

s22

From: home care operations
Sent: Monday, 8 July 2024 12:31 PM
To: s47F @happyliving.com.au
Cc: Aged Care Enquiries; home care operations
Subject: RE: enquiry about Uber in HCP [SEC=OFFICIAL]

Dear Miss s47F

I refer to your email of 23 May 2024 to the Department of Health and Aged Care (the department) regarding Uber or rideshare of the Home Care Packages (HCP) Program. Thank you for assisting a care recipient with their aged care concerns.

In response to your enquiry, the following general information may be of assistance.

HCP funds can be used to pay for taxi vouchers or through a state-based government program such as the Commonwealth Home Support Programme (CHSP). The use of taxi vouchers should be well documented in the Home Care Agreement, and the care plan and the purpose of their use should be addressed, such as visits to the doctor with costs agreed to by the care recipient. It is important to be aware that both services cannot be used at the same time.

Uber and rideshare services for transport are a program exclusion as the services do not align with provider obligations under the *Accountability Principles 2014*.

More information is detailed at section 9.9 of the Home Care Packages Operational Manual at: www.health.gov.au/sites/default/files/2023-08/home-care-packages-program-operational-manual-a-guide-for-home-care-providers.pdf.

When making decisions on inclusions and exclusions, providers are expected to consult the 'Inclusions/Exclusions Framework' at Part 9 of the Home Care Packages Operational Manual at: www.health.gov.au/resources/publications/home-care-packages-program-operational-manual-a-guide-for-home-care-providers

Furthermore, I have provided the following link for more information on inclusions/exclusions of the Home Care Packages Program at: www.health.gov.au/sites/default/files/2023-04/home-care-packages-program-inclusions-and-exclusions-faqs-for-providers-version-1.pdf.

If you have any further program-related questions, please write to agedcareenquiries@health.gov.au or call My Aged Care on 1800 200 422 between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays, local time.

Thanks for writing on this aged care matter.

Home Support Operations Branch

Australian Government Department of Health & Aged Care

***** If you have further queries, please contact My Aged Care on 1800 200 422. Providers and assessors please call 1800 836 799. *****

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

From: s47F <@happyliving.com.au>
Sent: Thursday, May 23, 2024 10:05 AM
To: Aged Care Enquiries <AgedCareEnquiries@health.gov.au>
Subject: enquiry about Uber in HCP

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.

Dear Sirs/Madams,

Hello, I am a s47F from the HCP provider. Recently my client enquiry about if HCP can reimburse the Uber or other rideshare service for the transportation. I have explained that our company has the Fast card that work with Cabcharge company for taxi service. The 13cabs App is also similar to the Uber to arrange transportation. I have also double checked the HCP assurance program community of practice website and please find the attachment for the screenshot provided to the client. But client further stated the Uber or other rideshare service is cheaper than the taxi and her husband who is in the different HCP provider can reimburse Uber as transportation. Can Uber or other rideshare service can be covered under HCP for the transportation needs?

Kind regards,

s47F
 1300 911 728 | ext s47F
 s47F @happyliving.com.au
 happyliving.com.au



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s22

From: s22
Sent: Thursday, 19 December 2024 10:29 AM
To: s22
Subject: FW: For comment by COB 24 June - HCP Program Excluded Items Assurance Review summary report [SEC=OFFICIAL:Sensitive]
Attachments: Draft HCP Program Assurance Review 4 Excluded Items Public Summary Report 3.0.docx

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: HERALD, Russell s22 @health.gov.au>
Sent: Monday, 24 June 2024 10:33 AM
To: s22 @health.gov.au>; s22 @Health.gov.au>
Cc: s22 @health.gov.au>; CHEHL, Chamandeep s22 @health.gov.au>; s22 @health.gov.au>
Subject: FW: For comment by COB 24 June - HCP Program Excluded Items Assurance Review summary report [SEC=OFFICIAL:Sensitive]

Hi s22

Some comments from the team attached.

I think the main one I picked up from the team was the need to consider substitutability in expenditure, which while not clear, would impact on the size of projected leakage. A sample of 0.07%, as the document spells out is also challenging from a statistical perspective.

Rusty

From: s22 @health.gov.au>
Sent: Friday, June 21, 2024 4:09 PM
To: HERALD, Russell s22 @health.gov.au>
Cc: s22 @Health.gov.au>; s22 @health.gov.au>
Subject: For comment by COB 24 June - HCP Program Excluded Items Assurance Review summary report [SEC=OFFICIAL:Sensitive]

Hi Rusty,

Flagging with you. We don't have any redline comments about the exclusions found in the review etc. PAB have walked us through any concerns they had and prewarned us of all. So we will look to address concerns in guidance materials where possible.

Some additional thoughts from s22 in my team:

Thoughts and comments added as comments in the document, with some track changes.

Generally, while the report is intended as a summary for public release and so perhaps has limits on what we can say in it, I feel that is making too many causal inferences and generalisations from the data, which assume uniformity of provider behaviour. I agree with s22 point here.

There is a scale issue as well, for example 52% of the reasons was due to the provider claiming misunderstanding. But, then in the detail analysis we are addressing very small numbers (less 1%) in some cases. Such scalability issues can make it difficult in comparing information across sections for the reader. We also seem to make the same generalisations or casual inferences regardless of the size. Fair comment.

I think that breaking down the misunderstanding category into the reasons for the misunderstanding could lead to better conclusions.

It is interesting that that the first 3 reasons for providers including excluded items or 86.2% is basically the provider saying it is not their fault, its misunderstanding, staff did it or its the client's fault. Which feels unacceptable 10 years into a program.

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 6289 s22 and s22 | E: s22 @health.gov.au
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From: s22 @health.gov.au>

Sent: Monday, June 17, 2024 10:18 AM

To: s22 @health.gov.au>; HERALD, Russell s22 @health.gov.au>

Cc: s22 @Health.gov.au>; CHEHL, Chamandeep s22 @health.gov.au>

Subject: For comment by COB 24 June - HCP Program Excluded Items Assurance Review summary report
 [SEC=OFFICIAL:Sensitive]

Hi Rusty and s22

Thank you for your team's ongoing support and advice throughout the HCP Program Excluded Items Review.

The attached draft public summary report is ready for your comment.

Specifically, we are seeking your comment on the following sections of the report:

- Why this Review was undertaken (page 10-12)
- What did the Review find (page 19-24)
- Detailed findings according to categories of exclusions (page 26-39)
- Incidental findings (page 42-47)
- Conclusion (page 53-54)

Please provide your feedback in track changes in a copy of the attached draft by return email by Monday 24 June.

s22 and I are available to clarify anything in the meantime should you have any questions.

Kind regards,

s22

s22

Director, Program Assurance Reviews Section

Program Assurance Branch
 Quality and Assurance Division | Ageing and Aged Care Group
 Australian Government Department of Health and Aged Care
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 Location: Sirius, Level 9 South
 GPO Box 9848, Canberra ACT 2601, Australia

This Document Has Been Released Under The
 Freedom Of Information Act 1982
 By The Department Of Health And Aged Care

s22

From: home care operations
Sent: Friday, 19 July 2024 3:16 PM
To: s47F
Cc: Aged Care Enquiries
Subject: RE: HCP Policy [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

Dear s47F

Thank you for your correspondence of 21 June 2024 to the Department of Health and Aged Care (the department) regarding the Home Care Packages (HCP) Program.

Noting you would like to speak with someone about your enquiry, I would recommend in the first instance you call My Aged Care on 1800 200 422 between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays, local time.

I would like to advise that the department is not in receipt of all the detailed facts relating to the assessed ageing related care needs and other relevant environmental and personal circumstances that impact on this agreed care plan. Therefore, it is generally inappropriate for the department to make a judgement on individual care and services included in the care plan. However, I can provide general information to assist with your concerns.

As you may be aware, a HCP may include services and supports to keep care recipients:

- 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.

As such, transportation services for ageing related care needs are an inclusion under the HCP Program. However, 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*. As such, Uber and rideshare services for transport are a program exclusion.

It is important to note when delivering services the approved provider, not the sub-contracted service provider, remains responsible for meeting all 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. If the approved home care provider is not satisfied that a service can meet the legislative requirements of the program then the approved home care provider should not sub-contract services to this organisation or use this model of services and supports.

For more information on third party services please visit: www.health.gov.au/initiatives-and-programs/home-care-packages-program/managing/third-party-services.

However, a provider can use the HCP to pay for taxi vouchers to meet aged-care related transport needs. 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. However, it is important to note that 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. The use of taxi vouchers should be well documented in the Home Care Agreement and 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.

A provider may also wish to engage community transport services as a subcontracted service provider, if they do not offer community transport services. As above, approved HCP providers, not the sub-contracted provider, are legally responsible for services delivered by a third-party.

To assist with future queries, the 'Home Care Packages Program Operational Manual: A guide for Home Care Providers' is available for further understanding of the program and what care and services can be provided. This document can be accessed at: www.health.gov.au/resources/publications/home-care-packages-program-operational-manual-a-guide-for-home-care-providers.

I encourage you to first read through Section 9 of the Program Manual to search for answers on inclusions and exclusions, then use the 'Inclusions/Exclusions Framework' in Section 9.7 of the Program Manual to work through the listed considerations and come to a decision.

I trust this information will be of assistance to you.

s22

Home Support Operations Branch

Australian Government Department of Health and Aged Care

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From: s47F

Sent: Friday, June 21, 2024 4:20 PM

To: Aged Care Enquiries <AgedCareEnquiries@health.gov.au>

Subject: RE: HCP Policy

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.

To Whom it may concern,

Please help, are Home Care Package Recipients able to use services such as Uber Assist for transportation?
I would like to discuss this with someone ASAP please.

Kind Regards

s47F

TALKING POINTS

Topic	Home Care Package (HCP) manuals updates
Drafted by	s22
Intended for	Minister Wells
Date	October 2024

Talking Points

- The Australian Government is making the Home Care Packages (HCP) Program more transparent and sustainable by clarifying package inclusions and exclusions.
- In January 2023, the Department of Health and Aged Care updated the [HCP Program Operational Manual: A Guide for Home Care Providers](#) to clarify what is funded under the program.
- On XX October 2024, we updated the manual to address further questions about inclusions and exclusions.
- These manual updates do not change what older people can and cannot use funding for under the HCP Program, they just make the guidance easier for everyone to understand. The policy remains the same.
- The updates ensure that providers and care recipients have the same information and reduce any confusion that may be a barrier to the provision of care.
- The manual clarifies the following items are included:
 - personal assistance
 - specialist cleaning, washing machine and dryer and continence aids under continence management (if not already accessed through the Continence Aids Payment Scheme)
 - mobility scooters
 - medical grade footwear
 - hospital grade linen
 - some support for trained assistance animals
 - medication management (Webster-pak)
 - personal alarms and sensor mats
 - home maintenance services (clarification and examples).
- The manual clarifies the following items are excluded:
 - food, unless as part of enteral feeding requirements or food for special medical purposes
 - vitamins, nutrition supplements and non-PBS medications
 - insurances, including home and contents insurance, health insurance and car insurance
 - entertainment apps and subscriptions.
- Providers are responsible for helping care recipients to understand their HCP, including the scope of the program.

- We have also updated the [HCP Program inclusions and exclusions frequently asked questions](#) to support providers to have informed conversations with older people on what care and services can reasonably be provided.
- Any guidance released by the department is based on the policy intent of the program and a practical interpretation of the legislation.
- Read more about the HCP Program on the [department's website](#).

Q&As

Why were changes made to the Home Care Package Program Operational Provider Manual?

- The department updated the [HCP Program Provider Manual](#) in January 2023 to clarify what is funded under the program and reflect aged care reforms.
- On **XX October 2024**, further updates were made to address additional questions about the program's inclusions and exclusions.
- These manual updates do not change what older people can and cannot use funding for under the HCP Program, they just make the guidance easier for everyone to understand. The policy remains the same.
- We have also updated the [HCP Program inclusions and exclusions frequently asked questions](#) to support providers to have informed conversations with older people on what care and services can reasonably be provided.
- The updates ensure that providers and care recipients have the same information and reduces any confusion that may be a barrier to the provision of care.

What items are now included and excluded under the HCP Program?

- There have been no recent changes to what older people can and cannot use funding for under the HCP Program. The policy remains the same.
- We updated the HCP Program Provider Manual to clarify guidance to address further questions providers have been asking.
- The department expects approved HCP providers to use the Inclusions and Exclusions Framework in the Provider Manual when making decisions on what can or cannot be included as part of a care recipient's package.
- The framework supports providers to take a flexible and responsive approach to working with care recipients and deciding whether to approve care and services that are not specified inclusions under the legislation.
- 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.
- A list of updated inclusions and exclusions can be found in Section 9 of the [HCP Program Provider Manual](#).
- Any guidance released by the department is based on the policy intent of the program and a practical interpretation of the legislation.

Do these changes mean that care recipients will lose services/ be worse off?

- There have been no changes to what older people can and cannot use funding for under the HCP Program.
- The HCP Program Provider Manual was updated to make the inclusions and exclusions framework clearer and more transparent.
- The framework was introduced in March 2020 under the previous government and have been updated to clarify the content as required.
- Providers are responsible for helping care recipients to understand their package, including the scope of the program.
- While there has been no change in policy, several providers have, in reviewing their business practices, identified services they have been offering that should not be funded under the HCP Program.
- Less package money being spent on excluded items also means care recipients will have more funds available for their assessed ageing related care needs.
- When making decisions on inclusions and exclusions, a HCP provider should consult the [Inclusions/Exclusions Framework](#) (Appendix C of the HCP Program Provider Manual).

What will happen to care recipients who have been using HCP funds for excluded services/items?

- Providers are responsible for helping care recipients to understand their package, including the scope of the program.
- Providers are also responsible for ensuring that the package is managed appropriately, and in line with legislation.
- Care recipients are responsible for consulting with and seeking approval from their provider for any services and items funded by the package.
- If a care recipient disregards this advice, they may be liable to pay for any excluded items or services from their private funds.
- The HCP Program is not an income support program. Care recipients will not receive reimbursements for care and services organised and purchased independently of the provider.

Will these changes force people to enter residential aged care prematurely?

- No – we have not changed what older people can and cannot use funding for under the HCP Program.
- We have only made the inclusions and exclusions more transparent and easier for everyone to understand. The policy remains the same.
- Older people have told us that they wish to remain living independently in their own homes for as long as possible.
- The purpose of the HCP Program is to support older people with complex ageing related care needs to live independently in their own homes, and to maintain their capabilities as they age.

- The program aims to keep care recipients well and independent, safe in their home and connected to their community. This is achieved by planning and managing care and services to give care recipients choice and flexibility in the supports they access, based on their ageing related needs, and how they are delivered.
- We are committed to giving care recipients better value for money and making sure they have access to appropriate services that best meet their needs and goals.
- Less package funds being spent on excluded items will also improve the sustainability of the program and make more funds available for care recipients' assessed ageing related care needs.

Are these changes a cost-cutting measure?

- We have not cut funding for the HCP Program, nor have we changed package amounts or what older people can and cannot use their funding for.
- We have only made the inclusions and exclusions more transparent and easier for everyone to understand. The policy remains the same.
- This Government is committed to giving care recipients better value for money and making sure they have access to appropriate services which best meet their needs and goals.
- To improve the transparency and sustainability of the HCP Program, in January 2023 we capped care management and package management charges at 20% and 15% of the respective package levels.

How do you know inclusions and exclusions is still an ongoing issue? Wasn't this resolved in the last version of the manual?

- On 27 September 2024 the department published a report from the [assurance review of excluded items](#).
- The report confirms that some providers spent Government funds on care and services that are excluded under the HCP Program.
- The review examined more than 5,000 financial monthly statements from nearly 2,000 care recipients across 103 HCP providers.
- 60% of providers (62 of the 103 providers) spent HCP funds on one or more excluded items.
 - 65% of these providers (40 out of 62) had 4 or less excluded items
 - 15% had 10 or more excluded items.
- While many instances of exclusionary spending were not deliberate, this is still a significant concern to the Government.
- The review found:
 - 52% of providers claimed misunderstanding or misinterpretation of available of guidance to justify spending on excluded items.
 - 21% of providers claimed a lack of staff knowledge or staffing errors to justify spending on excluded items.
- For more information, see the [Home Care Packages Program Assurance Review No. 4 – Excluded Items – Public summary report](#).

How much Government money was spent on excluded items? What kinds of excluded items are providers using HCP funds on?

- Through the review of excluded items, the department identified HCP providers purchased 377 excluded items, totalling just under \$125,000.
- Spending on excluded items ranged from under \$10 (e.g., vitamins) to nearly \$10,000 (e.g., air conditioning).
- The categories of exclusions with the highest number of purchases were:
 - Services, goods or supports (e.g., food and water, phones) that people are expected to cover out of their income throughout their life regardless of age: 184 excluded items – total value of \$32,793.44.
 - Accommodation costs (e.g., home modifications, white goods): 96 excluded items – total value of \$78,680.65.
 - Payment for services and items covered by MBS or PBS (e.g., medications): 72 excluded items – total value \$6,456.93.
 - Payment of fees or charges for care or services funded by the Government (e.g., natural therapies): 25 excluded items – total value \$6,534.70.
- Based on review findings, there could potentially be up to \$70.5 million per year spent on care and services that should not be funded under the HCP Program. Noting that this is an estimate based on extrapolating the relatively small (but relevant) sample findings across all HCP care recipients.
- For more information, see the [Home Care Packages Program Assurance Review No. 4 – Excluded Items – Public summary report](#).

What are some examples of excluded items people have spent HCP funds on or requested under the HCP Program?

- Some excluded items the assurance review found, that should not have been purchased under the HCP Program, include:
 - Feeding chickens and returning chickens to a care recipient's yard
 - Skip hire to dispose of multiple white goods and mattresses, including council dump fees
 - Pet care, including vet bills and grooming
 - Servicing and installing air conditioners
 - Takeaway food and water
 - Parking, toll fees and rideshare
 - Professional carpet cleaning, end of lease cleaning, decluttering services and furniture disposal
 - Accommodation and travel, including purchase of passport photograph
 - Uber and rideshare services for transport, parking and petrol
 - Costs for the transfer of medical records
 - Household appliances or other products, including the purchase of an oven, vacuum cleaner, stand food mixer, blender, pressure cooker, television, smoke alarm and washing machine

- Personal care items or treatments, including massage rollers, shampoo and conditioning and hairdressing
- General/minor home maintenance including minor electrical work (installing a ceiling fan), a locksmith updating locks in the care recipient's home and repair of household appliances
- Laptops, mobile phones, similar electronics and internet subscriptions
- Fire blankets, garden hoses and batteries
- Mobility scooter accessories
- Swimming pool entrance fees
- Pool spa and maintenance, pool cleaning
- Nutritional supplements and vitamins
- Landscaping, tree removal and gardening products like pesticides
- Natural therapies, such as yoga, Bowen therapy, reflexology.
- Additionally, the department has received requests or enquiries about the following excluded items:
 - All Terrain Vehicle
 - Automatic cat litter tray
 - Bathroom modifications in 2 homes, neither owned by the care recipient
 - Bushfire preparedness for rural properties
 - Cannabis oil
 - Cat care for care recipient with 11 cats
 - Computer classes
 - Dining out
 - Driving instructor fees
 - E-bike and accessories
 - Electric motorised wheelbarrow
 - Extensive car modifications and car purchases
 - Filling an unused swimming pool and other associated costs with running and maintaining pools
 - Filtered drinking water
 - Foot balm
 - Funding for equipment of hobbies (e.g. gardening, painting, craft, fishing, sports)
 - Funding of a death doula
 - Heating and cooling costs
 - Horse therapy
 - Humidifiers and air purifiers
 - Installation of reverse camera into private vehicle
 - Lawn bowls mobility aid
 - Motorhome engine repairs
 - Motorised blinds
 - Parking costs for a carer
 - Personal waxing (bikini)

- Prayer table
- Repairs to rental property
- Robotic companion dog
- Temping valve for hot water unit
- Timber window shutters
- Transport and full cost recovery of holidays
- Request to pay for a carer to go on a cruise with care recipient
- Transport to a casino
- Tricycles and regular bikes
- Wood chopping to fuel fireplace.

Will the HCP Care Recipient Manual also be updated? If so, when?

- To support care recipients to understand their package and the scope of the HCP Program, the department is reviewing the HCP Care Recipient Manual.
- The updated version will be released by the end of 2024.
- All guidelines developed for HCP providers are published on the department's website and are available for public access.
- Care recipients and their families are encouraged to consult the updated HCP Provider Manual and HCP Program inclusions and exclusions frequently asked questions until the HCP Care Recipient Manual is released.

What consultation has been done to inform this manual update?

- Significant consultation was undertaken to inform this manual update.
- We consulted department-wide for clinical, cultural, operational, and ageing related perspectives.
- We also consulted several external organisations and councils, including:
 - Aged and Community Care Providers Association (ACCPA)
 - Older Persons Advocacy Network (OPAN)
 - National Seniors
 - Council on the Ageing (COTA)
 - Council of Elders
 - National Aged Care Advisory Council.
- This external consultation provided sector and consumer perspectives, enabling the department to consider and balance the needs and feedback of both.

I am confused by the new changes, who can I speak to?

- If you are unsure of what is included and excluded under the HCP Program, speak with your provider who will run through the [Inclusions/Exclusions Framework – decision tool and template](#).

- You can refer to the Care Recipient Program Manual (page 60).

How can I make a complaint about the HCP manual?

- My department continues to be open to hearing your feedback.
- If you have a question or feedback about the manual, you can email agedcareenquiries@health.gov.au

Support at Home service list

Will included care and services be different under the new Support at Home program? If so, why?

- Under Support at Home, all services will be specified on a service list with clear inclusions and exclusions that largely mirror existing services accessed through the HCP Program.
- There are a small number of one-off services and assistive technology items that have been available under the HCP Program but discontinued under Support at Home. These are:
 - Purchasing smart devices and internet subscriptions for the purpose of social connection – this service was introduced as a COVID-19 measure to combat social isolation. Post pandemic, these are considered a general income expense.
 - Internet or landline set-up costs where needed to support the delivery of clinical supports – these costs are considered a general income expense. An exemption exists for internet and/or phone bills where the older person is at risk of, or is homeless, and support is needed to maintain connection to services.
 - Gym/pool memberships – these are considered as a general income expense.
- Support at Home has service caps for gardening (18 hours per annum) and cleaning (52 hours per annum). These service caps do not exist under the current HCP Program.
- However, under Support at Home, there are a number of new features including a new Assistive Technology and Home Modifications Scheme, where people can be approved at assessment for a separate funding amount for assistive technology and/or home modifications.
- The new End-of-Life pathway for older people who have been diagnosed with less than 3 months to live and wish to stay at home, will also give people access to Support at Home's highest per-day funding classification for additional services during this period.

- Additionally, the Restorative Care Pathway, which will replace the Short-Term Restorative Care (STRC) Programme, can support participants for up to 12 weeks (or 16 weeks, if a time extension is approved by an aged care assessor), an increase from the 8 weeks available under the current STRC Programme.
- The Support at Home service list was developed based on extensive consultation with experts and the aged care sector, as well as research into the data around care and services delivered under the current HCP Program.
- Gaps and issues were identified, which may account for the differences noted in the Support at Home service list when compared to HCP Program inclusions and exclusions.

What if a care recipient requires the additional service on the Support at Home service list now? Can they access it early under the HCP Program?

- The HCP Program and current Aged Care Act will continue until their cessation on 30 June 2025, to be replaced by the new Support at Home Program and the New Aged Care Act.
- Therefore, the legislation, policy, and guidelines for the operation of the HCP Program remain unchanged.
- Care recipients may wish to speak with their provider to discuss alternative solutions available under the current program.
- Care recipients may also wish to consider the option of purchasing such items using private funds or waiting for the transition to Support at Home.

Background for MO

- In January 2023, the department updated the HCP Program Provider Manual and HCP Care Recipient Manual to clarify guidance on inclusions and exclusions and reflect other aged care reforms.
- To support providers and care recipients to better understand what is funded under the program, the department undertook the following activities:
 - In April 2023, published the [HCP Program inclusions and exclusions FAQs - version 1](#).
 - In April 2023, held a [webinar for HCP providers](#) to clarify inclusions and exclusions and advise on having conversations with care recipients.
 - In April 2023, departmental representatives joined [Older Person Advocacy Network's webinar for older people, families and carers](#).
 - In March 2024, published [Understanding Home Care Packages fact sheet](#) for care recipients about what is included in the program.
 - In September 2024, updated [department's website](#) to explain the intent of the program, and what services are included and excluded.
- We also have a HCP Program Assurance Community of Practice as a forum to support providers to uplift relevant program understanding, share best practices and engage with the department on relevant matters.

- Any guidance released by the department is based on the policy intent of the program and a practical interpretation of the legislation.

Clearances

Role	Name and title	Date
Drafted by	s22 [REDACTED], Senior Communications Officer	26/9/2024
Reviewed by	s22 [REDACTED] Assistant Director	26/9/2024
Cleared by	s22 [REDACTED], Director, Home and Residential Communications	
Cleared by	s22 [REDACTED], A/g Director, Home Care Operations	30/09/2024
Cleared by	Russell Herald, Assistant Secretary, Home Support Operations Branch	6/10/2024
Cleared by	Nick Morgan, Assistant Secretary, Support at Home Reform Branch	1/10/2024
Cleared by	Chamandeep Chehl, Assistant Secretary, Program Assurance Branch	1/10/2024
Cleared by	Thea Connolly, First Assistant Secretary, Home and Residential Division	10/10/2024
Cleared by	Amy Laffan, A/g Deputy Secretary, Ageing and Aged Care Group	11/10/2024

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By The Department Of Health And Aged Care

s22

From: s22
Sent: Thursday, 19 December 2024 10:42 AM
To: s22
Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

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: CHEHL, Chamandeep s22 @health.gov.au>
Sent: Friday, 18 October 2024 8:41 AM
To: CONNOLLY, Thea s22 @health.gov.au>; HERALD, Russell s22 @health.gov.au>; s22
 s22 @Health.gov.au>; s22 @Health.gov.au>; s22
 s22 @health.gov.au>
Cc: BLACKWOOD, Rachel s22 @Health.gov.au>; s47E(d) @Health.gov.au>;
 s22 @Health.gov.au>; s22 @health.gov.au>; s22
 s22 @Health.gov.au>; s22 @Health.gov.au>; LAFFAN, Amy
 s22 @health.gov.au>
Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Thea (Amy for visibility)

Thanks for looping me in. As evident from the email below we are aware of this concern. I don't think the provider themselves contested our findings or raised such concerns as part of our review process – we offer procedural fairness as you are aware.

While I appreciate the frustration from the correspondent, re our review methodology, our reviews are about provider payments /use of program subsidy, and how any arrangements impact care recipients, and undertaken under the Act - we do not have purview to follow up with third parties involved in our reviews. And obviously this review was undertaken within current HCP Program settings (I understand that under SaH service list rideshare is acceptable use of program funds).

Rusty – happy to provide any input/clarifications for the proposed response. I've cc'd in my Directors for that reason.

Cheers

Chamandeep

Chamandeep Chehl (she/her)

[CALD Champion]

Assistant Secretary

Program Assurance Branch

Quality and Assurance Division | Ageing and Aged Care Group

Australian Government Department of Health and Aged Care

T: +61 2 5132 s22 M: s22 | E: s22 @health.gov.au

Location: Sirius, Level 9 South

GPO Box 9848, Canberra ACT 2601, Australia

USUALLY WORKING REMOTELY ON:

s22

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From: CONNOLLY, Thea s22 @health.gov.au>

Sent: Thursday, October 17, 2024 6:12 PM

To: HERALD, Russell s22 @health.gov.au>; s22 @Health.gov.au>; s22

s22 @Health.gov.au>; s22 @health.gov.au>

Cc: CHEHL, Chamandeep s22 @health.gov.au>; BLACKWOOD, Rachel

s22 @Health.gov.au>; s47E(d) @Health.gov.au>

Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Rusty, for advice please, and a draft response. Within the next two weeks is fine. Regards Thea

From: s47F @ext.uber.com>

Sent: Thursday, October 17, 2024 10:13 AM

To: CONNOLLY, Thea s22 @health.gov.au>

Subject: [SEEKING URGENT MEETING] Negative impacts to aged care mobility

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.

Hi Thea,

I hope you don't mind me reaching out. I'm a policy advisor for Uber and recently came across the Care Packages Program Assurance Review No. 4 report.

On page 27, section 1.5, 'Parking, toll fees, and rideshare,' the Department states that it is not satisfied that ridesharing aligns with the provider obligations under Accountability Principles 2014. Uber is mentioned explicitly in this section as a program exclusion.

This finding is concerning as it impacts our Uber Health business and many aged care participants who rely on rideshare as a critical form of mobility. We have several live contracts with aged care providers, who have contacted us regarding the report findings and how we plan to address the gaps in obligations.

The review methodology is also a concern, as the Department did not consult or engage. Uber would have expected some form of consultation, as the findings impact the rideshare industry.

Uber is committed to meeting our obligations as transportation partners under the Accountability Principles. However, the report does not specify which obligations or how we do not meet them. Without this information, it would be challenging for Uber to address the finding, satisfy the obligations required, and deliver contracted services.

I have tried to contact the Assurance Review Team and have been referred to the Home Care Operations team. A response has yet to be provided.

As a matter of urgency, I would like to schedule a meeting with the Department to discuss the report's findings and understand why Uber does not align with the provider obligations.

I look forward to hearing from you.

Regards,

s47F

--

s47F

s47F (He/Him)
Public Policy Manager - ANZ
s47F [@ext.uber.com](mailto:s47F@ext.uber.com) | s47F

s22

From: s22
Sent: Thursday, 19 December 2024 10:57 AM
To: s22
Subject: FW: Uber - 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: Tuesday, 29 October 2024 2:40 PM
To: s22 @Health.gov.au>
Cc: s22 @health.gov.au>
Subject: Uber - seeking response [SEC=OFFICIAL]

s22

s22 from PAB has reached out to me chasing our response. Looks like Rusty has agreed for us to respond.

Can you please draft up something?

You were planning to task s22 on this, and that should be fine. I think we need to dig up old advice from the Commission, seek new advice (via s47F) if we can't find the old, reference what has been put in the published PA review report and outline the SAH view on uber/ride share.

The SAH aspect may have to wait til s22 is back next week, but please make a start.

I would emphasise the accountability, safety aspect.

- Who is accountable if the older person is injured through uber?
- Who vets uber drivers? The HCP provider? The uber company?
- What is the process for uber drivers to become uber drivers? Do they undergo police checks, license checks, first aid or other quals if there is an issue for the older person? May need to cross compare against taxi drivers and their requirements?

Happy to chat or brainstorm if you/s22 require it.

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: Tuesday, 29 October 2024 9:22 AM
To: s22 @Health.gov.au>
Cc: s22 @Health.gov.au>
Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Hi s22

That would be helpful.

I think the sector are asking why rideshare isn't included now, and it was mentioned in the Program Assurance Review Report that was published in the last month. So we're being asked please explain in terms of why it isn't included and then if we're going to start including it why we would change our stance and include it. When we had tested the concept of rideshare with the Commission they were not keen on it, as they felt there was no way for the provider to appropriately meet accountability requirements.

I have no issues either way, but our stance at present was formed by the Commission. How can a HCP provider ensure the safety of an older person if they're utilising an uber driver? They would need to vet the uber drivers etc, which likely wouldn't be possible. Unless uber/rideshare organisations have good police checks and vetting themselves.

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: Monday, 28 October 2024 8:47 PM
To: s22 @health.gov.au>
Cc: s22 @Health.gov.au>
Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Hi s22

We're not sure if there's any additional context to provide on this, other than the fact that rideshare is similar to taxi vouchers, which are an inclusion under SaH.

If you'd like me to ask s11C when she's back next week I can see if she has any additional context.

Regards

s22

From: s22 @health.gov.au>

Sent: Monday, 28 October 2024 2:00 PM

To: s22 @Health.gov.au>

Cc: s22 @Health.gov.au>

Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Hi s22

Just want to test with you.

We've had questions come in regarding uber/rideshare.

What is the reasoning for including rideshare under SAH? We don't currently permit it under HCP.

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

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From: HERALD, Russell s22 @health.gov.au>

Sent: Sunday, 27 October 2024 9:50 AM

To: s22 @health.gov.au>

Cc: s22 @Health.gov.au>

Subject: Re: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

s22 can you test with sah as to their reasoning for including rideshare. We need the context of not now but in 8 months yes.

Sent from Workspace ONE Boxer

[SEC=OFFICIAL]

On 21 Oct 2024 4:18 pm, s22 @health.gov.au> wrote:

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
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From: s22 @Health.gov.au>

Sent: Monday, October 21, 2024 1:19 PM

To: s22 @health.gov.au>

Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Hi s22

Using Uber, rideshare and ride share as search terms, there are 3 posts.

All posts are very clear that it is exclusion.

These are:

s47F

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

s47F

Private transport related costs and transport through companies such as Uber or Rideshare are exclusions as the Aged Care Quality Safety Commission and the department are not satisfied that these services align with provider obligations under the Accountability Principles 2014. It is at the approved home care provider's discretion whether they are satisfied that Uber Health transport services meets the required criteria.

With regards to Uber or rideshare which are clear exclusions please refer to this previous post Is Uber fee acceptable under HCP? 31.

s47F

Please see link to previous post below:

- [Is Uber fee acceptable under HCP? 189](#)

Uber and rideshare services for transport are a program exclusion, regardless of who arranges the service.

Regards

s22
Assistant 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: (03) 6175 s22 E: s22@health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia

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From: s22@health.gov.au>
Sent: Monday, October 21, 2024 1:04 PM
To: s22@Health.gov.au>
Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Hi s22

Can you pull out of COP what we have previously said on rideshare and the issues?

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: HERALD, Russell s22@health.gov.au>
Sent: Monday, October 21, 2024 12:20 PM
To: s22@health.gov.au>
Cc: s22@Health.gov.au>
Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

I think it comes down to why uber is excluded and what we are looking at for SaH. Yes I think the report should not say uber and should say rideshare, but the bigger issue, I think is explaining why rideshare has been out of scope. That is more us

From: s22 <[REDACTED]@health.gov.au>

Sent: Monday, October 21, 2024 12:04 PM

To: HERALD, Russell <[REDACTED]@health.gov.au>

Cc: s22 <[REDACTED]@Health.gov.au>

Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Hi Rusty

This should be for Chamandeep's Branch to respond to given they conducted the review and wrote the report.

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
PO Box 9848, Canberra ACT 2601, Australia

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s22

From: s22
Sent: Thursday, 19 December 2024 10:44 AM
To: s22
Cc: s22
Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

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: Monday, 21 October 2024 4:19 PM
To: s22 @Health.gov.au>
Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Thanks. Glad it says the reference to the Commission. Which means we at some point (we being us or PAB) tested it with the Commission.

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
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s22

From: s22
Sent: Thursday, 19 December 2024 10:57 AM
To: s22
Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

FYI

In summary I also spoke with s22 when she was in the Director role SAH policy prior to A/g and she indicated they spoke with s47F (legal area) at the Commission who was supportive of adding uber/rideshare to the list of services included under SAH.

I have spoken to s47F at the Commission (policy area) and he indicated that the Commission's position has not changed under HCP or SAH regardless of s47F view but essentially it comes down to provider accountability. If a provider is satisfied that a third party service is appropriate and they can meet their requirements under the legislation to subcontract to that organisation then it is provider discretion to utilise the third party service. Uber is unlikely to meet these requirements.

I asked questions about:

- How does uber vet their drivers? Criminal history record checks/police checks, defensive driver training, basic first aid if an older person should have a medical episode (stroke/heart attack) whilst in the vehicle is the driver equipped to handle the situation?
- s47F from the Commission was unaware of the vetting uber may do for their drivers. He indicated both the Commission and the department do not regulate third party services.
- The Commission would welcome discussions with uber to discuss how they vet and train their workers and how regulation works in their operating model.
- Ultimately the approved HCP provider or SAH provider will be responsible for checking/vetting workers including those of third party organisations.

However from the operating model of uber it is unclear from the Commission's perspective as to whether this is possible. How can you vet a driver/worker if the model does not provide an indication to the HCP provider significantly ahead of time which worker will be attending to drive the older person?

The department and the Commission do not regulate third party services however we need to ensure the lead approved provider is doing their due diligence for quality/safety under the Aged Care Act and New Aged Care Act when subcontracting. Hence our advice via the Community of Practice that uber does not meet accountability principles from the department and the Commission's perspective. It does not align with the policy intent of the program to utilise workers who cannot be vetted.

But ultimately third party services and those contracts are a matter between those 2 businesses not the department. If the lead approved HCP provider is not satisfied they can vet third party organisations they may choose to cease contracts with those third parties.

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
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s22

From: s22
Sent: Friday, 20 December 2024 9:39 AM
To: s22
Cc: s22
Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Follow Up Flag: Follow up
Flag Status: Flagged

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
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 T: 02 5132 s22 and s22 | E: s22 @health.gov.au
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From: s22 @Health.gov.au>
Sent: Friday, 20 December 2024 10:19 AM
To: s22 @health.gov.au>
Subject: FW: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

FYI

From: CONNOLLY, Thea s22 @health.gov.au>
Sent: Thursday, 19 December 2024 9:32 PM
To: s47F @ext.uber.com>
Cc: BLACKWOOD, Rachel s22 @Health.gov.au>; s22 @Health.gov.au>;
 CHEHL, Chamandeep s22 @health.gov.au>; s22 s22 @Health.gov.au>;
 s22 @Health.gov.au>
Subject: RE: [SEEKING URGENT MEETING] Negative impacts to aged care mobility [SEC=OFFICIAL]

Dear s47F

Sorry it has taken some time for me to respond to your questions re HCP Program Assurance Review No. 4 (the review).

The review sought to answer if program subsidy was being spent on excluded items and, if so, how widespread the practice was by approved providers. In conducting the review, the department reviewed decisions made by

selected approved providers against existing legislation and program guidelines published by the department. To support procedural fairness, reviewed providers have a right of reply at the draft report stage.

The Home Care Packages Program Operational Manual at www.health.gov.au/resources/publications/home-care-packages-program-operational-manual-a-guide-for-home-care-providers is available to assist providers with their understanding of Home Care Packages and what care and services can be provided. The manual states that HCP funds can be used to pay for taxi vouchers for aged care related transport needs and provides guidance on when these can be used. Rideshare is not provided as an option in the framework.

The decision to exclude rideshare from the HCP program was taken as the department could not be satisfied rideshare services aligned with provider obligations under the *Accountability Principles 2014*, in relation to sub-contracted services.

This position on rideshare was in place prior to the review commencing. The Review team has to work within the HCP Program requirements applicable at the time. As the purview of reviews under the *Aged Care Act 1997* extends to approved providers, the review team does not engage with third party providers. We appreciate Uber Health's interest in this review. While the relevant findings of the review still stand in relation to rideshare services including Uber, as a good faith gesture we have updated Review No. 4's public summary report to remove specific reference to Uber and the report now refers to rideshare. Please note that this does not mean that Uber, as a rideshare service, is now an allowed service under the program.

With the commencement of the New Aged Care Act and the introduction of Support at Home on 1 July 2025, rideshare will be included in the service list for transport options.

The approved provider, not the sub-contracted service provider, remains responsible for meeting all regulatory responsibilities. These regulatory responsibilities include ensuring that all key personnel suitability requirements are met, as well as all obligations under the legislation. If the approved home care provider is not satisfied that a service can meet the legislative requirements of the program, then the approved home care provider should not sub-contact services to this organisation or use this model of services and supports

Providers ultimately have the discretion to decide the care and services required, based on a person's assessed care needs, goals and preferences, and their accountability in meeting legislative requirements regarding expenditure. Providers need to work with care recipients to ensure that funding is used appropriately and transparently. Care recipients should be actively involved in deciding how their package funds are spent. This includes due consideration of exclusions from the package as identified in the legislation or in departmental guidance, as per Section 9 of the HCP Program Operational Manual.

regards

Thea Connolly
First Assistant Secretary

Access and Home Support Division | Ageing and Aged Care Group

Australian Government, Department of Health and Aged Care

T: s22 | E: s22 [@health.gov.au](mailto:s22@health.gov.au) / s47E(d) [.health.gov.au](http://health.gov.au)

PO Box 9848, Canberra ACT 2601, Australia

Executive Assistant | s22
T: (02) 6289 s22 | E: s22 [@health.gov.au](mailto:s22@health.gov.au)

Executive Officer | s22
T: (02) 5156 s22 | E: s22 [@health.gov.au](mailto:s22@health.gov.au)

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Making flexibility work - if you receive an email from me outside of normal business hours, I'm sending it at a time that suits me. Unless I reach out to you via phone or text, I'm not expecting you to read or reply until normal business hours.

From: s47F [redacted] <s47F@ext.uber.com>
Sent: Thursday, 24 October 2024 10:45 AM
To: CONNOLLY, Thea s22 [redacted] <s22@health.gov.au>
Subject: Re: [SEEKING URGENT MEETING] Negative impacts to aged care mobility

Hi Thea,

I just wanted to follow up on my last email.

As mentioned, the review findings impact a number of live contracts, and we would like clarification as soon as possible.

Regards,
s47F [redacted]

s22

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By The Department Of Health And Aged Care

TREATMENT OF RIDESHARE TRANSPORT IN THE HOME CARE PACKAGE PROGRAM AND SUPPORT AT HOME

Key Points

- The Home Care Packages (HCP) Program Assurance Review Four (4) sought to answer if the program subsidy was being spent on excluded items and, if so, then how widespread the practice was by approved providers.
- The review reported its findings on 27 September 2024. On page 27, Section 1.5, Parking, Tolls and Rideshare, the report states that the department is not satisfied that ridesharing aligns with the provider obligations under the *Accountability Principles 2014*.
- Uber is specifically mentioned in the report.
- Review Four (4) reviewed decisions made by approved providers on subsidy funding. Uber or Uber Health are not approved Home Care Providers.
- HCP considers Uber and rideshare more broadly exclusions under the program. Support at Home (SaH) lists rideshare as an available option in the service list in the SaH program handbook, published October 2024.

Issues

- The department's position on rideshare service in HCP and SaH are different.
- It appears the Commission also has provided different advice for both programs.
- However, this could reflect the maturity of the rideshare industry at different points in time, reflecting the age of the HCP program and the future of SaH.
- HCOS is retesting its advice with the Commission.

Other Matters

- Regarding Review Four (4) the department was reviewing approved provider decisions; it was under no obligation to seek input from Uber who is not an approved provider.
- Uber was a program exclusion prior to the findings of the review, the review did not establish the exclusion.

Uber concerns on rideshare exclusion

- Uber is explicitly mentioned as a program exclusion in the HCP Program Assurance Review No. 4 section 1.5.
- They state this impacts Uber Health business and many aged care participants who rely on rideshare as a critical form of mobility. Several live contracts with aged care providers have contacted Uber regarding the report findings and how they plan to address the gaps in obligations.

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- The report does not specify which obligations Uber is not meeting. Without this information, it would be challenging for Uber to address the finding, satisfy the obligations required and deliver contracted services.
- Uber expected consultation, as the findings impact the rideshare industry.

HCP position

- The HCP Program and FAQs make no specific mention to rideshare.
- The Program documentation mentions:
 - HCP funds can be used to pay for taxi vouchers for aged care related transport needs.
 - Taxi vouchers can be accessed through HCP funds OR state-based programs, but not at the same time.
 - Package funds should not be used to co-fund state subsidised vouchers
 - Where state subsidised travel for medical appointments is available, it must be used in the first instance.
 - The Program states that the use of taxi vouchers should be well documented in Home Care Agreement and specifically addresses the purpose of their use, with costs agreed to by the care recipient.
- The HCP Community of Practice has three (3) posts related to Uber and rideshare. These posts state that Uber or rideshare is an exclusion under the program due to concerns that rideshare does not align with provider obligations under the *Accountability Principles 2014*.
- The program considers rideshare a program exclusion as we are not satisfied that rideshare aligns with provider obligations under the *Accountability Principles 2014*. These concerns centre on the use of third-party services and the provider's ability to ensure proper oversight of third-party services and that these align with the *Quality of Care Principles*. These concerns include:
 - Stronger regulatory and licensing frameworks exist for taxi industry than rideshare.
 - This includes driver background checks, vehicle safety and adherence to health and safety protocols.
 - For example, taxi drivers often must meet strict police checks and/or hold working with vulnerable people registration in some jurisdictions.
 - Uber drivers are considered independent contractors, raising further concerns regarding oversight. Who is the third party, who is the provider dealing with, is it the Uber platform or the individual contractor and who would be responsible/liable if a breach of the quality standards occurred.
 - Reliability and accessibility - rideshare depends on drivers' readiness to accept a fare and rideshare drivers can refuse to accept fares for older persons who, for example, could have a poor in app ranking. Further, how does rideshare accommodate mobility aids of older people, or older people requiring additional assistance as needed.

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- Costs - the taxi industry, particularly in rural areas, is regulated, leading to increased certainty over costs. Rideshare has surge pricing which decreases the provider's ability to effectively manage the home care budget.
- HCOS has been unable to locate previous advice received from the Commission dating back more than two years in the past that outlines their concerns and is currently retesting this matter with the Commission.

SaH Position

- Rideshare is included in the service list for transport options in the SaH program handbook.
- SaH have provided advice from the Commission that states:
 - *"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."*
- This advice has come from a different area of the Commission than used normally by the Home Care Operations Section and as such has led the section to retest current advice.

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s22

From: home care operations
Sent: Wednesday, 6 November 2024 1:11 PM
To: s47F @hcpassociation.com.au
Cc: home care operations
Subject: Uber and RideShare Exclusion [SEC=OFFICIAL]

Dear s47F

Thank you for your enquiry to the Department of Health and Aged Care (the department) regarding the Home Care Packages (HCP) Program.

To confirm, private transport related costs and transport through companies such as Uber or Rideshare are exclusions as the Aged Care Quality Safety Commission and the department are not satisfied that these services align with provider obligations under the *Accountability Principles 2014*. It is at the approved home care provider's discretion whether they are satisfied that Uber/rideshare transport services meets the required criteria.

Please note, the approved provider, not the sub-contracted service provider, remains responsible for meeting all 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.

In relation to Uber/rideshare transport services, approved providers currently have reduced regulation of the rideshare systems in comparison to taxi licencing, therefore, they are unable to meet their obligations in the *Accountability Principles 2014*. If the approved home care provider is not satisfied that a service can meet the legislative requirements of the program then the approved home care provider should not sub-contract services to this organisation or use this model of services and supports.

For more information on third party services please visit: www.health.gov.au/initiatives-and-programs/home-care-packages-program/managing/third-party-services

Providers ultimately have the discretion to decide the care and services required, based on a person's assessed care needs, goals and preferences, and their accountability in meeting legislative requirements regarding expenditure. Providers need to work with care recipients to ensure that funding is used appropriately and transparently. Care recipients should be actively involved in deciding how their package funds are spent. This includes due consideration of exclusions from the package as identified in the legislation or in departmental guidance (as per Section 9.3 of the HCP Program Operational Manual).

You may be interested to know there is a community of practice available for providers to ask questions and share knowledge amongst their fellow providers. You may find this useful resource at: www.hcpcommunity.com.au. You may use the 'search bar' option to investigate previous questions and responses that relate to your enquiry. This online forum may provide additional resources when determining what can and cannot be included under a HCP. Should you require further assistance or support with aged care services, the Australia-wide Older Persons Advocacy Network (OPAN) provides advocacy services. OPAN can be contacted on 1800 700 600 between 8am to 8pm on weekdays and 10am to 4pm on Saturdays. Details about OPAN can also be found at: www.opan.org.au. If you have any further program-related questions, please write to agedcareenquiries@health.gov.au or call My Aged Care on 1800 200 422 between 8am to 8pm on weekdays and between 10am to 2pm on Saturdays.

I trust this information will be of assistance.

Kind regards

s22

Home Support Operations Branch

Australian Government Department of Health & Aged Care

*** If you have further queries, please contact My Aged Care on 1800 200 422. Providers and assessors please call 1800 836 799. ***

The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present

From: s47F <[redacted]@hcpassociation.com.au>
 Sent: Monday, October 14, 2024 4:44 PM
 To: s47E(d) <[redacted]@Health.gov.au>
 Subject: Uber and RideShare Exclusion

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.

Dear HCP Program Assurance Team,

I hope this message finds you well.

I am writing to seek clarification regarding Review No. 4, which identified Uber and other rideshare services as excluded transport options due to their non-compliance with provider obligations under the Accountability Principles. Could you kindly provide more details on which specific obligations are not met by these services and how these obligations are fulfilled by other approved transport options, such as taxi vouchers?

Additionally, I would appreciate clarification on whether this exclusion applies to instances where a personal care staff member accompanies the care recipient during transport.

Thank you for your time and assistance. I look forward to your response.

s47F
 s47F [redacted]

s47F s47F [redacted]

s47F [redacted]



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s22

From: s22
Sent: Thursday, 19 December 2024 11:25 AM
To: s22
Subject: Summary of meeting with Commission [SEC=OFFICIAL]

Hi

Please find below a summary of my meeting with the Commission on 20 November 2024:

Screening

Worker screening - Commission has produced some advice.

<https://www.agedcarequality.gov.au/providers/reform-changes-providers/worker-screening>

Advice

Fact sheet

<https://www.health.gov.au/topics/aged-care-workforce/screening-requirements>

Previous advice

Essentially previous advice to the dept would never have indicated a firm view on uber (positive or negative)
 Ultimately third party/subcontracted services under HCP or SAH need to be vetted.

Current and future advice remains the same

The lead approved provider need to be satisfied from an accountability perspective and provider obligations perspective that they have appropriate systems and controls to vet and manage third party services.

If providers can be satisfied that a third party service meets:

- Quality
- Safety
- Qualifications
- Police checks
- Risk management

Then they can contract them for services.

The current model of uber though may not support this. That's up to the lead HCP/SAH provider to determine for themselves.

Questions:

- Does uber do police checks on their drivers?
- Do they check people have licenses?
- Do they check if they've done defensive driver training?
- Have each of the drivers got basic first aid?

Will SAH providers know who the drivers will be to vet them?

At present Uber won't share information/data and their systems, so how can SAH providers be satisfied this type of third party service would be appropriate. SAH providers can't and we as the dept can't. Uber sits outside of many areas of regulation.

So we shouldn't name organisations specifically as we as the dept and the Commission don't regulate them.
If we don't regulate them, don't name them in any of our documentation. Fair and simple approach.

s47F is from a legal area of the Commission but he is not an operational policy person so doesn't understand the operational complexities.

So when consulting you have to consult with s47F on any comms, policy to be written etc.
Definitely consult with s47F

s47F is happy to meet with all of us including SAH

Commission would welcome discussion with uber directly.

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

The Department of Health and Aged Care acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past, present and emerging

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s22

From: s22
Sent: Friday, 14 January 2022 5:23 PM
To: s22
Subject: RE: LASA slides [SEC=OFFICIAL]

Sorry for the delay.

Please find my team's contribution:

s22

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- Transport (note this is not technically in the discussion paper) – the use of Uber or rideshare services is an exclusion for the HCP Program and CHSP as the regulation of rideshare across different states/territories is unclear (taxis are an inclusion as the Aged Care Quality and Safety Commission has clarity that their regulation across Australia meets the Accountability Principles). Note DVA Home Care allows rideshare.

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s22

From: s22
Sent: Tuesday, 7 December 2021 5:32 PM
To: s22
Cc: s22
Subject: RE: CHSP input - Taxi Vouchers [SEC=OFFICIAL:Sensitive]

Many thanks all,

I will now liaise with the Commission on this matter. Happy to provide you an update once we hear back.

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

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s22
Sent: Tuesday, 7 December 2021 4:55 PM
To: s22
Cc: s22
Subject: CHSP input - Taxi Vouchers [SEC=OFFICIAL:Sensitive]

Hi s22

Unfortunately we don't have visibility of this issue and how each transport provider uses transport vouchers. Given the current negotiation environment with our providers and the sensitivities with our transport providers, we are not able to get specific information from the sector.

We do know there is a lot of variation in the use of vouchers and how transport providers operate their businesses. However, we would suspect that Uber is not included in the vouchers system, mainly because we fund providers directly and we don't fund/reimburse clients.

The information we have about our transport services is below:

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.

The provision of community transport services under the CHSP assists frail older people to remain actively connected with their local community. Transport services aim to assist client to continue with their usual activities, such as attending community groups or medical appointments, enabling them to keep active and socially engaged.

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

Funding must be used for non-assisted/assisted transport and planned (group) and on-demand (individual) services. The carers of frail older people 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.

Kind regards

s11C

s22

**Assistant Director
Commonwealth Home Support Programme (CHSP) Program Management Section**

Home Support Operations Branch
Home and Residential Division | Ageing and Aged Care Group
Australian Government Department of Health
T: 02 6289 s22 | E: s22 @health.gov.au

Please note: I do not work on Fridays

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s22 @health.gov.au>
Sent: Tuesday, 30 November 2021 8:51 AM
To: s47F @dva.gov.au>
Cc: s22 @Health.gov.au>; s47F @dva.gov.au>; s22 @health.gov.au>
Subject: RE: DVA Home Care - Taxi Vouchers [SEC=OFFICIAL:Sensitive]

Many thanks s47F for the prompt response.

I am CCing my CHSP colleague for visibility – as below may also be of interest.

Kind regards,

s22

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

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§22

From: §22
Sent: Thursday, 28 April 2022 1:00 PM
To: HaRD PMO; §22
Cc: §22
Subject: RE: Board Minutes - update [SEC=OFFICIAL]

Thanks, see edits below:

Agenda Item 3 – Inclusions and Exclusions

§22

The Chair invited §22 to speak on the item. §22 shared a slide deck and provided an update to the board:

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- Transport is complex with taxi vouchers being HCP funded but the vouchers cannot be used for uber services. This is due to the Aged Care and Quality Commission's rule that this service does not meet the accountability principle. Care recipients can use state funded taxi services but under HCP arrangements, the funds can't be used for co-payments.

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