Australian Government

Department of Health and Aged Care

Commonwealth Home Support Programme

Program Manual 2024-2025

Version 2 December 2024

About this manual

Purpose of this manual

The Department of Health and Aged Care (the department) has prepared this manual for Commonwealth Home Support Programme (CHSP) service providers. It explains what the CHSP is and how it operates, and forms part of each provider's CHSP Grant Agreement.

The department reviews and updates this manual regularly. This version 2 of the CHSP Program Manual was published in December 2024 and replaces previous versions.

More information in the summary of changes to the CHSP Manual 2024–2025.

The table below outlines the revisions made since the June 2024 release.

Date	Summary of changes
June 2024	Manual first issued
December 2024	Version 2 updated to align with the Single Assessment System

How to use this manual

This manual has 3 parts:

Part A – *About the Commonwealth Home Support Programme* introduces the CHSP, its guiding principles, and provides an overview of services available to older Australians.

Part B – *Eligibility and service delivery requirements* provides detailed information on CHSP services. This covers who can receive CHSP services, what CHSP funding can and cannot be used for, costs associated with CHSP services, and guidance on how services should be delivered, including flexibility provisions.

Part C – *Administration of the CHSP* includes important details about the administration of the CHSP. This includes requirements related to the CHSP Grant Agreement and Aged Care Quality Standards, Work Health and Safety, the Serious Incident Response Scheme and reporting.

You will find a glossary of terms at the back of this document.

Where to find more information

More information about the CHSP, including a copy of this manual, is available on the department's website.

CHSP providers should contact their Funding Arrangement Manager in the Community Grants Hub in the first instance for information about the CHSP.

CHSP clients and others who would like to know more about the program can access information through the My Aged Care contact centre by calling 1800 200 422 or by visiting the My Aged Care website and searching for Help at Home.

Table of Contents

Part A: About the Commonwealth Home Support Programme (CHSP)

This section covers:

- overview of the CHSP
- wellness and reablement
- entry level services.

Chapter 1: Overview of the CHSP

This chapter introduces the CHSP, its services, and its role in supporting older people in Australia.

1.1 About the CHSP

The CHSP provides entry-level support to help older people continue to live safely and independently at home and in their communities. It is available to people aged 65 years and over, and Aboriginal and or Torres Strait Islander people aged 50 years and over. The CHSP is suitable for people who can live independently at home but need small amounts of entry-level support to do so.

The CHSP is not designed for people with intensive or complex care needs. People with higher needs are supported through other aged care programs such as the Home Care Packages (HCP) Program and residential aged care.

1.2 Services available under the CHSP

The CHSP supports activities that enable independence and social connectedness, and that consider each client's individual goals and choices.

Under the CHSP, clients can access a range of basic support services including domestic assistance, transport, meals, personal care, home maintenance, home modifications, social support, nursing, and allied health. Planned respite services are also available so that carers can take a break from their usual caring responsibilities. CHSP services may be accessed on a short-term, intermittent, or ongoing basis.

Further information about CHSP service types, see Chapter 6.

1.3 Objective of the CHSP

The CHSP supports older people who are having difficulties with daily living to:

- have a better quality of life
- continue living in their own homes, and/or delay admission to residential care
- be able to participate more in their community and have more face-to-face and online social connections
- maintain and/or improve their psychological, emotional and physical wellbeing
- be more independent at home and in the community.

1.4 Principles of the CHSP

There are 4 CHSP principles that underpin CHSP service delivery. All providers must follow these principles when they develop, deliver, and evaluate services for clients.

1. Social and cultural sensitivity

- All clients have equal access to services that are appropriate for their social and cultural needs.
- All clients have equitable and affordable access to services, free from discrimination.
- All clients, clients' families, and carers have services tailored to their unique circumstances and cultural preferences.

2. Client, carer and family empowerment

- Choice, preferences, and flexibility is optimised for clients, their carers, and families.
- Clients receive services after they have given their consent.
- A standardised assessment process with a holistic view of client needs.
- Clients are supported to participate in their community and society.
- Providers develop and promote strong partnerships between the client, their carers and family, support workers and the aged care assessors.

3. Client-centred support with a wellness and reablement approach

- Providers help clients maximise their wellbeing, independence, autonomy and capacity through a wellness and reablement approach.
- Clients are actively involved in planning and working towards their goals (see the 'What is Consumer Choice' section below for more detail).
- Service delivery focuses on retaining and/or regaining each client's ability to live and engage with their community independently, and builds on the strengths, capacity and goals of individuals.

4. Committed and responsive service provision

- Clients receive services in line with their agreed support plan to ensure their needs are met.
- Providers develop person-centred, goal-oriented care plans and reviews.
- Providers deliver services for an agreed time with agreed review points.
- Providers must comply with all relevant codes of ethics, and industry quality standards and guidelines, so that clients receive high quality services.
- Providers embed a wellness and reablement approach.

5. Wellness and reablement

Wellness and reablement are person-centred, holistic approaches to service delivery that build on people's strengths and goals to promote greater independence and autonomy.

- **Wellness** is a philosophy that informs how providers are expected to work with clients. It acknowledges and builds on their strengths, abilities and goals,

and has a focus on providing services that support greater independence and quality of life.

- **Reablement** offers time-limited interventions and emphasises assisting people to maintain, regain, improve confidence and functional capacity and maximise independence and autonomy. It focuses on specific goals and seeks to enable people to live their lives to the fullest.

For more information about wellness and reablement, see Chapter 2.

1.5 Supports diverse needs

The CHSP recognises that older people have diverse characteristics and life experiences and should receive services which reflect this.

Service delivery must consider the social, cultural, linguistic, religious, spiritual, psychological and medical care needs of all clients.

The CHSP recognises the following groups as identified under the *Aged Care Act 1997* who may require tailored support according to their needs.

People who:

- are from culturally and linguistically diverse backgrounds
- identify as Aboriginal and or Torres Strait Islander
- live in rural and remote areas
- are financially or socially disadvantaged
- are veterans of the Australian Defence Force or an allied defence force, including the spouse, widow, or widower of a veteran
- are homeless, or at risk of becoming homeless
- are lesbian, gay, bisexual, transgender, intersex, queer / questioning and or asexual (LGBTIQA+)
- are Care Leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- are parents separated from children by forced adoption or removal.

The department recognises this list is not exhaustive, and there are additional diverse groups such as people with disability, people with mental health problems and mental illness and people with cognitive impairment including dementia.

Some providers specialise in delivering culturally appropriate support services. The department encourages these specialist services as important parts of the program. However, providers cannot discriminate against clients from other cultural or ethnic backgrounds.

1.6 Client choice

The CHSP aims to provide choice for older people receiving care. CHSP clients are empowered to actively participate in informed decision-making regarding the care they receive. Providers should consult their clients to determine their support needs to ensure services are individualised and relevant.

Through the CHSP, clients will:

- have access to detailed information on aged care options through My Aged Care
- actively participate in the assessment with aged care assessors
- identify their special needs, life goals, strengths, and service delivery preferences
- have their carers' needs recognised and supported by aged care assessors
- have access to free, independent, and confidential advocacy services through the National Aged Care Advocacy Program
- have the option to select their preferred provider in their local area with guidance from My Aged Care
- have access to complaint mechanisms, including the Aged Care Quality and Safety Commission (ACQSC).

Aged Care Reforms

We are reforming in-home aged care to help older people live independently at home for longer.

The new Support at Home program will replace the HCP Program and Short-Term Restorative Care (STRC) Programme from 1 July 2025. The CHSP will transition to the new program no earlier than 1 July 2027.

This staged approach will give all CHSP providers time to change their business systems and adjust to new payment arrangements.

Find the latest information on the Support at Home program

The Single Assessment System provides a single assessment pathway to make it easier for older people to enter aged care and access different services as their needs change.

From December 2024, all organisations conducting aged care needs assessments can do both:

- home support assessments to assess older people for CHSP services
- comprehensive assessments to assess older people for:
    - the HCP Program

- flexible aged care programs, including STRC and Transition Care Programme (TCP)
- residential respite
- entry into residential aged care.

State and territory governments still continue to deliver hospital-based assessments.

First Nations assessment organisations will be introduced progressively from 1 July 2025 onwards to provide a culturally safe pathway for older Aboriginal and Torres Strait Islander people to access aged care.

Find more information about the Single Assessment System.

Chapter 2: Wellness and reablement

This chapter explains wellness and reablement, how this approach is applied, and how it benefits clients, their carers and providers.

2.1 About wellness and reablement

Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronical illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible.

Wellness and reablement approaches work with older people to maximise their independence and enable them to remain living safely in their own homes and communities.

Wellness

A wellness approach involves the assessment, planning and delivery of support that builds on individuals' strengths, capabilities, and goals. It encourages actions that promote independence in tasks of daily living, and reduce risks associated with living independently at home.

Wellness avoids 'doing for' when a 'doing with' approach can help the client in undertaking a task or activity themselves or with less assistance. This acknowledges what the client can do and builds on their strengths and skills. It also aims to empower individuals to take charge of, and participate in, informed decision-making about the care and services they receive. It's about listening to what the client wants to do, looking at what they can do, and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day-to-day life.

A wellness approach is applicable to all service types, even where services provided are limited. For example, CHSP providers delivering transport may increase a client's level of independence in daily living tasks by helping them enter and exit the vehicle by themselves and increase wellbeing through transportation to and from a friend's house or social support group to meet their goal of increasing social activities by meeting with friends once a week.

Reablement

Reablement services are short-term or time-limited interventions that target a person's specific goal or desired outcome. This approach to service delivery allows clients to address a specific barrier to independence, adapt to functional loss, regain confidence and enhance their capability to resume activities.

Reablement services apply a wellness approach and aim to get a client 'back on their feet', and able to resume previous activities either without needing ongoing service delivery or with a reduced need for services.

2.2 Service delivery responsibilities

As part of applying a wellness and reablement approach to service delivery, CHSP providers are required to:

- Ensure services focus on helping clients to achieve their agreed goals as outlined in the client's support plan.
  - o Aged care assessors develop the support plan with the client to accurately reflect the client's needs and goals.
  - o The client's support plan is saved to the client record on My Aged Care and can be viewed by the client's provider.
  - o Providers work with clients to develop a person-centred and outcomes focused care plan to support the client to achieve their goals. The care plan is based on the client's support plan.
- Apply a 'doing with' approach across service delivery.
- Offer time-limited interventions where appropriate.
- Monitor changes in client needs and regularly review support services.
- Comply with wellness and reablement reporting requirements
- Have an implementation plan outlining their approach to embedding wellness and reablement in service delivery.

2.3 Embedding wellness and reablement

Offering care that focuses on individual client strengths and goals and recognises the importance of client participation is fundamental to the CHSP. Providers must incorporate wellness and reablement principles as part of their service delivery.

Employment of wellness and reablement approaches in aged care organisations promotes client wellbeing, independence, function, and management of activities of daily living.

Ways to apply wellness and reablement approaches include:

- **Promote independence:** People value their independence. Loss of independence and connection to community can have devastating implications. Providers should actively promote client independence so they can continue to live fulfilled, autonomous and confident lives.
- **Identify the client's goals:** Service delivery should focus on supporting the client to set, plan, and actively work towards their goals and improved independence wherever possible.
- **Consider physical and psychological needs:** Independence is not limited to physical function. It includes both social and psychological function. Support

should be tailored to the individual and aim to improve their physical, social and emotional wellbeing.

- **Encourage client participation:** Being an active participant, rather than a passive recipient of services, is an important part of being physically and emotionally healthy. Providers should focus on helping the client complete tasks where possible, and not taking over tasks they can do for themselves.
- **Focus on strengths:** The focus should be on what a client can do, rather than what they cannot. Wherever possible, services should aim to retain, regain, or teach skills, and avoid creating dependencies.
- **Support clients to reach their potential:** Providers should play an active role in helping clients maintain and extend their activities in line with their capabilities.
- **Individualised support:** Service delivery should be tailored according to the client's goals, aspirations, capabilities, and needs.
- **Regular review:** Client assessment should be ongoing, not one-off. It should focus on progress towards client goals and consider the support and duration of services required to meet these goals.

2.4 Time-limited support

Wellness and reablement often involves short-term support, with the specific aim of helping the client getting back to doing things for themselves. Time-limited reablement services tend to be delivered within a 12-week period with the aim to wrap up services when the client has met their goal or specific outcome. This involves the client and CHSP provider working together to plan how they will address specific barriers to independence and achieve the client's goals.

Client goals may be related to maintaining a level of activity, skill, or independence, or working towards regaining it. It is important that the provider understands what a 'good' day looks like for the client and how it relates to their goals, so that the plan and support they receive fits into the context of the client's daily life.

Time-limited reablement may involve restorative care services where the client has the potential to make a functional gain or improvement after a setback, or in order to avoid a preventable injury. Restorative care involves the delivery of evidence-based interventions led by an allied health worker or health professional that allows a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury.

Providers may deliver these interventions as one-to-one or group services and may also involve a multi-disciplinary approach that extends beyond CHSP services. For example, services may involve primary health care workers. These services are coordinated by providers of allied health and therapy services based on clinical assessments of the clients.

Other time-limited reablement support could include:

- training in a new skill, or activity/function, or actively working to regain or maintain an existing skill, ability or activity/function
- modification to a person's home environment
- having access to equipment or assistive technology.

2.5 CHSP provider training and resources

There are a range of resources for CHSP providers about wellness and reablement:

Wellness and reablement initiative

The CHSP wellness and reablement page has further information and links to practical guides and tools to help providers deliver services with a wellness and reablement approach.

CHSP Good Practice Guide

The Living well at home: CHSP Good Practice Guide provides practical guidance in how to adopt a wellness and reablement approach into service delivery.

Community of Practice

CHSP Reablement Community of Practice: More Good Days is an online community forum to connect with other CHSP providers, share ideas, best practice, practical examples, and seek feedback.

CHSP wellness and reablement training program

The wellness and reablement online training modules help CHSP support workers, allied health professionals and team leaders to embed wellness and reablement into everyday service delivery approaches.

Training consists of 3 eLearning modules:

- Foundations in wellness and reablement
- Wellness and reablement in practice
- Reablement planning and strategy development.

The eLearning modules are available on the My Aged Care Learning Environment (MACLE), with free places available for CHSP providers. The training is self-paced and adult learning principles apply. This allows individuals to complete the training at their own pace, learning style and speed.

To register, please contact wellnessandreablement@health.gov.au.

Further information

The reporting requirements related to wellness and reablement can be found in [Chapter 12](#) and additional information and resources on wellness and reablement can be found in **Appendix B**.

Client scenarios – wellness and reablement

Albert

Albert is a 70-year-old man who lives alone. After contacting My Aged Care, an aged care assessment was done which identified that Albert needed some assistance with laundry and meals. A CHSP provider initially visited Albert's home three times a week to wash and hang out his clothes and prepare his meals.

The provider also worked with Albert to identify what he could do for himself and what he needed assistance with. The support worker encouraged Albert to continue to wash and hang out smaller items by using a trolley and an easy-to-reach drying rack inside, whilst they continued to come once a week to help hang out his bigger, heavier items.

Albert also indicated that he was open to doing the cooking, but lacked confidence since his wife, who had recently passed away, had always done most of the cooking. For several weeks, the provider stayed and cooked with Albert to help him prepare several meals for the week. With his confidence back, Albert has continued to do things for himself and has remained independent in his own home.

Elsa

Elsa is a 72-year-old woman with osteoarthritis. She has been receiving CHSP domestic assistance for several years. A support worker visited Elsa once a week for 2 hours to help with general housework and laundry. Elsa required no other help.

After applying a wellness and reablement approach to Elsa's support needs, the provider identified that Elsa could still do some basic household chores such as light dusting, wiping over surfaces, doing her own dishes, and using a light-weight carpet sweeper.

Over a 2-month period, instead of 'doing for' Elsa, the support worker encouraged and supported Elsa to undertake some of these tasks by herself whilst the support worker continued to do more difficult tasks such as vacuuming or cleaning the floors.

Elsa still needs ongoing support. However, she is now more involved and active around the home and enjoying her increased independence.

Chapter 3: Entry level services

This chapter provides general information about CHSP services including a summary of CHSP services, limitations on how services are delivered, and the services excluded from CHSP funding.

3.1 Entry level support

The CHSP provides high-quality entry level aged care support to eligible clients. This support can be one-off, at a low intensity, short-term such as reablement, or on an ongoing basis.

Providers can also deliver CHSP services at a higher intensity for a short time, where they can make clear improvements in function or capacity or avoid further decline.

The level of care provided to a CHSP client should be less than a Home Care Package Level 1 (approximately $10,500 per annum). As funding is not attributed to clients, this is provided as a guide only.

3.2 CHSP service list

There are 4 sub-programs of services available under the CHSP, each of which have specific service types and eligibility criteria.

These sub-programs are:

- Community and Home Support
- Care Relationships and Carer Support
- Assistance with Care and Housing
- Sector Support and Development.

CHSP providers may receive funding to deliver several service types.

Table 1: CHSP service list

Community and Home Support
Service Type: Allied Health and Therapy Services • Aboriginal and Torres Strait Islander Health Worker • Accredited Practising Dietitian or Nutritionist • Diversional Therapy • Exercise Physiology • Hydrotherapy • Occupational Therapy • Ongoing Allied Health and Therapy Services • Other Allied Health and Therapy Services • Physiotherapy

Community and Home Support
• Podiatry • Psychology • Restorative Care Services • Social Work • Speech Pathology
Service Type: Domestic Assistance
• General House Cleaning • Linen services • Unaccompanied Shopping (delivered to home)
Service Type: Goods, Equipment and Assistive Technology
• Car Modifications • Communication Aids • Medical Care Aids • Personal Monitoring Technology • Reading Aids • Self-care Aids • Support and Mobility aids • Other Goods and Equipment
Service Type: Home Maintenance
• Garden Maintenance • Major Home Maintenance and Repairs • Minor Home Maintenance and Repairs
Service Type: Home Modifications
• No sub-types
Service Type: Meals
• At centre • At home
Service Type: Nursing
Service Type: Other Food Services
• Food Advice, Lessons, Training, Food Safety • Food Preparation in the Home
Service Type: Personal Care
• Assistance with Client Self-administration of Medicine • Assistance with Self Care
Service Type: Social Support Individual

Community and Home Support
- Accompanied Activities e.g. shopping   - Telephone/Web Contact   - Visiting
Service Type: Social Support Group
Service Type: Specialised Support Services   - Continence advisory services   - Client advocacy – advisory and support services for diverse groups in aged care   - Dementia advisory services   - Hearing advisory services   - Vision advisory services   - Other support services
Service Type: Transport   - Direct (driver is volunteer or worker)   - Indirect (through vouchers or subsidies)

Care Relationships and Carer Support
Service Type: Flexible Respite   - Community Access – Individual respite   - Host Family Day Respite   - Host Family Overnight Respite   - In-home Day Respite   - In-home Overnight Respite   - Mobile Respite   - Other Planned Respite
Service Type: Cottage Respite   Overnight Community Respite
Service Type: Centre-based Respite   - Centre-based Day Respite   - Community Access – Group   - Residential Day Respite

Assistance with Care and Housing
Service Type: Assistance with Care and Housing – Hoarding and Squalor

Sector Support and Development
Service Type: Sector Support and Development

For further information on each sub-program and service type, see Chapter 6.

3.3 What not to use CHSP funding for

CHSP providers must **not** use any grant funds for the following:

- purchase of land
- purchase of vehicles without departmental approval
- coverage of retrospective costs (i.e. costs incurred before the client was approved for services)
- costs for the preparation of a grant application or related documentation
- costs related to international travel.
- activities that are already funded under other Commonwealth, state, territory, or local government programs
- activities that could harm the reputation of the Australian Government
- client accommodation costs including rent or mortgage payments - these costs are accounted for within the social security system.
- direct treatment for acute illness, including convalescent or post-acute care
- medical aids, appliances, and devices provided because of a medical diagnosis or surgical intervention, and which would be covered by the health care system, such as oxygen tanks or continence pads
- household items not related to the improvement of functional impairment. For example, general household items, furniture, or appliances
- items that are likely to cause harm to the client or pose a risk to others
- major construction or capital works, unless specified and authorised by the department (i.e. real property of a non-expendable nature, specifically major renovations, buildings and land).

Part B: Eligibility and Delivery Requirements

This section covers:

- eligibility for the CHSP
- CHSP services
- interaction with other programs
- provider grant funding and client contributions
- flexibility provisions.

Chapter 4: Access to the CHSP

This chapter explains who is eligible for CHSP services. It also outlines when and how people in other Australian Government programs or in special circumstances can access CHSP services. Providers should refer to this chapter when interacting with new clients, making changes to an existing client's support plan, or when a client's circumstances change.

4.1 Entry to aged care services

All new and returning clients must enter the CHSP through My Aged Care. The process for a new or returning client receiving CHSP services is detailed below.

1. **Contact:** The potential client contacts My Aged Care. My Aged Care is the entry point for Australian Government-funded aged care services including the CHSP. This contact can be made over the phone, online, or face-to-face through Services Australia.
2. **Register:** The potential client is registered in My Aged Care by contact centre staff, creating a client record and identification number. If the client would like a representative, their information will be recorded as well.
3. **Screen:** Contact centre staff screen the client's eligibility for assessment. This initial screening checks the potential client meets the standard eligibility requirements.
4. **Referral:** Contact centre staff will send a referral to an aged care assessor.
5. **Assess:** The aged care assessor will do an assessment. This determines if the client is eligible for the CHSP, and what services they are eligible to receive.
6. **Referral code:** The aged care assessor will provide the client with a referral code for each service they are eligible for, which the client uses with CHSP funded providers. The client can also ask for the referral to be sent directly to the provider or broadcast to several local providers to find availability. The referral will include a priority rating of the client's needs. Providers must take this priority rating into account, along with their own capacity to deliver services, before accepting a client.

Please note this is a general overview. For further information on the assessment process see Single Assessment System for aged care..

Client navigation

CHSP clients can find information about the CHSP:

- By calling the My Aged Care contact centre on 1800 200 422 (free call) between 8:00am and 8:00pm weekdays and between 10:00am and 2:00pm on Saturdays
- Visiting the My Aged Care website

- Accessing the [Your Guide to CHSP Services booklet](#) or [Your Guide to CHSP Services booklet (easy read).](#)

Clients can also access face-to-face information about My Aged Care services at Services Australia service centres. Appointments can be made with an Aged Care Specialist Officer (ACSO) in some locations, or by video-chat.

More information about [accessing Aged Care Specialist Officers](#) on Services Australia's website. Clients can also contact Services Australia on 1800 227 475, Monday to Friday from 8:00am to 5:00pm.

4.2 CHSP eligibility requirements

The following groups are eligible for CHSP:

- Frail older people aged 65 years and over (or 50 years and over for Aboriginal and or Torres Strait Islander people) who:
  - need assistance with living independently at home and participating in the community, or
  - need planned respite services so their carers can have a break from their duties.
- Frail people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and or Torres Strait Islander people) on a low income who are:
  - homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation, or
  - living with hoarding behaviour or in a squalid environment, and at risk of homelessness or unable to receive the aged care services they need.

Note: 'prematurely aged' is defined as someone whose life course such as active military service, homelessness, or substance abuse has seen them age prematurely.

For the purposes of the CHSP, frail refers to older people who have difficulty performing activities of daily living without help due to functional limitations/ For example, communication, social interaction, mobility or self-care.

Citizenship and residence requirements

Clients do not need to be an Australian citizen or permanent resident to access CHSP services.

4.3 Immediate health or safety referral – access to emergency CHSP services

Non-emergency services

People seeking access to aged care services for the first time must contact My Aged Care to have a client record created and arrange for an assessment of their care needs.

Clients seeking new or increased services should not approach CHSP providers before registering with My Aged Care directly unless the client requires an urgent and immediate health or safety intervention.

If a CHSP provider is approached before the client has contacted My Aged Care, they can help clients with the My Aged Care registration process by:

- calling My Aged Care with the person to help them register and be screened. This is the quickest method to registering a client
- recording client details in an inbound referral form, accessed from My Aged Care that is sent to the contact centre for actioning.

Referral for emergency services

The My Aged Care contact centre can refer a client directly to a CHSP provider **only** if they need immediate health or safety intervention that is unavailable through other means. These services may include nursing, personal care, meals, grocery shopping and transport.

GPs and hospitals should use their existing processes and networks to refer patients who need urgent CHSP services. My Aged Care should not be used for referrals for services that should be provided to older people through the health system.

Circumstances for emergency services

The circumstances in which there is an urgent need for services to start immediately will vary. Providers and the My Aged Care contact centre will need to make judgments on a case-by-case basis whether if their circumstances are not addressed immediately, will place the client at risk. For example, a client may urgently need immediate services because a carer is no longer available or there has been a sudden and dramatic loss of a client's functional ability.

If the client has a need for an immediate health or safety intervention that is not available through other means, the services should be:

- for a one-off or short-term intervention, usually up to a maximum period of 8 weeks (or until an assessment can occur)
- for a direct health or safety intervention that needs to occur before an aged care assessment can take place.

Examples of emergency services may include:

- nursing for wound care,
- transport to a specialist medical appointment
- delivery of meals
- personal care
- other support services due to the absence of a carer.

These circumstances recognise that there are limited situations where delivery of services is required while maintaining the commitment to a more thorough analysis of the client's needs by the aged care assessor when possible.

Note: Services will be excluded if they are not required to prevent immediate risk to client safety in advance of an assessment by the aged care assessor and an occupational therapist (where appropriate). These may include home maintenance, home modifications, goods, equipment and assistive technology and domestic assistance.

An assessment may be required for ongoing services required beyond 8 weeks and will depend on the client's needs.

CHSP providers should monitor clients accessing emergency services and determine if the client requires long term or ongoing access to services (greater than 8 weeks).

If so, the CHSP provider must support the client to register with My Aged Care (if they have not already done so) and arrange for an assessment.

Once referred for an assessment, the provider should maintain the urgent services until their assessment takes place.

4.4 Other eligible groups

Care finder program and Elder Care Support program participants

Clients in the care finder program and Elder Care Support program may be eligible for CHSP services that help to avoid homelessness or reduce the impact of homelessness. To access these CHSP services, clients must be at least 50 years of age, or 45 years for Aboriginal and Torres Strait Islander people.

These clients must be assessed by My Aged Care to determine eligibility.

More information about Elder Care Support program and care finders program.

Clients of former programs consolidated into the CHSP

The following programs were consolidated into the CHSP:

- Commonwealth Home and Community Care (HACC) Program
- Planned respite services under the National Respite for Carers Program (NRCP)
- Day Therapy Centres (DTC) Program

- Assistance with Care and Housing for the Aged (ACHA) Program.

Former clients of these programs were found eligible for the CHSP and grandfathered if at the time they were accessing services or approved for services:

- prior to 1 July 2015 in Queensland, New South Wales, the Australian Capital Territory, Tasmania, South Australia and the Northern Territory
- prior to 1 July 2016 in Victoria
- prior to 1 July 2018 in Western Australia
- have accessed services at least 3 times over the previous financial year.

Clients needing services that exceed entry-level support

Grandfathered clients receiving services prior to 1 July 2015 will continue to receive CHSP support at their previous service level until they are transitioned to other forms of more appropriate care.

Where a client's service needs have increased or changed and their needs are beyond the scope of the CHSP, they must be referred to My Aged Care for a reassessment of their care needs. These clients should be supported in transferring to more appropriate services (such as the NDIS or HCP Program) when appropriate. CHSP providers should work with My Aged Care and the client when their needs change, to transition them to more appropriate services, where possible.

4.5 Existing clients

In some circumstances, existing CHSP clients may need to contact My Aged Care for an assessment or reassessment to continue receiving services. This includes:

- When a client's needs change, such as a need for a new service type or a significant increase to support needs.
- Clients who do not yet have a My Aged Care record. When these clients contact My Aged Care, a record will be created for the client.
- Existing clients who have not accessed a CHSP service in the past twelve months must be referred to My Aged Care for a reassessment before any services can be provided.

4.6 Waitlists

Where CHSP providers choose to accept clients to waitlists from My Aged Care, this is an internal business decision.

If a provider does not have imminent availability, they should not add clients to their waitlists. This can prevent the client from receiving services with a different CHSP provider and the department from understanding demand in the local area.

It is the provider's responsibility to maintain contact with clients on their waitlist until they start receiving services.

Chapter 5: CHSP services

This chapter describes CHSP sub-programs and services in detail. It is organised by sub-program, and then the services within each sub-program.

To navigate to a sub-program, click on the links below.

- Community and Home Support
- Care Relationships and Carer Support
- Assistance with Care and Housing – Hoarding and Squalor
- Sector Support and Development

CHSP providers can also refer to **Appendix I** for the CHSP Service Catalogue.

5.1 Community and Home Support

Objective
To provide entry-level support services to frail older people so they can continue to live independently at home and participate in the community.

Target population
Frail older people aged 65 years and over (or 50 years and over for Aboriginal and or Torres Strait Islander people) who need assistance with daily living to remain living independently at home and in the community.

Eligibility
A frail older person is one who is:

- aged 65 years and over (or 50 years and over for Aboriginal and or Torres Strait Islander people)
- has difficulty performing activities of daily living without help due to functional limitations (including cognitive, e.g., communication, social interaction, mobility, or self-care)
- lives in the community.

Details about the service types provided under this sub-program are provided in the following tables, including service type definitions, service sub-types, service settings and out-of-scope activities.

CHSP service type referrals

In general, where a couple in a household has the same assessed need, it may not be appropriate to receive a referral for the same service type. Examples may include Domestic Assistance, Home Maintenance and Home Modifications.

Clients may be able to access more than one referral for the same service type in certain circumstances. For example:

- Allied Health and Therapy services: a client may have a referral for Podiatry services and Physiotherapy services with these services provided by different CHSP Allied Health and Therapy providers.

- Transport: a client may access Transport services from one provider during the week and use another Transport referral with a second provider on weekends as that provider only provides weekend services.

Allied Health and Therapy Services

Service type: Allied Health and Therapy Services
Objective To provide services that restore, improve or maintain CHSP client's health, wellbeing and independence including time limited services to support wellness and reablement goals.
Service type description Allied Health and Therapy Services focus on restoring, improving, or maintaining clients' independent functioning and wellbeing. This is done through a range of clinical interventions, expertise, care and treatment, education including techniques for self-management, technologies including telehealth technology, advice and supervision to improve people's capacity. These services assist clients to regain or maintain physical, functional and cognitive abilities which support them to maintain or recover a level of independence, allowing them to remain living in the community. Non-clinical services, including some diversional and preventative therapies, may be provided to clients under this service type, however, these must be complementary supports for the client and not delivered in isolation from the focus of this service delivery. Allied Health and Therapy Services funded under the CHSP include (but are not limited to): • Aboriginal and or Torres Strait Islander Health worker • diversional therapy • exercise physiology • formal counselling from a qualified social worker or psychologist • hydrotherapy • nutritional advice from an Accredited Practising Dietitian or a qualified nutritionist • occupational therapy • other allied health and therapy services* • physiotherapy • podiatry

Service type: Allied Health and Therapy Services

- social work
- speech pathology

Note: This list of services is not exclusive and CHSP providers are not expected to provide all the activities listed.

There are 2 models of service provision for this service type available depending on intensity. These are additional service sub-types to those listed above.

Providers must indicate which (or both) of the models they are able to deliver, and which specific Allied Health and Therapy service they will provide under that model. It is anticipated that CHSP providers will be able to deliver both models.

1) Ongoing Allied Health and Therapy services

Providers can deliver one or more of the services in the list above. The provider will need to identify exactly which services to deliver. These services are of an ongoing or intermittent nature, are delivered on an individual or group basis and provided at a low intensity or frequency, with a maintenance or preventative focus, for example, regular podiatry for a client with diabetes and group exercise classes.

2) Restorative Care services

Providers can deliver a time-limited, allied health led approach to service delivery that focuses on clients who can make a functional gain after a setback, who are at risk of a preventable injury, or who need other allied health led services to maintain independence. These may be one to one or group services that are delivered on a short-term basis which are delivered by, or under the guidance of an allied health professional. Their goal is to increase the independence of clients.

When implementing restorative care services, providers must:

- Conduct an initial assessment of the client to establish a baseline from which progress or maintenance of function can be evaluated. This assessment must identify goals and must include the development of an individual plan for each client.
- Use measurable, objective, quantitative and qualitative indicators and record results associated with therapeutic goals or desired outcomes which include the client's functional ability. This should be done upon entry, at review and at discharge.
- Complete an outcome assessment documenting achievement or progress made against identified client goals prior to discharge for each client.

*Other Allied Health and Therapy Services should align to services recognised by the Australian Health Practitioner Regulation Agency (AHPRA). Further information on recognised practitioners is available on the AHPRA website.

Out-of-scope activities under this service type

Specialist post-acute care and rehabilitation services are out-of-scope and must not be purchased using CHSP funding.

Service type: Allied Health and Therapy Services
Service delivery setting (e.g. home/centre/clinic/community)
Services may be delivered in a client's home, a clinic, at a day centre, a group environment or other community setting.
Legislation
Providers must adhere to any relevant Commonwealth and/or state/territory legislation or regulations.
Output measure
Time, recorded in hours and minutes as appropriate. Type of care, identify which model/s will be delivered (i.e. ongoing Allied Health and Therapy Services and/or Restorative Care Services).
Staff qualifications
Allied health providers must meet their respective accreditation and registration requirements and operate within the scope of practice of their regulated or self-regulated body. For example, speech pathologists funded under the CHSP must hold the Speech Pathology Australia Certified Practising Speech Pathologist Credential. Depending on the respective accreditation and registration requirements, this may permit activities to be undertaken by assistant allied health professionals or less qualified staff.
Fees Client contribution amount recorded in the DEX fees field.

Domestic Assistance

Service type: Domestic Assistance
Objective To provide CHSP clients with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment, including time limited services to support wellness and reablement goals.

Service type description
Domestic Assistance is typically provided in the home and refers to:
 	
    • general house cleaning
    • linen services
    • unaccompanied shopping (delivered to home).
 	
It can include:
 	
    • bill paying (unaccompanied)

Service type: Domestic Assistance
- clothes washing and ironing   - collection of firewood (in remote areas)   - dishwashing   - help with meal preparation (where this is not the primary focus of service delivery)   - house cleaning   - shopping (unaccompanied)   - washing of household linen or provision and laundering of linen, usually by a separate laundry facility.   Domestic Assistance services may also include demonstrating and encouraging the use of techniques, specific aids and equipment to improve the person's capacity for self-management, build confidence and support client participation where appropriate.
Out-of-scope activities under this service type The level and frequency of Domestic Assistance services delivered to a client must directly relate to ensuring client safety in the home. CHSP providers do not give financial advice or offer to assist with managing a person's finances. Accompanied shopping, bill paying and attendance at appointments are not included under Domestic Assistance but are included under Social Support -Individual. Domestic Assistance providers are not expected to move or re-arrange heavy furniture or items that may put them at risk of injury or harm. Domestic Assistance providers are not expected to undertake larger spring cleans. End of lease cleans are considered to be out of scope.
Service delivery setting (e.g. home/centre/clinic/community) Normally provided in the home, however in special situations domestic assistance may be delivered at a centre where it is not feasible to deliver the service in the client's home. For example, a day centre may provide washing facilities so that Domestic Assistance can be delivered to an individual client.
Legislation Providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example relating to safe food handling and laundering practices.
Output measure Time, recorded in hours and minutes as appropriate.
Staff qualifications Where additional services are performed in conjunction with Domestic Assistance, such as personal care, requirements relating to that additional service apply.

Service type: Domestic Assistance
Fees
Client contribution amount recorded in the DEX fees field.

Goods, Equipment and Assistive Technology (GEAT)

Service type: GEAT
Objective
To provide access to goods, equipment, or assistive technology, which enables the client to perform tasks they would otherwise be unable to do. This includes promoting the client's safety and independence through time limited services to support wellness and reablement goals.
Service type description
GEAT are provided to assist a client to cope with a functional limitation and maintain their independence. Items include those that provide short-term and ongoing support and assist with mobility, communication, reading and personal care. These can be provided through loan or purchase.
Clients may need a range of items. This could be from inexpensive 'off the shelf' items, to customised equipment and technology which requires prescription by an allied health professional.
GEAT can be purchased under the CHSP under the following service sub-types:
• car modifications
• communication aids
• medical care aids
• other goods and equipment
• personal monitoring**
• reading aids
• self-care aids
• support and mobility aids (including contributing towards the cost of mobility scooters and vehicle modifications).
And include a wide range of items such as:
• adapted utensils
• assistive technologies such as robotic vacuum cleaners
• dressing aids
• low vision aids such as binoculars, electronic magnifiers and magnifying/reading software.
• over-toilet frames

Service type: GEAT
- sensor mats   - shower chairs   - walking frames.   Where a provider determines it is needed, a client may be referred to an allied health professional (e.g. occupational therapist or physiotherapist) for an assessment for items where professional advice is needed to ensure they are installed and used correctly. For example, toilet raisers, personal alarms and wheelie walkers. CHSP GEAT providers may also use grant funds to purchase an allied health assessment for their clients.
Funding caps for GEAT   - Generally, CHSP clients who are unable to purchase the item/s independently will be able to access up to $1,000 in total support per financial year.   - This cap applies per client, regardless of how many items are loaned or purchased, and includes any delivery/installation costs.   - It is not a cap applied per item.   - For example, a client may purchase or lease a walking frame and shower chair in the same financial year as long as the total cost for all items is not greater than the maximum annual cap.   - HCP care recipients can access up to $2,500 in total support per financial year for **urgent** GEAT (see 6.3).   - It is not a cap applied per item.   - The HCP care recipient will be required to pay any additional cost above this cap using private funds.   - They cannot use their HCP funds to pay the gap.   **Note:**   - These funding caps also apply where funds are used to contribute to the purchase of higher cost items such as mobility scooters and vehicle modifications.   - While some CHSP providers deliver occupational therapy and other allied health professional assessments, GEAT providers may also purchase assessment services privately from other organisations that do not receive funding through the CHSP. Any allied health professional assessments delivered or purchased must be reported in the DEX.   - As not all CHSP providers offer the same GEAT service or supply all equipment, clients may need to contact their local providers if they are seeking specific or customised items.
Out-of-scope activities under this service type   Items that are not related to the functional impairment (e.g. general household, furniture or appliances).

Service type: GEAT
- Items that are likely to cause harm to the participant or pose a risk to others.   - Equipment for managing medical conditions such as Continuous Positive Airway Pressure (CPAP) machines are out of scope and will need to be funded privately or through the health system.   - Hearing aids are out of scope of the CHSP. Clients may be able to access support through the Hearing Services Program.

Use of funds including any target areas

When recording the total cost for GEAT, CHSP providers should ensure the total cost includes the item cost and any other charges (if applicable), including service fee, delivery, and installation.

CHSP providers can use GEAT funds to provide services that may be needed to provide equipment for a client, including:

- specialised assessment for items
- providing training or support using the item
- installing, maintaining or repairing the item.

These hours must be reported as Allied Health and Therapy Services hours if they were delivered by an allied health professional.

Items that are not low risk should be prescribed by an appropriate allied health professional. CHSP providers may purchase allied health professional assessments for clients requiring prescribed items such as personal alarms, toilet raisers and wheelie walkers.

Specific funding advice

The CHSP is not designed to replace existing state/territory managed schemes which provide medical aids and equipment (e.g. Medical Aids Subsidy Scheme).

CHSP providers are encouraged to access state and territory aids and equipment and personal alarm programs, where appropriate.

Providers may seek advice from the Independent Living Centre in their state (https://www.ilcaustralia.org/) on the types of equipment available, and which equipment best meets the client's needs.

GEAT2GO

GEAT2GO should only be used as a provider of **last choice**. Due to high volume of orders, GEAT2GO will close their ordering portal early in each month and reopen on the first day of the next month. Prescribers will be able to submit their 'draft' saved orders when it reopens.

**Personal alarms

Personal alarms are **not** low risk items. While for many clients an alarm is an appropriate device, this is not always the case. Personal alarms should only be ordered at the request of the client.

Service type: GEAT
Research shows that personal alarms are most suitable for older people who:

Research shows that personal alarms are most suitable for older people who:

- have had a recent fall or are at risk of a fall, or recent illness
- have limited or no family/friends to check in on their wellbeing
- have a medical condition that increases the risk of requiring immediate assistance.

Research has also highlighted the importance of follow-up with the client to set up the alarm, provide instruction and encouragement on use, and to identify any issues that arise with use. This will help ensure proper use of the alarms.

Clients with cognitive impairment or complex needs should be referred for an assessment by an allied health professional such as an occupational therapist for the most appropriate alarm options according to the client's specific needs and capabilities.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.

Output measure

Quantity – number of items purchased or loaned.

Cost in dollars –the amount that the provider spent (noting the cap of $1,000 applies per client per year). Cost is total amount for **ALL** items (including delivery/installation costs and wrap-around service costs).

Notes:

- Both fields are mandatory and must be reported.
- Hours of Allied Health and Therapy Services delivered must be recorded separately in the DEX if applicable.
- Providers must record the amount spent in the 'Notes' section of the My Aged Care client record.

Staff qualifications

Training for clients in the use of GEAT should be provided by people with appropriate knowledge and skills.

Allied health providers must meet their respective accreditation and registration requirements and operate within the scope of practice of their regulated or self-regulated body.

Fees

Client contribution amount recorded in the DEX fees field.

Home Maintenance

Service type: Home Maintenance

Objective

To provide Home Maintenance services that assist clients to maintain their home in a safe and habitable condition.

Maintenance services provided must be linked to assisting clients to maintain their independence, safety, accessibility and health and wellbeing within the home environment. Maintenance services can also assist in creating a home environment that facilitates a client's wellness and reablement goals.

Service type description

Home Maintenance services provided to clients must focus on repairs or maintenance of the home and garden to improve safety, accessibility and independence for the client, by minimising environmental health and safety hazards.

This includes:

- home and yard maintenance and repairs that mitigate or remove identified risks to a client's health and safety
- services targeted at maintaining a home environment which supports a client's wellness and reablement goals.

Services refer to:

- garden maintenance
- major home maintenance and repairs
- minor home maintenance and repairs.

An aged care assessment is important for developing initial home and yard maintenance plans.

Activities funded can include a range of maintenance or repair tasks such as:

- accessible, low maintenance garden redesign to support wellness and reablement goals
- minor plumbing, electrical and carpentry repairs where client safety is an issue
- repair of internal flooring and external access pathways to address slip and trip hazards
- secure access issues for clients' personal safety
- working-at-height related repairs or cleaning for client health and safety i.e. gutters, roofs, windows, ceilings, smoke alarms
- **yard maintenance – essential pruning, yard clearance or lawn mowing where there are issues for client safety and access.

**Yard maintenance

Service type: Home Maintenance
The provision and frequency of ongoing Home Maintenance services for lawn mowing and garden pruning must directly relate to assessed client need in terms of maintaining accessibility, safety, independence or health and wellbeing and be subject to regular review. Consideration may be given to adjustments in frequency with respect to seasonal changes, for example, mowing less often in winter than summer as long as the client's safety and accessibility is maintained. These are basic services primarily for function and safety, not for aesthetic effect.

Out-of-scope activities under this service type
 	
• Yard maintenance and gardening services must directly relate to ensuring client safety, not maintaining a garden's visual appeal or aesthetic value. Extensive gardening services include:
    o planting and maintaining crops, natives and ornamental plants
    o installation, maintenance and removal of garden beds, compost heaps, watering systems, water features and rock gardens
    o landscaping, are outside the scope of this service type.
• General renovations of the home must not be purchased using CHSP funding.
• Services that are the responsibility of other parties, for example, private rental landlords, government housing, Local Government Authorities or where damage to a property is covered by insurance.
• Purchase of external home security systems.
• Assistance packing and unpacking of removal boxes for the purpose of moving house.
 	
Note: Services will not be delivered where another entity holds responsibility for maintenance or repair to the home. This applies to:
 	
• where similar Government support is already provided
• where it is a state or territory government responsibility to provide this type of support.
 	
For example, CHSP clients living in social housing would receive home maintenance and repair support through their state or territory government but may still hold responsibility for the maintenance of their yard.

Service delivery setting (e.g. home/centre/clinic/community) The client's home and/or yard where the client holds responsibility for the maintenance or repair of same.
Legislation CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and local council authority regulations when work is done by licensed or registered tradespeople.
Output measure Time – the total number of hours and minutes (as appropriate).

Service type: Home Maintenance
Cost in dollars – the total amount based on time spent.   **Notes:** Both fields are mandatory and must be reported.
Staff qualifications   CHSP providers must adhere to any legislative or regulatory requirements where the work is undertaken by licensed or registered tradespeople.
Fees   Client contribution amount recorded in the DEX in fees field.

Home Modifications

Service type: Home Modifications
Objective   To provide home modifications that increase or maintain levels of independence, safety, accessibility and wellbeing. Modification services can also assist in creating a home environment that supports wellness and reablement and restorative practices.
Service type description   The intent of the CHSP is to primarily fund simple home modifications for wellness and safety purposes (i.e. modifications that would incur a cost of less than $1,000 to the Commonwealth).   The Commonwealth contribution to the cost of a complex modification is capped at $10,000 and applies per client per financial year. Any cost over the cap must be paid by the client privately.   Services are provided to assist eligible clients with the organisation and cost of simple home modifications, and where clinically justified, more complex modifications.   Home modifications provide changes to a client's home to increase or maintain the person's functional independence so that they can continue to live and move safely about the house.   Examples of Home Modification activities include: • access and egress pathways through a property   • appropriate lever tap sets or lever door handles   • grab rails in the shower   • installation and fitting of emergency alarms and other safety aids and assistive technology   • internal and external handrails   • ramps (permanent and temporary)   • lifts (noting CHSP providers can only contribute up to $10,000 per client per financial year, with the client covering the remaining costs).   • step modifications.

Service type: Home Modifications
In some clinically justified circumstances, Home Modifications also include: • bathroom redesign (e.g. lowering or removal of shower hobs, changes to design lay out to improve accessibility) • kitchen redesign (e.g. lowering kitchen bench tops, changes to design layout to improve accessibility) • widening doorways and passages (e.g. to allow wheelchair access). Home Modifications are provided to improve safety, accessibility and independence within the home environment for the client. CHSP providers must undertake home modifications in line with the Building Code of Australia and in accordance with state and territory building regulations. These include: • hand-held showers and sliding shower rails • removal of shower screens/doors – installation of weighted shower curtains • doorway wedges less than 35 mm rise • slip-resistant flooring/step treatments including highlighter strips • lowering or removal of shower hobs • lever taps and door handles • repositioning of clotheslines, letterboxes • widening of pathways. **Assessment** Generally home modifications will require a specialised functional assessment of the client to be done by an occupational therapist. They will assess a client's need for home modification and consider alternative solutions, such as GEAT. Home Modification providers may use grant funds to purchase occupational therapy assessments for their clients to help determine their specific care needs and requirements. Clients can arrange and purchase a private occupational therapist assessment and providers can accept this report if it is current and specific to the purpose. More information about occupational therapy is available on the Occupational Therapy Australia website. Any occupational therapy assessments purchased or delivered must be reported on the DEX.
Out-of-scope activities under this service type • general home renovations • capital works.
Service delivery setting (e.g. home/centre/clinic/community) Client's home.

Service type: Home Modifications
It is the responsibility of the client to investigate and gain any permission needed before modifications are done. This includes permission to modify a private property the client is renting, strata scheme permission or local council authority where applicable. CHSP providers can include supporting the client through this process as part of the project management activities. **Note:** Services will not be delivered where another entity has responsibility for structural changes to the home. This applies: • when similar government support is already provided through other programs or • where it is a state or territory government responsibility to provide this type of support. For example, clients living in social housing would receive home modification support through their state or territory government).
Use of funds including any target areas Funds must be targeted towards lower cost modifications that meet client needs. Any modification above the $10,000 cap must be paid by the client. CHSP providers can use their Home Modification funds flexibly to obtain appropriate services for clients where clinically justifiable to increase independence within the home. CHSP providers may purchase occupational therapy assessments for clients depending on the complexity of home modifications.
Specific funding advice Funding can be used to cover both the labour costs and the materials cost or only some part of this, for example, the initial work including measurement of the home, planning processes and for project management of the modification.
Legislation CHSP providers must comply with relevant Commonwealth and/or state/territory legislation, local government authority regulations and the Building Code of Australia. This includes holding appropriate licences and insurances for the safe handling and removal of asbestos.
Output measure Cost in dollars. Types of modification – activity provided, including any occupational therapy assessments funded through this service type. **Notes**: • Both fields are mandatory and must be reported.

Service type: Home Modifications
• CHSP providers must also record the amount spent in the 'Notes' section of the My Aged Care central client record. • Hours of Allied Health and Therapy Services delivered as part of the overall service to the client by an allied health professional must be reported in the DEX under Home Modifications, and the activity included in the description of activities provided.
Staff qualifications CHSP providers must adhere to any national or state and territory building regulations. The work must be undertaken by qualified people.
Fees Client contribution amount recorded in the DEX fees field.

Meals

Service type: Meals
Objective To provide CHSP clients with access to meals.
Service type description The Meals service type refers to: • meals prepared and delivered to the client's home • meals prepared in distribution centres ('meal hubs') for other CHSP Meals providers • meals provided at a centre or other setting. Providing meals to CHSP clients at home, a centre or in another setting has a range of benefits, including informal health monitoring of clients and supporting social participation for example, through spending time with the client when delivering the meal and social interactions at a centre or other setting. The term 'Meals' recognises and includes all varieties of service models in operation, including the provision of main meals such as 2 and 3-course lunches and dinners and complementary meal options such as breakfast and snack packs. When accompanying the client and if needed, carers of clients accessing CHSP meal services may also receive a meal provided at a centre or other setting. CHSP Meals offers a range of fresh and frozen service options.
Out-of-scope activities under this service type This service type does not include meals prepared in the client's home. This service does not include meals to carers when meals are delivered to the client's home.

Service type: Meals
Carers may be able to access CHSP Meals at full cost recovery.

Service delivery setting (e.g. home/centre/clinic/community)

Delivered to the client's home or another CHSP provider to distribute to CHSP clients or provided at a centre or other setting. Centres may include, but are not limited to, senior citizen centres and other community-based venues.

Use of funds including any target areas

For meals delivered to the client at home, funds must assist in paying for the production and distribution of the meal. Funding for meals at a centre or other setting must assist in paying to produce the meal.

Funding may be used to access dietetic advice from an Accredited Practising Dietitian where required.

As social security payments provide for the cost of living, it is expected that the cost of the ingredients of the meal will be covered by the client, such as through their personal income, pension etc.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example relevant state and territory safe food handling practices.

Output measure

Number of meals provided. Meals provided to a carer accompanying the client at a centre should be counted separately as a support person in DEX.

If meals are provided as part of the main service being delivered, for example, meals provided as part of a Centre Based Respite or Social Support Group social excursion, this should not be counted or reported separately within the DEX. If the provider receives separate funding to deliver both Meals and Social Support Group and/or Centre Based Respite, any meals delivered as part of the group or respite activity must be reported under that service type within the DEX and not separately as an output under the Meals service type.

Where a provider delivers for example, a 2-course meal (e.g. a main and dessert) this would be considered as one meal. Similarly, if a provider delivered a larger portion to a client, but it was still intended to be a part of the same meal, for reporting purposes, this would also be counted as one meal.

By contrast, if a provider delivered dinners intended for two meals across the week, this would be considered 2 meals.

Providers receiving meals via a meal distribution centre (meals hub) must report within the DEX when the meal is delivered to the client.

The meals hub provider must not report any meals within the DEX, unless the meal is provided directly to the client.

Service type: Meals
Staff qualifications
All paid staff and volunteers involved in preparation and handling of food must adhere to safe food handling practices including personal hygiene and cleanliness and must be provided with information regarding safe food handling as it relates to their activities.
Fees
Client contribution amount recorded in the DEX in the fees field.

Nursing

Service type: Nursing
Objective
To provide treatment and monitoring of medically diagnosed clinical conditions to support CHSP clients to remain living at home.
Service type description
Nursing care is the clinical care provided by a registered or enrolled nurse. This care is directed to treatment and monitoring of medically diagnosed clinical conditions and can include use of telehealth technologies to support nursing care and recording client observations. Nursing service can be short-term or intermittent to support the client's needs. Nursing services can include wound care. Nursing services also play a role in education of clients. This education includes maintenance of good health practices and the delivery of treatments and care that improve a client's ability to self-manage. Nursing care includes and allows the delegation of nursing-related tasks to other workers, including personal care workers. Where nursing tasks are delegated to a personal care worker and the provider does not have personal care workers on staff, the provider should contact My Aged Care to facilitate the client's access to that support. **Note:** CHSP nursing services are not intended to replace or fund support services more appropriately provided under another system, such as the health system or palliative care services.
Out-of-scope activities under this service type
Palliative care and nursing services that would otherwise be done by the health system are not funded under the CHSP. These (complementary) services are considered out-of-scope because government funding is already provided for them through other government programs, for example, where only post-acute nursing care is required.

Service type: Nursing
However, a client can receive non-health related CHSP services in conjunction with post-acute services. After this, support services must be reviewed to determine whether the client's current needs are being met, for example following a hospital stay, noting that clients should access appropriate community nursing services following a hospital stay in the first instance.
Service delivery setting (e.g. home/centre/clinic/community)   Nursing care can be delivered in the client's home, a centre, clinic or other location. It is expected they will be primarily delivered in the client's home.
Legislation   CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure   Time, recorded in hours and minutes as appropriate).   Where nursing is provided, including training of a personal care worker to undertake delegated tasks, this should be recorded as nursing hours. Where personal care tasks are provided this should be recorded as personal care hours.
Staff qualifications   Nursing care must be provided by a Registered Nurse or an Enrolled Nurse. Nursing-related tasks may be overseen by a Registered Nurse or Enrolled Nurse. Nursing care allows the delegation of nursing-related tasks to other workers, including personal care workers.
Fees   Client contribution amount recorded in the DEX fees field.

Other Food Services

Service type: Other Food Services
Objective   To educate, train and re-skill CHSP clients in preparing and cooking a meal in their own home to promote their independence and support their wellness and reablement goals.
Service type description   Other Food Services refers to: - Assistance with preparing and cooking a meal in a client's home to promote knowledge, skills, independence, confidence and safety.   - Advice on food including food preparation and nutrition, and lessons and training in food storage and safety.

Service type: Other Food Services
Out-of-scope activities under this service type
This does not cover the delivery of a meal prepared elsewhere or providing shopping services for clients.
Service delivery setting (e.g. home/centre/clinic/community)
The client's home is the primary setting. Some group-based education activities, for example, education classes about nutrition, however, may occur at centres. .
Use of funds including any target areas
Funding must be used for activities that directly involve the client and promote their independence through education and re-skilling activities.
Legislation
CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example safe food handling practices.
Output measure
Time, recorded in hours and minutes as appropriate.
Staff qualifications
All paid staff and volunteers involved in the preparation and handling of food must be provided with information regarding safe food handling as it relates to their activities. CHSP providers are required to comply with state and territory-based references and guidelines relevant to safe food handling practices.
When advice on nutrition is required, it must be provided by an Accredited Practising Dietitian, a Certificate IV Nutrition and Dietetics Assistant under the guidance of an Accredited Practising Dietitian, or a qualified nutritionist.
Fees
Client contribution amount recorded in the DEX fees field.

Personal Care

Service type: Personal Care
Objective
To provide CHSP clients with support in activities of daily living that help them maintain appropriate standards of hygiene and grooming including time limited services to support wellness and reablement goals.
Service type description
Personal care provides assistance with activities of daily living selfcare tasks to help a client maintain appropriate standards of hygiene and grooming, including:
• assistance with self-care

Service type: Personal Care

- assistance with client self-administration of medicine.

Activities can include support with:

- eating
- bathing
- toileting
- dressing
- grooming
- getting in and out of bed
- moving about the house
- assisting with client self-administration of medicine (including from dose-administration aids and reporting of failure to take medicines).

Services may also include demonstrating and encouraging the use of techniques to improve the client's capacity for self-management and building confidence in the use of equipment or aids (e.g. bath seat or handheld shower hose) to support wellness and reablement goals.

Service delivery setting (e.g. home/centre/clinic/community)

Personal care is normally provided in the home. In special situations personal care assistance may be delivered at a centre or other community setting because it is not feasible to deliver the service in the client's home.

This may be because the client is homeless, itinerant or living in a temporary shelter and the centre is able to provide the shower and washing facilities required for client care.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.

State and territory legislation governs medication management. Providers must consider all relevant legislation and guidelines in developing policies and procedures around assistance with client self-administration of medicine, including from dose-administration aids and reporting of failure to take medicines.

Output measure

Time, recorded in hours and minutes as appropriate.

Staff qualifications

For personal care, including assistance with client self-administration of medicine, a Certificate III in aged/community care or equivalent is desirable.

This includes any circumstances where nursing-related tasks are delegated to personal care workers which is permitted under the CHSP (see Nursing service type).

Fees

Service type: Personal Care
Client contribution amount recorded in the DEX fees field.

Social Support Group

Service type: Social Support Group
Objective To assist CHSP clients to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction whilst facilitating their wellness and reablement goals.
Service type description Social Support Group provides an opportunity for clients to attend and participate in social interactions which are usually conducted away from the client's home and in, or from, a fixed base facility or community-based settings. These structured activities are provided in a group-based environment and designed to develop, maintain and support social interaction and independent living. Activities may take the form of: • group-based activities held in or from a facility/centre (e.g. pre-set or individually tailored activities promoting physical activity, cognitive stimulation and emotional wellbeing) • group excursions conducted by centre staff but held away from the centre • online group activities facilitated by the CHSP provider, which may include computers, laptops or devices owned by or leased to clients. Services may include light refreshments and associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre. Social Support Group providers may use grant funding to purchase IT equipment, including tablets, laptops, and internet subscriptions to help connect clients to their family, carers and social groups. This support is capped at $500 per client per year (or up to $1,000 in exceptional circumstances). This does not include the purchase of smart phones or phone plans. **Note:** HCP care recipients who are former CHSP clients and are still attending a social support group cannot access the IT equipment funding.
Out-of-scope activities under this service type • Social gatherings that do not specifically aim to support client's social inclusion and independence. • Personal Alarms and Home Monitoring Equipment.
Service delivery setting e.g. Home/Centre/Clinic/Community

Service type: Social Support Group
Usually centres or fixed-base facilities but can include community settings away from the centre (e.g. group excursions).
Legislation   CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure   Time, recorded in hours and minutes as appropriate.   If a provider delivers transport to/from a centre and receives funding to deliver both CHSP Transport and Social Support Group, they should record the transport to/from the centre separately to the Social Support Group activity. Where Transport is provided (separate to any excursion) to a carer accompanying the client, this should also be counted.   CHSP providers that are not funded for Transport may incorporate the cost of transporting clients to their Social Support Group unit price but should not report them as separate Transport outputs in the DEX. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. Any meals provided as part of an excursion or activity within the centre's program will not be counted as a separate meal service.   IT equipment purchased under this service type should be separately reported under the GEAT service type.
Staff qualifications   Appropriately qualified staff must be used to conduct activities of a specific nature, such as allied health activities or exercise programs.   Where staff or volunteers are involved in other activities as part of Social Support Group, they must have relevant qualifications, for example any food handling and meal preparation must adhere to safe food handling practices including personal hygiene and cleanliness.
Fees   Client contribution amount recorded in the DEX fees field.

Social Support Individual

Service type: Social Support Individual
Objective   To assist CHSP clients to participate in community life and feel socially included through meeting their need for social contact and company whilst facilitating their wellness and reablement goals.
Service type description

Service type: Social Support Individual

Social Support Individual is assistance provided by a companion (e.g. paid worker or volunteer) to an individual, either:

- within the home environment, or
- while accessing community services.

Social Support Individual is primarily directed to meeting the client's need for social contact and/or company to participate in community life.

Services funded include:

- visiting services
- telephone and web-based monitoring services to help connect clients to their community (e.g., assist people with sensory impairments or living in geographically isolated areas)
- accompanied activities (e.g., assisting the person through accompanied shopping, bill-paying, attendance at appointments and other related activities).

Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to a couple.

Social Support Individual providers may use grant funding to purchase IT equipment, including tablets, smart devices and internet subscriptions to help connect clients to their family, carers and social groups. This support is capped at $500 per client per year (or up to $1,000 in exceptional circumstances). This does not include the purchase of smart phones or phone plans.

Out-of-scope activities under this service type

- Unaccompanied activities such as bill-paying and shopping, which are considered Domestic Assistance.
- Social support provided to the client in a group-based environment at, or from a fixed base facility away from their residence, which is considered Social Support Group.
- Care workers may assist clients to schedule medical appointments and can wait for the client in the waiting room but are not required to attend the medical consultation.
- Personal alarms and home monitoring equipment.

Service delivery setting (e.g. home/centre/clinic/community)

Client's home or community setting.

Use of funds including any target areas

Funding must be targeted at supporting clients to participate in community life.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.

Service type: Social Support Individual
Output measure
Time, recorded in hours and minutes as appropriate.
IT equipment purchased under this service type should be separately reported under the GEAT service type.
Staff qualifications
Where staff or volunteers are involved in other activities as part of Social Support Individual, they must have relevant qualifications. For example, any food handling and meal preparation must adhere to safe food handling practices including personal hygiene and cleanliness.
Fees
Client contribution amount recorded in the DEX fees field.

Transport

Service type: Transport
Objective
To provide CHSP clients with access to transport services that supports their access to the community.
Service type description
Transport refers to the provision of a structure or network that delivers accessible transport to eligible clients and includes: • direct transport services which are those where the trip is provided by a worker or a volunteer   • indirect transport services including trips provided through vouchers.   Transport services assists CHSP clients to remain actively connected with their local community. Transport services aim to assist clients to continue with their usual activities, such as attending community groups or medical appointments, enabling them to keep active and socially engaged.   Clients can access more than one transport referral where the need is not met by a single provider. For example, a client can have one referral for a transport provider for weekdays and one referral for a one-off medical transport or weekend trip which is not provided by the weekday provider. Clients should contact My Aged Care for assistance with accessing these referrals.
Service delivery setting (e.g. home/centre/clinic/community)
Includes, but is not limited to, Transport services provided to or from facilities or the client's home.
Use of funds including any target areas

Service type: Transport
• Funding must be used for non-assisted/assisted transport and planned (group) and on-demand (individual) services. • The clients' carer accessing CHSP transport services may accompany those clients when using those services where required. • Transport providers may only use CHSP funding to lease, rather than purchase vehicles.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example holding appropriate licenses, meeting state accreditation standards and meeting any legislated access requirements.

All CHSP services must be able to offer accessible service options to people with physical or sensory disabilities.

Output measure

Number of one-way trips.

CHSP providers are to count clients and carers separately when reporting outputs within the DEX.

Only trips provided are to be reported as an output measure.

If Transport is funded under CHSP and provided as a related, but still separate service for example the transport of clients attending a Day Therapy Centre, when reporting in DEX, this should be counted as a separate service for each trip, in addition to the attendance at the Day Therapy Centre.

Where Transport forms part of the main service being delivered (e.g. a bus trip as part of a Social Support – Group social excursion) this should not be counted or reported separately within the DEX.

Note: CHSP Transport services are not intended to replace or fund transport services more appropriately provided under another system, such as state/territory administered patient transport services.

Staff qualifications

Drivers of transport services must hold an appropriate licence.

CHSP providers must also take reasonable care to ensure the safety of all concerned where paid staff or volunteers are providing transport services.

It is the responsibility of the provider to ensure they are meeting their work health and safety responsibilities for safe driving and client transport practices.

Fees

Client contribution amount recorded in the DEX fees field.

Specialised Support Services (SSS)

Service type: Specialised Support Services (SSS)
SSS refers to specialised advisory services for CHSP clients who are living at home with a clinical condition and/or specialised needs.

Service type description

The SSS service type refers to specialised advisory services for CHSP client with a clinical condition and/or specialised needs.

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

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

Services provide a holistic and integrated approach for people with diverse and/or individualised needs, comprising a mix of advisory, targeted support and tailored advice.

Note: Services are not intended to substitute primary health services or allied health services available through the health care system or other CHSP services.

These services may include:

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

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

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

**Advisory and support services

Client advocacy is now referred to as 'advisory and support services' and includes services to clients who have a clinical condition or identify with one or more of the diverse groups in aged care. Services provided should not duplicate services available through other government funded programs such as the care finder

Service type: Specialised Support Services (SSS)

program, Veterans' Home Care Services and Disability Support for Older Australians.
 	
Advisory and support services target clients and their families who can proactively access aged care services without needing intensive one-on-one support. The services include:
 	
• Capacity building supports to:
   o help clients to maintain their independence and build skills to better manage their clinical condition
   o and understand their individual needs when accessing aged care services.
• Linking support to help clients access My Aged Care and other services.
 	
Interaction with the care finder program
 	
New clients should be referred to a care finder if they meet the eligibility criteria, particularly clients who are isolated and are from vulnerable or diverse groups who require intensive one-on-one support.
 	
Existing SSS clients who are eligible for a care finder may wish to remain with their current SSS services provider.

Reporting SSS providers are responsible for monthly reporting through the DEX. Providers can report client-facing services under continence advisory services, dementia advisory services, vision services, hearing services, other support services and client advocacy for diverse groups in aged care. The following reporting requirements must apply: • Advisory and support services (including for diverse groups in aged care) must be reported under client advocacy. • Services reported under other support services must only include services to clients with other clinical conditions not listed in the service sub-type levels.   o This may include (but is not limited to) other conditions such as motor neurone disease or other neurological conditions.
Out-of-scope activities under this service type • Clinical or other specialised services that are more appropriately delivered through the health system. This includes services that are already funded under other Commonwealth, state, territory or local government programs are not within scope. • Financial advice. CHSP clients requiring financial advice should be directed to appropriate services to receive this support. • The training and placement of guide dogs for people who are vision impaired. These supports are a state/territory government responsibility.

Service type: Specialised Support Services (SSS)
• In terms of continence assistance, CHSP SSS offers continence advisory services. The CHSP does not provide funding for continence pads. Clients can access other GEAT items that can be used to manage continence issues, such as chair pads, bed pads, and floor mats. Additional support is available through the Continence Aids Payment Scheme (CAPS).

Service delivery setting (e.g. home/centre/clinic/community)

Varied settings.

Use of funds including any target areas

CHSP providers can use funds to support clients with non-clinical specific needs for those with:

- dementia
- incontinence
- vision impairment
- hearing loss
- other specialised needs for diverse groups in aged care.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.

Output measure

Time, recorded in hours and minutes as appropriate.

Outputs recorded should include delivery of all advice and support.

Note: both fields are mandatory and must be reported.

Staff qualifications

Appropriately qualified staff must be used to conduct activities.

Allied health providers must meet their respective accreditation and registration requirements and operate within the scope of practice of their regulated or self-regulated body. Depending on the respective accreditation and registration requirements, this may permit activities being done by assistant allied health professionals or less qualified staff.

Fees

Client contribution amount recorded in the DEX fees field.

Client scenario – Specialised Support Services

Harry – CALD background

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

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

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

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

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

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

5.2 Care Relationships and Carer Support

Objective

To support and maintain care relationships between carers and clients, through providing good quality respite care for frail older people so that carers can take a break.

Target population

Frail older people (CHSP clients) are the recipients of planned respite services, providing their carers with a break from their usual caring duties.

Eligibility

CHSP clients who require planned respite services to support and assist with maintaining the caring relationship.

Consideration for carers

CHSP providers should consider models of respite care that support CHSP clients with carers in employment, training or study. This may include for example, the availability of respite services outside of current standard operating hours, to assist carers to balance work, caring responsibilities and assist with reducing carer strain.

Details on the planned respite service types funded are provided in the tables on the following pages, including a service type definition and service settings.

Centre-based Respite

Service type: Centre-based Respite
Objective To support and maintain care relationships between carers and clients, through providing good quality respite care for CHSP clients so that carers can take a break.
Service type description Respite care is available to CHSP clients. This service benefits the client's carer through providing supervision and assistance to the client. The carer may or may not be present during the delivery of the service. Centre-based respite care includes: • Centre-based day respite – provides structured group activities to clients to develop, maintain or support independent living and social interaction conducted in a community setting. • Residential day respite – provides day respite in a residential facility to the client.

Service type: Centre-based Respite

- Community access group – provides small group day outings to give clients a social experience and offer respite to their carer.

CHSP providers are required to structure services in such a way that allows them to be as responsive as possible to requests from carers for short-term or non-ongoing respite.

Residential day respite is defined as day respite in a residential facility (where the booking cannot be used for overnight stays).

Out-of-scope activities under this service type

Residential respite that is delivered under the *Aged Care Act 1997* (see Glossary).

Service delivery setting (e.g. home/centre/clinic/community)

Varied group-based settings including a centre and respite delivered as an outing etc.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.

Output measure

Time, recorded in hours and minutes as appropriate.

If a CHSP provider delivers transport to/from a centre and receives funding to deliver both CHSP Transport and Centre-Based Respite, they should record the transport to/from the centre separate to the respite activity.

CHSP providers that are not funded for Transport may incorporate the cost of transporting clients into their Centre Based Respite unit price but should not report them as separate Transport outputs in the DEX.

Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service.

Any meals provided as part of centre-based respite within the centre's program should not be counted as a separate meal service.

Staff qualifications

Where additional services are performed e.g. personal care, in conjunction with respite – requirements relating to that additional service apply.

Fees

Client contribution amount recorded in the DEX Fees field.

Cottage Respite

Service type: Cottage Respite
Objective

Service type: Cottage Respite
To support and maintain care relationships between carers and clients, through providing good quality respite care for CHSP clients so that carers can take a break.
Service type description
Respite care benefits the carer through providing supervision and assistance to the client. The carer may or may not be present during the delivery of the service.
Cottage respite (overnight community respite) provides overnight care delivered in a cottage-style respite facility or community setting. It is delivered in a place other than the home of the carer, care recipient or host family.
CHSP providers are required to structure services in such a way that allows them to be as responsive as possible to requests from carers for short-term or non-ongoing respite.
Out-of-scope activities under this service type
Residential respite that is delivered under the *Aged Care Act 1997.* (See Glossary).
Service delivery setting (e.g. home/centre/clinic/community)
Cottage settings.
Legislation
CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure
Time, recorded in hours and minutes delivered in a night.
Staff qualifications
Overnight respite can have unique risks for CHSP providers and clients.
Providers need to identify and manage risk through consistent use of the Aged Care Quality Standards or any standards that replace them, the CHSP Grant Agreement and relevant state and territory legislation.
Where additional services are performed (e.g. personal care) in conjunction with respite – requirements relating to that additional service apply.
Fees
Client contribution amount recorded in the DEX fees field.

Flexible Respite

Service type: Flexible Respite
Objective

Service type: Flexible Respite
To support and maintain care relationships between carers and clients, through providing good quality respite care for CHSP clients so that carers can take a break.

Service type description

Respite care benefits the carer through providing supervision and assistance to the client. The carer may or may not be present during the delivery of the service.

Flexible respite care includes:

- In-home day respite – provides a daytime support service for carers of clients needing assisted support in the carer's or the client's home.
- In-home overnight respite – provides overnight support service for carers of clients needing assisted support in the carer's or client's home.
- Community access – individual – provides one-on-one structured activities to give clients a social experience to develop, maintain or support independent living and social interaction and offer respite to their carer.
- Host family day respite – day care received by a client in another person's home.
- Host family overnight respite – overnight care received by a client while in the care of a host family.
- Mobile respite – provides respite care from a mobile setting.
- Other – innovative types of service delivery to clients.

CHSP providers are required to structure services in such a way that allows them to be as responsive as possible to requests from carers for short-term or non-ongoing respite. Flexible Respite is not designed to provide domestic assistance, as described under Domestic Assistance services.

Out-of-scope activities under this service type

Residential respite that is delivered under the *Aged Care Act 1997*.

Group based respite.

Activities that are CHSP Domestic Assistance services.

Service delivery setting (e.g. home/centre/clinic/community)

Varied settings including the client's home, a host family's home, other suitable accommodation in the community and respite delivered as an outing etc.

Legislation

CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.

Output measure

Time, recorded in hours and minutes as appropriate.

Service type: Flexible Respite
Staff qualifications
Where additional services are performed (e.g. Personal Care) in conjunction with respite – requirements relating to that additional service apply.
Fees
Client contribution amount recorded in the DEX fees field.

Client scenario – Care Relationships and Carer Support

KERRY

Kerry is 75 years old. She is the carer for her 83-year-old husband, Ronald, who has incontinence and mobility problems due to muscle weakness. Kerry assists him with his personal care, drives him to appointments, and takes him on short outings. In the last 6 months Kerry has noticed her health beginning to suffer from concern about her husband and poor sleep. She is also finding it increasingly difficult to balance providing for his needs and continuing the activities she used to enjoy, such as croquet at the local club with her friends. Her sister suggests that Kerry calls My Aged Care to see what support she and Ronald may be eligible for. Kerry and Ronald both consent for My Aged Care to register them as clients and create client records. After screening by the contact centre, they are both referred for an aged care assessment.

During the assessment process, both of their care needs and goals are identified: including what help is needed to support Kerry (as carer) and the care relationship she has with her husband. As a result of the assessment, CHSP services are organised to meet their needs. For Ronald, this includes continence aids and fortnightly physiotherapy to address his muscle weakness. Two hours per fortnight of ongoing, flexible (in-home) respite care is also arranged. Over the coming weeks Ronald becomes comfortable with the respite worker and requests that the same staff member provides the respite services each time. The respite is scheduled at a time that allows Kerry to return to croquet. These CHSP services benefit Ronald and give Kerry more balance in her life.

5.3 Assistance with Care and Housing (ACH) – Hoarding and Squalor

Assistance with Care and Housing (ACH) sub-program aims to support those who are living with hoarding behaviour or in a squalid environment who are at risk of homelessness or unable to receive the aged care supports they need.

As of 1 January 2023, ACH only includes Hoarding and Squalor services. Previous ACH navigation services (known as Assessment - Referrals and Advocacy – Financial Legal) are delivered and funded through the care finder program.

Eligibility

Frail older or prematurely aged people who meet the following 3 criteria:

1. on a low income
2. living with hoarding behaviour and/or in a squalid living environment
3. at risk of homelessness or unable to receive the aged care services they need.

Prematurely aged people are those aged 50 years and over (or 45 years and over for Aboriginal and or Torres Strait Islander people) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.

The person being assessed for assistance under ACH, and who must meet the above eligibility requirement is regarded as the Principal Client (see Glossary). The Principal Client may have dependants, and these are regarded as co-habiting clients.

Co-habiting clients do not need to meet the eligibility requirements and are entitled to receive the same range of ACH support as Principal Clients. This is because the stability of the client household is important to the long-term viability of future accommodation arrangements.

Once an individual has been assessed as eligible to access ACH, they remain eligible for this service type and do not require a reassessment for ACH, even if they suspend services for several years. This applies to all ACH clients, regardless of age of entry into the ACH sub-program.

Clients who are eligible to access ACH are also eligible to access other CHSP services. Any additional CHSP services made available to an ACH client between the age of 50 and 65 (or between 45 and 50 for Aboriginal and or Torres Strait Islander people) must be targeted at avoiding or reducing the impact of hoarding and squalor situations. All clients must be assessed by an aged care assessor to determine eligibility and receive additional CHSP services.

Service considerations

To ensure ACH – Hoarding and Squalor clients are supported to receive the care they need to continue living in the community, providers funded to deliver ACH services:

- will undertake outreach services where appropriate to identify potential clients in need of assistance and keep in contact with those clients
- will coordinate and link support for clients in a goal focussed client management relationship
- interact and work with multiple services across a range of sectors
- ensure a rapid response to older people who are at risk of homelessness through one-on-one contact
- ensure a flexible and individualised service delivery response within the requirements of the broader CHSP
- must have strong links with the community, housing services and all aspects of the aged care sector
- will have access to translation and interpreting services under the CHSP to support clients
- provide opportunities for all associated services and programs to work cooperatively to meet the essential decluttering, cleaning, social support and community care needs of extremely vulnerable and disadvantaged members of the community
- coordinate a service response that is directed at addressing hoarding and squalor situations for the client and ensuring their care needs are met so they can continue to live in the community.

Working with care finders

It is recognised that a specialised approach is required for ACH – Hoarding and Squalor clients due to their particular circumstances. For these clients, ACH – Hoarding and Squalor providers or care finders may be a point of entry and assessment in addition to My Aged Care.

ACH – Hoarding and Squalor providers or care finders can help clients contact My Aged Care and work with aged care assessors, particularly during the assessment process, to understand what services are available and to find and choose services. It is also appropriate for aged care assessors to refer suitable clients identified during the assessment process to the ACH or care finders for further support.

CHSP providers should also update the client's My Aged Care client record with service information (including commencement date and frequency/volume of services). Where there are significant changes in need or additional services needed, providers can request a Support Plan Review, which may lead to a new assessment.

More information about care finders can be found on My Aged Care.

ACH Services – Hoarding and Squalor

Service type: ACH – Hoarding and Squalor
Objective To support those who are living with hoarding behaviour or in a squalid environment who are at risk of homelessness or unable to receive the aged care supports they need.
Service type description ACH – Hoarding and Squalor services support clients to access the most appropriate range of services to meet their immediate and ongoing needs. Hoarding and squalor support may be required to conduct early intervention and prevent estrangement from support services and a resultant decline in the person's welfare. In practice, it may take many interactions with the client for a provider to gradually develop trust, leading to a supportive professional relationship where de-cluttering and deep cleaning can occur and appropriate supports are in place. This requires persistence and a specialised capacity of the worker to manage challenging behaviour. When linking clients into services, clients may require a period of continued support to assist them to remain linked with those services. ACH providers are required to develop links with other local care services, including but not limited to: • CHSP providers • aged care assessors • residential aged care where appropriate • Home Care Packages • state and territory programs and resources • Veterans' Home Care services • health services • care finders • local government services • other services appropriate to the needs of the client, such as community care and other support services. Hoarding Disorder can be associated with health risks and can impact on an individual's friends and family. People experiencing Hoarding Disorder can be assisted by specialist intervention. ACH – Hoarding and Squalor services can be offered to clients experiencing symptoms of Hoarding Disorder or who are living in severe domestic squalor. The range of ACH – Hoarding and Squalor services may include:

Service type: ACH – Hoarding and Squalor
• developing a client plan • one-off clean-ups • review care plans • linking clients to specialist support services.
Out-of-scope activities under this service type • Assessment (referrals) and advocacy services (financial, legal), unless targeted at avoiding or reducing the impact of hoarding and squalor situations. • Permanent support and/or direct care provision. • Funding to purchase accommodation for clients. • ACH clients are exempt from paying a client contribution towards their services (see **Appendix F** for more information about the Guide to the National CHSP Client Contribution Framework).
Service delivery setting (e.g. home/centre/clinic/community) Varied – including a client's home, at a centre or clinic, in the community.
Use of funds including any target areas CHSP providers are funded to deliver hoarding and squalor services. They may provide clients with direct contact details for linked services, such as a care finder.
Legislation CHSP providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure Time, recorded in hours and minutes as appropriate.
Staff qualifications Staff must possess an appropriate level of knowledge and skills in relation to socially isolated and/or disadvantaged people.

Client scenario – ACH Hoarding and Squalor

FRANCESCO

Francesco is a 72-year-old man who lives in a social housing apartment complex. He has difficulty with hearing and has been in and out of hospital due to his multiple physical health conditions. Francesco was also recently hospitalised for scabies.

A social worker was assigned to him in hospital, who contacted a local aged care organisation that provided the CHSP ACH – Hoarding and Squalor services. The social worker set up a meeting with the representative care manager to discuss Francesco's situation. Francesco explained to the care manager that his physical health and mobility had declined, it had become more difficult for him to stay on top of his cleaning, and the house had become unsafe and messy. He was experiencing urinary incontinence and due to the cluttered apartment, he had difficulty making it to the bathroom resulting in spills on the carpeted floors which were hard for him to clean up.

After providing a clear explanation regarding the services and gaining Francesco's consent, a deep clean occurred in his apartment including removing unwanted items (as decided by the client) and the soiled mattress and lounge. His soiled clothes were also discarded. A new lounge and a bed, mattress and bed linen was sourced through a local charity and a carpet clean was completed in his bedroom due to urine stains. Support workers were delegated to accompany Francesco to the mall for a day to help with buying him clothes.

At the time of this service, Francesco was not engaged with any other services. He was assessed and assigned Domestic Assistance services under CHSP, but these services were not comfortable starting until a deep clean had occurred. Staff communicated with the Domestic Assistance provider to advise of the deep clean and requesting Domestic Assistance be ready to commence afterwards to help with maintaining the apartment. With Francesco's consent, he was also referred to a local care finder who also worked with Francesco to set up the other services he had been approved for.

Following the ACH – Hoarding and Squalor service, Francesco reported to be feeling much happier living in his unit and felt more supported now that he had ongoing services in place to maintain his living environment to ensure his health and wellbeing.

5.4 Sector Support and Development (SSD)

The Sector Support and Development (SSD) sub-program aims to increase CHSP provider capability and improve quality of service delivery through activities under a targeted range of primary focus areas.

SSD services are provided to:

- CHSP providers, excluding the provider delivering the SSD activity
- aged care clients and other clients for select activities as specified below.

Service considerations

Throughout 2024-25 financial year, as new details emerge regarding aged care reforms, SSD activities may be adjusted to reflect and incorporate any changes.

SSD providers can deliver their activities nationally and therefore activities should be made available to all CHSP providers across Australia, where possible. SSD activities should not be restricted to a preferred CHSP provider or a specific CHSP service type (e.g. Meals, Transport, Respite), unless approved by the department.

SSD providers are encouraged to collaborate on activities, form working groups and collaborate on their activities to reduce duplication and build national consistency and equitable geographical distribution of support for CHSP providers.

During the 2024-25 financial year, SSD providers may choose to deliver new activities, cease an activity, or amend the details of existing activities. Reasons for this could include (but are not limited to):

- limited CHSP demand for activities
- previously unknown duplication, or
- superseded content.

Note: the department does not anticipate that additional SSD funding will be made available, therefore, any additional or changed activities must fit within an SSD provider's current funding envelope.

Service type: SSD
Objective To increase CHSP provider capability and improve quality of service delivery through activities under a targeted range of primary focus areas.
Service type description SSD activities focus on supporting CHSP providers to uplift their capability ahead of reforms to the aged care system. SSD providers must allocate at least 75% of their funding to activities that fall under a primary focus area, as listed below. These activities must only be delivered

Service type: SSD

to CHSP providers. Clients and consumers cannot receive services funded through 75% activities, unless the activity supports the volunteer workforce.

SSD providers have the option to distribute up to 25% of funding to activities that fall under a navigation primary focus area, as listed below. These activities can be delivered directly to consumers.

Primary focus areas (75%):

- active participation in the SSD Community of Practice
- wellness and reablement
- recruitment and workforce enhancements (including onboarding, retention, workforce planning, and events)
- engagement on aged care reforms
- networking and partnerships (CHSP providers)
- networking and partnerships (SSD providers)
- compliance under the Aged Care Quality Standards
- reporting, business transformation and operational procedures
- resources and training
- CHSP general information sharing
- CHSP volunteer workforce (support for CHSP providers)
- diversity and inclusion.

Navigation activity primary focus areas (25%):

- mainstream navigation (1:1 navigation)
- mainstream navigation (group navigation)
- translation/interpreting
- aged care consumer events.

Out-of-scope activities under this service type

- Activities that do not relate to CHSP service delivery.
- Delivery of services directly to clients or consumers (except where noted above).
- Activities that do not support building capability of CHSP providers to improve quality of CHSP service delivery.
- Activities that exclusively build the capacity of the funded organisation, rather than the capacity of the CHSP sector in general, including:
  - o the review and development of internal policies and procedures.
  - o assessment and compliance with internal or external policies, procedures, guidelines and laws.

Service type: SSD

- o website maintenance, marketing and promoting other CHSP and/or non-CHSP services delivered by the funded organisation.
- o support for in-house training and induction for staff recruited for delivery of other CHSP service types of the funded organisation.
- o exclusively supporting the funded organisation's own volunteer workforce.
- The provision of advocacy services.
- Capital works and building maintenance, repairs and refurbishments (e.g. renovations, refitting buildings, installing of gardens, solar panels and blinds etc.).
- Developing training or information that duplicates existing resources.
- Supporting researchers to recruit older people to participate in studies and research projects.
- Facilitation of home share arrangements.
- Operating and/or funding Senior Citizen Centres.
- Supporting CHSP clients with reassessment of their aged care services.
- Services already provided under other Department of Health and Aged Care, Commonwealth or state/territory programs.

SSD is exempt from client contributions. See **Appendix F** for more information about the Guide to the National CHSP Client Contribution Framework.

Service delivery setting (e.g. home/centre/clinic/community)

Activities can be across a range of settings as appropriate for individual activities.

Use of funds including any target areas

Funding must be used to meet objectives and key deliverables as outlined in the organisation's approved SSD Activity Work Plan.

Output measure

Funds expended and reports provided in accordance with departmental reporting requirements and the activity described in their approved SSD Activity Work Plan.

Chapter 6: Interaction with other programs

This chapter explains how the CHSP interacts with other government-subsidised services. Providers should refer to this information in care discussions with their clients and when asked to deliver services to older people supported under other government-funded programs.

6.1 Overview

In general, CHSP services must not be provided to people who are receiving other government-subsidised services that are similar to the CHSP. For example, if a client has access to domestic assistance from the Veterans' Home Care Program, they cannot access CHSP Domestic Assistance at the same time.

As the CHSP aims to support as many people as possible who need entry-level aged care, older people receiving other aged care supports can only receive CHSP services when it would not unfairly disadvantage other CHSP clients.

There are important details for how each program or circumstance interacts with getting CHSP services.

Table 2: Interactions between the CHSP and other programs

Program or circumstance	Can receive CHSP services?
HCP Program	No, except under limited circumstances or on a full cost recovery basis (see table of defined circumstances for HCP care recipients to receive CHSP services below for more details on exceptions)
Waiting for a Home Care Package	Interim CHSP services are available when waiting for a HCP allocation
Residential Care	Only on full cost recovery basis
National Disability Insurance Scheme (NDIS)	Yes, but there must not be duplication of services
People with disabilities who are ineligible for NDIS	Yes, providing they meet the program's eligibility requirements
Disability Support for Older Australians	Yes, but there must not be duplication of services
Flexible Care (Transition Care or STRC)	Yes, but there must not be duplication of services

Program or circumstance	Can receive CHSP services?
Palliative care	Yes, when arranged by a GP or treating hospital (noting that CHSP does not fund or provide palliative care services)
Veterans' Home Care Program	Yes, but there must not be duplication of services
Correctional centres and detention facilities	Yes, but there must not be duplication of services

Note: The table above assumes that the person meets the standard CHSP eligibility requirements. Clients should also investigate their eligibility for other state and territory funded programs for goods, equipment and assistive technology, home maintenance and home modifications and state and territory-based transport schemes.

6.2 Health system

CHSP services must not replace, or fund supports provided for under other systems including the health care system. For example, the CHSP aims to maximise independence and autonomy for older people, however it is not a substitute for early intervention or rehabilitation, subacute or transition programs provided under the health system.

Post-acute care is also not funded under the CHSP. Where a client is already eligible for CHSP funded assistance or was receiving it prior to hospitalisation, additional support services can be provided following a hospital stay, for a short period of time. After this, support services must be reviewed.

6.3 Providing services to HCP care recipients

In general, HCP care recipients should **not** also receive CHSP services.

However, there are 6 circumstances where HCP care recipients can receive CHSP services for a short time. These are defined in the table below.

Table 3: Defined circumstances for HCP care recipients to receive CHSP services

Circumstance	HCP Level	Circumstance	Eligible Services
Circumstance 1	1 or 2	The HCP individualised budget has been fully allocated, where these specific services may help them to get back on their feet after a setback, such as a fall.	Short-term Allied Health and Therapy Services or Nursing services.

Circumstance	HCP Level	Circumstance	Eligible Services
Circumstance 2	1 to 4	The HCP individualised budget has been fully allocated and a carer requires it.	Additional planned short-term respite services through the CHSP.
Circumstance 3	1 to 4	In an emergency situation where the HCP care recipient has an urgent and immediate health or safety need, and their individualised budget has been fully allocated.	Some additional CHSP services can be accessed on a short-term basis. These instances must be time limited, monitored and reviewed.
Circumstance 4	1 or 2	The HCP care recipient is either waiting for an aged care reassessment or has been reassessed at Level 3 or 4 and is waiting for their package assignment, and their individualised budget has been fully allocated.	Additional home modifications.
Circumstance 5	1 to 4	This only applies to HCP care recipients who have transitioned from the CHSP and were accessing existing CHSP Social Support Group services.	Continued access to their existing CHSP Social Support Group on an ongoing basis. These clients are not eligible for the IT equipment funding as described in Chapter 6 under CHSP Social Support Group.
Circumstance 6	1 to 4 or awaiting their package	Where there is urgent need, and the care recipient has insufficient funds in their package budget for Goods, Equipment and Assistive Technology (GEAT).	Access up to $2,500 for urgent CHSP GEAT funding in the short term. See further details below.

Guidance for providing services to HCP care recipients

HCP care recipients must pay normal client contribution fees like other CHSP clients. HCP recipients must pay the client contribution privately. This means HCP care recipients cannot use their HCP budget to pay the CHSP client contributions gap.

In circumstances 1-4, CHSP providers should only provide services to HCP care recipients where they have capacity to do so without disadvantaging current or potential CHSP clients.

In all the circumstances except circumstance 5, the CHSP services can only be for the short term or time limited.

- What short term or time limited means depends on the specific circumstances and needs of each individual client.
  - As a guide, up to 3 months would be considered short-term services.
  - In some cases, CHSP services can be delivered for a longer time, based on the client's needs.
- CHSP providers have a responsibility to regularly review a client's progress against their individual goals and should refer the client to an aged care assessor for a Support Plan Review or reassessment if their needs change.

When providing services to HCP care recipients, CHSP service delivery requirements and the process for getting services apply to the above circumstances, which means:

- All HCP care recipients must be assessed by an aged care assessor to receive these additional CHSP services. Note: This does not apply to circumstance 5, for pre-existing CHSP Social Support Group activities.
- The CHSP provider must accurately report the services delivered in the Data Exchange (DEX) as they would with any other client.
- CHSP providers must regularly review a client's progress against their individual goals and should refer the client to their most recent assessment service for a Support Plan Review or reassessment if their needs change.

Urgent Goods, Equipment and Assistive Technology (GEAT) – circumstance 6

Eligible HCP care recipients can access up to $2,500 per year for urgent GEAT through the CHSP. This funding is only available if an aged care assessor deems:

- the care recipient's situation is an emergency and
- they do not have enough funds remaining in their HCP budget.

GEAT2GO is the only provider authorised to supply equipment under this urgent GEAT initiative. Referrals should not be sent to other CHSP GEAT providers.

Steps for referral for urgent GEAT

Referrals will be rejected if the process to request urgent GEAT is not followed.

An aged care assessor will review the HCP care recipient situation to determine their eligibility to access urgent GEAT under CHSP.

If a client requires a low-risk item, the aged care assessor will:

- Refer the client to: Australian GEAT2GO - HCP - Emergency Funding - <client's state>. Note: set request to **high priority**, or it will be rejected.
- Include notes in the client's record about the urgency.
- Go into the GEAT2GO portal to submit a request for the low-risk item.

If a client required a higher risk item, the aged care assessor will:

- Complete Steps 1 and 2 above.
- Refer the client to an allied health professional as per normal emergency referral pathway and set the referral as high priority.
    - An allied health professional will assess the client and request the appropriate equipment in the GEAT2GO portal.
    - GEAT2GO will match the aged care assessor referral and allied health professional request before proceeding with the order.

Eligibility

A HCP care recipient is eligible for GEAT in urgent circumstances where their immediate health and safety may be at risk if they do not receive the assistive supports.

Some examples of urgent circumstances include:

- a care recipient is on the waiting list for a package but urgently requires GEAT services
- an existing care recipient sustains an injury and requires urgent GEAT but has insufficient funds in their package to cover the purchase
- an existing care recipient uses most of their package each month. They have been reassessed and require urgent equipment, but with no increase to their package
- an existing care recipient is waiting for reassessment or allocation of a higher-level package, but they require urgent GEAT beyond what their current package allows.

These instances must be monitored and reviewed by the HCP care recipient's care manager where applicable. HCP providers should advise care recipients what funding is available in their package budget, how much to allocate for GEAT and discuss options if urgent needs arise. Depending on how much package funding is available, potential options are provided in the table below.

Table 4: Urgent GEAT Situations

Situation	Outcome
If a HCP care recipient has enough funds in their package to pay for new equipment	They cannot use the urgent GEAT pathway under CHSP.
If a HCP care recipient has limited unspent funds	They should consider renting or lease to buy options. The provider and care recipient must agree to all costs related to these arrangements and include them in the home care agreement.

Situation	Outcome
If a HCP care recipient has spent their allocated funds or insufficient funds remain but they require urgent GEAT	The HCP provider can arrange a referral to the aged care assessor to have their circumstances assessed. HCP care recipients must pay any remaining costs over $2,500 with their private funds.

Interim CHSP services for clients on the HCP waitlist

When a person has been approved for a HCP but is waiting to receive a package, the aged care assessor may approve them for CHSP services as an interim arrangement. The services will be delivered as entry-level supports consistent with the CHSP, rather than the level of their HCP support.

CHSP providers should not prioritise people with an approval for a HCP or who are on the National Priority System above other CHSP clients.

Priority timeframes are referenced in the My Aged Care Service and Support Portal User Guide available on the department's website. Providers must take this rating into account along with their own capacity to respond with existing resources within the timeframes before accepting a client.

Full cost recovery

While a HCP recipient's care needs should be addressed by their HCP provider, they can choose to pay for additional CHSP services out of their HCP budget.

The HCP care recipient must pay for the entire cost of services (known as full cost recovery). For example, if the HCP care recipient received meals from the CHSP, they would be charged the full cost of the meals, including ingredients, preparation and distribution costs.

Note: CHSP providers should only agree to this arrangement if it does not disadvantage CHSP clients.

6.4 Residential care

Aged care residents cannot access CHSP services unless on a full cost recovery basis. This includes people accessing Multi-Purpose Services (MPS) in regional and remote areas. This means aged care residents must pay for the entire cost of services. This will also be dependent on CHSP provider availability.

DTC residential care

Prior to 1 July 2015, services funded under the DTC Program were available to residents with a previous Aged Care Funding Instrument (ACFI) 'low' score (now the Australian National Aged Care Classification (AN-ACC) funding model) in

Government funded residential care facilities. These DTC clients were grandfathered under the CHSP.

6.5 National Disability Insurance Scheme (NDIS)

NDIS participants can receive CHSP services when:

- the person meets eligibility requirements for CHSP
- the person needs entry-level support
- there is no duplication between the services from the CHSP and NDIS.

If a NDIS participant prefers to access all services through the aged care system after turning 65, they can do so. Their NDIS package will stop, and they will only be eligible for support through the CHSP or HCP Program, depending on their care needs. A NDIS participant will need to contact My Aged Care to discuss eligibility for aged care services.

For more information on the NDIS, see the NDIS website.

6.6 People with disability who are ineligible for NDIS

CHSP providers will be required to make reasonable provisions to accommodate the needs of the client and their disabilities.

People who are not able to access the NDIS but have a disability and meet the required CHSP eligibility requirements, can access entry level CHSP services.

6.7 Disability Support for Older Australians (DSOA)

DSOA is a closed program, which means that it is not available to new clients.

DSOA supports clients who:

- were 65 years or over when the National Disability Insurance Scheme (NDIS) commenced in their region, or
- were an Aboriginal or Torres Strait Islander person aged 50-64 years when the NDIS commenced in their region, and
- were assessed as ineligible for the NDIS, and
- were an existing client of state or territory government specialist disability services at the time the NDIS commenced in their region.

Older people who are not current clients but are seeking disability support should contact My Aged Care to find out what programs may be available to them.

DSOA clients who meet the required CHSP eligibility requirements can receive CHSP services that are not provided through DSOA. If a DSOA client accepts services under CHSP that are delivered through DSOA, it will be taken that the client has chosen to exit DSOA.

If a DSOA client wishes to access CHSP services, they should contact My Aged Care to undertake an assessment to determine their eligibility. In doing so, DSOA clients should clearly outline to My Aged Care that they are a DSOA client, otherwise they may be found eligible for CHSP services that are provided through DSOA. This may lead to the client losing access to DSOA.

Further information on the [DSOA Program](#).

6.8 Flexible care

The Transition Care Programme and STRC Programme are grouped together as flexible care.

People may receive CHSP and flexible care services at the same time when:

- the person meets eligibility requirements for both programs
- the person needs entry-level support
- there is no duplication between the services they access from the CHSP and flexible care.

For more information on [transition care](#) and [STRC](#).

6.9 Palliative care

The CHSP does not fund or provide palliative care services.

State and territory governments are responsible for the provision and delivery of palliative care and hospice services as part of state health and community service provision responsibilities. As such, decisions on the funding and delivery of palliative care and hospice services in each jurisdiction, are the responsibility of individual state and territory governments.

CHSP clients can receive support through palliative care services in addition to their CHSP, as long as there is no duplication.

CHSP clients can receive palliative care services from their local state-based health system when it is arranged by their GP or treating hospital. The palliative care team will coordinate the skills and disciplines of a range of service providers to ensure appropriate care, including working with CHSP providers.

6.10 Veterans

Veterans can receive services funded by the Department of Veterans' Affairs (DVA), such as the Veteran's Home Care Program, as well as CHSP services when:

- the person meets eligibility requirements for CHSP
- the person needs entry-level support
- there is no duplication between the CHSP and DVA services they access.

For more information on [DVA services](#).

6.11 Correctional centres and detention facilities

People in correctional centres and detention facilities may receive CHSP services if equivalent services are not already being provided by their institution.

Chapter 7: Provider grant funding and client contributions

This chapter provides information on how CHSP providers are grant funded by the Australian Government, the contributions that clients make towards the cost of their care. This chapter is important for providers when discussing fees with clients, making or updating a client contribution policy, or doing financial planning.

The funding that CHSP providers receive when they deliver services has 2 parts:

- The **client contribution**, which is determined by each provider based on the National CHSP Client Contribution Framework (**Appendix F**) and paid by the client.
- The funding paid according to **National Unit Prices Range** (**Appendix G**).

7.1 Client contributions

Each provider is responsible for setting client contribution fees for the services they deliver under the CHSP. However, no client should be denied CHSP services because they are unable to pay.

In setting client contribution fees, providers should consider a range of factors including:

- business costs associated with delivering the service
- affordability for CHSP clients
- the socioeconomic circumstances of those receiving services.

There is no formal means testing for CHSP client contributions. The client contribution fee may vary from person to person. This is because the fee can vary depending on the specific services a client receives and their individual capacity to pay. As a result, client contribution fee arrangements may differ across the country and from client to client. Two clients of a similar age with similar support needs may pay different fees for a similar service.

All providers must have a documented and publicly available client contribution policy, which outlines what their client contribution fees are and how they are determined. This policy must align with the National CHSP Client Contribution Framework.

The National Client Contribution Framework

The National CHSP Client Contribution Framework (the Framework) aims to ensure that clients who can afford to contribute to the cost of their care do so, while protecting those most vulnerable.

Under the Framework, CHSP providers should adopt the following 6 principles in setting client contribution policies.

1. **Consistency**: All clients who can afford to contribute to the cost of their care should do so. Client contributions should not exceed the actual cost of service provision.

2. **Transparency**: Policies should be in an accessible format and publicly available. CHSP providers should give a copy of and explain their policy to all new and existing clients.

3. **Hardship**: Policies should include arrangements for clients who are unable to pay the requested contribution.

4. **Reporting**: Providers should report the dollar amount collected from client contributions, as per the CHSP Grant Agreement.

5. **Fairness:** Policies should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, providers need to take into account partnered clients, clients in receipt of compensation payments and bundling of services.

6. **Sustainability**: Revenue from client contributions should be used to support ongoing service delivery and expand the services that providers are currently funded to deliver.

The following CHSP sub-programs are excluded from this Framework:

- ACH – Housing and Squalor
- SSD.

For more information, see the Guide to the National CHSP Client Contribution Framework is at **Appendix F**.

7.2 2024-25 CHSP National Unit Price Ranges

The Australian Government determines how much grant funding it pays providers for each service type within a standardised dollar range called the National Unit Prices. Note, the exact amount that a provider receives for delivering a service will depend on many factors, such as the type of service delivered and the location.

CHSP National Unit Prices Ranges include all provider costs in delivering CHSP services including wages, rent, insurances, and other associated costs. The subsidised funds, combined with the client contribution, make up the funding attributed to a service being delivered.

The CHSP National Unit Price Ranges and Reasonable Client Contributions are outlined in **Appendix G**.

Exceptions

The following CHSP service types do not have National Unit Price Ranges:

- SSD.
- ACH – Hoarding and Squalor.
- Home Modifications: services are based on the cost in dollars and remains capped at $10,000 (per client per financial year).
- GEAT output measure is the of cost in dollars and quantity of items (purchased or loaned) with a $1,000 cap per client per year. GEAT providers report the hours of Allied Health and Therapy services if arranged for GEAT in DEX.

Aged Care Work Value case

The National Unit Price Range does not reflect the impact of Stage 2 or Stage 3 of the Aged Care Work Value case, and associated grant funding awarded to some CHSP providers.

The National Unit Price Ranges will be reviewed once the Aged Care Work Value case is finalised. The department expects new National Unit Price Range to be in effect from 1 July 2025.

For the latest information about the Aged Care Work Value case.

7.3 Modified Monash Model (MMM) loadings

Over the last 2 years, the department has been working with CHSP providers to understand the increased costs of service delivery in remote and very remote areas, compared to metropolitan, regional and rural areas. The department has also collected information regarding regional service delivery through compliance activities and provider surveys.

Since 1 July 2022, providers delivering 50% or more of a service type in remote and very remote areas (MMM 6 and 7) have access to a loading of up to 40%. This loading applies in the 2024-25 CHSP Grant Extension for eligible providers.

7.4 CHSP Community Transport Pricing Pilot

The CHSP Community Transport Pricing Pilot will help the department better understand running and delivery costs, and test alternative funding models and policy for CHSP Transport services.

For more information and to stay up to date on the Community Transport Pricing Pilot, including working group meetings and future webinars.

If participating in the Community Transport Pricing Pilot, see **Appendix J** for service delivery arrangements.

Chapter 8: Flexibility provisions

This chapter outlines the flexibility provisions under the CHSP and how they work.

8.1 About flexibility provisions

The flexibility provision enables CHSP providers to re-allocate the service types they are funded for between Aged Care Planning Regions (ACPR) in their Activity Work Plan.

CHSP providers can use flexibility provision when there is a demonstrated client need (i.e. 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.

The flexibility provision applies across all CHSP service types and sub-programs, except for SSD and ACH (see below for more details).

For example, where a CHSP provider receives a large volume of referrals from My Aged Care for clients requiring Social Support, but less than the level of referrals expected for Personal Care, the provider may use the flexibility provision (providing it is funded to deliver both activities under its CHSP Grant Agreement). The provider can use funding it receives for Personal Care to deliver Social Support to meet the demand for Social Support services. However, the provider must retain 50% of service delivery against their outputs as outlined in the Activity Work Plan. This is to ensure funded services remain within ACPRs.

8.2 Administering flexibility provisions

CHSP providers will work with the department, the Funding Arrangement Manager, My Aged Care and assessment services to routinely monitor demand levels for each service type in each ACPR they are funded to operate in. Delivery of these outputs is recorded in the DEX only and should not require any change to the provider's CHSP Grant Agreement.

CHSP providers will have regular engagement with their Funding Arrangement Manager as well as monitoring through the monthly DEX reporting process.

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
- use ACH or SSD funds in other service types.

8.3 Monitoring flexibility provisions

The grant agreement will continue to be monitored across the funded services for compliance. It will also take into consideration unit price variance between service types delivered.

Providers can only deliver CHSP services they are funded to deliver, and in the ACPRs they are funded for as outlined in their grant agreement.

Funding Arrangement Managers will engage with providers where they are not meeting 50% of their services in an ACPR.

The CHSP provider must record their actual service delivery in the DEX to provide the department with visibility they are using the flexibility provision.

Where CHSP providers have special conditions identified in their CHSP Grant Agreement, providers are required to deliver the services as stipulated in the special conditions prior to applying the flexibility provision. Special conditions take precedence over the flexibility provision.

If demand decreases for a service type within an ACPR beyond the flexibility provisions outlined, providers need to engage with their Funding Arrangement Manager for further discussion. This might potentially result in a grant agreement amendment.

8.4 Flexibility under ACH

Due to the vulnerable and disadvantaged nature of most clients in need of support under the ACH sub-program, the department has implemented additional criteria for this service type.

CHSP providers have flexibility to re-allocate funds from other service types and from other ACPRs into ACH. Providers cannot re-allocate base funding from ACH to other service types or outside of an ACPR, without prior written approval from the department.

8.5 Flexibility under SSD

From 1 July 2022, the objective of SSD changed to support CHSP providers through reforms in preparation for the Support at Home program, and to operate effectively in line with the objectives of the CHSP and within the context of the broader aged care

system. Given the importance of this work, the department has implemented additional criteria around the flexibility provisions in relation to this service type.

CHSP providers have full flexibility to re-allocate funds from other service types and from other ACPRs into SSD but cannot re-allocate base funding from SSD to other service types, or outside of an ACPR without prior written approval from the department.

Flexibility provisions – examples

Example 1 (within one Aged Care Planning Region)

A service provider is funded to deliver Domestic Assistance (DA) and Personal Care (PC) in the same Aged Care Planning Region. The service provider receives more referrals from My Aged Care to deliver Domestic Assistance than Personal Care in this region. In this instance the service provider may use funding allocated to Personal Care for Domestic Assistance, provided they deliver 50 percent of their contracted outputs for Personal Care in the region.

Before using flexibility provisions	After using flexibility provisions
Region 1	**Region 1**
Domestic Assistance (100% DA funding)	Domestic Assistance (100% DA Funding + up to 50% of PC funding)
Personal Care (100% PC funding)	Personal Care (50% of PC funding)

Example 2 (across multiple funded Aged Care Planning Regions)

A service provider is funded to deliver Domestic Assistance (DA) in Region 1 and Personal Care (PC) in Regions 1 and 2. In this case, the service provider can use the flexibility provision to deliver Domestic Assistance in Region 2.

Before using flexibility provisions	After using flexibility provisions
Region 1	**Region 1**
Domestic Assistance (100% DA funding)	Domestic Assistance (50% of DA funding)
Personal Care (100% PC funding)	Personal Care (100% PC funding)
Region 2	**Region 2**
Personal Care (100% PC funding)	Personal Care (100% PC funding)
	Domestic Assistance (up to 50% of DA funding)

Provider scenarios – flexibility provisions

Example 1 (within a CHSP sub-program)

A CHSP provider is funded to deliver Domestic Assistance and Personal Care in the same ACPR. The provider receives more referrals from My Aged Care to deliver Domestic Assistance than Personal Care in this region.

In this instance the provider may use funding allocated to Personal Care for Domestic Assistance, provided they deliver 50% of their contacted outputs for Personal Care in the region.

Example 2 (value for money)

A CHSP provider is funded to deliver Nursing and Personal Care. In the reporting period the organisation is receiving more referrals from My Aged Care for Nursing rather than Personal Care. The provider uses the flexibility provision, and funding allocated to Personal Care is used to meet the increased service demand in Nursing. In using the flexibility provision, the provider must also demonstrate they have achieved value for money by reporting the service delivery outputs in the DEX and including the use of the flexibility provision in their financial report. Providers must deliver 50% of Personal Care hours in their funded ACPR, with discussions with the Funding Arrangement Manager where potential grant agreement variations may be required for more permanent changes outside the flexibility provisions.

The department will consider the indicative unit cost of Personal Care delivered by the provider in that region (e.g. 100 hours for $1,000 is $10 per hour) and of Nursing (100 hours for $2,000 is $20 per hour). The provider has $200 available from Personal Care to use for Nursing, equating to an extra 10 hours of Nursing. The provider enters their service delivery outputs into the DEX, 80 hours of Personal Care and 110 hours of Nursing, demonstrating value for money has been achieved.

Example 3 (across funded ACPRs)

A CHSP provider is funded to deliver Domestic Assistance in Region 1 and Personal Care in Regions 1 and 2. In this case, the provider can use the flexibility provision to deliver Domestic Assistance in Region 2. Providers should discuss this arrangement with their Funding Arrangement Manager for a potential grant agreement variation.

Provider scenario – out of scope of flexibility provisions

Example 1 (new services not funded for)

A provider wants to use the flexibility provision to establish new Transport services they are not currently funded for under their grant agreement. The flexibility provision cannot be used in this instance.

Establishing new services in a region would need to be considered by the department in accordance with the CHSP Planning Framework.

Example 2 (ACPRs not funded for)

A provider is funded to deliver Meals in one ACPR and wants to establish new meals services in another ACPR that is not in their grant agreement. The provider cannot use the flexibility provision to deliver the meals services in this instance.

Part C: Administration and Provider Responsibilities

This section covers:

- quality arrangements and client rights
- incident management and staffing responsibilities
- financial responsibilities
- provider reporting and system responsibilities.

Chapter 9: Quality arrangements and client rights

This chapter outlines provider and departmental responsibilities relating to delivering high quality and safe aged care services to meet the needs of CHSP clients.

This includes important information on how CHSP providers uphold the Aged Care Quality Standards, monitor clients and make referrals for Support Plan Reviews, and handle complaints.

9.1 Quality arrangements

Provider responsibilities

In entering into a grant agreement with the department, CHSP providers must comply with all requirements outlined in the Grant Agreement, including:

- CHSP Extension Grant Opportunity Guidelines
- Commonwealth Standard Grant Agreement (including the Commonwealth Standard Grant Conditions and any Supplementary Terms)
- Grant Details (including any other document referenced or incorporated in Grant Details including the Activity Work Plan)
- CHSP Program Manual
- Aged Care Quality Standards
- other documents incorporated by reference into the above documents.

CHSP providers are responsible for ensuring:

- they meet all requirements of their CHSP Grant Agreement
- service provision is effective, efficient, and appropriately targeted
- My Aged Care service availability is up to date and accurate
- services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual support plan
- wellness and reablement, and restorative approaches to service delivery support older people to improve their function, independence and quality of life
- apply the highest standards of duty of care
- services are operated in line with, and comply with, the requirements as set out within all state and territory and Commonwealth legislation and regulations
- staff and volunteers in direct care roles with responsibility for the safe delivery of services to clients or groups of clients receive current and accredited first aid certification

- that up-to-date infectious disease controls and emergency preparedness policies are in place, enforced, and regularly reviewed
- older people with diverse needs have equal and equitable access to available services, and are delivered in line with the Aged Care Diversity Framework
- they work collaboratively with stakeholders to deliver services
- they contribute to the overall development and improvement of service delivery, such as sharing best practice
- they help clients to transition to another provider (where required) and continue providing supports to those clients until they have fully transitioned
- they manage and keep up to date their client records and service information via the My Aged Care Service and Support Portal
- they accept or decline and action client referrals in a timely manner, including managing waitlists only where services are imminently available
- submit reports as described in the CHSP Grant Agreement.

For more information, refer to the CHSP My Aged Care Provider Journey Infographic.

Aged Care Quality Standards

All CHSP providers must operate in line with the Aged Care Quality Standards (the Standards) and have appropriate procedures in place to meet the quality of care and quality of life for the provision of aged care in the community.

There are 8 Standards that apply to all aged care services including residential care, Home Care Packages, flexible care, and services under the CHSP:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance.

Each of the Standards include:

- a statement of outcome for the consumer
- a statement of expectation for the organisation
- organisational requirements to demonstrate that the standard has been met.

The Standards have been structured so that aged care providers will only have to meet the Standards that are relevant to the type of care and services they provide and the environment in which services are delivered.

For more information, CHSP providers should visit the ACQSC website.

Continuous Improvement

The Standards require CHSP providers to demonstrate effective management processes based on a continuous improvement approach to service management, planning and delivery. Some of the Standards relate to service access and assessment and referral practices.

If requested, CHSP providers must provider their plan for continuous improvement to the department. The plan should include policies for:

- managing staff and volunteers
- regulatory compliance with funded program guidelines
- relevant legislation, including Work Health and Safety legislation
- professional standards
- complaint mechanisms.

9.2 Client monitoring

CHSP providers must monitor and review the client's circumstances to ensure service delivery is appropriate for the client.

While aged care assessors assess eligibility for CHSP services, CHSP providers need to conduct some activities related to assessment as part of their work, including:

- Service level assessment activities relating to the provider, such as undertaking a Work Health and Safety assessments for both the care worker and client.
- Specialised assessments based on professional expertise, such as:
    - Nursing, Allied Health and Therapy Services
    - face-to-face malnutrition risk assessments by Meals providers, if providers have this knowledge and capacity.
    - ongoing monitoring of the client and their home environment.
    - ongoing monitoring of the appropriateness of service arrangements.
- A formal review of services at least once every 12 months.
    - These may be done over the phone or face to face with the client.
    - The outcome of these reviews must be recorded in the My Aged Care client record.
- If the client's care needs change significantly, providers must send a Support Plan Review request to an aged care assessor through the My Aged Care Service and Support Portal. This will likely lead to a new assessment.

9.3 Support Plan Reviews

Aged care assessors conduct Support Plan Reviews to check that a client's services are still effective and appropriate.

A Support Plan Review may be required when:

- a provider identifies a change in the client's needs or circumstances that affects the existing support plan (e.g., a client's informal carer is no longer available to help)
- a client has a change in their needs or circumstances or seeks help to access new services or change their provider (e.g., client has a new mobility problem)
- a client has received restorative care interventions under CHSP and has made a functional gain or improvement to remain independent
- the short-term or time-limited support/coordination using a wellness and reablement approach has been completed
- the aged care assessor sets a review date in the support plan for a short-term service. (e.g., the client is referred for time limited support under the CHSP while a client is waiting for access to a HCP).

Requesting a Support Plan Review

In most cases, CHSP providers will submit a request for the Support Plan Review through the My Aged Care Service and Support Portal.

CHSP providers should include clear and detailed information on the request to:

- justify the reason for the review request
- outline the urgency for the review (if needed).

This information will assist aged care assessors with managing high volumes of review requests, reduce the risk of the aged care assessor cancelling the request or the need to follow up individual requests with the client's provider.

For further guidance on the My Aged Care Service and Support Portal, see the Resources page.

Outcomes of the review

The outcomes of the Support Plan Review may include:

- no change
- an increase or decrease in services or a new service recommendation
- a new assessment to be conducted by an aged care assessor where there is a significant change in the client's needs and/or circumstances.

9.4 Quality reviews

The Aged Care Quality and Safety Commission (ACQSC) is the national end-to-end regulator of aged care services.

The ACQSC is responsible for:

- resolving complaints about services

- approving providers to deliver aged care services
- administering the Serious Incidents Response Scheme
- reducing the use of restrictive practices
- accrediting and monitoring aged care services
- monitoring and assessing providers' compliance with the Aged Care Quality Standards and other obligations
- conducting home care investigations to assess compliance.

The ACQSC website provides information and resources for providers on their provider obligations and responsibilities in delivering safe, quality aged care.

Contact the ACQSC on 1800 951 822.

The ACQSC conducts all quality reviews of aged care services provided in the community, including CHSP providers.

Providers must allow the ACQSC access to a service delivery site or service outlet, for the purpose of a quality reporting site visit. CHSP providers must address any non-compliance and return to compliance as quickly as possible.

Only CHSP sub-programs that deliver direct care to clients are subject to quality reviews.

Note: ACH and SSD sub-programs are not subject to quality reviews.

More information about the quality review process.

9.5 Code of Conduct for Aged Care

The Code of Conduct for Aged Care (the Code) protects clients by ensuring a suitable standard of conduct from their aged care providers, workers, and governing persons.

The ACQSC monitors and enforces compliance with the Code, as well as provide training and development of educational materials.

The ACQSC can take enforcement action for breaches of the Code, which can include banning or restricting individuals from working in aged care.

Banning orders under the Code of Conduct

Banning Orders under the Code of Conduct Before employing or otherwise engaging or extending or renewing the contract or agreement of a person (whether as a staff member, volunteer or executive decision-maker), CHSP providers have a responsibility to take reasonable steps to ensure they do not commence the employment or engagement of an individual to whom a banning order under the Aged Care Quality and Safety Commission Act 2018 applies inconsistently with the requirements of that banning order.

For more information about the Code of Conduct.

9.6 Complaints mechanisms

CHSP providers must actively encourage their clients and their carers to provide feedback about the services they receive.

A client has the right to call an advocate of their choice to present any complaints and to help them through the complaints management process.

Clients (or their representative) can raise a complaint in the following ways:

- contact My Aged Care to discuss concerns and raise a complaint if needed on 1800 200 422 or write to:
  My Aged Care Complaints
  PO Box 1237
  Runaway Bay QLD 4216
- contact their aged care assessor and seek a resolution through their complaints process
- directly with their provider through their publicly available complaints system
- contact ACQSC on an open, confidential or anonymous basis by calling 1800 951 822 (free call) or by visiting the ACQSC website.

Further information on making complaints is available on the My Aged Care website.

Note: Where a provider is unable to resolve a client's concerns, they should continue to work with the client including, where appropriate, assist in transitioning to an alternative provider.

ACQSC complaints process

The ACQSC provides a free service for anyone to raise concerns about the quality of care or services delivered by Australian Government funded aged care services.

The ACQSC is independent of the department.

The ACQSC takes all complaints seriously and will work with the client (and/or their representative) and the provider to resolve their concerns.

The ACQSC will sometimes share information with other relevant parties to ensure clients continue to receive appropriate services. This is because many providers also deliver services through other Australian Government and/or state and territory government programs.

The ACQSC can issue a direction to a CHSP provider where they fail to meet their responsibilities under the CHSP Grant Agreement. In these circumstances, the direction will be issued through a notice under the CHSP Grant Agreement. The CHSP provider is obliged to comply with any direction issued.

More information about making complaints to the ACQSC.

Subcontractors

CHSP providers may select and use subcontractors in accordance with Condition 6 [Subcontracting] of Schedule 1 of the CHSP Grant Agreement.

CHSP providers are responsible for the services provided by subcontractors, including resolving any complaints made about that organisation.

Providers are responsible for liaising with the ACQSC and ensuring the subcontractor complies with all reasonable requests, directions and monitoring requirements requested.

Advocacy

The Older Persons Advocacy Network (OPAN) supports older people to access and interact with Commonwealth funded aged care services. CHSP clients can contact OPAN on 1800 700 600 or at the OPAN website.

If a CHSP client witnesses, suspects, or experiences elder abuse, they can contact the National Elder Abuse phone line on 1800 ELDERHelp (1800 353 374). The phone line can provide free and confidential information, support, and referrals.

Elder abuse may involve physical harm, misuse of money, sexual abuse, emotional abuse or neglect. For more information about elder abuse, include a support directory and resources, visit the COMPASS website.

9.7 Client rights

Charter of Aged Care Rights

CHSP is underpinned by a client choice philosophy to respect and promote the rights of clients. CHSP providers must comply with the Charter of Aged Care Rights within the *User Rights Amendment (Charter of Aged Care Rights) Principles 2019* under the *Aged Care Act 1997*.

More information about the Charter is available on the ACQSC website.

Scheduling appointments

In accordance with the Standards, clients have the right to:

- be consulted and respected
- receive services that are appropriate, planned, delivered, and evaluated regularly
- have access to complaints and advocacy information and services.

Where possible, providers should seek to maintain regular and consistent appointment schedules. CHSP providers should give their clients as much notice as possible if they must reschedule, cancel, or are running late for an appointment.

Where a client cancels their appointment within 24 hours of the visit start time, providers are not required to record this as a service as it was not delivered. Providers should have a clear cancellation policy as part of their client contribution policy and clients should be made aware of this as part of their care plan discussions.

Where a client is unhappy with their care plan arrangements, they need to contact their CHSP provider in the first instance to make alternative arrangements.

9.8 Service continuity

Activity Continuity Plans

In line with the Standards, CHSP providers must develop Activity Continuity Plans that address any risks associated with being unable to continue to deliver services. They must have systems, internal policies and processes in place to appropriately manage, monitor and report incidents that effect continuity.

The Activity Continuity Plan should include plans to manage:

- serious incidents such as natural disasters and emergency events (e.g. how to provide service delivery in the event of an emergency such as flood, fire or during a heatwave)
- transitioning out of service provision (e.g. transferring services to another provider or where the CHSP Grant Agreement has expired or is terminated).

Providers transitioning out

It is extremely important that clients continue to receive the same quality and delivery of services if a provider transitions out.

Transitioning out may mean the termination or expiry of a grant agreement, including if an organisation requests to withdraw from providing CHSP services.

If a CHSP provider is transitioning out for any reason, they must:

1. notify their Funding Arrangement Manager and the department in writing of their proposal to transfer all or part of their services as soon as possible and provide a 'draft' transition out plan at this time.
    - The proposed withdrawal date must be a **minimum of 5 months** from the date of the first 'draft' transition out plan being provided to their Funding Arrangement Manager and the department via email. The 4 month period has been extended to 5 months, from receipt of a completed transition out plan to support the CHSP 2025-27 Extension process and changes from 1 July 2025.
    - CHSP providers must negotiate with the department on a suitable transition date with the replacement organisation.
2. help the department and new provider/s in the transition of goods and/or services to achieve an effective transition by providing continuity of care.

3. update their My Aged Care information relating to service provision and/or making outlets inactive.

Fully transitioned out providers are required to acquit funding associated with their grant agreement and complete any relevant outstanding reporting milestones for the period when services were delivered.

Transition out plans

CHSP providers must have a transition out plan in place, as part of their Activity Continuity Plan.

The department uses transition out plans as a tool in selecting replacement providers based on information provided, including:

- client numbers
- models of care
- access to facilities
- regional coverage.

As such, transition out plans should include but not be limited to the following:

- **Service information:**
  - service details, including specific services being delivered to client groups (e.g. cultural or centre-based activities specifically designed to meet the needs of clients)
  - specific service delivery requirements due to cultural, area specific (e.g. rural/remote) or other reasons that impact on current service delivery and transitioning services
  - details of any communications with staff about services being proposed for withdrawal
  - My Aged Care and DEX data registration details, including whether information and care plans are up to date
  - any subcontracting arrangements.

- **Client details, including:**
  - information about high risk or high need, CALD, Indigenous or other clients to ensure a smooth and efficient transition of services
  - the status of clients' care plans and reviews and information about client waitlists (if any)
  - communication details for clients about continuity of service provision and arrangements with alternative providers
  - information about inactive clients
  - any other current issues that may impact the client transition.

- **Organisational information, including:**
  - timeframe with activities to undertake for transition

- o staffing arrangements
- o assets
- o information and records (including authority of release from the clients)
- o communication strategies
- o telephones.

Providers can request a copy of the transition out plan template from their Funding Arrangement Manager.

Chapter 10: Incident management and staffing responsibilities

This chapter describes providers' responsibilities around the Serious Incident Response Scheme, staffing, interactions with the Australian Public Service and Work Health and Safety.

10.1 Serious Incident Response Scheme (SIRS)

The Serious Incident Response Scheme (SIRS) aims to reduce abuse and neglect of older people receiving Commonwealth-funded aged care services, including the CHSP.

The SIRS establishes responsibilities for all providers, including home and community care providers, to prevent and manage incidents (focusing on the safety and wellbeing of consumers), use incident data to drive quality improvement, and to report serious incidents. Providers must use the My Aged Care Service and Support Portal to notify the ACQSC if a reportable incident occurs.

Reportable incidents are:

- unreasonable use of force
- unlawful sexual contact or inappropriate sexual conduct
- neglect
- psychological or emotional abuse
- unexpected death
- stealing or financial coercion by a staff member
- inappropriate use of restrictive practices; and
- unexplained absence from care (missing consumers).

The Serious Incident Response Scheme: Guidelines for providers of home services contains further information, including:

- an overview of SIRS obligations for home and community care providers
- incident management requirements
- types of reportable incidents, including key terms and case studies
- steps for assessing and classifying incidents; and
- steps for notifying the Commission when a reportable incident occurs.

Providers can access additional SIRS resources via the ACSQC's website.

10.2 National or state emergency

The department reserves the right to enact temporary changes to program guidelines in the event of a national or state emergency. This may include:

- relaxing flexibility provisions
- waiving or extending reporting deadlines and performance milestones
- modifying service type descriptions in accordance with the nature, severity, duration and geographic scale of the emergency.

Any changes to the CHSP will be communicated to providers via the department's regular newsletters and announcements. To stay informed, all CHSP providers should subscribe to aged care announcements and newsletters.

For more information, please contact your Funding Arrangement Manager in the Community Grants Hub.

10.3 COVID-19

CHSP providers should take steps to ensure they are adhering to COVID safe practices, including operating under the provider's COVID Safe Plan and adhering to the infection control procedures.

COVID-19 information and resources are available on the department's website.

10.4 Staffing and training

CHSP providers are required to meet staffing and training requirements under the Standards.

Information about staff qualifications for each service type is available in Chapter 6 – CHSP services.

10.5 Police checks

CHSP providers must ensure all staff members meet the CHSP Police Certificate requirements outlined in **Appendix E**.

10.6 Work Health and Safety

CHSP providers must provide a safe and healthy workplace for their employees and volunteers while they are working in accordance with:

- relevant Commonwealth, and state or territory government Work Health and Safety legislation (e.g., *Work Health and Safety Act 2011*)
- relevant codes and standards.

Providers are required to identify hazards in the workplace, assess their risks to health and safety, and implement control measures to reduce those risks.

In many cases, the workplace will be the client's home. CHSP providers are responsible for addressing the safety of employees and volunteers delivering services to a client or carer in their home.

10.7 Asbestos

When undertaking Home Modification services, CHSP providers must be aware of their obligations to comply with state and territory laws and regulations relevant to the safe handling and removal of asbestos.

For detailed information, CHSP providers must contact the relevant work health and safety regulator in their state or territory.

10.8 First Aid Training

CHSP providers must ensure that staff and volunteers in direct care roles receive and maintain accredited first aid training and certification as soon as practicable.

CHSP providers should factor into their risk management how many and which staff/volunteers need to hold first aid training qualifications to ensure safe service delivery.

The department regards the cost of first aid training as a reasonable and necessary expense of safe and effective aged care service delivery. Providers should factor the cost of first aid training into their existing grant funding in the same way as rent, utilities, personal protective equipment and staff wages. Providers can use their existing CHSP grant funding, including unspent funds, to cover the cost of staff and volunteers attending first aid training and refresher courses.

CHSP providers are responsible for determining the appropriate level of first aid training needs into their business risk management plan. Providers should consider the specific needs of their clients and any additional risk factors they may present. For example, dementia, falls risk, other disabilities, health problems or co-morbidities.

If it is difficult for staff or volunteers to attend a face-to-face course, where appropriate, providers may consider online first aid courses.

10.9 Interacting with the Australian Public Service

Whilst the provisioning of CHSP related services for the most part consists of interaction between the service provider and the clients they provide care for, the service provider and Australian Public Service (APS) employees will also interact from time to time during the course of providing CHSP services. In this interaction, everyone has the right to a safe, respectful, agreeable and collaborative CHSP experience.

APS employees are bound by the APS Code of Conduct as set out in section 13 of the *Public Service Act 1999*. It is expected that the service provider, its employees and contractors will adhere to similar standards when interacting with APS employees or representatives, including:

- behaving honestly and with integrity in connection with APS employees or representatives
- treating APS employees or representatives with respect and courtesy, and without harassment
- complying with all applicable Australian laws
- complying with any lawful and reasonable direction given by APS employee or representative who has authority to give the direction
- not improperly using inside information or the employee's duties, status, power or authority:
    - to gain, or seek to gain, a benefit or an advantage for the employee or any other person; or
    - to cause, or seek to cause, detriment to the employee's Agency, the Commonwealth or any other person.
- complying with any other conduct requirement that is prescribed by the regulations.

Behaviour contrary to the expected standards of conduct may negatively reflect on the suitability of the service provider for the provisioning of CHSP services and impact on continued funding or participation in future funding opportunities.

10.10 Aged care workforce census

CHSP providers must complete and return the aged care workforce census form, as required.

The department, or another organisation on behalf of the department, will send the aged care workforce form. Providers must submit the form to the address and by the date specified on the form.

If a CHSP provider was not responsible for the operations of a service during all, or some, of a period covered by an aged care workforce census, then the provider is taken to have complied with the census.

If a provider's funding is less than $35,000 per year, they are not required to submit the census form. If they receive one, they may submit it if they choose to.

Chapter 11: Financial responsibilities

This chapter includes important information on provider financial responsibilities. This includes responsibility for spending the grant and acknowledging funding.

11.1 Spending grant funding

Providers must spend their funds in accordance with their CHSP Grant Agreement.

CHSP providers are responsible for sustainably managing their service delivery and number of clients.

CHSP providers are grant funded to deliver a specific number of outputs and any decision to exceed these agreed outputs is taken at your own risk and cost.

Where a provider has concerns about their financial viability, they are required to contact their Funding Arrangement Manger to identify options to sustainably manage their grant funds and mitigate impacts to client service continuity.

Payment in arrears

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

Payments will be 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.

Payments may be delayed if a provider is not up to date with their monthly DEX reporting obligations.

Assets

Providers must comply with the requirements for acquiring and managing assets with the funds. Refer to Supplementary Term 5 [Equipment and assets] of the CHSP Grant Agreement.

11.2 Acknowledging funding

CHSP providers must acknowledge Commonwealth financial and other support in all applicable material they publish.

The following wording must be used:

- "Funded by the Australian Government Department of Health and Aged Care".

  OR

- "Supported by the Australian Government Department of Health and Aged Care".

CHSP providers must **not** use the Commonwealth Coat of Arms in their internal advertising and promotion of CHSP services.

Use of Disclaimer

Publications and published advertising and promotional materials that acknowledge the CHSP funding must also include the following disclaimer:

> "Although funding for this [insert service/activity] has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government."

Other options for acknowledging the funding

CHSP providers must obtain the department's prior written consent if for any reason they wish to acknowledge the funding in a different manner to the options above.

Monitoring of the use of acknowledgements

CHSP providers are responsible for ensuring they and their subcontractors comply with the above requirements for acknowledging the funding.

The department will notify providers in writing if it considers that a provider or their subcontractor has failed to comply with the CHSP Grant Agreement. In certain circumstances, the department may, by notice in writing, revoke its permission for any person to use this wording.

CHSP providers should inform the department if they become aware of any unauthorised use of the due recognition branding by any person.

Questions on acknowledging funding

CHSP providers who are unsure whether they need to acknowledge the CHSP funding or have any queries relating to acknowledgement of funding should contact their Funding Arrangement Manager.

11.3 CHSP grant opportunities

The department recognises the operating environment and demand for services may change during the term of the current CHSP Grant Agreement.

CHSP providers may be able to apply for additional funding through grant funding opportunities to respond flexibly to local changes.

CHSP providers can access information about how and when to apply and any application forms on Grant Connect.

11.4 CHSP Planning Framework

The CHSP Planning Framework is an approach used to plan for funding and ongoing program management of aged care service delivery at a regional level. The CHSP Planning Framework is based on ACPRs.

The CHSP Planning Framework considers:

- existing services available in a given region, projected growth in the target population and other factors influencing service delivery supply and demand.
- parallel planning cycles and processes in other related sectors, including broader aged care needs and the disability care sector.

The CHSP Planning Framework ensure the requirements of clients are considered, and funding is allocated so that growth in CHSP complements and enhances services already being delivered.

Information about ACPR and corresponding postcodes is available on the Gen Aged Care Data website.

11.5 Government reporting

The Australian Government uses information supplied by CHSP providers to report on the continued development, implementation and ongoing evaluation of the program.

11.6 CHSP Compliance Framework

The CHSP Compliance Framework outlines the performance and regulatory requirements for all CHSP providers, including:
- performance against the grant agreement
- submitting financial and reporting information
- monitoring compliance against the Standards
- complying with obligations in this CHSP Manual
- escalation of fraud related issues for investigation
- meeting the requirements of My Aged Care.

To enforce compliance with these requirements, the department works with:

- ACQSC
- National Indigenous Australians Agency
- Community Grants Hub.

More information is outlined in the CHSP Compliance Framework (**Appendix H**).

Chapter 12: Provider reporting and system responsibilities

This chapter provides information on provider responsibilities, including financial reporting, DEX reporting, My Aged Care and IT system requirements.

12.1 Key reports under the CHSP

CHSP providers are required to submit a range of reports relating to the Activity described under Item B [Grant Activity] of the CHSP Grant Agreement.

These reports must be submitted within defined timeframes, specified in Item E [Reporting] of the CHSP Grant Agreement. This includes:

- **Financial reporting:** facilitates acquittal of funds expended to provide assurance and evidence that public funds have been spent, as specified in the CHSP Grant Agreement.
- **Performance reporting:** provides reports on service delivery activities and outcomes.
- **Wellness and reablement reporting:** provides service level information on wellness and reablement approaches used by the provider.

Table 5: Key reports under the CHSP

Report	Reporting period	Due date to the department**	Description
Performance Report (for service delivery) via DEX Note: this report is not applicable for SSD Activities.	Monthly	14 August 14 September 14 October 14 November 14 December 14 January 14 February 14 March 14 April 14 May 14 June 14 July	Client and service delivery information reported via DEX in accordance with the DEX Protocols. Refer to CHSP Grant Agreement Item E [Reporting]

Report	Reporting period	Due date to the department**	Description
Activity Work Plan for SSD activities only*	1 July to 30 June (once per financial year)	31 July	Activity and deliverable information requiring approval, also used during biannual Performance Reporting.
Performance Report for SSD Activities only (twice per financial year)*	1 July to 31 December	31 January	Refer to CHSP Grant Agreement Item E [Reporting]
	1 January to 30 June	31 July	
Wellness and reablement report*	As specified in the Agreement	31 July	Refer to CHSP Grant Agreement Item E [Reporting]
Financial Declaration	1 July to 30 June	31 August	A Financial Acquittal Report in accordance with the CHSP Grant Agreement. Refer to CHSP Grant Agreement Item E [Reporting]

*These report due dates are subject to change at the discretion of the department. Any altered due dates will be communicated to affected providers, and a minimum of four weeks will be given for completing reports. Refer to the Reporting Clause in the Standard Grant Agreement Terms and Conditions for more information.

**Note: The DEX dates are defined in the DEX protocols. CHSP providers can enter data at any time during the reporting period.

12.2 Financial reporting

As specified under Condition 10 [Spending the Grant] of Schedule 1 of the CHSP Grant Agreement, providers must spend the grant:

- only on carrying out the activity.
- in accordance with the CHSP Grant Agreement.

Financial reporting is used to determine that:

- funding provided by the department has been spent by the provider in accordance with the CHSP Grant Agreement
- expenditure only relates to CHSP service delivery in accordance with the Activity Work Plan and CHSP Grant Agreement.

Note: Expenses related to other funded programs or expenses related to fees collected, donations, or other contributions must **no**t be included in the provider's financial reports.

Financial declaration statement

CHSP providers must submit financial declarations in the form provided by the department, or notify the department in writing, and at the times set out in Item E [Reporting] of the CHSP Grant Agreement.

CHSP providers should acquit:

- the funds the department has provided the organisation through the CHSP Grant Agreement within a particular financial year
- any department approved unspent funds from previous financial years.

CHSP providers must not include their own funds in the financial declaration.

Identified underspends through the acquittal process

Providers must ensure that their outputs recorded in DEX align with the amount of unspent funding they are acquitting within a financial year.

Providers must return unspent funds identified through the acquittal process for a financial year and within the term of the funding agreement.

CHSP providers must not spend any unspent funds from previous financial years without the department's written approval.

The department may consider the carry-over of unspent funds only in exceptional circumstances (i.e. if there is evidence of reasonable costs being incurred by the provider). In these exceptional circumstances, providers will need to submit proposals to carry over funds in writing to the department.

CHSP providers are not allowed to retain unspent funds once the CHSP Grant Agreement has terminated. At the end of the CHSP Grant Agreement, providers must repay any unspent funds identified through the acquittal process. The department will issue the provider with a Debtor Tax Invoice to return any unspent funds.

Client contributions

As a mandatory field, CHSP providers must record all client contributions collected over the financial year in DEX.

Note: the client contribution is a mandatory field in the Data Exchange. For more information, see the [Data Exchange Protocols](#).

12.3 COVID-19 vaccination reporting

All CHSP providers are required to report weekly on their staff COVID-19 vaccination status, including exemptions, in the My Aged Care Service and Support Portal. The information reported on the in-home community care workforce COVID-19 vaccination status is used to ensure an accurate picture of the level of vaccination coverage across the in-home aged care workforce. For information.

12.4 DEX performance reporting

DEX provides simple and easy ways to submit reporting information. DEX delivers 2-way data sharing between the department and organisations in a wide range of reports.

CHSP providers must provide activity and performance data in line with their CHSP Grant Agreement and Activity Work Plan details.

All CHSP providers are required to submit monthly performance reports through DEX. The submission of a monthly DEX performance report is mandatory and may affect the release of a provider's next monthly payment. This does not apply to providers who only deliver SSD (see [SSD reporting](#)).

Monthly performance reports are due on the 14th day of each month, or next business day. At a minimum, a report must be submitted monthly within the timeframes provided below. Providers not meeting their reporting requirements are subject to non-compliance actions. A provider can choose to submit a report more frequently (e.g. fortnightly).

CHSP providers are required to report service delivery at the client and service type level. Service delivery information reported in DEX is used to inform performance management of providers against the key performance indicators in their CHSP Grant Agreement. Reported information includes outputs, service types and the location of service delivery (based on the outlet location).

Performance management is undertaken by Funding Arrangement Managers to ensure that the program objectives are being met and to ensure accountability of relevant program funds.

As demand for services changes, information reported in DEX will also be used as a source of evidence to inform the [CHSP Planning Framework](#).

Reporting time spent on service level assessment

Where the service level assessment function involves direct client interaction, the amount of assistance provided by a CHSP provider can be recorded in the DEX as a

session of that service sub-service type (i.e. Nursing, Occupational Therapy, Home Maintenance etc).

Time spent arranging services without direct client interaction (except under the ACH) should not be reported in DEX.

SSD reporting

CHSP providers with grant funding for SSD must provide progress reports against the activities specified within the Activity Work Plan and in accordance with the CHSP Grant Agreement on a 6-monthly performance reporting schedule.

SSD providers should use the reporting templates provided by the department.

12.5 Wellness and reablement reporting

CHSP providers must provide regular reports to the department regarding their organisation's progress in embedding a wellness and reablement approach to service delivery, in accordance with the CHSP Grant Agreement.

Providers must provide the report in the format provided by the department using the template supplied, and in the timeframes required.

These reports are used to provide the department with service level information on the CHSP provider's progress towards embedding a wellness and reablement approach in their service delivery practices.

The department will use the reports to help identify national resource gaps or strategies that could be implemented to drive continuous improvements in the delivery of wellness and reablement approaches across the sector.

CHSP Wellness and reablement reports are published on the department's website.

12.6 My Aged Care provider responsibilities

CHSP providers must:

- provide and update their service data regularly via the My Aged Care Service and Support Portal
- accept/reject client referrals via the My Aged Care Service and Support Portal in a timely way as per the referral priority
- accept referrals where they have capacity to provide the services in a timely manner
- refer clients to My Aged Care where clients have approached them directly, as all clients who receive CHSP services need to be registered with My Aged Care and assessed for services
- enter and regularly update service information (including commencement date and frequency/volume of services, waitlist availability) and update client details on the client record

- undertake a review of services being delivered, at least every 12 months with the outcome of the review recorded on the client record
- maintain up to date service information for the organisation within the My Aged Care Service and Support Portal to support accurate and timely referrals and access for clients
- deliver services within the scope of the service recommendations specified on the support plan
- refer clients back to My Aged Care when their needs have changed through a Support Plan Review request functionality
- discharge clients whose needs and goals specified on the support plan have been met and who no longer require care and services
- encourage clients whose needs are no longer met by the CHSP to have a reassessment
- participate in assessment, referral and client record processes as appropriate to support data integrity within My Aged Care.

CHSP providers can refer to the My Aged Care Service and Support Portal resources on the department's website.

Sensitive information

If there is sensitive information about the client that could affect the health and safety of other aged care workers, providers must first get the client's consent, and then inform My Aged Care. This information is recorded as a sensitive note in the client record that is visible to aged care assessors and contact centre staff.

Sensitive notes or attachments cannot be seen in the My Aged Care Service and Provider Portal. Instead, a message will display on the client's record stating "The client has a sensitive note/attachment on the record".

If you see this message on your client's record, you should contact the aged care assessor directly, or call the My Aged Care Service Provider and Assessor Helpline on 1800 836 799. They will be able to provide you with any relevant information, if it impacts on services you provide.

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. This is important to prevent distress for grieving family members caused by correspondence received regarding deceased loved ones.

Ceasing a client's service with the reason of 'Client Deceased' will change the client's status to 'Deceased'. This will make the client record *READ ONLY*. Any unaccepted service referrals will be recalled, and the client's access to the client portal will end. Changing the client's status in this way will also remove the client from the HCP national priority system and stop any assigned Home Care Packages.

Instructions on how to discontinue a deceased client's service in My Aged Care are available in the My Aged Care Service and Support Portal User Guide.

12.7 IT system requirements

Providers must have systems in place to allow them to meet their service delivery, data collection and reporting obligations outlined in their CHSP Grant Agreement.

My Aged Care

CHSP providers will need a computer with an internet connection and a standard internet browser. The browser must support authenticated access via an approved authentication service myGovID and the Relationship Authorisation Manager (RAM) or VANguard Federated Authentication Services. This will allow the provider to access the My Aged Care Service and Support Portal and the DEX reporting system to meet their activity and reporting requirements.

The My Aged Care Service and Support Portal is the key tool for CHSP providers to interact with My Aged Care regarding the services they deliver, managing referrals and updating client information.

For more information and resources, see the My Aged Care Service and Support Portal resources. For technical support, contact the My Aged Care Service Provider and Assessor Helpline on 1800 836 799.

DEX reporting system

There are several options available for providers to report through DEX:

- If organisations do not use a client management system, DEX has a web-based portal they can access as a free system to support service delivery.
- Providers that already have their own client management system can choose to submit data to the Department of Social Services (DSS) through a system-to-system transfer or bulk upload.
- The DEX Technical Specifications are available to support organisations that may want to use system-to-system transfers or bulk uploads, which the initial coding changes required to meet the department's data formats.

To help CHSP providers use DEX, there is a range of training and support material on the DEX website

- The DEX Protocols have been designed as a practical support manual to guide managers and frontline staff.
  - The CHSP section of the DEX Protocols outlines CHSP-specific reporting guidance and examples of reporting.
  - A set of task cards are also available as well as video training modules that provide a visual demonstration of the web-based portal.

- The CHSP Organisation Overview Report (through the interactive tool Qlik) to view and analyse their organisation's data.

  o Access to the report is available via the DEX portal, and further information is available on the DEX website.

If providers have questions about how to use DEX:

- For technical questions on reporting, contact the DEX Helpdesk, email dssdataexchange.helpdesk@dss.gov.au or call 1800 020 283

- For developer and IT support for DEX application development, please email dataexchange.developersupport@dss.gov.au.

- For general CHSP grant and program enquiries on reporting, contact your Funding Arrangement Manager.

CHSP Manual Appendices

Visit the CHSP manual and appendices page on the department's website to download the resources that support the processes described in this manual.

Appendix A	Context and history of the CHSP
Appendix B	Embedding Wellness and Reablement in the CHSP
Appendix C	CHSP provider contacts, supports and resources
Appendix D	CHSP client and carer supports, resources and information
Appendix E	CHSP Police Certificate guidelines
Appendix F	Guide to the National CHSP Client Contribution Framework
Appendix G	CHSP National Unit Price Ranges and Client Contributions
Appendix H	CHSP Compliance Framework
Appendix I	CHSP Service Catalogue
Appendix J	CHSP Community Transport Pricing Pilot

Glossary

Term	Definition
Aboriginal and Torres Strait Islander Health Worker	Aboriginal and Torres Strait Islander Health Workers have completed a Certificate II or higher in Aboriginal and or Torres Strait Islander Primary Health Care. For more information see About the Aboriginal and Torres Strait Islander health workforce and What A&TSI Health Workers and Health Practitioners Do.
Advocacy	Advocacy is the process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
Aged care assessor	The term aged care assessor refers to a person who conducts aged care assessments as part of the Single Assessment System. Formerly known as Regional Assessment Services (RAS) or Aged Care Assessment Teams (ACATs).
Aged Care Assessment Team (ACAT) – replaced by aged care assessors	The former ACAT assessment teams determined the care needs and eligibility for aged care services (such as HCP or residential care) under the *Aged Care Act 1997* (referred to as Aged Care Assessment Services in Victoria). The ACATs have been replaced by aged care assessors as part of the Single Assessment System.
Aged Care Planning Region (ACPR)	CHSP providers are funded across 74 ACPRs across Australia. The ACPRs are based on Statistical Area Level 2 (SA2) boundaries from the *Australian Bureau of Statistics Australian Statistical Geography Standard 2016*.
Aged Care Quality and Safety Commission (ACQSC)	The ACQSC is the national regulator of aged care services. It protects and enhances the safety, health, wellbeing and quality of life of people receiving aged care. The ACQSC also administers the Australian Government's Quality Review

Term	Definition
	Program including conducting quality reviews of home care services.
Aged Care Quality Standards (the Standards)	The Aged Care Quality Standards ensure the care and services a provider delivers are safe, high quality and meet the needs and preferences of the people under their care. There are 8 Standards and CHSP providers must show they meet the Standards. For more information see the ACQSC's website.
Aged Care Specialist Officers (ACSO)	Aged Care Specialist Officers provide face-to-face support so people can access information about aged care, health and social services in one location. ACSOs are available throughout Services Australia offices. Information is available at Services Australia's webpage on getting aged care services.
Assistance with Care and Housing for the Aged (ACHA)	The former ACHA Program supported people who: • were older or prematurely aged on a low income • who were homeless at the time, • or may have been at risk of becoming homeless as a result of experiencing housing stress, or not having secure accommodation.
Australian National Aged Care Classification (AN-ACC) funding model	The Australian National Aged Care Classification (AN-ACC) funding model is designed to provide equitable funding to approved residential aged care services, by linking subsidy to characteristics of services and residents. AN-ACC replaced the former Aged Care Funding Instrument (ACFI). For more information see AN-ACC.
Care finder program	The care finder program provides support for vulnerable older people to interact with My Aged Care, access aged care services and other relevant supports in the community.

Term	Definition
Care Leaver	A Care Leaver is a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century. Care Leavers include Forgotten Australians, former child migrants and people from the Stolen Generation.
Carer	A carer is a person such as a family member, friend or neighbour, who provides regular care and assistance to another person without payment for their caring role. The definition of carer excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.
Carer Gateway	The Carer Gateway provides carer specific supports and services nationally. The Carer Gateway supports and services can be accessed by calling 1800 422 737 or by visiting their website.
Charter of Aged Care Rights (the Charter)	The Charter refers to the Charter of Aged Care Rights or any Charter that replaces it. The Charter outlines the rights and responsibilities of older people when receiving home care and services.
Client	A client is a person who is receiving care and services under the CHSP.
Client's home	The client's home is where the client is currently living. This may be the home of both the client and their carer, in cases where the client and carer share a residence.
Co-habiting client	A co-habiting client means: • spouses, children, and other dependents • who share the housing situation of the principal client • whose relationship with the principal client requires continuation of co-habitation.

Term	Definition
CHSP Compliance Framework	The CHSP Compliance Framework outlines performance and regulatory requirements for all CHSP providers. See **Appendix H**.
CHSP provider/service provider/provider	Service provider refers to providers or organisations funded to deliver services under the CHSP.
Continence Aids Payment Scheme (CAPS)	CAPS provides a payment to help with some of the costs of continence products.
Culturally and Linguistically Diverse (CALD)	Clients may be defined as CALD where they have cultural or linguistic affiliations due to their: • place of birth or ethnic origin • main language other than English spoken at home • proficiency in spoken English.
Data Exchange (DEX)	DEX is the Department of Social Services' IT system that is used for program performance reporting, including the CHSP.
Day Therapy Centres (DTC) Program	The Day Therapy Centres (DTC) Program is a discontinued program which provided a range of therapies and services including allied health support.
department (the)	Unless otherwise noted, the department refers to the Australian Government Department of Health and Aged Care.
Disability Support for Older Australians (DSOA) Program	DSOA is a closed program with no new client entrants. The DSOA Program provides support to older people with disability who: • received specialist disability services from states and territory governments. • were ineligible for the NDIS at the time of its rollout due to their age.
Diversity Framework	The Aged Care Diversity Framework sets out how our aged care system can meet the diverse needs of all older people. It includes action plans for

Term	Definition
	government, aged care providers and clients. It also provides resources to help providers meet the goals of the framework.
Financially or socially disadvantaged	Financially or Socially Disadvantaged individuals are those who, for whatever reason, are without on-going financial support because of incurred debt, unemployment, age or disability. These individuals may also be socially vulnerable because of perception or inaccessibility or have a tendency for self-isolation.
Frail	For the purposes of the CHSP, frail refers to older people who have difficulty performing activities of daily living without help due to functional limitations (for example communications, social interaction, mobility or self-care).
Full cost recovery	Full cost recovery means the CHSP provider charges the full cost of service delivery to the recipient.
Grant agreement	Grant agreements are performance based, legally enforceable agreements between two or more parties that set out the terms and conditions governing a business relationship. The CHSP Grant Agreement includes the Terms and Conditions of funding, Supplementary Conditions and the Grant Schedule.
Hearing Services Program	The Hearing Services Program provides subsidised high-quality hearing services and devices to eligible Australians with hearing loss.
Home and Community Care Program (HACC)	The former Commonwealth funded HACC program provided home and community care services and was one of the programs that was consolidated into the CHSP from 2015. For more information, see **Appendix A**.
Home Care Packages	The HCP Program provides support to older people with complex needs to help them stay at

Term	Definition
	home. Approved aged care providers work with care recipients to plan, organise and deliver Home Care Packages.
Homeless	Homeless means people who are: • without any acceptable roof over their head e.g. living on the streets, under bridges, in deserted buildings etc. (absolute homelessness or sleeping rough) • moving between various forms of temporary or medium-term shelter such as hostels, refuges, boarding houses or friends • constrained to living permanently in single rooms in private boarding houses • housed without conditions of home e.g. security, safety, or adequate standards (includes squatting).
Housing stress	The Australian Institute of Health and Welfare defines housing stress as households which spend more than 30% of their household income on housing costs. Low-income households in housing stress are of particular concern since the burden of high housing costs reduces their ability to meet their other living expenses.
LGBTIQA+	LGBTIQA+ refers to people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning or asexual.
Low income	Low income is equivalent to: • income in the bottom two-fifths of the population • the maximum gross income or less needed to qualify for or retain a Low Income Health Care Card, as issued by Services Australia • whichever amount is greater.
My Aged Care	My Aged Care is the single-entry point to access Australian Government-funded aged care services and information. Call My Aged Care contact centre

Term	Definition
	on 1800 200 422 (between 8:00am and 8:00pm on weekdays and between 10:00am and 2:00pm on Saturdays).
National Aged Care Advocacy Program (NACAP)	NACAP provides free and confidential advocacy support to older people, their family and carers. It also helps aged care providers to understand their responsibilities and the aged care rights of the people they care for. It is provided by the Older Persons Advocacy Network (OPAN).
National Aged Care Alliance (NACA)	NACA is a representative body of peak national organisations in aged care, including consumer groups, providers, unions and health professionals, working together (see **Appendix A**).
National Continence Program (NCP)	The NCP aims to improve awareness, prevention and management of incontinence so that more Australians and their carers can live and participate in the community with confidence and dignity.
National Disability Insurance Scheme (NDIS)	The NDIS provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.
National Respite for Carers Program (NRCP)	The NRCP is a former Australian Government funded respite program that was consolidated into the CHSP from 1 July 2015. The NRCP contributed to the support and maintenance of caring relationships between carers and older people.
Not having secure accommodation	Not having secure accommodation refers to: • accommodation where the person's tenure is precarious, or • there is a likelihood that they will have to move on because of an escalation in rental cost, exploitation or unsuitability of the accommodation for their needs.

Term	Definition
	This may include boarding and lodging arrangements, public housing and staying with friends or relatives. It may also include accommodation owned by the client for which they are in immediate circumstances of losing ownership and accommodation rights.
Older people	For the purposes of the CHSP, older people are people aged 65 years and over, and Aboriginal and or Torres Strait Islander people aged 50 years and over.
Out-of-scope	Out-of-scope are services and items that must not be purchased or delivered using CHSP funding.
Planned respite	Planned respite includes a range of respite services delivered on a short-term or time-limited bases and planned in advance. Planned respite can be provided in a client's home or temporarily in another setting such as a day centre or in the community.
Planning Framework	The Planning Framework is an approach used to plan for funding and ongoing program management of aged care service delivery at a regional level. The CHSP uses Aged Care Planning Regions.
Prematurely aged people	Prematurely aged people are people aged 50 years and over (or 45 years and over for Aboriginal and or Torres Strait Islander people) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.
Primary Health Networks (PHNs)	PHNs are responsible for managing care finder services, using their expertise and understanding of local community needs (see **Appendix D**).
Principal Client	Principal Client means the sole client or the older client in a household.

Term	Definition
Quality Review	A quality review is the process of reviewing the quality of services delivered against the Quality Standards. The process includes an onsite quality audit, a quality audit report and a performance report.
Reablement	Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronic illness or disability, most people want and are able to improve their physical, social and emotional wellbeing, to live autonomously and as independently as possible. **Reablement** offers time-limited interventions and emphasises assisting people to maintain, regain, improve confidence and functional capacity and maximise independence and autonomy. It focuses on specific goals and seeks to enable people to live their lives to the fullest. See Chapter 2 and **Appendix B** for more information.
Reassessment	A reassessment takes place where an existing client has received an assessment and support plan and there is a significant change in a client's needs or circumstances which affect the objectives or scope of the existing support plan or care needs or following a short-term episode of restorative care or reablement service delivery. Providers can request a reassessment through the Support Plan Review process. Aged care assessors are best placed to make the decision as to whether a client requires a reassessment following the review. This decision is supported by the information provided by the client, the contact centre, providers and health professionals.

Term	Definition
Regional Assessment Services (RAS) – replaced by aged care assessors	The former RAS were responsible for assessing the home support needs of older people. The service provided timely support for locating and accessing suitable services based on the preferences of older people. RAS assessors were appropriately skilled to undertake assessments and identify services appropriate to a diverse range of clients. The RAS have been replaced by aged care assessors as part of the Single Assessment System.
Residential day respite	Residential day respite is day-based respite provided in a residential facility. It does not include consecutive days or nights. It is not the same as Residential Respite which is delivered under the *Aged Care Act 1997*.
Residential Respite	Residential Respite is delivered under the *Aged Care Act 1997*. Residential care or flexible care provided as an alternative care arrangement with the primary purpose of giving a carer or older people a short-term break from their usual care arrangement.
Restorative care	Restorative care involves the delivery of evidence-based interventions led by an allied health worker or health professional that allows a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury.
Serious incident	Serious incidents are defined as those which may have an adverse impact on the health, safety or wellbeing of a client, or seriously affect public confidence in the CHSP.
Short-Term Restorative Care (STRC) Programme	The STRC Programme is an early intervention program that aims to reverse and/or slow 'functional decline' in older people and improve wellbeing through the delivery of a time-limited (up to 56 paid days), goal-oriented, multi-disciplinary and coordinated range of services designed for, and approved by, the client. STRC services can be

Term	Definition
	delivered in a home care setting, a residential care setting, or a combination of both.
Single Assessment System	The Single Assessment System will simplify and improve the experience of older people by providing a flexible system that can quickly adapt to their aged care needs. The Single Assessment System replaces the Regional Assessment Services and the Aged Care Assessment Teams. The Integrated Assessment Tool assesses eligibility for Australian Government-subsidised aged care, replacing the National Screening and Assessment Form.
Standards	The Standards refer to the Aged Care Quality Standards or any standards that replace them.
Support Plan Review	A Support Plan Review of services may be done by the CHSP provider to check the effectiveness and on-going appropriateness of the services a client is receiving. A Support Plan Review of client needs is undertaken by an aged care assessor where: • the aged care assessor sets a review date in the support plan for a short-term service. • a provider identifies a change in the client's needs or circumstances that affects the existing support plan. • a client identifies a change in their needs or circumstances or seeks assistance to access new services or change their provider.
Transition Care Programme	The Transition Care Programme provides short-term, goal oriented and therapy-focused care for older people after hospital stays either in a home, community or a residential aged care setting.
Elder Care Support program	The Elder Care Support program aims to build a workforce to help First Nations elders, their families

Term	Definition
	and carers, to access aged care services to meet their physical and cultural needs.
Veterans' Home Care Program	The Veterans Home Care Program provides low level home care services to eligible veterans and war widows and widowers.
Volunteers	A volunteer is defined, for the purposes of this program manual, as a person who: • is not a staff member • offers their services to the provider without financial gain • provides care or other services on the invitation of the provider and not solely on the express or implied invitation of a client • has, or is reasonably likely to have, unsupervised interaction with clients.
Wellness	Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronical illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible. **Wellness** is a philosophy that informs how providers are expected to work with clients. It acknowledges and builds on their strengths, abilities and goals, and has a focus on providing services that support greater independence and quality of life. See Chapter 2 and **Appendix B** for more information.
Work Health and Safety	Work Health and Safety (often referred to as occupational health and safety) involves the assessment and mitigation of risks that may impact the health, safety or welfare of those in your workplace. This may include your clients,

Term	Definition
	employees, visitors, contractors, volunteers and suppliers. CHSP providers must comply with a range of legal requirements to ensure the workplace meets the relevant obligations.