduct of reviews
* share mutual insights and suggested improvements in relation to the guidance/requirements for the HCP Program.

The community of practice will be hosted by the department and all interested providers, and provider and care recipient peak bodies, are able to participate.The community of practice may comprise a digital platform to share information and ideas.  |
| Department | Australian Government Department of Health and Aged Care |
| Findings | Results of the review of the collected information against review criteria |
| Fraud | Dishonestly obtaining a benefit, or causing a loss, by deception or other means |
| HCP | Home Care Packages |
| HCP Program Assurance Plan(assurance plan) | An internal departmental document that details the assurance planning process and identifies the assurance activities that may be undertaken through the planned period. |
| HCP Program Assurance Plan on a Page(assurance plan on a page) | A one-page summary of the detailed assurance plan providing an overview of the assurance activities that may be undertaken through the planned period. This document is published. |
| HCP Program approved provider (provider) | An organisation which has been assessed and approved by the ACQSC to provide HCP services under the amendedAged Care Act. For the purposes of this document and assurance reviews, only incorporated providers are in scope. |
| HCP Program care recipient (care recipient) | An older person who has been approved by the Aged Care Assessment Team (ACAT), assigned a HCP and has entered into a Home Care Agreement with an approved provider. |
| Natural justice | The accepted notion of natural justice is that everyone is entitled to a decision by an unbiased adjudicator (the hearing rule); and that the parties shall be given adequate notice of the case against them, and a right to respond (the bias rule).In the context of assurance activities/reviews, this means a provider can expect adequate notice to respond and a fair and unbiased opportunity to be “heard” before a report/decision is finalised with an adverse finding.  |
| PGPA Act | *Public Governance, Performance and Accountability Act 2013* |
| Professional scepticism | To show professional scepticism means having a questioning mind, being alert to anything that may indicate misstatement due to error or fraud, and critically assessing the information available.  |
| Proper use | Per the PGPA Act, the proper use of public monies is defined to be:* efficient – the achievement of the maximum value for the resources used
* effective – the extent to which intended outcomes or results are achieved
* economical – emphasises the requirement to avoid waste and sharpens the focus on the level of resources applied to achieve outcomes
* ethical – honesty, integrity, probity, diligence, fairness and consistency.
 |
| Review criteria | A set of requirements used as a reference against which objective evidence is compared. |
| Review officer | A member of the department’s Program Assurance Branch undertaking HCP Program related assurance activity. |
| Risk | The effect of uncertainty on objectives. Risk is the possibility of an event or activity preventing an organisation from achieving its objectives. |
| Risk-based | Risk-based approach: an approach that considers risks and opportunities.The risk-based approach should substantively influence the planning, conducting and reporting of assurance activities in order to focus assurance activities on matters that are significant for the department, and for achieving the program objectives. |
| Risk appetite | The amount of risk the department is willing to accept or retain to achieve its objectives. It is a statement that explains the department’s attitude toward taking risks. |
| Risk tolerance | The levels of risk taking that are acceptable to achieve a specific objective or manage a category of risk. |
| Sampling | The objective of sampling is to provide verifiable information for the review officer to have confidence that the assurance activity objectives will be achieved.Sampling typically involves the following steps:a) establishing the objectives of samplingb) selecting the extent and composition of the population to be sampledc) selecting a sampling methodd) determining the sample size to be takene) conducting the sampling activityf) compiling, evaluating, reporting and documenting results.See **Appendix C** for further details. |
| Scope | The extent and boundaries of an assurance activity. |
| Value for money | In the HCP Program assurance framework, value for money[[13]](#footnote-14) means: * efficient: the achievement of the maximum value for the resources used
* effective: the extent to which intended outcomes or results are achieved
* justified: providers are able to justify (through verifiable information provided to the review team) their charges to care recipients.
 |

1. – Legislative requirements for the Assurance Framework

Amended Aged Care Act

1. The amendedAged Care Actis the main Act covering government-funded aged care in Australia. It establishes the rules for all aged care providers (including HCP Program approved providers) regarding funding, regulation, approval of providers, quality of care and the rights of people receiving care, and consequences for non-compliance.
2. To support the HCP Program assurance function, legislation was enacted through the Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Bill 2021 to amend the Aged Care Act and compel providers to participate in the department’s home care assurance activities. The legislative purpose set out in the amendedAged Care Act pursuant to section 95BA‑1 Home care assurance reviews is:
3. 
4. This amendment to the Aged Care Actprovides the Secretary of the Department of Health and Aged Care legislative powers to:
* **conduct assurance reviews** for the purpose of assuring that arrangements for the delivery and administration of home care are effective and efficient and informing development of home care policy and education of approved providers in relation to home care and home care services (section 95BA-1 of the amendedAged Care Act)
* **scope** assurance reviews including the approved providers subject to such reviews, and their subject matter (section 95BA-2 of the amendedAged Care Act)
* **issue notices to compel providers** to give information or documents, or answer questions in relation to a given subject matter (sections 95BA-5, 95BA-6 and 95BA-8 of theamendedAged Care Act)
* **report on findings** from the reviews directly to a provider, as well as publicly (section 95BA-3 of the amendedAged Care Act).
1. Sections 95BA-5, 95BA-6, and 95BA-7 of the amendedAged Care Actenable the department to apply civil penalties where a provider fails to comply with the requirements of the notice. These civil penalties are enforceable under the *Regulatory Powers (Standard Provisions) Act 2014*.In addition to civil penalties, the department may publish the names of providers who do not comply with assurance activities.
2. Section 95BA-5 of the amendedAged Care Actallows a provider to request reasonable compensation by the Commonwealth for complying with a requirement of a notice to give copies of documents.

PGPA Act

1. The PGPA Act is designed to establish a coherent system of governance and accountability for public resources, with an emphasis on planning, performance and reporting. The department is required to meet the obligations under the PGPA Act.
2. The PGPA Act establishes accountability for the achievement of the purposes of the department, for all public funding including that provided through programs such as the HCP Program. In support of this, the PGPA Act requires the department to:
* make proper use of resources, which means the delivery of the HCP Program must be done in an efficient, effective, economical and ethical manner (section 15 of the PGPA Act)
* establish appropriate systems of oversight of the risk and control environments (section 16 of the PGPA Act)
* ensure information obtained by the department must not be improperly used to gain an advantage or cause detriment to any person (section 28 of the PGPA Act)
* keep records that properly record and explain the performance in achieving its purposes, including those of the HCP Program (section 37 of the PGPA Act).

PGPA Rule

1. Pursuant to section 10 of the PGPA Rule,the department is required to take all reasonable measures to prevent, detect and deal with fraud relating to the HCP Program.
2. TheCommonwealth Fraud Control Framework establishes the Commonwealth’s Fraud Control Policy and, together with the accompanying *Resource Management Guide* *RMG-201 Preventing, detecting and dealing with fraud,* sets a clear mandate to deter, detect and mitigate fraud risks. These requirements are reflected in the department’s Fraud and Corruption Control Plan 2023-25 and the Fraud Control Management Plan for the HCP Program.
3. The PGPA Rule further specifies the department must pursue the recovery of debt owed to the Commonwealth (section 11 of the PGPA Rule).

Public Service Act

1. The Public Service Actestablished, among other things, a unifying set of values (committed to service, ethical, respectful, accountable and impartial under section 10) and a Code of Conduct to be followed by all Australian Public Servants (including, pursuant to section 13, the requirements to use and act in accordance with all Australian laws and utilisation of Commonwealth resources in a proper manner and for a proper purpose).
2. Further, the Public Service Actrequires the secretary of the department to manage the affairs of the department efficiently, effectively, economically and ethically and requires measures to ensure that the department complies with Australian laws (pursuant to section 57).

Other obligations and guidance

1. There are numerous other legislative obligations on providers including, but not limited to: taxation, competition and consumer law, privacy, employment obligations, occupational health and safety, and food safety. Such obligations are not within the scope of this assurance framework as they are the mandate of other Commonwealth, state or territory entities.
2. Guidance on the HCP Program can also be found in the following:
* Home Care Packages Program Operational Manual: A Guide for Home Care Providers – available [here](https://www.health.gov.au/resources/publications/home-care-packages-program-operational-manual-a-guide-for-home-care-providers)
* Home Care Packages Program Manual for Care Recipients – available [here](https://www.myagedcare.gov.au/sites/default/files/2023-01/operational-manual-for-home-care-package-consumers.pdf)
1. – Sampling methodology
2. Sampling takes place where it is not practical or cost effective to examine all information during an activity. Sampling is the process of selecting less than 100% of a given population to obtain and evaluate verifiable information about specific characteristics of the population. Sampling is designed to form conclusions concerning the population as a whole.
3. Under this assurance framework, sampling may occur in two key areas:
* assurance activities that may include a sample of providers, rather than all providers.
* for a specific provider, a sample of information (e.g., care recipients, care agreements) may be selected, rather than all provider information.
1. The review team will need to consider the size of the sample to deliver meaningful results, noting that assurance reviews will be deep-dive reviews based on risk. The complexity of the review or the nature of the response from providers (more qualitative information) may limit sample size.
2. Furthermore, completely random sampling of data may not always provide the best results for a program assurance review that needs to be risk-based. Instead, review officers may use filtered or selective sampling, where a set of criteria or filters are applied to provide a cohort from which to draw random samples. This approach means that the samples fit the requirements of the review but avoids suggestions of bias.
3. Professional judgement will be applied by the department to select additional samples. This will be determined in context of the nature and extent of the risk the assurance activity intends to address, and the available time and resources to complete the activity.
4. As is evident from the above discussion, program assurance samples may not be representative of the population from which they have been selected. Professional judgement is therefore required in the selection of a sample, to align the sample to the objectives and nature of a given assurance activity.
5. The department’s approach to sampling under this assurance framework aligns as appropriate to better practice within ISO19011:2019 Guidelines for auditing management systems and the methodology within IIA Whitepaper: Internal Audit Sampling.
6. Both of these allow for judgement-based sampling approach as proposed by the department.
1. Refer to [IIA Position Paper: three-lines-model-updated-english.pdf (theiia.org)](https://www.theiia.org/globalassets/documents/resources/the-iias-three-lines-model-an-update-of-the-three-lines-of-defense-july-2020/three-lines-model-updated-english.pdf). In the ‘Three Lines Model’, the ‘Second Line’ of defence encompasses the compliance/assurance oversight functions of the department. [↑](#footnote-ref-2)
2. Refer to [IIA Position Paper: three-lines-model-updated-english.pdf (theiia.org)](https://www.theiia.org/globalassets/documents/resources/the-iias-three-lines-model-an-update-of-the-three-lines-of-defense-july-2020/three-lines-model-updated-english.pdf). [↑](#footnote-ref-3)
3. *Aged Care Act 1997* section 95BA-1; *Public Governance, Performance and Accountability Act 2013* section 15; *Public Service Act 1999* section 13(8) [↑](#footnote-ref-4)
4. *Aged Care Act 1997* section 95BA-1 [↑](#footnote-ref-5)
5. *Aged Care Act 1997* section 95BA-1; *Public Service Act 1999* section 57; *Public Governance, Performance and Accountability Act 2013* section 38 [↑](#footnote-ref-6)
6. *Public Governance, Performance and Accountability Act 2013* section 16; Department of Health and Aged Care Assurance Framework [↑](#footnote-ref-7)
7. *Public Governance, Performance and Accountability Rule 2014* section 10; Commonwealth Fraud Control Policy; Department of Health and Aged Care’s Fraud and Corruption Control Plan 2023-25 [↑](#footnote-ref-8)
8. The department’s HCP Program assurance review activities are separate to, but will complement, the activities of the ACQSC. The ACQSC protects and enhances the safety, health, well-being and quality of life of people receiving aged care. It is the national end-to-end regulator of aged care services, and the primary point of contact for consumers and providers in relation to quality and safety. [↑](#footnote-ref-9)
9. Refer to: [IIA Position Paper: [three-lines-model-updated-english.pdf (theiia.org)](https://www.theiia.org/globalassets/documents/resources/the-iias-three-lines-model-an-update-of-the-three-lines-of-defense-july-2020/three-lines-model-updated-english.pdf)](https://www.theiia.org/globalassets/documents/resources/the-iias-three-lines-model-an-update-of-the-three-lines-of-defense-july-2020/three-lines-model-updated-english.pdf) [↑](#footnote-ref-10)
10. Further information is available from: [About us | Aged Care Quality and Safety Commission](https://www.agedcarequality.gov.au/about-us) [↑](#footnote-ref-11)
11. Assurance reviews will generally be desktop based to minimise the impost on providers. [↑](#footnote-ref-12)
12. Providers with no adverse findings and/or with only incidental observations, may receive a letter instead of a report, thanking them for their participation in the review and still providing them with the opportunity to provide feedback on the review. [↑](#footnote-ref-13)
13. Consistent with the *Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021* which amended the Aged Care Act*.* [↑](#footnote-ref-14)