



Home Care Packages (HCP) program assurance review – excluded items Webinar: Questions and Answers

Thank you to everyone who attended our webinar on 26 November 2024 and submitted questions.

This document provides answers to those questions.

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HCP program assurance reviews

Will the department be increasing their audits of exclusions? Will the department be requesting refunds for items they deem have been wrongly included? If so, who will they be requesting the refund from – the client or the provider?¹

The department is not proposing to do any more program assurance reviews for the HCP Program once the current reviews - review 5 and review 6 are completed. The department will conduct program assurance reviews and activities for the Support at Home program.

Providers are accountable for ensuring correct use of the program subsidy. The Aged Care Quality and Safety Commission (the Commission), as the national regulator, is responsible for monitoring providers' compliance with excluded service provisions of the legislation and then engaging with providers to address the issues that arise. In the meantime, if you have any questions about inclusions/exclusions for the HCP program, providers will continue to have access to the Community of Practice. There's also the updated [HCP provider manual](#) and an inclusions and exclusions [fact sheet on HCP Program inclusions and exclusions](#).

If you have any concerns about fraudulent activity, we actively encourage you to raise it. There are a variety of avenues for you to report this:

- Telephone: 1800 829 403 (this hotline is open 9am to 5pm Australian Eastern Standard Time (AEST), Monday to Friday).
- Email: reportfraudorcorruption@health.gov.au
- Website: [Report suspected fraud form](#).

¹ Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript.

HCP operational manual

As the HCP Operation Manual is a guideline, are the exclusions and inclusions for HCP set in stone?²

The [Quality of Care Principles 2014](#) outline what can and cannot be funded under the program. Some items are strictly excluded as they are not aligned to the intent and scope of the program. Where an item isn't listed in the [Quality of Care Principles 2014](#), we encourage providers to use the inclusions and exclusions framework at Appendix C of the [HCP provider manual](#) as it supports providers in their decision making and assists them to communicate decisions to care recipients. This enables a person-centred approach to care planning and supports a balance between assessed care needs, care goals and individual preferences for consumers. It also considers their financial position, cultural diversity and location. The [HCP provider manual](#) also includes a number of case studies to assist providers as well, to give some practical examples of applying the decision-making inclusions and exclusions framework.

How do we support providers to be empowered to support clients and not so risk adverse?³

We encourage providers to explore the [HCP provider manual](#) and other tools available. You can also use the [Community of Practice](#) to raise questions around inclusions and exclusions.

There are also a number of aged care newsletters, alerts, social media posts, web updates and webinars that providers can use. Many web pages on the department's website have been updated to better assist providers not only with inclusions and exclusions but across all program requirements. The department also encourages providers to network with each other and take advantage of peak bodies and our state and territory office colleagues.

If an item is listed as an exclusion does this mean that the framework shouldn't be used to determine if item should be provided

An item specified as an exclusion in the [Quality of Care Principles 2014](#) cannot be funded under the HCP Program. However, if an item is not a specified exclusion, providers are expected to use the [Inclusion/Exclusion Framework – Template and Decision Tool](#) as a guide to making decisions on what can and cannot be funded under the HCP Program. The decision tool and

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template can be found at part 9 of the [HCP provider manual](#), which includes a case study providing an example of how to use the resources.

Does the Department of Health and Aged Care plan on providing clarification to HCP recipients as most often providers spend majority of the time managing/denying repeated requests for items that are excluded. Will the consumer manual also be updated in alignment with the provider manual?

Care recipients can access the [HCP Program Manual for Care Recipients](#) from My Aged Care. This is being reviewed and an update with further clarifications on inclusions and exclusions will be published shortly.

However, all guidelines developed for HCP providers are published on the department's website and are available for public access. Care recipients and their families can view the recently updated [HCP provider manual](#) and [fact sheet on HCP Program inclusions and exclusions](#) until the updated HCP Care Recipient Manual is released.

Health-related items

In respect of medication, vitamins and supplements would you be able to clarify what can or cannot be included.⁴

Medications (both Pharmaceutical Benefits Scheme (PBS) and non-PBS) are already funded by the government and are therefore clear exclusions of the HCP Program. However, there is a PBS safety net scheme in place to protect against the high cost of medications. State and territory governments also help with the cost of running public hospitals which can offer help including with the cost of medicines that patients can't afford. If there are no other affordable ways for care recipients to get the medicines they need, their doctor can apply to the Drug and Therapeutics Committee of a local hospital to help with these costs.

We encourage people to shop around where there are multiple pharmacies available, as different pharmacies charge different prices for different medications, particularly for non-PBS medications. If a care recipient has private health insurance, some of these medications may be covered through their policy.

Vitamins and supplements that are classified as medicines (for example: fish oil, fibre powder, and magnesium) under the Australian Register of Therapeutic Goods (ARTG) are excluded from the program. Vitamins and supplements categorised as specialised foods (like Fortisip and Souvenaid) listed under Food Standards 2.9.5 - food for special medical purposes or formulations listed under 2.9.3 – formulated supplementary foods, that are prescribed by a treating health professional, are inclusions of the program.

Page 37 notes the review team did not make a decision about oxygen cylinders and notes that they did not have evidence to assess as exclusions. If the client is receiving an oxygen supplement, I assumed oxygen cylinders would be a permitted expense? Would you please clarify?⁵

The report did not include information and evidence about clinical decision making. While it makes sense that if someone is approved for the oxygen supplement that they would receive oxygen, some consumers may be receiving oxygen cylinders through other government funded programs. If that's the case the HCP Program cannot be used to fund the oxygen cylinder. We

⁴ Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript.

⁵ *Home Care Packages Program Assurance Review 4 – Excluded items*, Department of Health and Aged Care, 2024. Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript

ask that you check the care recipient is not receiving a product through another government program before you start using the HCP funds.

If you think that any of your consumers should or could qualify for the oxygen supplement, please apply for that supplement.

Generally circulation booster devices are excluded. Can they be purchased if assessed and recommended by a GP?

Recommendations for aids and equipment, care and services may be funded under the HCP, provided they meet the other requirements of the inclusions and exclusions framework. Goods, Equipment and Assistive Technology (GEAT) are available as part of HCP where there is an assessed need. Health professionals operating within their scope of practice may assess for GEAT.

For further guidance on suitability, consult Department of Veterans' Affairs Rehabilitation Appliances Program at <https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-schedule> (for reference purposes only - noting not all equipment covered by DVA is available under HCP). A lymphoedema pump or compression pump circulation machine is an inclusion of the DVA RAP program and may be similarly included in a HCP if there is an assessed need for the device, as determined by a health professional operating within their scope of practice and no alternative funding source is available.

However, a footplate neuromuscular electrical stimulation device or circulation booster may not be within the scope of the HCP program. The efficacy of GEAT needs to be considered in combination with the care recipient's other medical concerns (as circulation boosters may not be safe for certain individuals with pre-existing conditions). Whilst care recipients are encouraged to follow all advice from treating professionals (medical, allied health and nursing), the HCP Program is not obliged to fund all recommendations from treating professionals. Providers must use clinical judgement to determine the appropriateness of the purchase in line with the scope of the program, assessed care needs of the individual and the package budget.

Are checking bloods machine for diabetics an exclusion? Is there any scope for flexibility at all? I note diabetes care and continuous glucose monitors (CGM) are excluded, however consumers with type 2 diabetes are not able to access these devices via National Diabetes Services Scheme (NDSS) and there are instances where a consumer may have age-related conditions which exclude them from being able to manually take their blood sugar levels.

Diabetes products, including CGMs, cannot be funded by the HCP Program. The Australian Government provides considerable financial support to people with diabetes through the subsidy of essential medicines under the PBS, as well as CGMs for people with type 1 diabetes and blood and urine test strips for people with type 2 diabetes. They can also access syringes and pen needles if they have been certified as using an injectable diabetes medication. The eligibility criteria for CGMs under the NDSS is designed to target access to people with the highest need.

Care recipients should be supported to make use of their HCP funds alongside other funding streams such as the NDSS that may be available to them. A care recipient with type 2 diabetes who is eligible for a Chronic Disease Management Plan through the Medicare Benefits Schedule is also expected to use this plan first to access any allied health and diabetes nursing services. When all access to allied health and nursing is exhausted under this plan and further support is required to address ageing-related functional decline (if a confounding factor to the diabetes diagnosis), a care recipient may access allied health and diabetes nursing services through their HCP.

We have many clients purchasing from pharmacies expecting it to go on their HCP package. Is there any way to streamline what is excluded to pharmacies/healthcare services?

Services and items covered by the PBS are classified as items already funded by the Australian Government and therefore are excluded under the HCP Program.

The PBS and the HCP Program are two separate government initiatives and therefore do not share data. As such, streamlining of medications purchases cannot be accomplished between the HCP Program and the PBS.

Providers are expected to discuss with their care recipients regarding inclusions and exclusions of the Program, as listed in the [Quality of Care Principles 2014](#) and the program guidance made available by the department.

Phones and tablets

Would you be able to provide examples on appropriate and inappropriate purchase of iPads/phones etc?⁶

Electronic devices such as laptops, mobile phones and tablets are typically excluded under the HCP Program

However, there are exceptions to those exclusions to help older people communicate with their providers, family, carers and social groups under very particular circumstances. Some of those circumstances include homelessness, medication management and social inclusion under exceptional circumstances, for example during prolonged pandemic lockdowns.

⁶ Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript.

Food component of meals

The food component in purchased meals has been a made up 70% / 30% suggesting that the food component is only 30% and the part that needs to be paid for by the client. This is reversed in Meals on Wheels funded agencies when the 70% is the food.⁷

In relation to meal services and whether food can be included in a HCP, preparation and delivery of meals can be included. The raw food component of those meals however cannot be included, except in the case of enteral feeding.

The department has not mandated a standard split/ratio for the raw food component. This is a business decision for the company providing the meal services to calculate how much the raw food component is. Home care providers should discuss with the care recipient the amount of the raw food contribution, as well as how and who it is paid to, as part of the negotiation with the meal's provider and the care recipient.

Food referred to as 'takeaway' is also an excluded item. 'Takeaway' food is generally defined as food you would buy from a restaurant or food outlet.

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Personal items

Can shampoo/conditioner be purchased through HCP if recommended by clinical nurse for dry/itchy scalp e.g. QV products?

Skin creams, body wash and ointments are typically excluded if the purpose is for general use as items funded through a HCP are for ageing related care needs only. Where the need for skin care items is unrelated to ageing related care needs, access to these items is outside the scope of the HCP Program.

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

When making specific individual decisions about what can or cannot be included for care recipients of HCP, providers are expected to follow the Inclusion and Exclusions Framework outlined in Part 9 of the [HCP provider manual](#).

It is important for providers to document their reasoning and the discussions with care recipients about the inclusions/exclusions as these documents may be required to demonstrate compliance with the Commission, or with Australian Government or State and Territory laws.

Ultimately, HCP providers have the discretion to determine the necessary care for an individual, while ensuring compliance with legislative requirements. Providers should collaborate with care recipients to ensure appropriate and transparent use of funding, actively involving them in decisions about how their package funds are allocated. This process should also consider any legislative exclusions that may apply.

Household appliances

Are stick or robot vacuums funded?

Question 5 in the [frequently asked questions](#) provides a list of eligible items that can be purchased with package funds. It states that stick or robot vacuums for reablement consistent with the CHSP Programme are program inclusions.

Vacuum cleaners are listed as an exclusion in the review report, however, are listed as a possible product in the assistive product standard as referred to in the latest program handbook. Please clarify.

The purchase and servicing of general household items which are not related to improvement of ageing related functional impairment have always been excluded items of the HCP program. This includes items such as general vacuum cleaners.

However, stick and robot vacuum cleaners are listed as an inclusion under assistive technology as the design of these items facilitates independence and reablement for older people.

Gardening and cleaning

Gardening – what can and cannot be included?⁸

Where the average person was previously able to do their own gardening, such as mowing the lawns, essential pruning to allow the care recipient to enter or exit their home or to their yard, these services can be included. However more extensive gardening and beautification of gardens is not included. For example, if a property has a large set of hedges that run around the perimeter of the property this would be at the cost of the care recipient because it's not about maintaining their safety or access, it is for aesthetic purposes. Also, program funds cannot be used to mow the lawns of large rural properties. Program funding is limited to maintaining the safety of the immediate proximity of the house to allow safe access to the house itself.

I would like clarification around spring cleaning. General cleaning is allowed, but what about once a year tasks, such as cleaning out the fridge, microwave, oven, windows, etc⁹

Cleaning to keep the home safe and liveable is included under the HCP Program. This includes help with activities like dusting, vacuuming, mopping, making beds, ironing and laundry.

More specialised cleaning is typically excluded, but may be included in the following circumstances:

- cleaning of soft furnishings that have been soiled due to permanent and severe incontinence, as per the definition used by the Continence Aids Payment Scheme
- remediation of hoarding, providing one-off decluttering/cleaning where it is required to ensure the safety of the care recipient and the home care worker entering the home.

Care recipients can use their package for cleaning where:

- it has been assessed as needed
- it is documented in the care plan
- it is not already covered by insurance or other government supports that can be provided within a reasonable time.

⁸ Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript.

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We are asked all the time about solar panel cleaning and air conditioner cleaning. I have always said no, is this correct?

The intent of the HCP Program is to deliver aged care services which best meet a care recipient's assessed ageing related care needs and goals. While many goods and services are essential for health, such as maintenance of air conditioners, these expenses are not allowable for deduction from a HCP.

The Quality of Care Principles 2014 lists those care and services that must not be included in the package. This includes using package funds as a source of general income. General income is defined as those expenses that all people must pay for themselves throughout their life, regardless of age.

Items such as maintenance of air conditioners would be classified as general income and not appropriate to be funded through a HCP.

When making decisions on inclusions and exclusions, providers should consult the 'Inclusions/Exclusions Framework' at Part 9 of the manual.

Also, the replacement, maintenance, servicing and cleaning of the following are excluded:

- water tanks
- solar panels
- fencing
- roofs
- hot water systems
- swimming pools.

Home maintenance

Please could a discussion occur and examples be provided on when home maintenance can be paid through the package, when the person did tasks themselves that is most likely out of the norm.¹⁰

If the average person, who wasn't a qualified tradesperson, could undertake the task previously then it can generally be covered by the HCP. Examples include changing lightbulbs, installing and fitting emergency alarms (excluding smoke alarms), changing washers, installing easy taps and repairing some flooring where there's a trip hazard.

However, more extensive work that would normally be undertaken by a qualified tradesperson, for example an electrician or plumber, are all excluded under the program. Examples include installation of goods, replacing faulty switches or rewiring whole houses, extensive plumbing work, pool and spa maintenance.

Can you clarify 'safety' in terms of home maintenance or modification tasks. For example, leaking plumbing creating a slip hazard in a bathroom or kitchen?

Home modifications can be funded under the HCP Program in clinically justified circumstances, where they meet the criteria below:

- improve safety and accessibility and promote independence (e.g. widening doorways for wheelchair access, removing shower hobs and installing an ambulant toilet)
- have been assessed by a health professional operating within their scope of practice such as an occupational therapist, physiotherapist, or registered nurse to ensure the home modification is fit for purpose
- have been agreed within the care recipient's care plan.

How about installation of bidet?

HCP funds are not intended to be used for home modifications or capital items that are not related to the person's ageing-related care needs as these are excluded items under the Quality of Care Principles 2014.

In some clinically justified circumstances, bidets may be funded through a HCP where a recommendation is documented by a treating specialist (such as occupational therapist,

¹⁰ Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript.

physiotherapist, or registered nurse operating within their scope of practice) and there are sufficient assessed care needs for personal hygiene reasons. In these cases, the reasonable costs of installation may be funded by a HCP.

What about full bathroom modification given the extreme cost of tradesman and a modification generally exceeds \$30,000?

Home modifications or capital items that are not related to the person's ageing related care needs are excluded under the HCP Program. These include:

- modifications for aesthetic reasons (e.g. more expensive tile choices, heated towel rails or replacement of flooring)
- significant changes to the floorplan of the home, including adding a new bathroom or extension.

However, HCP funds may be used to pay for the clinical assessment and liaison between a clinician and builder/architect to ensure appropriate plans are developed to support a care recipient's ageing related care needs and goals.

Home modifications can be funded under the HCP Program in clinically justified circumstances, where they meet the criteria below:

- improve safety and accessibility and promote independence (e.g. widening doorways for wheelchair access, removing shower hobs and installing an ambulant toilet)
- have been assessed by a health professional operating within their scope of practice such as an occupational therapist, physiotherapist, or registered nurse to ensure the home modification is fit for purpose,
- have been agreed within the care recipient's care plan.

Home modifications must be in line with the National Construction Code and be provided by qualified tradespeople with appropriate licensing and insurances as per state/territory government laws.

While the department encourages care recipients to follow the advice of treating health professionals, the HCP Program is not obliged to fund all recommendations from treating health professionals. Providers will need to confirm that the home modification is within the available budget for the package level. Additional costs need to be mutually agreed with the care recipient and paid for privately through additional service fees.

Family members as carers

Are family members able to be carers under the HCP?¹¹

Using family members as carers funded under the HCP program poses a probity risk and is therefore considered an exclusion. There are exceptions to this rule, however all five criteria need to be met:

1. The care is required in a thin market area for providers (Modified Monash Model or MMM regions 4 to 7).
2. The family member must be appropriately qualified.
3. The family member cannot live with the care recipient.
4. The care recipient needs to be of culturally and linguistically diverse or Aboriginal and Torres Strait Islander background.
5. The family or friend cannot be receiving the carer's payment. Section 10.5 of the provider manual has more information on hiring family and friends to provide care.

¹¹ Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript

Exercise equipment and E-Trikes

I would like clarification about E-Trike bike for the client. It's recommended by the OT. The son wants to take mum to the social outings.

The [Quality of Care Principles 2014](#) lists those care and services that must not be included in the package. This includes using package funds as a source of general income. General income is defined as those expenses that all citizens must pay for themselves throughout their life, regardless of age. Bikes or tricycles would typically be classified as general income and thus not appropriate to be funded through a HCP.

Further, a tricycle is a recreational item; it is not a GEAT item or intended for the purposes of age-related mobility and dexterity decline.

Can all exercise equipment if prescribed by physio be approved such as treadmill and pedal bike?

Purchase of a treadmill is a form of equipment that would be considered a general income expense and thus not appropriate to be funded by the HCP as per the [Quality of Care Principles 2014](#). However, where physical activity has been prescribed by a treating health professional operating within their scope of practice to address ageing related functional decline, the HCP Program may fund access to a gym/pool membership.

The safety and well-being of care recipients is paramount when delivering aged care services to older people and a public gym/pool membership in a licensed facility ensures care recipients can undertake physical activity in a controlled and safe environment with appropriate supervision by trained professionals. The services and equipment are also maintained and monitored for safety purposes which ensures in the event of an emergency, appropriate action can be taken.

Wood chopping

I note that wood chopping is no longer an inclusive service that can be costed to the HCP. How have HCP consumers that live in rural and regional areas that have wood heating only, been considered in this change? We have serious concern for these care recipients during the winter months in the Snowy region.

There has been no recent change to the intent of the HCP Program.

The [Quality of Care Principles 2014](#) lists those care and services that must not be included in the package. This includes using package funds as a source of general income. General income is defined as those expenses that all citizens must pay for themselves throughout their life, regardless of age.

Heating and cooling appliances, costs and associated services have always been an exclusion of the HCP Program. The guidance has recently been clarified further to note that wood cutting is an exclusion, as heating is unrelated to ageing.

Monthly statements and invoicing

What are providers obligations when it comes to monthly statements?¹²

The department's website provides information and guidance to assist providers to ensure that they demonstrate better practice regarding monthly statements. This includes a [better practice template](#) to assist providers. The department encourages providers to use the template. The template will help improve the quality of your HCP statements, making it easier for care recipients to understand and make informed choices about their HCP funded care and services. Providers must itemise the care and services that they provide to a care recipient each month and include the amount charged for each of those service types.

Is there a user-friendly system that the Commonwealth can create or provide service providers with to have the better practice statement as standard template?

Templates and other information about better practice monthly statements can be found on the department's website at <https://www.health.gov.au/our-work/hcp/package-management/monthly-statements>.

Would you please clarify the operational guidelines for HCP providers regarding client reimbursements when clients pay upfront for purchases and the provider reimburses them?

Before a care or service is delivered, providers should work with their care recipients to determine what services should be included in their care plan and budgeted for. A care plan should outline ahead of time:

- a care recipient's ageing related needs
- the service they will receive to meet those needs
- who will provide the services and when.

Providers are responsible for managing HCP budgets. Reimbursements may only occur when the provider has planned for and budgeted for the care or services and must be finalised within the same claim month of purchase.

¹² Response provided during webinar and refined/paraphrased in this document. Verbatim responses can be read in the webinar transcript.

There are some costs for which HCP funds must not be used, such as supplementing a source of general income and paying for other types of care funded or jointly funded by the Australian Government.

**How can we include the purchase in the service month when we sometimes do not receive invoice from third party vendors?
Commonwealth needs to change the claiming process so we can include in the same month.**

After delivering services, a third-party should issue an invoice within the month the service occurred. Then approved providers must submit claims to Services Australia within the relevant claim month. Providers should work with the third-party to receive itemised invoices as soon as possible. Providers may wish to seek guidance from the Australian Competition and Consumer Commission in cases where sub-contractors are not providing invoices in a timely manner.

Pricing must be mutually agreed between the provider and care recipient and needs to be documented appropriately in the Home Care Agreement and monthly statements. Providers must itemise all third-party charges in their care recipients' monthly statements. The monthly statement should align with the provider claim for care and services delivered during the month (the payment period). That is, both the claim and the statement should include care and services even if the payment for these services has not been finalised (e.g., if it was delivered by a sub-contractor and the invoice has not been received). Any adjustments can be reflected in subsequent months in both the claim and statement.

Support at Home

Information and resources about the Support at Home program are available at the department's [Support at Home program](#) website.

The department has prepared a range of resources to support providers as they transition to the new Support at Home program arrangements from 1 July 2025, including the following:

- [Support at Home program handbook](#)
- [Support at Home program manual – A guide for registered providers](#)
- [Support at Home Program Provider Transition Guide](#)
- [Support at Home: Claims and Payments Business Rules Guidance](#).

More operational detail will be available in the future as the department releases the full program design and additional resources to support the transition.

You can also [register to receive aged care newsletters](#) for regular updates on changes to aged care, open consultations and news for aged care providers.

Let's change aged care together

We invite Australians to continue to have their say about the aged care reforms.



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