



Home Care Packages (HCP) Program Inclusions and Exclusions

FAQs for providers – version 2

To accompany recent updates to the [HCP Program Operational Manual](#), this frequently asked questions (FAQs) fact sheet will support providers and care recipients to further clarify inclusions and exclusions.

Policy intent of the program

The HCP Program provides coordinated care and services that help older people with complex ageing related care needs to live safely and independently in their own home for as long as possible. It is not a general income support program.

The HCP Program is intended for people over 65 years (50 years or older for First Nations people), with some exceptions. Exceptions to the age cut-offs include:

- people with disabilities not otherwise supported by other programs
- people who are homeless or at risk of being homeless and are on a low income.

Inclusions and Exclusions framework

The department expects approved HCP providers to use the Inclusions and Exclusions Framework (the framework) when making decisions on what can or cannot be included as part of a care recipient's package. The framework is found in Part 9 of the [HCP Provider Manual](#) and has also been published separately as a [decision tool](#).

The framework supports providers to take a flexible and responsive approach to working with care recipients and deciding whether or not to approve care and services that are not specified inclusions under the legislation.

Providers should document all discussions with care recipients on inclusions and exclusions as part of care management documentation. Consideration should be given to each care recipient's circumstances, needs and goals to ensure they align with the assessed care needs in their care plan.

Frequently Asked Questions

These answers provide general advice only. Providers must still refer to the [HCP Provider Manual](#) and the [Quality of Care Principles 2014](#) when making decisions on inclusions and exclusions as each individual's circumstances are different.

The FAQs have been categorised by the following common themes.

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Ageing related functional decline and HCP eligibility

1. The program's policy intent refers to 'ageing related functional decline' and 'ageing related care needs.' What do these terms mean?

- Ageing related functional decline can be defined as a reduction in the ability to perform activities of daily living (e.g., self-care activities) due to a decrease in physical and/or cognitive functioning associated with ageing. If not supported, ageing related functional decline may result in under-nutrition and dehydration, decreased mobility, loss of independence, accelerated bone loss, delirium, depression, pressure ulcers and skin tears and incontinence.
- Based on a care recipient's ageing related functional decline, assessors and providers are expected to determine the care recipient's ageing related care needs, which are the supports the care recipient will require to address the decline, keeping them:
 - well and independent – including personal care, nursing services, allied health
 - safe in their home – including cleaning, home maintenance and modifications specific to ageing related capabilities, assistive technology
 - connected to their community – including transport, social support services.

2. Are people with a disability eligible for the HCP Program?

- Most care recipients access the program to support their ageing related care needs.
- However, people with a disability who are not eligible for the National Disability Insurance Scheme (NDIS) may access the HCP Program to support functional needs related to their disability.
- Additionally, older people with a chronic disease may be able to access additional support services such as allied health under a HCP, noting they should first seek support through their GP in developing a Medicare funded Chronic Disease Management (CDM) plan.
- To determine eligibility, an aged care assessor will need to identify that a person's care needs cannot be met through other government programs and that aged care services are required to meet their care needs.
- Providers must meet the care needs and goals of all care recipients based on the outcome of their aged care assessment and the provider's ongoing care planning obligations.

Assessing, recommending and prescribing

3. Does a care recipient need to be reassessed every time their needs change?

- When a person first enters the program, they will get a formal assessment by an aged care assessor who will recommend what care and services they require.
- As a care recipient's needs change (e.g., due to mobility decline or ageing related functional decline), the care manager and/or a treating health professional may identify the requirement for additional supports, services or equipment.

- This may require a reassessment if the care recipient’s needs have changed to the extent that they need a higher package level. If new needs can be met within available funding, an aged care reassessment is unnecessary.
- Providers have ongoing care planning and assessment obligations. More information on care planning and assessment is on pg. 13 of [Quality and Safety in Home Services – 5 Key Areas of Risk \(agedcarequality.gov.au\)](#) and in Chapter 7 of the [HCP Provider Manual](#).

4. Who is able to prescribe or recommend services, supports or items?

- A range of health professionals can prescribe or recommend services, supports and items to be included as part of a HCP, noting that not all services require a prescription.
- This may include:
 - an aged care assessor at an initial assessment or reassessment for the HCP Program
 - a treating medical practitioner, such as a GP or specialist
 - a Registered Nurse (RN)
 - a registered allied health professional, such as an occupational therapist, physiotherapist, exercise physiologist, speech pathologist, podiatrist, etc.
- The health professional must have qualifications and experience within their relevant field. Allied health professionals must be registered with the Australian Health Practitioner Regulation Agency (Ahpra) or another national self-regulated professional association.
- A prescription for services, supports and items must be within the scope of the health professional’s area of practice. For example, a dietician can advise on nutrition, hydration, meal preparation and diet. Examples are in the table below.

Type of service, support or item	Prescriber/assessor
Personal services	Aged care assessor, RN, occupational therapist, physiotherapist
Activities of daily living	Aged care assessor, speech pathologist, GP, RN or other health professionals operating within their scope of practice
Nutrition, hydration, meal preparation and diet	Aged care assessor, dietician, speech pathologist, GP or RN or other health professionals operating within their scope of practice
Management of skin integrity	Aged care assessor, RN, GP or other health professionals operating within their scope of practice
Continence management	Aged care assessor, RN, GP other health professionals operating within their scope of practice

Type of service, support or item	Prescriber/assessor
Mobility and dexterity	Aged care assessor, RN, GP, physiotherapist, occupational therapist, chiropractor other health professionals operating within their scope of practice
Support services	Aged care assessor, RN other health professionals operating within their scope of practice
Care management	Aged care assessor, RN other health professionals operating within their scope of practice
Clinical care	Aged care assessor, RN other health professionals operating within their scope of practice

- **Note:** some items do not require a prescription, e.g., a jar opener.
- Care managers are encouraged, where possible, to work with care recipients' existing supports through the primary care and other health systems when conducting care planning.

Goods, equipment and assistive technology (GEAT)

5. What items qualify as GEAT and can be funded under the program?

- GEAT is available under the HCP Program to assist care recipients to cope with functional limitations and to help maintain their independence safely.
- They can be used for short-term or ongoing support, through loan or purchase.
- See table below for examples of eligible GEAT items. This table is not exhaustive.

HCP type of service	Examples of eligible items
Personal services	<ul style="list-style-type: none"> • Shower chairs and dressing aids • Self-care aids and general aids to assist with daily living
Nutrition, hydration, meal preparation and diet	<ul style="list-style-type: none"> • Specialised eating utensils and enteral feeding equipment
Continence management	<ul style="list-style-type: none"> • Commode chairs, bedpans and urinals, catheter and urinary draining appliances, continence aids in general (when not otherwise covered by the Continence Aids Payment Scheme [CAPS]) • Washing machine and dryers for severe and permanent incontinence only, as per the definition used by the CAPS

HCP type of service	Examples of eligible items
Mobility and dexterity	<ul style="list-style-type: none"> Crutches, quadruped walkers, walking frames, walking sticks, wheelchairs, mobility scooters and medical grade footwear, mechanical devices for lifting (in/out of bed), bed rails, slide sheets, sheepskins, tri-pillows, pressure relieving mattresses and hospital grade linen. Recliner or electric adjustable bed if assessed as requiring
Safety	<ul style="list-style-type: none"> Personal monitoring technology, including personal alarms and sensor mats
Appliances	<ul style="list-style-type: none"> Items for frailty and functional/postural decline that are not standard household items Tipping kettle designed for frailty Stick or robot vacuum for reablement consistent with the CHSP Programme.

6. What level of discretion do providers have to include a GEAT item?

- To determine whether a GEAT item should be included in a care recipient's package, providers must consider the following factors:
 - the assessed care needs of the individual
 - the package budget
 - scope and intent of the program
 - how they will plan for these purchases.
- GEAT may be provided to a care recipient where consideration has been given to the framework and it meets the following criteria:
 - the need for the item can be identified in the care recipient's care plan, program scope, assessed needs
 - the item/s can be provided within the care recipient's package budget
 - the GEAT provided is specific to frailty e.g., functional/postural decline, not standard household items.

7. What guidelines are there for prescribing or recommending services?

- Care managers are expected to consider the purchase using the framework in partnership with the care recipient. This could include considering evidence from a health professional.
- Health professionals will adhere to their own profession's standards when making a prescription or recommendation.
- This may include:

- a functional assessment of the care recipient's abilities
- a home assessment where relevant
- a product assessment where relevant.
- If you are unsure whether or not an occupational therapy assessment is required you may wish to consult
 - The [Assistive Technology Essentials guide](#), which was developed by Independent Living Assessment in partnership with Dr Natasha Layton of Monash University as a quick guide for CHSP providers
 - The guide includes a 'traffic light framework', outlining what kinds of GEAT are:
 - Green items or low risk which do not need a prescription
 - Amber items where advice from a trained professional on appropriateness and use should be sought
 - Red items which should only be prescribed by a health professional operating within their scope of practice. This is because prescribed GEAT, such as mobility scooters and patient hoists are generally higher risk and higher cost and could cause harm if used or configured incorrectly.

8. Is all GEAT that has been recommended by a health care professional an inclusion?

- While the department encourages care recipients and providers to follow the advice of treating health care professionals, the HCP Program is not obliged to fund all recommendations from treating professionals.
- If the purchase is unrelated to aged care needs, it would be classified as a general income purchase, and therefore excluded under the program.
- There are exceptions for care recipients with disability needs and/or chronic disease (noting many chronic diseases are ageing related). If the GEAT item supports activities of daily living to address functional decline, and cannot be funded by another government program, it would be appropriate to be funded under HCP.
- Providers should also consider the most cost effective item of GEAT as part of value for money discussions when running through the framework with the care recipient.

9. Are white goods, electrical appliances and household appliances covered?

- Whitegoods, electrical appliances, and general household appliances are typically excluded under the HCP Program.
- However, there are exceptions for specific circumstances, including:
 - items designed specifically for frailty, such as a tipping kettle
 - when hygiene is impacted, and support is required for laundering. For example, washing machines and dryers can be considered if the care recipient experiences severe and permanent incontinence, as per the definition used by the [Continence Aids Payment Scheme](#).
- If the purchase is unrelated to a person's aged care needs, then it is considered a general income purchase and excluded under the program. For example, refrigerators are considered general income expenses as this is a standard household expense.

- Where a care recipient cannot afford whitegoods and other household appliances, support may be available through state/territory government rebates, Services Australia or through [No Interest Loan Schemes](#).
- Where a care recipient lives in state/territory government subsidised housing, the relevant jurisdiction may support access to subsidised whitegoods.

10. Are electronics purchases covered?

- Laptops, phones, and similar electronics are typically excluded under the HCP Program.
- Telephone and internet plan costs are excluded (set-up/connection costs may be covered in exceptional circumstances as listed below).
- There are exceptions for the purchase of IT equipment, including tablets, laptops and internet subscriptions, to help older people communicate with their providers, family, carers and social groups under the following circumstances:
 - homelessness
 - medication management
 - social inclusion under exceptional circumstances (e.g. prolonged pandemic lockdowns)

11. Can a bed or mattress be purchased with HCP funds?

- General beds and mattresses are classified as general income purchases and therefore excluded under the HCP Program.
- There are exceptions for specialised equipment to support mobility and dexterity, such as a pressure relieving mattress or an electrical adjustable bed and/or hospital bed.
- Bedding may also be included in cases where a care recipient requires hospital grade linen or a suitable fabric to reduce friction and shear injuries.
- These items should only be provided where identified in the care recipient's care plan.

12. What if a care recipient who requires a specialised bed/mattress shares a bed with a person not on a HCP?

- The intent of a HCP is to provide a coordinated package of care and services tailored to the individual's assessed care needs.
- Most specialised beds are single beds.
- The provider can discuss with the care recipient to fund only the single specialised mattress/bed with the companion bed to be funded using private funds.

13. Are lift chairs, wheelchairs and mobility scooters covered?

- Yes, electric wheelchairs, lift chairs and mobility scooters are included.
- The care recipient can access these aids if they are specified in their care plan as meeting their assessed care needs and goals.

14. Can a Continuous Positive Airway Pressure (CPAP) Machine be covered?

- CPAP machines are typically funded under state and territory specialised aids and equipment schemes.

- The care recipient's treating medical practitioner is responsible to support them to access these schemes.
- However, in some jurisdictions, CPAP machines are not subsidised, or are only subsidised in specific circumstances.
- As the Australian Government does not fund, or partially fund, access to CPAP machines, the provider can consider funding this service, but only after they have tested and confirmed whether state/territory schemes can cover the cost.

15. Can you clarify ownership of aids and equipment purchased with HCP funds?

- If a care recipient purchases equipment through their HCP, then the care recipient owns the equipment.
- The exception would be if the care recipient has entered a leasing arrangement with either the provider or a third-party organisation.

16. Who is responsible for maintenance, insurance, and disposal for GEAT items that care recipients paid for outright?

- When purchasing an item, the maintenance, insurance, and disposal of items should be considered and agreed with the care recipient and recorded in the care plan, including:
 - ensuring that there are sufficient funds available in the package for upkeep
 - that any purchase will not impact on the ability to meet the continued assessed care needs of the care recipient.
- If the item is no longer required, the item may be disposed of or donated.
- If the Home Care Agreement does not specify disposal options, and/or the equipment is paid for outright, the provider is not responsible for waste management, and this will become a matter for the care recipient or their estate.
- Items that have been paid for outright can be taken with the care recipient into residential aged care.
- The care recipient may also sell the item, but if such behaviour becomes commonplace it should be monitored. In most cases the selling of an item may be appropriate disposal, especially if an infrequent occurrence. If a provider is concerned that the item has been sold prematurely and without consultation, they should discuss the matter with the care recipient in the first instance and advise that the HCP may not be able to fund a replacement item. Depending on the situation, the provider may wish to escalate the matter to:
 - [Help tackling elder abuse, starts here. – Compass](#)
 - [Report suspected fraud against aged care programs](#)

17. Who is responsible for maintenance, insurance and disposal of leased GEAT items?

- For GEAT that is either leased or on lease-to-buy arrangements, the item remains the property of the organisation holding the lease.

- While maintenance and disposal are generally the responsibility of the leasing organisation, the arrangements should be agreed with the care recipient and documented in the care plan.
- This includes arrangements and agreement for payment of outstanding amounts by the care recipient should the care recipient exit or transfer before paying off the equipment. Such arrangements can only be entered into after gaining the informed consent of the care recipient. More information is at [Consumer vulnerability: A business guide to the Australian Consumer Law](#).
- In the absence of clear agreement, and where the care recipient has left the program, the responsibility for outstanding amounts is a matter for consideration under state/territory government fair trading law.

Allied Health and specialist services

18. Are psychology, psychiatry and other mental health services covered?

- If the treating GP considers that the care recipient has a diagnosable mental health disorder, then psychology services may be covered under Medicare via a GP Mental Health Treatment Plan or a Chronic Disease Management Plan.
- These options should be used in the first instance.
- Psychology may be funded under the HCP Program as an allied health service if:
 - Medicare supports have been exhausted and access to mental health supports including a psychologist has been assessed as an ageing related care need
 - supports are identified in the aged care assessment and the care recipient is not able to access other government programs.
- Psychiatry is classified as a medical service and is a clear exclusion.
 - All medical services delivered by [medical practitioners](#) (as regulated by Ahpra's Medical Board of Australia) are excluded in the HCP Program unless the purpose of the visit is to seek evidence for the dementia and cognition supplement, oxygen and/or enteral feeding supplements and the physician bills privately for the consultation.

19. Can podiatry, physiotherapy, chiropractic and hydrotherapy services be covered?

- Allied health services such as podiatry, physiotherapy, chiropractic and hydrotherapy are included under the HCP Program in the following instances:
 - they are required due to ageing related functional decline and/or the individual cannot access disability supports
 - to assess the need for aids and equipment
 - they are delivered by an accredited provider
 - they are not concurrently being funded by another government program.

20. Can acupuncture delivered by a Chinese Medicine Practitioner be covered?

- Providers should only fund Chinese Medicine interventions such as massage and acupuncture where:
 - it can be demonstrated that the practitioner is an Australian Health Practitioner Regulation Agency (Ahpra) registered Chinese medicine practitioner

- the care recipient is ineligible or unable to obtain these services through other state and territory government schemes or services currently funded or jointly funded by the Australian Government.

21. Can remedial massage be covered?

- Remedial massage is classified as an allied health service and therefore is included under the HCP Program if there is an assessed care need for the service.
- A care recipient can access remedial massage under the program when the service is:
 - required due to ageing related functional decline and/or the individual cannot access disability supports
 - delivered by an accredited provider
 - not concurrently being funded by another government program.

22. Can natural therapies be covered?

- Natural or alternative therapies like naturopathy are not classified as allied health modalities by Ahpra or a department recognised National Board and are therefore exclusions from the HCP Program.
- The department has undertaken a natural therapies review. Find more information about the [Natural Therapies Review](#).

Medications, vitamins and supplements

23. Can care recipients pay for PBS medications using package funds? If not, how do they access and pay for the medication they need?

- The intent of the HCP Program is to deliver aged care services which can include medication management to support care recipients to take their medication.
- Services and items covered by the Medicare Benefits Schedule (MBS) or the Pharmaceutical Benefits Scheme (PBS) are classified as items already funded by the Australian Government and therefore are excluded under the HCP Program.
 - The Government understands that for some individuals and families who need a lot of PBS medicines each year, the cost can be significant.
 - The PBS Safety Net scheme protects individuals and their families from incurring excessive costs in relation to the supply of medicines.
 - Find more information about the [PBS Safety Net scheme](#).
- State and territory governments assist with the cost of operating public hospitals, which can include assistance with the cost of medicines that patients are unable to afford.
 - If there is no other affordable way for care recipients to access the medicines they require, their treating physician can consider making an application to the drug and therapeutics committee of a local public hospital to request assistance with the cost of treatment.

24. Can the purchase of non-PBS medication be covered?

- Under current program arrangements, subsidisation of non-PBS medications using HCP funds is not permitted.
- This has been the case since the beginning of the program.

- Where a medicine is not listed under the PBS, the medicine will have to be supplied as a private prescription for which individuals will have to pay full price.
 - Pharmacies may charge differently for these non-PBS medicines, so care recipients may wish to shop around to find the best price.
 - If a care recipient has private health insurance, they may wish to contact their insurance provider to see if the cost of the non-PBS medication is covered under their current policy.

25. Can vitamins and nutrition supplements be covered?

- It is important to distinguish between:
 - vitamins and supplements classified as medicines (such as fish oil, fibre powder and magnesium) under the Australian Register of Therapeutic Goods (ARTG), which are **excluded**
 - vitamins and supplements categorised as specialised foods (such as Fortisip and Souvenaid) under Food Standards Code 2.9.3 and 2.9.5, of which **some are included**.
- The definition of medicine can also be extended to substances that seek to be registered on the ARTG (i.e. the substance's efficacy and safety is indeterminate).

26. In what circumstances are specialised foods covered under HCP? Does this include food supplements?

- Specialised foods, listed under Food Standards 2.9.5 - *food for special medical purposes* or formulations listed under 2.9.3 – *formulated supplementary food*, that are prescribed by a treating health professional, are inclusions of the program.
- For more information see [Food Standards Code](#) 2.9.5 *food for special medical purposes* and 2.9.3 *formulated supplementary food*.
- These products are designed to address situations where the intake of energy and nutrients may not be adequate to meet an individual's requirements and are intended for the dietary management of a disease, disorder or medical condition that cannot be achieved without the use of the item.
- Examples of specialised food include Resource Plus, Ensure Plus, Nepro LP, Nutren Diabetes, Glucerna Triplecare Can, Resource ThickenUp.
- By law these products must be prescribed by a health professional operating within their scope of practice and must only be consumed under medical supervision.
- For the HCP Program, it is expected that these specialised foods would be used to support ageing related conditions, such as dysphagia or cognitive impairment.

27. Can Cannabis oil be covered?

- Cannabis oil is excluded under the HCP Program.
- Most medicinal cannabis products have not been assessed by the Therapeutic Goods Administration (TGA) for safety, quality or effectiveness.
 - Epidyolex® (cannabidiol oil 100mg/ml) is the only cannabidiol product currently listed on the PBS.

- Payment for medications (PBS or non-PBS) are excluded under the HCP Program.

28. Can skin care be covered?

- Skin creams, body wash and ointments are typically excluded if purpose is for general use.
- Exceptions can be made for the management of ageing related skin integrity, which is defined as support to maintain clean and intact skin.
 - This includes providing bandages, dressings, and skin emollients that are prescribed by relevant health professionals. Skin emollients include lotions and oils, such as Alpha Keri Bath Lotion, QV Bath Oil and Hamilton Skin Therapy Oil.

Home maintenance and modifications

29. What is the difference between minor and major home maintenance services?

- Minor home maintenance services (including minor electrical work and plumbing) may be provided under a HCP where the care recipient was previously able to carry out the activity themselves but can no longer do so safely.
- More extensive home maintenance services (such as those requiring a tradesperson) are typically the responsibility of the homeowner.
- These fall under general income purchases that all people are expected to pay for throughout their life, regardless of age.
- However, a list of services that can be reasonably accessed under the HCP Program is in the inclusions section of the provider manual.
- The replacement, maintenance, servicing and cleaning of the following are excluded:
 - water tanks
 - solar panels
 - fencing
 - roofs
 - hot water systems
 - swimming pools.

30. In what circumstances can home modifications be funded by a HCP?

- Home modifications or capital items that are not related to the person's ageing related care needs are excluded under the HCP Program, such as:
 - modifications for aesthetic reasons (e.g. more expensive tile choices, heated towel rails or replacement of flooring)
 - significant changes to the floorplan of the home, including adding a new bathroom or extension.
- However, HCP funds may be used to pay for the clinical assessment and liaison between a clinician and builder/architect to ensure appropriate plans are developed to support a care recipient's ageing related care needs and goals.

- Home modifications can be funded under the HCP Program in clinically justified circumstances, where they meet the criteria below:
 - improve safety and accessibility and promote independence (e.g. widening doorways for wheelchair access, removing shower hobs and installing an ambulant toilet)
 - have been assessed by a health professional operating within their scope of practice such as an occupational therapist, physiotherapist, or RN to ensure the home modification is fit for purpose
 - have been agreed within the care recipient's care plan.
- Home modifications must be in line with the National Construction Code and be provided by qualified tradespeople with appropriate licensing and insurances as per state/territory government laws.
- While the department encourages care recipients to follow the advice of treating health professionals, the HCP Program is not obliged to fund all recommendations from treating health professionals.
 - Providers will need to confirm that the home modification is within the available budget for the package level. Additional costs need to be mutually agreed with the care recipient and paid for privately through [additional service fees](#).

31. What is minor electrical work as opposed to major electrical work?

- Minor electrical work includes changing light globes, installing and fitting emergency alarms (excluding smoke alarms) and other safety aids and assistive technology.
- Major electrical includes work that involves rewiring a house.

32. What is minor plumbing as opposed to major plumbing works?

- Minor plumbing includes changing a washer, unblocking a toilet, installing easy access taps, shower hoses or shower heads on a rail.
- Major plumbing are works that exceed these examples.

33. Are the purchase and servicing of heating and cooling systems covered?

- The purchase and servicing of heating and cooling systems are classified as general household items, which have always been excluded items of the HCP Program.
- General household items are defined as services, goods or supports that people are expected to cover out of their general income throughout their life, regardless of age, and therefore not appropriate to be funded through a HCP.
- The Australian Government recognises the diverse range of needs across our community.
 - Many programs and services are available to support people to access the help and information they need.
 - There is an [energy rebate tool](#) that provides a list of services that may assist with access to electronic appliances, including the [No Interest Loan Scheme](#).

34. What does the HCP Program manual mean by light gardening?

- Providers are required to maintain the home and garden in a condition of functional safety and provide an adequate level of security.
- Some minor light gardening services can be provided where the person was previously able to carry out the activity themselves but can no longer do safely. For example:
 - maintaining access and egress pathways through a property
 - lawn mowing
 - weeding of established garden beds
 - yard clearance where there are issues of safety and access
 - essential pruning for access areas.
- More extensive gardening services are the responsibility of the homeowner. This includes maintaining an entire garden, extensive tree or garden pruning, mulching gardens, or installing raised garden beds.
- Farmwork or extensive gardening on large land holdings are also exclusions under the program.

Cleaning

35. What types of cleaning services are covered?

- Cleaning to keep the home safe and liveable is included under the HCP Program.
- This includes help with activities like dusting, vacuuming, mopping, making beds, ironing and laundry.
- More specialised cleaning is typically excluded, but may be included in the following circumstances:
 - cleaning of soft furnishings that have been soiled due to permanent and severe incontinence, as per the definition used by the [Continence Aids Payment Scheme](#).
 - remediation of hoarding, providing one-off decluttering/cleaning where it is required to ensure the safety of the care recipient and the home care worker entering the home.
- Care recipients can use their package for cleaning where:
 - it has been assessed as needed
 - is documented in the care plan
 - is not already covered by insurance or other government supports that can be provided within a reasonable time.

36. Can pool cleaning and servicing be funded? What if the care recipient requires hydrotherapy?

- Pool cleaning and maintenance remains an exclusion of the HCP Program as it is considered a general expense unrelated to ageing and functional decline.

- If prescribed by a health professional operating within their scope of practice and assessed as part of a care recipient's aged care needs, a HCP may fund access to a gym/pool membership for hydrotherapy.
- The membership must be required because of a care recipient's functional ageing related decline.

Transport

37. Under what circumstances can transport costs be covered?

- HCP funds can be used to pay for taxi vouchers for aged care related transport needs, such as to shop, visit health practitioners and attend social activities.
- HCP funds can pay the full fare if deemed reasonable and consistent with the care plan.
- Taxi vouchers can be accessed through HCP funds OR through a state-based government program, but not both services at the same time because:
 - package funds cannot be used to fund co-payment for state subsidised taxi vouchers (i.e. pay the difference of the fare)
 - where state subsidised travel is available for medical appointments, this must be used in the first instance.
- The use of taxi vouchers should be well documented in the Home Care Agreement and the care plan, addressing the purpose of their use (e.g., visits to the doctor/social inclusion activities), with costs agreed to by the care recipient.

38. What types of transport are excluded?

- Private transport related costs including vehicle registration, vehicle repairs, vehicle insurance and fuel are all exclusions.
- Local transit costs of public bus, ferry or train fares are also excluded under the HCP Program.

Personal grooming

39. Are manicures and hairdressing covered?

- Manicure and hairdressing services are classified as general income and are excluded under the HCP Program.
- However, the program does cover personal care services such as individual attention, supervision, and physical assistance to maintain hygiene and grooming.
- Therefore, if a care recipient requires assistance with cutting their nails or washing their hair, a personal care worker may support them to maintain their personal hygiene and grooming.
- Toenail cutting services can be covered by a podiatrist, which may be funded by the HCP.
- The clinical manager can consider the most suitable supports for fingernail cutting services.

Alternative supports

40. If the HCP Program cannot fund a service or item, where else can care recipients get support?

- Services and items already funded by the Australian Government fall within the specified exclusions under the legislative *Quality of Care Principles 2014*.
- Some of these additional or alternative supports that are separate from the HCP Program are listed in the table below.
- The list is not exhaustive.

Program	Description	Find out more
Better Access initiative	Medicare rebates for mental health services, for eligible people.	Better Access initiative – Australian Government Department of Health and Aged Care
Carer Allowance	For people who give additional daily care to someone with a disability or medical condition, or an adult who is frail and aged.	Carer Allowance - Services Australia
Carer Payment	Income support for people who provide significant amounts of care to a person with a disability or illness. This is income/assets tested.	Carer Payment – Services Australia
Carer Supplement	An annual lump sum for people who receive the carers or veterans' payment.	Carer Supplement – Services Australia
Carer Gateway	An Australian Government program providing free services, support and resources for carers.	Carer Gateway
Seniors Health Care Card	A concession to get cheaper medicines and other discounts.	Health Care Card – Services Australia
Chronic Disease Management Plan	A Team Care Arrangement for subsidised Allied Health consults/groups, for people who have a chronic condition.	Speak to a GP and visit Chronic Disease Management Plan - Services Australia
Aged Care Volunteer Visitors Scheme (ACVVS)	Volunteer visits to older people to provide friendship and companionship, available to anyone receiving government-subsidised aged care services.	Aged Care Volunteer Visitors Scheme (ACVVS) – Australian Government Department of Health and Aged Care

Program	Description	Find out more
Continence Aids Payment Scheme (CAPS)	A payment for continence products.	Continence Aids Payment Scheme – Services Australia
Dental services	Joint Australian Government and state/territory funded dental services delivered by public dental clinics including emergency dental care and selected general dental treatments.	Government Dental Care – Teeth.org.au
Electrical and energy rebates	Energy Australia – concession overview by state Clean Energy Council Various energy rebates for pensioners Medical Cooling Concession – subsidised electricity bills for approved medical conditions	Concessions – EnergyAustralia Government programs – Clean Energy Council Energy bill concessions – South Australian Government Victorian Energy Compare
Hearing services	Australian Government subsidised hearing aids and services.	Hearing Services Program - Australian Government Department of Health and Aged Care
Heating and cooling for medical needs	Essential Medical Equipment Program for air conditioning/heating.	Medical heating and cooling concession – South Australian Government Essential Medical Equipment Payment – Services Australia
Home Equity Access Scheme	Non-taxable loan from government for people to use their home as equity.	Home Equity Access Scheme – Services Australia
Older Persons Advocacy Network	Provides free advocacy services for older people and their families and carers. OPAN can be contacted on 1800 700 600 between 8am to 8pm, Monday to Friday and 10am to 4pm Saturday.	OPAN website
Primary Health Network	Integrates health services at the local level to create a better experience for people, encourage better use of health resources, and eliminate service duplication.	Find your local Primary Health Network Australian Government Department of Health and Aged Care

Program	Description	Find out more
Spectacle/ glasses schemes	<p>Government funded spectacle schemes that support eligible patients to access subsidises for prescription glasses, in operation by all state and territory governments in Australia.</p> <p>Patient eligibility, subsidy amount, product coverage and the role of the optometrist in supporting patient access to the scheme, differs across jurisdictions. In addition to spectacles, some states cover contact lenses and low vision aids for eligible patients.</p>	Subsidised spectacle schemes – Optometry Australia

Other resources for providers

41. The Community of Practice

- In 2022, a Community of Practice was established for providers to discuss sector-wide review findings by:
 - giving feedback on the review process and/or program settings
 - helping providers to develop and discuss new ideas
 - sharing resources
 - building a sense of community, with other providers.
- All HCP providers are encouraged to join the community of practice. There is a simple sign-up process at [HCP Program Assurance Community of Practice](#).

42. Aged Care newsletters

- The department produces regular updates to the aged care sector through newsletters.
 - For [providers](#)
 - For [care recipients](#)
 - For [aged care workers](#)

43. Aged Care Engagement Hub

- There is a range of ways you can be involved in the reforms, including surveys, webinars, online workshops and consultation papers.
- Register your interest to be involved in consultations about the aged care reforms at the [Ageing and Aged Care Engagement Hub](#).