

s22

From: s22
Sent: Friday, 13 August 2021 2:12 PM
To: s22
Subject: RE: Seeking ATO advice about the use of taxi vouchers [SEC=OFFICIAL]

You know my opinion of imaginary contracts 😊

I think this clearly states a subcontracting arrangement arises where a home care provider contracts with another entity, so I think we should just keep it in our backpocket.

From: s22 @health.gov.au>
Sent: Friday, 13 August 2021 1:33 PM
To: s22 @health.gov.au>; s22 @health.gov.au>
Subject: FW: Seeking ATO advice about the use of taxi vouchers [SEC=OFFICIAL]

Do we want to follow up on this, or just keep it in our backpocket in case LASA ask? If they ask, we can then ask them to give us an example.

Kind regards,

s22

A/g Director

Home Care Operations Section | Home Care & Assessments Branch
 Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health
 T: (02) 6289 s22

From: s47F @ato.gov.au>
Sent: Friday, 13 August 2021 12:17 PM
To: s22 @health.gov.au>
Cc: s22 @health.gov.au>; s47F @ato.gov.au>
Subject: RE: Seeking ATO advice about the use of taxi vouchers [SEC=OFFICIAL] [SEC=OFFICIAL:Sensitive]

Hi s22

Thank you again for your call and follow up email. We've considered the issues you raised and provide the following information to assist:

- The GST Legislation does not define subcontracting. The ATO however has provided guidance in regards to [working as a contractor](#). The web guidance, [GST and Home Care](#), provides some information on subcontracting in the context of Home Care.
- As explained in the web guidance, a subcontracting arrangement arises where a home care provider contracts with another entity for that entity to deliver home care services to care recipients on behalf of the home care provider.
- For GST purposes, our focus is on identifying supplies for consideration and to whom those supplies are made. A subcontracting arrangement is only one example of an arrangement giving rise to supplies for consideration.
- Goods and Services Tax Ruling [GSTR 2006/9](#): Goods and services tax: supplies provides advice on analysing the various arrangements in which supplies are made and states that the agreement is the logical starting

point when working out the entity making the supply and the recipient of that supply (see paragraphs 119 to 122).

- In relation to taxi vouchers, from a GST perspective, the GST consequences would depend on the details of the particular agreement that the home care provider enters into to obtain the taxi vouchers.
- For example, if the home care provider contracts with a taxi operator to supply services to a home care client (who presents a voucher) on the home care provider's behalf, it is likely that the taxi operator would be making a taxable supply to the home care provider.
- We would need to see the details of the particular agreement for the issue and how the taxi vouchers are used to determine conclusively the GST treatment of the arrangement.
- As to whether home care providers are required to check the qualifications, etc of taxi operators, this is not something that the ATO can advise on.

I hope this information is helpful to you. Please let me know if you would like to discuss the issue further or would like us to consider the specifics of the taxi voucher arrangement in more detail.

Kind regards,

s47F

s47F

Technical Officer | Technical Leadership and Advice - GST

Australian Taxation Office

P s47F



ATO. Working for all Australians

From: s22 <@health.gov.au>
Sent: Tuesday, 10 August 2021 10:28 AM
To: s47F <@ato.gov.au>
Cc: s22 <@health.gov.au>
Subject: Seeking ATO advice about the use of taxi vouchers [SEC=OFFICIAL]

*****EXTERNAL EMAIL ALERT – EXERCISE CAUTION*****

Hi s47F

Thank you for taking my call yesterday afternoon.

As discussed, our section is responsible for providing operational advice about the Home Care Packages Program.

One of the issues we're grappling with is about taxi vouchers, and whether they are a subcontracted service. Our view is that they are a good, however some of our stakeholders seem to think that using taxi vouchers would be a subcontracting arrangement i.e. having to ensure drivers have had police checks, etc.

The list of care and services at Schedule 3, Part 1 of the [Quality of Care Principles 2014](#) specifies items that a provider may provide as care and services as part of a Home Care Package. Amongst the list of included support services is (j) 'transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities'.

We believe the taxi industry is highly regulated through state/territory legislation and that other similar agencies use taxis, and thus we are unsure whether this is a legitimate concern from providers or not.

Could you and your team please provide us advice on this matter. We also request if you could also explain the definition of subcontracting, and whether a taxi voucher is an example of this or not (as stated before we assume it is not).

If you and your team are able to provide some advice this week that would be highly appreciated.

Kind regards,

s22

A/g Assistant Director – Home Care Operations Section

Home Care & Assessments Branch | Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health
 T: 02 6289 s22 | E: s22@health.gov.au
 Location: Sirius Building 5.S.443

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s22

From: s47F
Sent: Thursday, 9 December 2021 3:22 PM
To: s22
Cc: s22; s47F
Subject: RE: Uber and Taxi Vouchers - Can you please provide advice by 13 December.
 [SEC=OFFICIAL:Sensitive]

Hi s22

Thanks for your email. We would be happy to offer Commission input when more comprehensive information is available on the rideshare regulatory arrangements/processes in each state – this would inform our consideration, including on aspects such as safety and transparency/accountability re use.

Best regards

s47F

s47F

Assistant Director, Operational Policy & Support
 Regulatory Policy & Intelligence Group
 Aged Care Quality and Safety Commission

Teams s47F | Personal Mobile - s47F | E s47F @agedcarequality.gov.au



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From: s22
Sent: Tuesday, 7 December 2021 6:04 PM
To: s47F
Cc: s22
Subject: Uber and Taxi Vouchers - Can you please provide advice by 13 December. [SEC=OFFICIAL:Sensitive]
Importance: High

Dear s47F

Our Working Group members recently asked if Uber and other rideshare companies would be an inclusion for transport, noting that taxi vouchers are an inclusion (see standard words below in italics as there are caveats – which would also apply to rideshare if accepted).

We have established that DVA home care do allow for the use of Uber. CHSP are unsure. However, looking at NSW Government website, while it is clear that [taxi drivers](#) must meet strict police checks; it is unclear whether the same applies to rideshare drivers? However, in the [ACT](#), rideshare licensees must hold a working with vulnerable people registration.

On this basis if we were to include rideshare as a transport option (noting caveats below), maybe the proviso would be that the provider needs to check with their relevant jurisdiction's transport regulator and/or rideshare company that the relevant criminal checks are in place?

Note we are going back to the Working Group on Tuesday 14 December with a position. We would be grateful if you could provide advice by then – noting that ^{s47F} is representing the Commission at the meeting as an official member. He won't be called to talk to this item, but I am CCing him for visibility. There may be a question on the treatment of GST when reimbursing invoices – we would advise providers to consult the ATO website and/or seek a private ruling.

The list of care and services at Schedule 3, Part 1 of the [Quality of Care Principles 2014](#) specifies items that a provider may provide as care and services as part of a Home Care Package and Part 2 specifies excluded items. Amongst the list of included support services in the [Quality of Care Principles 2014](#), Schedule 3 Part 1 (j) 'transport and personal assistance to help the care recipient shop, visit health practitioners or attend social activities'

The home care provider may use HCP funds to pay for taxi vouchers to transport the care recipient. Taxi vouchers are used in other Government programs such as the Commonwealth Home Support Programme and other state based government programs and schemes to support older people. The use of taxi vouchers should be well documented in the Home Care Agreement and the care plan, address the purpose of their use (e.g. visits to the doctor/social inclusion activities), with costs agreed to by the care recipient.

*Care recipients can either access taxi vouchers through HCP funds **OR** through a state based government program, but not use both services at the same time.*

Kind regards,

s22

Director
Home Care Operations Section | Home Care & Assessments Branch
Home and Residential Division | Ageing and Aged Care Group
Australian Government Department of Health
T: (02) 6289 s22

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From: ^{s47F} <s47F@dva.gov.au>
Sent: Wednesday, 24 November 2021 1:04 PM
To: s22 <s22@health.gov.au>
Cc: s22 <s22@Health.gov.au>; ^{s47F} <s47F@dva.gov.au>
Subject: RE: DVA Home Care - Taxi Vouchers [SEC=OFFICIAL:Sensitive]

Hi again s22

Please see the response to your question below:

- DVA offers client reimbursement for Uber fares if clients travel for approved treatment.
- DVA doesn't pay Uber drivers directly, it must be reimbursement to the client.
- DVA doesn't provide vouchers to use for Uber – client must pay and then claim back the cost.

I hope this information is of assistance.

Kind regards

s47F

s47F

Senior Program Officer – Operations Team

Position Number: s47F

Nursing Programs and Operations | Client Programs Branch

Client Engagement and Support Services Division

From: s47F

Sent: Wednesday, 24 November 2021 9:10 AM

To: s22 @health.gov.au>

Cc: s22 @Health.gov.au>, s47F @dva.gov.au>

Subject: RE: DVA Home Care - Taxi Vouchers [SEC=OFFICIAL:Sensitive]

Good morning s22

Thank you for your email regarding Uber and rideshare options for DVA clients.

We are seeking some advice from the relevant team and will have a response back to you as soon as possible.

Kind regards

s47F

s47F

Senior Program Officer – Operations Team

Position Number: s47F

Nursing Programs and Operations | Client Programs Branch

Client Engagement and Support Services Division

From: s22 @health.gov.au>

Sent: Tuesday, 23 November 2021 4:31 PM

To: s47F @dva.gov.au>

Cc: s22 @Health.gov.au>

Subject: DVA Home Care - Taxi Vouchers [SEC=OFFICIAL:Sensitive]

Dear s47F

At our monthly Home Care Operations Working Group earlier this month, our Assistant Secretary took an action item on whether Uber is an inclusion for HCP. I also took the same action item at the Tasmanian home care provider forum last week. It is a hot topic.

Our HCP Program currently funds taxi vouchers (consistent with CHSP). We had previously not given consideration to funding Uber or other rideshare, but are open to it if there is precedent. We note the taxi industry is heavily regulated and that drivers must have police checks – assumedly Uber is similar, but we're unsure. We would be keen to know if any DVA Home Care services allow their clients to use Uber or other rideshare companies.

Can we please get a response by 13 December.

I am asking my colleagues in Commonwealth Home Support Programme in parallel.

Kind regards,

s22

Director
Home Care Operations Section | Home Care & Assessments Branch
Home and Residential Division | Ageing and Aged Care Group
Australian Government Department of Health
T: (02) 6289 s22

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Updates to Chapter 9 – Inclusions and Exclusions

HCP Operational Manual

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In this presentation

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Section 1

Working Group Feedback

Over half of the comments were unrelated to the recent proposed updates

Comments on Consumer Directed Care

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Using a Consumer Directed Care approach

Using a Consumer Directed Care approach means you give people choice, flexibility and control over:

- The types of services they receive
- How you provide the services
- Who provides the services
- When you provide the services.

You must:

- Work with them to create their home care agreement, care plan and individualised budget
- Let them decide how involved they want to be in managing their services
- Have ongoing care discussions to make sure services are meeting their needs
- Help them to access information and make informed decisions
- Be transparent about how much funding they have and where it is going
- Inform them of, and help them understand, any fees and charges they will pay under their Home Care Agreement

Section 1**Feedback continued**

Consultation on manual updates

Supports post hospitalisations and
natural disaster

Assessments, including
Occupational Therapy

Consultation on Manual Updates

Consultation on Manual Updates

- Home Care and Assessments Working Group – OPAN, COTA, LASA, ACSA, National Seniors
- Policy areas within the Department of Health
- State and territory offices of the Department of Health and provider forums

Dissemination on Manual Updates

- Home Care and Assessments Working Group – OPAN, COTA, LASA, ACSA, National Seniors
- Policy areas within the Department of Health
- State and territory offices of the Department of Health and Home Care provider forums
- Webinars x 2

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Section 1**Feedback continued**

Rideshare as a transport option
– unclear if drivers meet
approved providers/
subcontractors requirements.

The use of Uber by DVA and
the reimbursement of the client
is not currently an option under
the HCP Program. GST
implications unclear.

Section 2

Provider Responsibilities

- Providers remain responsible for ensuring services are delivered in a way that meets the requirements of the *Aged Care Act 1997* and the *Aged Care Quality Standards*. This includes meeting the *Quality of Care Principles 2014* whereby providers must maintain an adequate number of appropriately skilled staff to ensure that the care needs of care recipients are met. Providers must also ensure services are delivered in line with the agreed care plan. The care plan will need to be revised periodically to ensure that any sub-contracted services continue to meet the care recipient's assessed care needs.

Please note as an approved provider, not the sub-contracted service provider, you remain responsible for meeting all of the regulatory responsibilities. These regulatory responsibilities include ensuring that all police checks and key personnel suitability requirements are met, as well as all obligations under the legislation. Providers have the discretionary power to decide eligibility of subcontractors to provide a particular service, based on their knowledge of the care recipient's care plan and their own accountability in meeting legislative requirements.

Provider Responsibilities

- The law requires Government subsidised aged care providers to meet the Aged Care Quality Standards to ensure that quality care and services are provided to all care recipients. Providers must be accountable in meeting legislative requirements regarding expenditure.
- When resolving complaints in relation to the care and services, if it is found that a service provider has used HCP funds for payment of an excluded item, the Aged Care Quality and Safety Commission can issue Directions in order for the provider to comply with their responsibilities under the *Aged Care Act* and *Principles*. This could include, at a minimum, repayment of any amounts that have been unlawfully charged against the budget.

Section 3

OT Assessments

- Occupational Therapists (OTs) prescribe devices to help you do the activities you want and need to do. They will make sure you can use the device in the best way to meet your needs. This means that you will get a total solution and not just a product.
- **What is the threshold (scale or value) of item that requires OT assessment?**

- *Section 7. What is the process for recommending complex Goods Equipment Assistive Technology (GEAT) for a client?*
- An Occupational Therapist (OT) is still required to assess clients for complex GEAT items. This will ensure clients are matched with, and shown how to use, complex GEAT to meet their functional needs.
- www.health.gov.au/sites/default/files/documents/2021/08/trial-of-national-provider-of-goods-equipment-and-assistive-technology-under-the-commonwealth-home-support-programme.pdf
 - More complex home modifications require a specialised functional assessment of the care recipient to be undertaken by a professional, such as an Occupational Therapist, who will assess the need for home modification, as well as consider alternative solutions that may be more suitable (for example assistive technology and equipment).

Section 4**Exclusions**

Food, electrical goods (e.g. TVs) and white goods

Payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme

Medical expenses and non-PBS medications, including vitamins and supplements

Food for Cultural Requirements

- Food is a specified exclusion based on the *Quality of Care Principles 2014* and cannot be included in the package of care and services under the HCP Program.
- The manual update will clarify assistance with accessing information on special diet for health, religious, cultural or other reasons (e.g. nutritional guidelines; dietician)



Skin Emollients

1.4 Management of skin integrity

Includes providing bandages, dressings, and the application of skin emollients. Quality of Care Principles list skin emollients as an inclusion

***List of emollients from DVA (Nov 2012)

emollients

- Alpha Keri® Lotion (light liquid paraffin and lanolin oil)
- Urederm®, Aquacare H.P.® or Calmurid® cream (10% urea)
- Eucerin® ointment (wool alcohols)
- Cetomacrogol Aqueous Cream (sorbolene cream) with 10% glycerin or soft paraffin

Exclusions e.g. Cannabinoids

- Payment for services and items covered by the Medicare Benefits Schedule or the Pharmaceutical Benefits Scheme.
- Medical expenses and non-PBS medications, including vitamins and supplements.

Most medicinal cannabis products are unapproved therapeutic goods, which means they have not been assessed by the TGA for safety, quality or effectiveness. However, where clinically appropriate, there are pathways for doctors to access medicinal cannabis products for their patients. Please refer to the TGA website at www.tga.gov.au/medicinal-cannabis-information-consumers

The intent of the HCP Program is to deliver aged care services, including medication management (i.e. support to care recipients to take their medicine). It is not to be a source of subsidy for medical expenses and non-PBS medications, including vitamins and supplements, which are classified as general income. Items that would otherwise be paid from general income are an excluded item as per the *Quality of Care Principles 2014*.

Where a medicine is not listed under the PBS, the medicine will have to be supplied as a private prescription for which the patient will have to pay full price. Please note that the cost of private prescriptions cannot count towards the patient's Safety Net threshold. It is important to note that pharmacies may charge differently for these non-PBS medicines, so care recipients may wish to shop around to find the best price.

Exclusions continued

The Government also provides funding to the states and territories to assist with the costs of operating public hospitals, which can include assistance with the costs of medicines that patients are unable to afford. If there is no other affordable way to access the medicines patients require, their treating physician may consider making an application to the drug and therapeutics committee of a local public hospital to request assistance with the cost of this treatment.

Where care recipients have private health insurance, they may wish to contact their insurance provider to see if the cost of their non-PBS medication is covered under their current policy.

Additionally, depending on the care recipient's circumstances, the pharmaceutical company may be able to confirm if they are able to supply their product at a reduced cost outside of the current PBS arrangements through an individual patient compassionate access or expanded patient access program. Please note that any compassionate decision is one made by the sponsor alone.

Exclusions

- Electrical goods and whitegoods
- Alternative funding options include:
 - state and territory schemes for the purchase of electricity and heating/air-conditioning appliances and concession rates for electricity;
 - No Interest Loan Scheme for the purchase of household items excluded from HCP funding.
 - More information www.energy.gov.au/rebates/appliance-purchase-loan-assistance
 - Essential Medical Equipment Payment - www.servicesaustralia.gov.au/essential-medical-equipment-payment

Section 5

Follow up from previous meeting

- Disseminate a 'from' and 'to' document that shows more clearly what Manual inclusions and exclusions have been clarified and sets out what the change is.

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Section 6**More clarification required**

- Use of Home Care providers preferred supplier of goods and services
- **Follow up for more in-depth comments**

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Thank you

For more information, please contact
the Department of Health.

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From: s47E(d)
To: [REDACTED]
Cc: [REDACTED]
Subject: MC23-001801 FW: Webform submission from: Contact a minister > Content blocks [SEC=OFFICIAL]
Date: Tuesday, 24 January 2023 1:31:21 PM

Hi Team

Please assign PDR to HRD, as per s22 advice.

Thank you.

s22

-----Original Message-----

From: s22 @Health.gov.au>
Sent: Tuesday, 24 January 2023 1:28 PM
To: s47E(d) @Health.gov.au>
Cc: s47E(d) @health.gov.au>
Subject: RE: Webform submission from: Contact a minister > Content blocks [SEC=OFFICIAL]

Hi s22

This one would need to go to the CHSP team, which is under HRD.

Thanks

s22

s22

Customer Experience Officer, My Aged Care Contact Centre Customer Experience Team My Aged Care
 Contact Centre Services Section

Service Delivery Division | Ageing And Aged Care Group Navigation and Access Branch Australian
 Government Department of Health and Aged Care

T: 02 6289 s22 | E: s22 @health.gov.au

Location: Sirius Building 4.S.523

GPO Box 9848, Canberra ACT 2601, Australia

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-----Original Message-----

From: s47E(d) @Health.gov.au>
Sent: Tuesday, 24 January 2023 1:23 PM
To: s22 @Health.gov.au>
Cc: s47E(d) @health.gov.au>; s47E(d) @Health.gov.au>
Subject: FW: Webform submission from: Contact a minister > Content blocks [SEC=OFFICIAL]

Hi s22

Can you please review the below and confirm if we can help, noting MO asked us to assist by COB today.

Thanks

s22

-----Original Message-----

From: Minister Butler <Minister.Butler@Health.gov.au>
 Sent: Tuesday, 24 January 2023 1:19 PM
 To: s47E(d) @health.gov.au; s47E(d) @Health.gov.au>
 Subject: FW: Webform submission from: Contact a minister > Content blocks [SEC=OFFICIAL]

D Resp - SDD - today pls

Kind regards

s22

Departmental Liaison Officer

Office of the Hon Mark Butler MP
 Minister for Health and Aged Care
 E: s47E(d) @health.gov.au T: 02 6277 s22
 T: s22
 Suite MG.50 | PO Box 6022
 Parliament House, Canberra ACT 2600

-----Original Message-----

From: health.noreply@govcms.gov.au <health.noreply@govcms.gov.au>
 Sent: Tuesday, 24 January 2023 12:44 PM
 To: s47E(d) @Health.gov.au>
 Subject: Webform submission from: Contact a minister > Content blocks

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.
 Submitted on Tue, 2023-01-24 12:43
 Submitted by: Anonymous

Submitted values are:

Title: Mrs
 Given name: s47F
 Family name: s47F
 Email: s47F
 Street address: s47F
 City/Suburb: s47F
 State: s47F
 Postcode: s47F
 Organisation: {Empty}
 Minister name: The Hon Mark Butler
 Enquiry subject: Aged Care Services
 Details of your enquiry/comments:

I am writing this letter today to make you aware of the problems we are having with accessing Aged Care Services and to ask for assistance in helping us.

s47F

s47F



Please advise what we can do and how to access this funding for his transport needs.

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Australian Government
Department of Health and Aged Care

Ref No: MC23-001801

Mrs s47F

s47F

Dear Mrs s47F

Thank you for your correspondence of 24 January 2023 to the Minister for Health and Aged Care, the Hon Mark Butler MP, regarding the availability of Commonwealth Home Support Programme (CHSP) Transport services. The Minister has asked me to reply.

s47F

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I note your suggestion about the provision of taxi or uber vouchers for clients who have been assessed as eligible to receive CHSP Transport services. Whilst some CHSP providers do offer transport vouchers, this is an internal business decision as to whether they offer vouchers. s47F

By way of background, clients assessed as eligible to receive CHSP services are not directly funded, rather providers are block grant funded to deliver services to clients so they can remain actively connected with their local community. CHSP 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.

Whilst these services can be one-off or regular (depending on the client's needs), 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.

I understand the My Aged Care Case Coordination Team also provided you with details about the Taxi Transport Subsidy Scheme, to access whilst you wait for your CHSP services to become available. You may also wish to investigate the Patient Transport Service (PTS) if you need additional or other ongoing transport assistance. This is a NSW Health service for people who require transport to or from a health facility such as a hospital or rehabilitation unit, and do not need a time critical emergency ambulance. A person must be assessed by a medical practitioner or registered nurse as medically unsuitable for community, public or private transport before being eligible for PTS. Further information is available on the NSW Health website at: www.health.nsw.gov.au/pts/Pages/default.aspx.

It may also be worthwhile for you to investigate the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). IPTAAS provides financial assistance to help with travel and accommodation costs for people (and eligible escorts) who need to travel long distances to access specialist treatment not available locally. Patients travelling at least 100km each way, or at least 200km per week cumulative distance, are eligible to apply for IPTAAS subsidies. Further information on the program is available on the NSW Health website at: www.health.nsw.gov.au/transport/Pages/iptaas.aspx.

I note your suggestions regarding changes to the aged care system. The Australian Government is committed to fixing the aged care system and is currently reviewing approaches to implementing the recommendations from the Royal Commission into Aged Care Quality and Safety. The Government announced a return to a start date of 1 July 2024 for a new in-home aged care program. The new program will replace the CHSP, Home Care Packages, Short-Term Restorative Care and residential respite programs, and will deliver timely and flexible care services that are tailored to consumer need.

Whilst the final design of the program is yet to be determined, the goal is to address issues such as waiting times, excessive administration costs and insufficient access to the supports needed for older Australians to stay independent at home and have access to high quality and safe aged care. The Government is using this additional time to understand stakeholder perspectives and concerns. I would encourage you or your husband to access the Ageing and Aged Care Engagement Hub at agedcareengagement.health.gov.au which provides information about future engagement activities for these aged care reforms.

Thank you for writing on this matter.

Yours sincerely

s47F

Russell Herald
Assistant Secretary
Home Support Operations Branch
1 February 2023

s22

From: s22
Sent: Thursday, 19 December 2024 10:57 AM
To: s22
Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]
Attachments: RE: Uber and Taxi Vouchers - Can you please provide advice by 13 December. [SEC=OFFICIAL:Sensitive]; Updates Chapter 9_Inclusions and Exclusions_Working Group_14DEC2021 cav (003).PPTX

FYI

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Access and Home Support Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T: 02 5132 s22 and s22 | E: s22 @health.gov.au
 Location: Level 7.N., Yaradhang Building
 PO Box 9848, Canberra ACT 2601, Australia

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From: s22
Sent: Thursday, 31 October 2024 9:47 AM
To: s22 @Health.gov.au>
Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

FYI

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T: 02 5132 s22 and s22 | E: s22 @health.gov.au
 Location: Level 7.N., Yaradhang Building
 PO Box 9848, Canberra ACT 2601, Australia

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From: s22 @health.gov.au>
Sent: Wednesday, 22 March 2023 10:40 AM
To: s22 @Health.gov.au>; s22 @health.gov.au>;

s22 @health.gov.au>; s22 @Health.gov.au>
Cc: s22 @health.gov.au>
Subject: RE: ACQSC position on Ubers [SEC=OFFICIAL]

I went back through our notes. I think the main reason Uber is an exclusion is because the regulatory settings back in 2021 were unclear (see attached email) which complicates provider responsibilities under the *Accountability Principles 2014*. There probably needs to be a policy project on it with consideration of future regulatory environment, noting DVA offer it.

From: s22 @Health.gov.au>
Sent: Wednesday, 22 March 2023 9:17 AM
To: s22 @health.gov.au>; s22 @health.gov.au>; s22 @health.gov.au>; s22 @Health.gov.au>
Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

Hi all,

Response from the Commission regarding Ubers. I will raise it with the team developing the new regulatory framework.

From: s22 @health.gov.au>
Sent: Tuesday, 21 March 2023 9:43 AM
To: s22 @Health.gov.au>
Cc: s22 s22 @Health.gov.au>; s22 @Health.gov.au>; s22 @Health.gov.au>; s22 @Health.gov.au>
Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

Hi s22

I have followed up about your query regarding Ubers. Please see response from the Commission below. Hope this clarifies.

Cheers
s22

-

Thanks for your email regarding the Commission's position on use of ubers for aged care consumers as part of their home care package.

From the Commission's perspective, the Aged Care Quality Standards require providers to deliver safe and effective services and supports for daily living that optimise the person's independence, health, well-being and quality of life. The Commission would seek to ensure that a consumer's package should meet all of that person's care needs, and their care plan must include all the services provided to a person. This may include services and supports to maintain a consumer's capabilities to connect with and to their community, including transport and social support services such as:

- Transport and personal assistance to help with shopping, visit health practitioners or attend social activities
- Arranging social activities and providing or co-ordinating transport to social functions, entertainment activities and other out-of-home services

If funds were being used and managed in accordance with a consumer care plan, this could include the use of a taxi or Uber. If the arrangements outlined by the QS were being met, the Commission would not have an alternative position as there is no legislated requirement stipulating the use of Ubers.

I'm aware from our home care team Commission staff meet monthly as part of the Home Services Forum, with department reps, including s22, Director of Home Care Operations, who may be able to provide more insights if the team hasn't already connected with her. May be possible to consider this question as part of the next monthly meeting.

From: s22 <[redacted]@Health.gov.au>
Sent: Tuesday, 14 March 2023 10:26 AM
To: s22 <[redacted]@Health.gov.au>; s22 <[redacted]@health.gov.au>
Cc: s22 <[redacted]@Health.gov.au>
Subject: ACQSC position on Ubers [SEC=OFFICIAL]

Hi s22 and s22

As discussed on Friday, one of the policy pieces with me is the service list for Support at Home. I've been told that the Commission has previously advised they do not support the use of Ubers from a safety perspective, however, this position was years ago. I was hoping you could point me in the direction of someone who would be able to advise on the current position of the Commission for older people who are unable to drive using Ubers instead of taxi vouchers.

Kind regards,

s22

A/g Assistant Director, Support at Home Program Management Office

Home and Residential Division | Ageing and Aged Care Group

Support at Home Reform Branch

Australian Government Department of Health and Aged Care

T: 03 9665 s22 | E: s22 <[redacted]@health.gov.au>

Location: 595 Collins St, Melbourne, 16th Floor.

GPO Box 9848, Canberra ACT 2601, Australia

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s22

From: s22
Sent: Thursday, 19 December 2024 10:59 AM
To: s22
Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

FYI

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Access and Home Support Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T: 02 5132 s22 and s22 | E: s22 @health.gov.au
 Location: Level 7.N., Yaradhang Building
 PO Box 9848, Canberra ACT 2601, Australia

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From: s47F @agedcarequality.gov.au>
Sent: Thursday, 7 November 2024 8:57 AM
To: s22 @health.gov.au>; s47F @agedcarequality.gov.au>;
 s47F @agedcarequality.gov.au>
Cc: s22 @Health.gov.au>
Subject: Re: ACQSC position on Ubers [SEC=OFFICIAL]

OFFICIAL

ok thanks, I'll get back to you on this.

s47F

Director

Operational Policy and Support

Regulatory Strategy and Policy (RSP) Group

Sector Capability and Regulatory Strategy Division

Aged Care Quality and Safety Commission

E s47F @agedcarequality.gov.au | W www.agedcarequality.gov.au

T s47F

GPO Box 9819 Adelaide SA 5001

Kaurna Country



In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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From: s22 @health.gov.au>
Sent: Thursday, 7 November 2024 8:24 AM
To: s47F @agedcarequality.gov.au>; s47F
 s47F @agedcarequality.gov.au>; s47F @agedcarequality.gov.au>
Cc: s22 @Health.gov.au>
Subject: RE: ACQSC position on Ubers [SEC=OFFICIAL]

Hi s47F

Managed to get a name. s47F is who the SAH policy area dealt with in the Commission, though I'm not familiar with where s47F sits in comparison to your area.

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T: 02 5132 s22 and s22 | E: s22 @health.gov.au
 Location: Level 7.N., Yaradhang Building
 PO Box 9848, Canberra ACT 2601, Australia

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From: s47F <[redacted]> @agedcarequality.gov.au>
Sent: Wednesday, 6 November 2024 4:50 PM
To: s47F <[redacted]> @health.gov.au>; s47F <[redacted]> @agedcarequality.gov.au>;
 s47F <[redacted]> @agedcarequality.gov.au>
Cc: s22 <[redacted]> @Health.gov.au>
Subject: Re: ACQSC position on Ubers [SEC=OFFICIAL]

OFFICIAL

Hi s22 <[redacted]>

I'm unaware of this matter or where it has come from. Do you have a reference point within the Commission for this?

Thanks

s47F <[redacted]>

Director

Operational Policy and Support

Regulatory Strategy and Policy (RSP) Group

Sector Capability and Regulatory Strategy Division

Aged Care Quality and Safety Commission

E s47F <[redacted]> @agedcarequality.gov.au | W www.agedcarequality.gov.au

T s47F <[redacted]>

GPO Box 9819 Adelaide SA 5001

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From: s22 @health.gov.au>
Sent: Wednesday, 6 November 2024 4:05 PM
To: s47F @agedcarequality.gov.au>; s47F
s47F @agedcarequality.gov.au>; s47F @agedcarequality.gov.au>
Cc: s22 @Health.gov.au>
Subject: RE: ACQSC position on Ubers [SEC=OFFICIAL]

Apologies please disregard what I said. I have realised s22 is DOHAC. But unclear who provided that advice. If it was from you all that's absolutely fine. Just wanted to check.

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Home and Residential Division | Ageing and Aged Care Group

Australian Government Department of Health and Aged Care

T: 02 5132 s22 and s22 | E: s22 @health.gov.au

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PO Box 9848, Canberra ACT 2601, Australia

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From: s22
Sent: Wednesday, 6 November 2024 4:34 PM
To: s47F @agedcarequality.gov.au>; s47F
s47F @agedcarequality.gov.au>; s47F @agedcarequality.gov.au>

Cc: s22 <[REDACTED]>@Health.gov.au>
 Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

Hi

FYI.

This doesn't align with previous advice we've received. But assuming Commission's position has changed. I'm not across where s22 sits in comparison to your area. But thought I'd check.

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Home and Residential Division | Ageing and Aged Care Group

Australian Government Department of Health and Aged Care

T: 02 5132 s22 and s22 | E: s22 <[REDACTED]>@health.gov.au

Location: Level 7.N., Yaradhang Building

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From: s22 <[REDACTED]>@Health.gov.au>
 Sent: Wednesday, 6 November 2024 4:23 PM
 To: s22 <[REDACTED]>@health.gov.au>
 Cc: s22 <[REDACTED]>@Health.gov.au>
 Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

FYI – Commission were comfortable with the idea, as per below.

From: s22 [REDACTED] [@health.gov.au](mailto:s22@health.gov.au)

Sent: Tuesday, 21 March 2023 9:43 AM

To: s22 [REDACTED] [@Health.gov.au](mailto:s22@Health.gov.au)

Cc: s22 s22 s22@Health.gov.au; s22

s22 [@Health.gov.au](https://www.health.gov.au)>; s22 [@Health.gov.au](https://www.health.gov.au)>; s22

s22 _____@health.gov.au

Subject: FW: ACQSC position on Ubers [SEC=OFFICIAL]

Hi s22

I have followed up about your query regarding Ubers. Please see response from the Commission below.

Hope this clarifies.

Cheers

s22

Thanks for your email regarding the Commission's position on use of ubers for aged care consumers as part of their home care package.

From the Commission’s perspective, the Aged Care Quality Standards require providers to deliver safe and effective services and supports for daily living that optimise the person’s independence, health, well-being and quality of life. The Commission would seek to ensure that a consumer’s package should meet all of that person’s care needs, and their care plan must include all the services provided to a person. This may include services and supports to maintain a consumer’s capabilities to connect with and to their community, including transport and social support services such as:

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I'm aware from our home care team Commission staff meet monthly as part of the Home Services Forum, with department reps, including s47F, Director of Home Care Operations, who may be able to provide more insights if the team hasn't already connected with her. May be possible to consider this question as part of the next monthly meeting.

From: s22 @Health.gov.au>
Sent: Tuesday, 14 March 2023 10:26 AM
To: s22 @Health.gov.au>; s22 @health.gov.au>
Cc: s22 s22 @Health.gov.au>
Subject: ACQSC position on Ubers [SEC=OFFICIAL]

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Kind regards,

s22

A/g Assistant Director, Support at Home Program Management Office

Home and Residential Division | Ageing and Aged Care Group

Support at Home Reform Branch

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Is Uber fee acceptable under HCP?

s47F

Apr 2023

Client likes to use Uber for his transport and is opined that Uber is more convenient, instead of calling a taxi and use taxi vouchers. Is Uber acceptable for transportation when there is need for medical appointments and social inclusion activities?

s47F

Apr 2023

s47F Under HCP funding you can provide taxi card/vouchers to clients. Cabcharge provide cards with client's name and this ensures that it used by the client and the journey can be tracked if required via CabCharge portal. To ensure the appropriate use of funding, the transport cost should be tied to an assessed care need and written in the care plan. Taxi's also have the advantage of providing maxi taxi for with lifts for wheelchairs/scooters. Under HCP funding Uber will not be considered as an acceptable mode of transportation.

Admin-13 Community of Practice team

Apr 2023

Hi s47F

Rideshare services for transport are a program exclusion. The Aged Care Quality and Safety Commission and the department are not satisfied that rideshare services align with provider obligations under the *Accountability Principles 2014*.

Community of Practice team

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s22

From: s22
Sent: Thursday, 19 December 2024 10:20 AM
To: s22
Subject: FW: TRIM: FW: Uber fees - seeking response [SEC=OFFICIAL]

FYI

Kind regards

s22

A/g Director – Home Care Operations Section

Home Support Operations Branch | Access and Home Support Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T: 02 5132 s22 and s22 | E: s22 @health.gov.au
 Location: Level 7.N., Yaradhang Building
 PO Box 9848, Canberra ACT 2601, Australia

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From: s22
Sent: Wednesday, 26 April 2023 7:27 PM
To: s22 @Health.gov.au>
Cc: s22 @Health.gov.au>; s22 @Health.gov.au>; s47E(d) @Health.gov.au>; s22 @Health.gov.au>
Subject: TRIM: FW: Uber fees - seeking response [SEC=OFFICIAL]

Hi s22

Here is a proposed response:

Uber and rideshare services for transport are a program exclusion. The Aged Care Quality Safety Commission and the Department of Health and Aged Care are not satisfied that rideshare services aligns with provider obligations under the *Accountability Principles 2014*.

Kind regards

s22

A/g Director – Home Care Operations Section

Home Care and Assessments Branch | Home and Residential Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
 T: 02 6289 s22 and s22 | E: s22 @health.gov.au
 Location: Level 7.N., Sirius Building
 PO Box 9848, Canberra ACT 2601, Australia

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From: s22 <[REDACTED]@Health.gov.au>
Sent: Friday, 21 April 2023 9:40 AM
To: s22 <[REDACTED]@health.gov.au>
Cc: s22 <[REDACTED]@Health.gov.au>; s22 <[REDACTED]@Health.gov.au>; s47E(d) <[REDACTED]@Health.gov.au>;
s47E(d) <[REDACTED]@Health.gov.au>; s22 <[REDACTED]@Health.gov.au>
Subject: Uber fees - seeking response

Hi s22 <[REDACTED]>

We have a query regarding the use of Uber for care recipient transport. We couldn't find rideshare information in the FAQs, manual or standard words. Would you be able to let us know whether Uber is treated like taxi, please?

s47F <[REDACTED]>

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By The Department Of Health And Aged Care

s47F <[REDACTED]>

s47F <[REDACTED]>

If it is treated like taxis then we already have a [post](#) to link. Otherwise, could you please provide a response for us?

Regards

s22 <[REDACTED]>
Assistant Director – Provider Education Section

Program Assurance Branch

Quality and Assurance Division | Ageing and Aged Care Group
Australian Government, Department of Health and Aged Care
T: 02 6289 s22 | E: s22 @health.gov.au
Location: Sirius 9.South
PO Box 9848, Canberra ACT 2601, Australia

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