



# Commonwealth Home Support Programme (CHSP) 2025-27 Extension Webinar – Frequently Asked Questions

November 2024

This document answers some frequently asked questions from the [CHSP 2025-27 Extension webinar](#) held on 22 October 2024.

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# **1 CHSP 2025-27 extension process**

## **1.1 How can CHSP providers apply for the 2025-27 extension and when will it be available?**

It is expected that the department will publish the guidelines for the CHSP extension process in December 2024. Providers should register on Grant Connect to receive a notice when these guidelines are released.

As has been the process previously, existing CHSP providers will be invited to apply for the 2025-27 grant. This will include new providers who were funded through the recent growth funding opportunity.

We will take a staged approach, with some providers being contacted before others, based on the provider's acceptances and contract establishment. Organisations will receive correspondence from us outlining the grant value for their organisation for funded services and target outputs. It will also show the organisation's current suite of services mapped to the new service list.

Once providers have responded to the invitation to apply, the preparation of the new funding agreement documents will commence in the new calendar year. As with invitations to apply, this process will be staged, with some providers receiving their new agreement earlier than others.

## **1.2 Will there be opportunities to negotiate outputs, service types and funding under the CHSP 2025-27 extension?**

The 2025-27 extension process is not an opportunity to negotiate outputs, service types or increases to funding.

Due to the introduction of the [new Aged Care Act](#) and service types, we will map providers' current suite of services to the new proposed CHSP service list, noting that for most services this is a name change only.

For more information, see [Proposed changes to CHSP service list from 1 July 2025 fact sheet](#).

## **1.3 Is the CHSP 2025-27 extension a competitive round? Can new providers apply?**

The 2025-27 extension grant opportunity will not be a competitive round and will only be open for existing providers to apply.

It is also not an open growth funding opportunity for new providers to apply.

## **1.4 Will the extension allow providers to apply for areas where there is demand and where they are not currently funded for?**

No. The extension process is not an opportunity to apply for new service types or Aged Care Planning Region (ACPR).

CHSP providers can use flexibility provisions for service types funded in their grant agreement in an ACPR whilst keeping a footprint of a minimum of 50% for the relevant service type in the ACPR, as outlined in their Activity Work Plan.

For further information about flexibility provisions, see the [CHSP Manual 2024-25](#).

## **1.5 Is there an opportunity for organisations who are not current CHSP providers to apply for funding?**

The CHSP is a grant-based program. To deliver CHSP services, organisations must apply and be successful through a growth funding opportunity.

There are currently no available opportunities for new organisations to become CHSP providers as part of this grant opportunity.

We are looking at further growth funding opportunities in 2025-27 and information will be available on Grant Connect. For more information about [CHSP growth funding](#).

## **1.6 If a provider's original agreement is too high, can a more accurate and appropriate (lower) agreement be negotiated?**

Existing CHSP providers will be sent a letter outlining their organisation's CHSP 2025-27 proposed funding, outputs and service mapping.

As discussed in the recent October webinar, there will be limited opportunities to vary the extension offers, unless there are identified errors in the re-mapping of services and funding.

Where a provider is concerned about their current grant agreement, they should discuss this with their Funding Arrangement Manager

## **1.7 What is the time period for existing CHSP providers to notify the department of their intention to relinquish their funds prior to 1 July 2025?**

As mentioned in the CHSP 2025-27 extension webinar, any existing CHSP provider wishing to relinquish their services is required to provide 5 months written notice to the department and provide a Transition Out Plan.

We will conduct a rigorous selection process to select an incoming provider.

The exiting and incoming providers are expected to work together to ensure continuity of service delivery.

For further information about the transition out process, see the [CHSP Manual 2024-25](#).

## **1.8 If a provider received recurrent funding as part of their 2023-24 ad hoc application, will they continue to receive this funding in 2025-27?**

Yes. Where the ad hoc funding is recurrent, it is part of the organisation's 2024-25 base funding and will continue into 2025-27.

## **1.9 Will there be any support for providers operating in Modified Monash Model (MMM) 5 areas where there are thin markets?**

As part of the 2025-27 extension, there will be an opportunity for providers to request a loading for MMM regions if there is 50% or more service delivery evidenced in the last year.

There will also be an opportunity for MM-5 loading to be applied, building upon the current MM-6 and MM-7 arrangements.

Further details will be available as part of the 2025-27 extension process under [CHSP Reforms](#).

## **1.10 What are the changes to flexibility provisions in the 2025-27 extension?**

From 1 July 2025, the flexibility provisions will be narrowed for some service types so that funding for home adjustments, equipment and products and Specialised Support Services (SSS) cannot be moved in or out of the service type without written approval by the department. These are the same conditions that apply to hoarding and squalor assistance and SSD.

This will allow us to have a steady baseline of funding and service delivery and reduce the risk of data being skewed by funding moving out or in. This is particularly important while the department works to understand how the services will interact with the new Assistive Technology and Home Modifications (AT-HM) Scheme from July 2027.

The current 2024-25 flexibility provisions will apply for the remaining service types in 2025-27.

## **1.11 Will wellness and reablement continue under CHSP from 1 July 2025 and will providers continue to submit annual reports?**

Wellness and reablement activities will continue under the CHSP for the 2 year extension and providers will be expected to submit an annual report, as advised by the department.

If providers need any additional information, they can contact their Funding Arrangement Manager in the Community Grants Hub.

## **2 2. Other CHSP reforms in 2025-27**

### **2.1 Will the CHSP and Home Care Packages (HCP) Program be combined, and what will that mean for current CHSP providers?**

From 1 July 2025, [Support at Home](#) will replace the existing HCP Program and Short-Term Restorative Care (STRC) Programme. The CHSP will transition to Support at Home no earlier than 1 July 2027.

Until the CHSP transitions to Support at Home, CHSP providers will continue to deliver services to clients as they do now. CHSP clients will not be means tested at this time.

Grant funding arrangements will remain with CHSP providers receiving monthly payments in arrears based on their current funding as outlined in their grant agreement.

## **2.2 Will CHSP clients be means tested from 1 July 2025?**

The existing client contribution arrangements will remain under the CHSP in 2024-25 and 2025-27. For further information, see the [CHSP Client Contribution Framework](#).

## **2.3 Will current CHSP clients have their supports reassessed in line with Support at Home from 1 July 2025?**

Existing CHSP clients will continue their existing services from 1 July 2025.

Existing clients will only need a reassessment if their care needs have changed and they need additional services.

## **2.4 Will the CHSP continue to be grant funded from 1 July 2025?**

The CHSP will transition to the Support at Home program no earlier than 1 July 2027.

Until the CHSP transitions to Support at Home, CHSP providers will have their grant funding extended from 1 July 2025 to 30 June 2027 and deliver services to clients as they do now. Payment arrangements will remain with providers receiving monthly payments in arrears based on their current funding.

Existing client contribution arrangements remain under the CHSP in 2024-25 and in 2025-27.

## **2.5 Will Support at Home participants be able to access additional CHSP services?**

From 1 July 2025, there will be defined circumstances when a Support at Home participant can access additional services through the CHSP as a short-term or time limited arrangement. Aspects of respite services, social support group as well as hoarding and squalor will continue to be accessed by Support at Home participants. In these circumstances, Support at Home participants accessing additional CHSP services through their plan will still be required to pay client contribution fees like other CHSP clients. This means Support at Home participants cannot use their budget to pay the CHSP client contribution gap but will receive the service at a subsidised rate.

Outside of the defined circumstances that will be further outlined in the Support at Home program handbook, CHSP providers will be able to continue to deliver additional services outside of a clients care plan at full cost recovery.

For further information see the [Support at Home program handbook](#).



## **2.6 What are the proposed changes to Sector Support and Development (SSD) activities and Specialised Support Services (SSS) from 1 July 2025? What is happening with other CHSP service types and are they changing?**

CHSP SSD and SSS activities will be extended for one year from 1 July 2025 to 30 June 2026 and will be issued a separate schedule under their grant agreement.

For further information see the [CHSP 2025-27 Extension webinar](#) and the [proposed changes to the CHSP service list](#).

## **2.7 Can providers get increased SSS funding for dog maintenance support?**

Vision advisory services under SSS are related to mobility support for a person with low vision or blindness.

The training and placement of guide dogs for people who have low vision or blind is out of scope of the CHSP. This is a state or territory government responsibility.

## **2.8 Where can I find further information about the CHSP Meals and Community Transport Pilots?**

For further information, see the [CHSP Community Transport Pilot](#) and the [CHSP 2025-27 Extension webinar](#).

## **2.9 What is happening with CHSP unit prices and where can I find more information?**

As mentioned at the [CHSP 2025-27 Extension webinar](#), we are looking at options for unit pricing to align with the Support at Home program.

CHSP providers had been invited to participate in a survey about changes to the program for 2025-27. The CHSP survey closed on 13 November 2024. The department is using this feedback to assist in the planning of the 2025-27 agreement, including the preferred funding agreement for unit prices from 1 July 2025. Unit prices will be published in December 2024 for the 2025-27 agreement.

For further information, see [CHSP Reforms](#).

## **2.10 Will flexibility arrangements be available for CHSP Home Modifications and Home Maintenance services once Support at Home is introduced?**

From 1 July 2025, flexibility provisions for home adjustments, equipment and products, hoarding and squalor assistance, and SSS cannot be moved in or out of the service type without written approval from the department, all other flexibility across CHSP services and locations remains the same.

## **2.11 What are the funding arrangements for home modifications from 1 July 2025?**

From 1 July 2025, the cap for home adjustments will increase from \$10,000 to \$15,000, consistent with the new AT-HM scheme.

## **2.12 Will GEAT2GO continue as the Australian Government's preferred equipment supplier? Will GEAT2GO continue to provide the \$2,500 subsidy as the urgent pathway for HCP recipients?**

The Australian Government does not have a preferred CHSP Goods Equipment and Assistive Technology (GEAT) provider. The Government is funding 89 equipment providers in 2024-25, including GEAT2GO to meet the equipment needs of older people across Australia.

GEAT2GO (operated by Indigo Australasia) is contracted to trial a national service delivery model and supply items to CHSP clients along-side other CHSP equipment providers. GEAT2GO is intended to be a provider of last resort to meet the overflow demands for items the clients local CHSP provider cannot meet.

With the commencement of the AT-HM Scheme from 1 July 2025, emergency access to GEAT for Support at Home participants will no longer be available through CHSP. This was a temporary initiative to support HCP care recipients and those on the National Priority System in emergency circumstances where they had insufficient funds in their package.

## **3 CHSP and the new Aged Care Act**

### **3.1 What are the immediate impacts of the introduction of new the Aged Care Act effective 1 July 2025 for CHSP providers?**

From 1 July 2025, there will be changes to the way that CHSP services are funded, regulated and delivered. These changes are driven by the [new Aged Care Act](#) and align to the [Support at Home program](#). This means:

- names of some service types and services are changing to be more clearly defined
- some services are being realigned
- the types of services delivered to a CHSP client must align with their assessed care needs under the new Aged Care Act and the defined service list
- CHSP unit prices are expected to evolve to be consistent with the Support at Home program framework.

For further information, see [CHSP Reforms](#).

### **3.2 When will the new Aged Care Quality Standards come into effect for CHSP providers and what administrative burden will there be for CHSP providers?**

The new regulatory model will start when the new Aged Care Act starts. Information on the registration categories and related obligations will be sent to providers before the new Aged Care Act starts including information on what this means.

From day one of the new model, existing providers will operate as registered providers under the new regulatory model. Providers will operate in line with their registration categories.

The Aged Care Quality and Safety Commission will regulate based on the categories and strengthened Aged Care Quality Standards will apply to some providers. For further information see the [strengthened quality standards guidance](#).

### **3.3 Will there be any additional funding for regulatory and compliance requirements from 1 July 2025 for CHSP providers?**

The CHSP will remain grant funded from 1 July 2025 to 30 June 2027. The department will provide further information about the CHSP 2025-27 Extension and the regulatory and compliance requirements in December 2024 under [CHSP Reforms](#).

### **3.4 How will CHSP providers be impacted by the new regulatory framework?**

All current Government-funded aged care providers will be deemed as registered in the [new aged care regulatory model](#). This includes CHSP and National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) providers.

Existing aged care providers will be known as ‘registered providers’ from the commencement of the new Aged Care Act.

Through the deeming process, the department will move CHSP providers to the new registration categories based on the current services they deliver and in line with their CHSP funding agreement at the time of deeming.

Find more information about [new programs to be regulated](#).

### **3.5 Will businesses that are subcontracted by a CHSP provider become registered providers?**

Subcontractors for aged care providers will not be deemed as a registered provider.

They can continue to deliver services if they are contracted by a registered provider and will be known as ‘associated providers’ under the new Aged Care Act.

### **3.6 Where can CHSP providers get more details on the new regulatory framework?**

Watch the [new aged care regulatory model: how it will work webinar](#) on 14 November 2024. The webinar covered the new registration process, registration categories and changes to reporting and explained how providers will be regulated under the new model. For further information, see [regulation and oversight under the new Aged Care Act](#).



## **4 CHSP 2024-25**

### **4.1 What are CHSP providers' responsibilities for keeping their service delivery and availability information up to date on the My Aged Care Find a Provider page?**

The information made available on the service finder is managed and maintained by service providers, including information about the types, availability and delivery location of the services they provide.

CHSP providers are required to regularly keep this information accurate and up to date.

### **4.2 There are currently large waiting lists for providers' services and current funding is insufficient to meet this demand. Will the Department of Health and Aged Care (the department) be offering additional CHSP funding in 2024-25 to meet this demand?**

The recent 2024-25 growth funding opportunity made available \$100 million to existing and new providers to deliver the highest demand services, including Domestic Assistance, Home Maintenance, Allied Health and Therapy, and Transport in targeted ACPRs across the country.

We are looking at future growth funding opportunities for 2025-27 to assist in meeting further demand.

For more information [CHSP growth funding](#).

### **4.3 Will there be any new ad hoc grant opportunities in 2024-25 and will they be open for existing and new providers?**

Any new CHSP grant opportunities will be published on [Grant Connect](#). All providers are encouraged to register and subscribe to Grant Connect to receive updates and alerts.

Information about eligibility will be available when the grant opportunity guidelines are available.

As mentioned at the October 2024 webinar, we are considering options for financial support for IT changes for existing providers.

Further information will be available in the coming months at [CHSP reforms](#).

### **4.4 What happens to assessed CHSP clients who have been approved for services, but there are no providers in their area that have capacity under CHSP? Other providers could assist, however they are not funded for CHSP.**

Registering with My Aged Care and undergoing an aged care assessment are essential steps in determining an older person's eligibility for Government-subsidised aged care services by understanding care needs and identifying what services could help.

However, accessing CHSP services will depend on the availability and capacity of service providers in the client's local area.

Clients can only use their CHSP referral code with funded providers in order to receive subsidised services. Clients cannot use their CHSP referral codes with HCP providers not funded to deliver CHSP. CHSP providers are encouraged to use sub-contracting arrangements to help meet demand.

Where a client's needs change and they need more complex care, they will need to request a reassessment of their needs through My Aged Care to see if they are eligible for a HCP.

#### **4.5 Is the department aware of the issues with workforce recruitment, which is stopping providers from accepting referrals?**

Yes, we are aware that providers are reporting ongoing issues with workforce recruitment and retention which further impacts their ability to accept new referrals and deliver services to clients. We monitor these issues and have ensured that additional grant funding opportunities have been made available for providers to address excess demand.

We have also funded CHSP providers where costs of service delivery have been affected by the Fair Work Commissions decisions to ensure that all providers have the additional funds to pass on through to affected workers.

#### **4.6 What are the current flexibility provisions in 2024-25 and are there any restrictions in applying flexibility across service types and ACPRs?**

In 2024-25's CHSP agreement, CHSP 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 as outlined in their Activity Work Plan.

In choosing to use flexibility provisions, CHSP providers must not:

- re-allocate funding to a service type or ACPR that is not in their grant agreement
- move more than 50% of service delivery out of a service type in the ACPR region as outlined in the grant agreement and in the Activity Work Plan
- leave a service gap in an area they are currently operating in i.e. resources may only be re-allocated out of a region where there is a clear drop in demand or need for the service
- suspend services or move all resources and funding for a service type out of an ACPR, unless prior approval is granted by the department first, and then only for a specified time limited basis.

The flexibility provisions apply across all CHSP service types and sub-programs, except for Sector Support and Development (SSD) and Assistance with Care and Housing (Hoarding and Squalor).

For further information, see the [CHSP Manual 2024-25](#).

#### **4.7 Do flexibility provisions allow a provider to substitute one service type for another i.e. where one service type is under-utilised and the other is over-subscribed?**

The flexibility provision allows CHSP providers to reallocate funding for contracted service types across funded ACPRs, as specified in their Activity Work Plan.

CHSP providers can use flexibility provision when there is a demonstrated client need, such as based on My Aged Care referral requests. This helps providers to meet changes in the demand for services, while ensuring compliance with performance reporting requirements.

#### **4.8 The change from 100% flexibility to 50% has had a challenging impact. Is there capacity to adjust 2024-25 agreements?**

CHSP providers should raise any service delivery, capacity and funding issues with their Funding Arrangement Manager in the Community Grants Hub. The department has adjusted providers contact where this affected providers contracts and service delivery to realign it to 50%. No providers were disadvantaged by this change that occurs at the start of July 2023.

#### **4.9 What are the current grant funding arrangements for 2024-25? Payments have been made in bulk and then monthly. What are the arrangements going forward?**

All CHSP providers, excluding providers who only deliver SSD, receive a standard monthly payment in arrears. This standard monthly payment is the total value of the grant agreement divided by 12. SSD providers receive upfront quarterly payments.

Payments are released automatically in line with the CHSP Grant Agreement. Due to processing, it may take up to 4 business days before providers receive their monthly payment.

In 2023-24, we provided CHSP providers with 2 up-front grant payments to assist with the Fair Work Commission aged care wage increase decision. The monthly payment in arrears arrangements resumed in 2024-25 and will continue in 2025-27.

#### **4.10 Can the 2023-24 unspent funds be carried over into 2024-25?**

As part of the 2024-25 extension, all CHSP providers were advised any unspent 2023-24 funds could not be rolled over into 2024-25.

CHSP providers will not be allowed to roll over any unspent 2024-25 funds into the new agreement for 2025-27.

#### **4.11 When assessing any funds as being unspent and to be returned, does the department consider the number of outputs delivered compared to contracted outputs or just whether the funds have been spent? What is the department doing to monitor providers' funded outputs and service delivery?**

As part of the CHSP Compliance Framework 2024-25, we monitor through the monthly reporting all CHSP providers and undertake a performance review against the entire agreement.

Twice a year, we undertake an audit of service delivery based on Data Exchange (DEX) data submitted by providers. We also work in consultation with the Community Grants Hub to identify providers where potential compliance action may be appropriate.

CHSP providers are assessed on all information they provide to DEX to determine if changes to the grant agreement are appropriate to meet local needs within the ACPR they are funded.

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

For further information, see the [CHSP Compliance Framework for 2024-25](#).

#### **4.12 What is the process for the department claiming unspent funds from previous years?**

Any CHSP provider that is required to pay back unspent funds will be issued with a Debtors Tax Invoice, with payment options available.

CHSP providers can discuss payment arrangements with their Funding Arrangement Manager in the Community Grants Hub.

#### **4.13 Will the final one-month payment (for June 2025) be paid in advance or in arrears?**

Payment occurs at the end of each month. June's payment will be therefore received at the start of July. All CHSP providers, excluding providers who only deliver SSD, receive a standard monthly payment in arrears. This standard monthly payment is the total value of the grant agreement divided by 12. SSD providers receive upfront quarterly payments.

#### **4.14 Does the upfront CHSP grant payment apply to all CHSP services?**

All CHSP providers, excluding providers who only deliver SSD, receive a standard monthly grant payment in arrears. SSD providers receive upfront quarterly payments.

#### **4.15 If providers are planning to merge, could the acquittal of CHSP funding be combined? Do providers need approval from the department before they finalise the merger?**

CHSP funding is arranged through a grant agreement between the Australian Government and a legal entity (the funding recipient). Any changes to the grant agreement must be agreed by both parties.

If a planned 'merger' changes the funding recipient's legal entity, agreement in advance must be sought from the department. The manner in which a 'merger' occurs will depend on the way in which the department will address changes to contracts. The instrument in which a business enacts a change in their structure or business will depend on the way in which a contract may change.

Providers should stay in contact with the FAM regarding any changes to business structures as well as seek their own legal advice in relation to the way in which a 'merger' occurs.

#### **4.16 Can the department provide some advice about discharge arrangements for clients, including what to do when a client dies, ceases care or refuses to pay for their services?**

Discharge arrangements are part of a CHSP provider's care planning process and should relate to the client's care plan and support needs.

We expect CHSP providers will continue to support their clients as part of their care planning until they are discharged – either ceasing services as no longer required or transitioning to other providers in another area to ensure service continuity.

CHSP clients remain in the program until they no longer require the services or have a reassessment and are deemed as eligible to receive higher levels of care.

Where there are staff safety concerns, this is an internal matter for the provider and would be part of the organisation's employment and health and safety policies. Where a client refuses to pay for services, arrangements should be outlined in their client contribution policy. This is an internal matter for providers.

In terms of recording deceased clients, when a provider becomes aware a client has passed away, a record must be made in the My Aged Care Service and Support Portal. For further information, see the [CHSP 2024-25 Manual](#).

#### **4.17 Where a CHSP client cannot access services due to the unavailability of providers, why are they not being referred to an aged care assessment for a higher level of care? Has there been any changes to screening or the assessment process?**

We are aware there is high demand for CHSP service types and there are delays in accessing some services.

The HCP Program is designed to provide older people who have more complex support needs with a coordinated package of services. Eligibility for a HCP is based on an older person's complex care needs.

It is not appropriate for older people who only require entry-level services through the CHSP, and who are experiencing difficulty in accessing these services, to seek access to a HCP.

There have been no changes to the My Aged Care processes to referrals for assessment.

The [Integrated Assessment Tool \(IAT\)](#) replaced the National Aged Care Screening and Assessment Form on 1 July 2024. The IAT is the new tool for assessing the eligibility of older people for government-subsidised aged care.

#### **4.18 Where can I find more information about wellness and reablement activities under CHSP? Where can I find the published reports on wellness and reablement activities?**

For further information, see [CHSP wellness and reablement](#) and [published wellness and reablement reports](#).

#### **4.19 GEAT2GO regularly closes their portal which means no new referrals can be made for rest of the month. This has implications for providers as well as clients having to wait until the next month. What is the department doing about this?**

GEAT2GO is a CHSP service provider, which is contracted by the Australian Government to trial a national service delivery model and supply items to CHSP clients. GEAT2GO works along-side 89 other CHSP equipment providers across Australia. They should only be used when a client's local GEAT provider is unable to meet their needs.

The decision made by GEAT2GO to temporarily close its portal is not an easy one. Demand for equipment is high and putting sustained pressure on GEAT2GO and their ability to provide services while continuing to operate within their budget. Once maximum orders for the month are reached, GEAT2GO will close their portal temporarily. They re-open on the first business day of the next month.

The service has become an extremely popular option for assessors and prescribers to access GEAT for their clients. However, the national GEAT provider is intended to be a provider of last resort to meet excess demand and for items the local CHSP providers are unable to source. This has led to GEAT2GO experiencing extreme funding pressure and the need to reduce access so that they are able to operate for the full financial year.



## **5 . CHSP and Home Care Packages interactions**

### **5.1 What are the differences between CHSP and HCPs? When are they best used?**

The CHSP provides entry-level aged care services for eligible older people where they need only one or 2 basic services to help them remain independent at home.

Currently, older people with more complex care needs may access support through the HCP Program which provides a co-ordinated package of services tailored to meet a person's specific care requirements.

There are 4 level of HCP with different funding amounts, covering basic support needs through to high care needs. The package level assigned is based on the person's care needs.

From 1 July 2025, the HCP will transition to the Support and Home program.

### **5.2 Can HCP care recipients continue to receive additional CHSP services?**

There are 6 defined circumstances where HCP care recipients may be eligible for CHSP services, in addition to HCP services, and details can be found in the [CHSP 2024-25 Manual](#).

This investment will help reduce average wait times for people waiting to receive a HCP.

### **5.3 Will there be increased compliance on providers who are prioritising HCP recipients and closing their books for CHSP clients?**

Where a provider is funded to deliver CHSP services, they are required to deliver their funded outputs and meet their performance obligations as outlined in their grant agreement. We monitor all CHSP providers and undertake a performance review against their agreement and audit service delivery based on DEX data submitted by providers. We also work in consultation with the Community Grants Hub to identify providers where potential compliance action may be appropriate. We will continue to work with CHSP providers to understand discrepancies in performance and funding prior to any decisions being made regarding future funding arrangements.

Eligibility for a HCP is based on a client's complex care needs. The HCP Program is not appropriate for clients who only require entry-level services through the CHSP and who are experiencing difficulty in accessing these services.

### **5.4 Some CHSP clients decline a HCP in order to avoid means tested fees. This can affect providers' capacity to accept new CHSP clients. Will this be addressed?**

The CHSP is an entry level aged care program designed to provide basic services to eligible older people. Where a CHSP client decides to decline a HCP due to costs, they can continue to

receive CHSP services. Noting these services can only be provided as entry level for their approved services and not at the level of their assessed need under a HCP.

CHSP providers should continue to work with these clients to transition to more appropriate levels of care where possible.

As part of the design of the 2025-27 CHSP grant agreement, we are looking at a number of mechanisms to improve data collection to better understand client service delivery and whether those clients should be better supported through a higher level of care.

Further information will be available in the coming months.

## **6 Where to find more information**

We acknowledge there was a high volume of questions received at the CHSP 2025-27 Extension provider webinar.

For further information about the CHSP 2025-27 extension, see our [CHSP reforms web page](#) and the following resources:

- [CHSP 2025-27 extension webinar](#)
- [CHSP service catalogue 2025-27](#)
- [Changes to CHSP fact sheet](#)
- [Proposed changes to CHSP service list from 1 July 2025](#)
- [Proposed changes to CHSP Data Exchange from 1 July 2025.](#)

We also received many questions about broader aged care reforms, including the Single Assessment System, the new Support at Home program and the Fair Work Commission aged care wage increases.

For further information see:

- [Upcoming and previous aged care sector webinars](#)
- [Aged care reforms](#), including the aged care taskforce response, Support at Home program and the new Aged Care Act
- [Regulation and oversight under the new Aged Care Act](#)
- [Support at Home program handbook](#)
- [Single Assessment System](#)
- [Better and fairer wages for aged care workers.](#)