

Modelling of proposed changes to Hearing Services Program Voucher Scheme

Summary report

January 2025



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Glossary

Abbreviation	Meaning
3FAHL / 4FAHL	Three (Four) Frequency Average Hearing Loss
ALD	Assistive Listening Device
HA	Hearing Aid (device)
CSO	Community Service Obligations
CY	Calendar Year
FY	Financial Year
HSO	Hearing Services Online (portal)
HSP	Hearing Services Program
BTE	Behind the Ear (device type)
RIC	Receiver in Canal (device type)
ITE	In the Ear (device type)



1 Overview

1.1 Executive Summary

In June 2024, the Department of Health and Aged Care (the Department) appointed Scyne Advisory to prepare costing models and assumptions for the new schedule of service items and fees of the Hearing Services Program and facilitate targeted stakeholder input to the modelling work that will assist in developing and modelling proposed changes to the Hearing Services Program Voucher Scheme service items. The objective of this project was to provide independent advice on these proposed changes through to the Department for government consideration. The scope of this project included:

- Modelling and assessment of the potential impact of these changes to services items and fee schedules for the Voucher scheme and on providers
- Facilitating engagement with the hearing services sector regarding these proposed changes, through the delivery of a webinar and stakeholder consultations.

The scope of this review covers the HSP Voucher Scheme. The Community Service Obligations (CSO) is out of scope.

It is important to note that other reviews are currently being undertaken by the Department extending to the assessment of hearing device technology, minimum specifications (completed by the National Acoustic Laboratories) and the development and build of a new Hearing Services Online Portal. If approved by government, the implementation of any proposed changes to the Voucher scheme are expected to align with the planned implementation of the new portal.

The key aims of the proposed changes to the Voucher Scheme are:

- **Simplification:** to make the claims process simpler, clearer, and more streamlined through the consolidation of service items and streamlining the way providers are paid for maintenance.
- **Incentivise clinical care:** Reconfiguring the current schedule of service items to provide a greater focus on client care. This is proposed through mandating client follow-ups for all fittings, regular clinical sessions and re-weighting of service item fees. The intention of the change is to give clinicians more flexibility to deliver services tailored to each client so that services are directed towards helping clients reach better hearing outcomes. Changes to eligibility for accessing certain services to incentivise this focus on client care are also part of the proposed changes.

Specifically, the proposed changes include:

- Simplification of the number of service items from 49 to 11 items.
- Introduction of a quarterly auto-payment for maintenance to providers.
- Revisions to claims eligibility, extending to eligibility criteria for refitting.

Table 1 and Table 2 overleaf list the proposed new service items and fees. These fees were used for modelling the impact of the proposed changes at the Voucher Scheme and provider level and were derived from averaging program data on item fees across six financial years from 2018-2024 and considering the frequency of item claiming. The figures in the tables highlight the service item simplification, which is intended to make the claims process simpler and more streamlined. These proposed service items fees were also provided to the sector, and feedback was received on these items to identify areas where further considerations for the Department are required.

Table 1: Proposed service item pricing calibrated for the FY23-24 financial year

Service Item	Amount (incl. GST)
1. Assessment	\$152.40
2. Clinical Session	\$133.10
3. Fitting	\$210.58
4. Follow up	\$210.58
5. ALD supply	\$84.25
6. ALD follow up	\$84.25
7. Remote control	\$102.33
8. Replacement	\$92.24
9. Spare device	\$92.24
10. Miscellaneous	No changes
11. Maintenance	Refer to Table 2
Device fees	No changes
Rechargeable accessory ¹	\$150.00

Table 2: Proposed amounts for quarterly maintenance auto-payments, per eligible device and including GST.

Device Category	Inside warranty period ²	Outside warranty period
Hearing aid (non-rechargeable)	\$13.01	\$26.02
ALDs	\$8.46	\$16.91
Hearing aid (rechargeable)	\$9.76	\$19.52

The modelling showed that these proposed changes result in an increase to Voucher Scheme expenditure distribution of approximately 2.2% in aggregate, driven by an increase in maintenance payments resulting from the proposed quarterly auto-payments. The proposed changes were developed in a provider-agnostic manner, although the impact of these changes differs by individual providers, and variation is observed by provider size, with medium sized providers (based on HSP revenue) more likely to be disadvantaged from these changes based on the modelling than both smaller and larger providers.

Further revisions to maintenance payments should be considered to address the impact of the proposed changes on some segments of the provider market, and concerns regarding the proposed maintenance auto-payments raised through stakeholder consultations prior to moving forward with the broader suite of changes.

¹ If rechargeable devices were to be included as fully subsidised devices under the HSP Voucher scheme, it is expected that the required accessories would also be fully subsidised. The current assumed item fee is a placeholder

² This modelling has assumed a 1-year warranty period for all devices.

1.2 Summary of key findings and considerations

1.2.1 Overarching findings

In proposing these changes, a core principle for the Department was that these changes are at least cost neutral at a whole-of-program level. That is, these changes do not represent a cost saving for the Department, and that the amount distributed is, in aggregate, at least as much as under the current program settings.

Through our modelling, the proposed changes result in a:

- sizeable reduction to the number of service items and is aligned with the Department's aims of simplifying the Voucher scheme, and
- minor increase in the total program expenditure distributed through the Voucher Scheme, and achieves the goal of being at a minimum cost neutral.

However, this result may not hold true for all providers, markets and clients given the size and diversity of the hearing sector. In particular, the modelling recognises that large multinational providers have different service offerings and claiming patterns than smaller independent providers. Some further considerations are proposed below to address findings from this modelling.

Key finding area		Further considerations for the Department
Simplification of service items	<p>Our assessment of the proposed changes shows that these result in the simplification of the number of service items (from 49 to 11).</p> <p>These changes combine similar groupings of existing items and significantly simplify the scheme whilst ensuring clients can continue to receive the same services that they do today.</p>	<p>We broadly agree with the reduction to the number of service items and government should move forward with the proposal to consolidate items.</p> <p>However, the Department should consider the need to change the quarterly auto-payment for maintenance to address concerns from the sector. There are a range of options this could take and some of these would result in additional claim items being added to the proposed schedule of items e.g. major repair items or relocated maintenance items. The addition of these items would still result in significantly fewer items than are currently in place.</p>
Maintenance payment items	<p>The proposed changes to quarterly maintenance auto-payments result in significantly more clients being eligible for maintenance payments, including clients who previously did not receive other services post fitting.</p> <p>This may result in a significant increase in the amount of maintenance payments made (approximately 35% increase).</p>	<p>We believe further revisions to maintenance payments should be considered prior to moving forward with the broader suite of changes.</p> <ul style="list-style-type: none"> • The auto-payment would simplify the claiming process for providers, removing the need for individual claiming and maintenance agreements. • However, it would also significantly increase the number of clients who would be paid maintenance, specifically 'inactive' clients who do not receive other services post fitting who would now be funded

Key finding area		Further considerations for the Department
		<p>through two years of maintenance payments.</p> <ul style="list-style-type: none"> Analysis of historical maintenance claiming shows that medium sized providers (based on HSP revenue) are less likely to benefit from this change as more of their clients are already claiming fitting items with maintenance. Hence these providers would be disproportionately impacted by these changes. Furthermore, the auto-payment raised concerns regarding clients who relocate or change providers, which could mean providers miss out on future maintenance payments for services already provided. <p>Given the substantial changes the quarterly maintenance auto-payment would have on the sector, the Department should consider alternative options for maintenance. These may lead to further revisions in other service items to balance the financial impact and any changes will need further modelling and assessment.</p>
Financial impact on providers	Our modelling shows that the proposed changes will result in a slight increase (+2.2%) to the amount distributed through the Voucher Scheme due to an increase in maintenance spending under the proposed arrangements.	<p>The proposed changes meet the Department's objectives of being at least cost neutral at an aggregate program level.</p> <p>However, analysing the impact by provider level shows that medium sized providers are disadvantaged, due to the reduction in the proposed fitting item fees.</p>
Follow up service item	Feedback gathered through stakeholder consultations unanimously supported changing the timing of a follow up item to be a minimum of two weeks after a fitting (currently proposed to be four weeks)	We agree this change should be adopted - it should not have significant implications for implementation and would address sector concerns in relation to administration burden and models of care for regional and remote areas.

1.2.2 Modelled impact of proposed changes

In aggregate, the proposed changes are expected to increase the total cost of the Voucher Scheme by 2.2%, representing an increase in cost to government. This figure is inclusive of all services, maintenance, BTE dispensing fees³, and device costs.

Although the result is an increase of 2.2%, this varies by the type of service, with an overall reduction in fitting payments under the proposed changes, offset by large increase in the amount of maintenance being paid to providers as shown in Figure 1. The introduction of the quarterly maintenance auto-payment results in significantly more clients who would be eligible to receive maintenance (an increase of approximately 70%) under the proposed changes and hence an increase in maintenance payment costs to the Voucher Scheme.

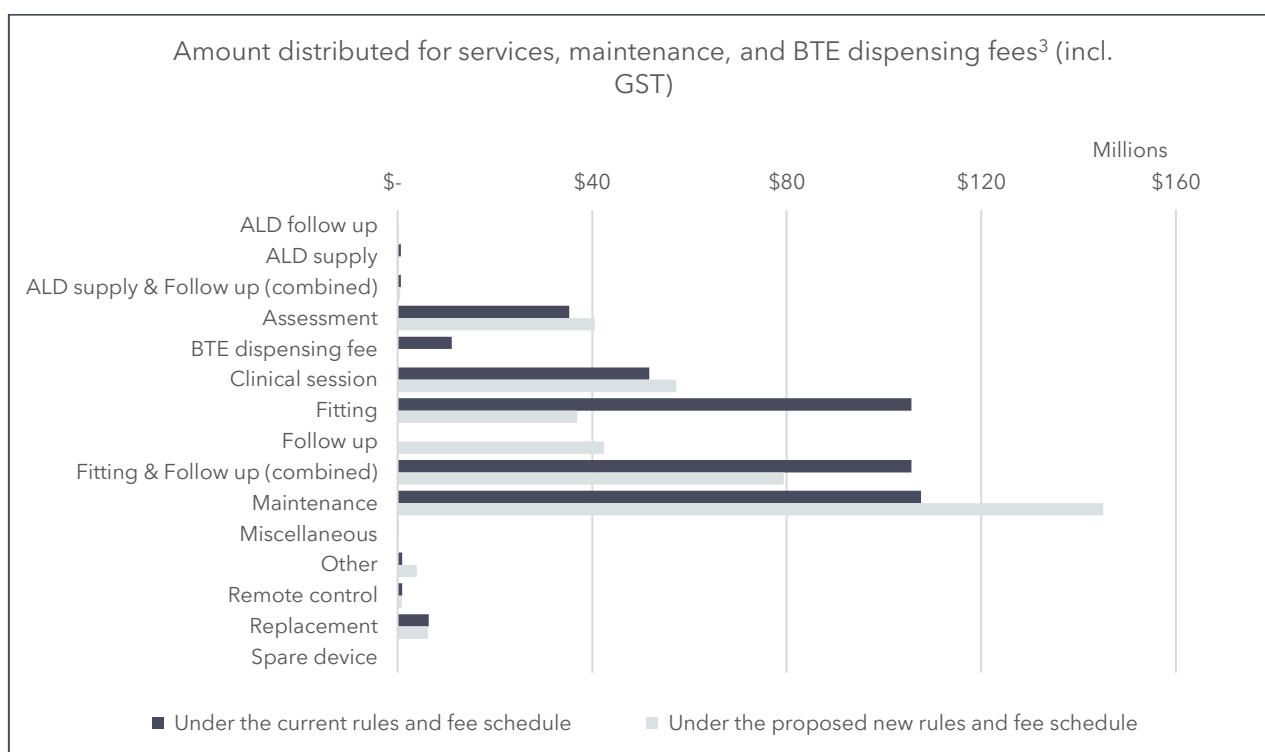


Figure 1: Total amount distributed for FY23-24, under the current and proposed program rules, by service type.

1.2.3 Benefits of the proposed changes

In addition to the aims of claiming simplification and incentivising client care, the proposed changes are also intended to have further benefits to hearing sector stakeholders (clients, providers and practitioners) as well as to government. These include:

- Reduced administrative burden for providers and clients: such as the proposed removal of statutory declarations and maintenance agreements.
- Better accessibility to fit-for-purpose hearing devices. Clients who have lost a device which is no longer available or require a refitting due to repeated repairs, will be able to be fitted with a new device that best meets their hearing goals based through revised Eligibility Criteria for Refitting.

³ The BTE dispensing fee is removed under the proposed changes, but included in comparisons against the current program.

- Government Efficiency: the Department also anticipates that through the simplification of the Voucher scheme, this would reduce the amount of audit and recovery operations.

1.2.4 Consultation feedback themes

To help inform findings and considerations for this Review, targeted stakeholder consultations were held with client, provider and practitioner representative bodies, and feedback was gathered on the proposed program changes. These consultations occurred between 18 September to 3 October 2024, seeking feedback on five questions provided in a feedback template. These questions were framed to seek feedback on each of the parts of the proposed changes and other matters. In total, one stakeholder webinar and eight stakeholder consultation meetings were held. The detailed stakeholder consultation feedback is presented in **Appendix A - Feedback themes to proposed changes**.

The high-level summary themes include the following:

- The simplification in the number of service items was viewed positively by all stakeholder groups, but there is a need for further clarity on specific items and eligibility (for example, more detail on client co-payments or changes to minimum hearing loss threshold) to help the sector fully understand the changes.
- Feedback was provided on several specific items, including concerns regarding the proposed maintenance changes and how they would operate in the new portal. The majority of provider and practitioner stakeholder groups raised concerns relating to the impact on provider's cash flow, the level of the maintenance relative to the time and cost of repairs and relocated maintenance arrangements.
- The impact on the financial viability of specific segments of the hearing services sector (e.g. small providers and regional markets) was of significant concern for more than half the stakeholder groups representing these areas, with many providing feedback on the unique administrative burdens and resourcing costs in more regional areas.
- All the client and practitioner groups commented that the program's focus and approach are heavily device-centric with prescriptive requirements, which may impact patients' experience and outcomes despite the proposed changes promoting client follow-ups and regular clinical sessions.
- For successful change management, continual co-design with the sector, a deeper understanding of consumers, transparent communication, and continuous education are essential. Any further changes to the Voucher Scheme should be developed through ongoing feedback and collaboration.

1.2.5 Further Implementation aspects

The scope and nature of these proposed changes are designed to simplify the Voucher Scheme. However, they do represent a significant change to the operations of the Voucher scheme and there are several concurrent requirements the Department may need to consider as a part of implementation.

These may include:

- A thorough change management process, to facilitate the changes for client, practitioners, and providers including enhancing the information provided by the Department to support client understanding of Voucher Scheme.
- Consideration of the technological requirements for implementing any changes, including aligning them to the portal rebuild to minimise change fatigue for the sector.
- Legislative changes that would be required to enact the planned simplification and service item changes.
- Development of a benefits realisation framework and a proactive monitoring and evaluation design to provide government with a structured approach to measuring and communicating the changes.



In addition, while Scyne agrees with the proposed changes to simplify the number of service items, the Department should consider making some adjustments to some of the 11 proposed items, based on feedback from the sector. This includes reducing the time between fitting and follow-up to better align with current provider practices, and further modelling of options or refinements to redesign the maintenance item to address sector concerns regarding relocated maintenance, repair costs and the impact on provider cash flow as well as the reduction in HSP claims to medium sized providers identified in the modelling.

Furthermore, the sector provided feedback that there are still elements of the scheme for which further clarity is required, including arrangements for remote controls, and device pricing (including rechargeable devices and accessories). Further work is still to be undertaken by the Department for these items and hence they are outside the scope of this review. Continued engagement with the sector is critical for adoption on any further proposed changes to these items.

Appendix A - Feedback themes to proposed changes

The sections below summarise the key themes raised by stakeholders as part of the consultations, highlighting both positive aspects and areas of concern within the sector. The relevant themes were reviewed in conjunction with the results from the modelling assess to whether there were areas of the proposed changes that required further adjustments and to inform the findings and considerations.

[Theme 1] The simplification of service items is viewed positively, but there is a need for further clarity on items and eligibility to help providers understand the changes.

Simplification of the program

- A key aim of the proposed changes was the simplification of the Voucher Scheme, and this was received positively by the sector. Specifically, the sector consistently provided a positive response to the reduced administration burden associated with removing statutory declarations and simplifying the number of service items.
- However, regarding the proposed changes aiming to simplify maintenance payments, the hearing services sector had more concerns which are detailed further in the sections below.
- As part of the simplification, there were also changes to business rules and eligibility for certain services (e.g. clinical sessions), though some stakeholders felt that the service and evidence requirements detailed under each service item remained too prescriptive and did not provide enough flexibility for clinicians to make best outcome decisions for their clients based on their clinical expertise.⁴

Clarity needed on frequency average hearing loss (FAHL)

Though a review of eligibility criteria for the program was not in scope for this project, information from the Department was shared with the sector about proposed changes in materials provided after the webinar. The Department has indicated they will be sharing more information with the sector following the delivery of this report.

- Feedback from providers and practitioners indicated there was confusion surrounding the four-frequency average hearing loss (4FAHL) criteria, particularly regarding whether a 26dB 4FAHL would be required for all client fittings.
- Examples of this confusion included questions about the eligibility of clients with tinnitus and those with mild, low-to-mid-frequency hearing loss, as well as concerns that the new criteria might limit access to hearing aids for certain client cohorts. This uncertainty highlights the need for clearer guidelines to ensure that all clients who could benefit from hearing devices are not excluded.

Clarity needed on co-payment arrangements

- There were concerns about the potential changes to co-payment requirements from both consumer representatives and provider and practitioner bodies. Consumer representatives worry about the lack of clarity on what a reasonable co-payment amount is, fearing that consumers might end up paying more than necessary and needing clearer guidelines on rehabilitation services and protections.
- Providers and practitioner groups were uncertain about the new co-payment rules, questioning whether the Department will continue to set the amounts, how negotiations with clients will be managed, and how co-payments for partially subsidised devices will be handled. These concerns highlight the need for clear and comprehensive guidelines to ensure that all participants are well-informed and protected.

⁴ The Department has noted these are needed to be able to monitor compliance that providers are providing an adequate level of service

[Theme 2] The hearing services sector provided feedback relating to several specific item changes, including numerous concerns regarding the proposed maintenance changes.

Fittings, refittings, and clinical sessions

- Across the sector there were strong views that the proposed changes would result in unaided clients receiving fewer services, as they would only be eligible for clinical sessions every two years (compared to aided clients who would be eligible for annual clinical sessions)⁵.
- It was highlighted by sector stakeholders that some clients do not need devices and would benefit from a greater focus on rehabilitation and prevention, with these sessions seen as being critical for identifying a decrease in hearing loss or change in hearing needs. This is related to the sector's views the program is still seen as device-centric rather than client-centric.
- There were also requests for further clarification on how the services fees will be structured and to review the eligibility criteria for refitting (ECRs). For example, why a change in lifestyle, such as moving into a residential aged care facility, is not a reason to refit.
- For some stakeholders, there was concern that although the number of items were being consolidated and simplified, that the unbundling of the fitting, follow up and device claims would result in increased administration. Providers raised that additional staff and resources may be required to manage this change.

Devices, rechargeables, and replacements

- Rechargeable devices are currently not on the fully subsidised device list for the Voucher Scheme, though some providers indicated that rechargeable devices are already utilised through the partially subsidised device list. There was some support from the sector for including rechargeable devices as part of the Voucher scheme, but this was accompanied by questions regarding the future pricing of these devices which is something the Department is still exploring.
- Providers had concerns about the cost of maintenance services, relative to the proposed fee schedule. Reasons provided included that rechargeables are more costly to maintain than the equivalent non-rechargeable devices, as batteries do not last (stakeholders gave estimates between 18 months to 4 years based on their experience), do not store well, and hence must be replaced often. There were also concerns about the cost of maintenance services, relative to the proposed fee schedule, for the rechargeable devices but also the chargers themselves.
- Although it was specified that device categories and costs were outside of the scope of this review, the sector expressed a need for more information on device fees, rechargeable devices, and accessory fee schedules. Additionally, there is a need for clarification on eligibility criteria for device replacements for clients with dementia and those in nursing homes. These concerns highlight the importance of clear guidelines and support for providers.

Feedback on the impact of changes to maintenance

Stakeholders raised many feedback points and questions in relation to the proposed changes to maintenance. Recurring feedback from providers indicated that clinicians are currently providing many services that are not claimable or remunerated, and that this is likely to continue under the proposed changes. This overarching theme provided the context to many of the feedback points in relation to proposed maintenance changes, specifically when it came to how providers would be reimbursed for these services.

- The sector broadly disagreed with having reduced maintenance payments in the first year of a device. It was felt that maintenance is more than just batteries and involves significant amounts of time and support to clients and hence reducing the maintenance payment in the first year based on the device being within warranty period was flawed. Stakeholders indicated that devices and clients require more support in the first year, to ensure that best client outcomes are achieved.

⁵ Information from the Department notes that unaided clients who do have a 4FAHL of 26 dB would be eligible for annual reviews.

- Some groups raised concerns about the two-year eligibility for maintenance auto-payment, indicating that although some services are not claimed for, they may still be seeing 'active' clients which they would not receive maintenance for should a claim (e.g. clinical session) not be made within two years of a fitting.
- Related to this, some groups raised that due to the nature of some of their clients, it was not always possible for clients to attend an annual clinical session, which would affect their ongoing eligibility for maintenance payments.
- The sector raised concerns about the impact of the quarterly maintenance payments on cash flow for providers. Specifically, concerns were raised about the change to payments being in arrears and the potential impact on provider's financial status.
- Providers also voiced the need for a clearly defined scope of maintenance, highlighting a lack of clarity about the items such as major repairs, rechargers, and other expenses. They noted that the client journeys presented in the accompanying consultation materials did not factor in the number of times a client will present at the clinic seeking help with various problems, including blocked wax guards, unresponsive receivers, and connectivity issues with phones and TVs.

Relocated maintenance, and mobile clients

- Concerns were raised about the impact of removing relocated maintenance service items, and how the proposed auto-payments would work for clients who change location and/or providers. If a client requires hearing aid repairs that are costly, but is someone who frequently transfers between providers, then the new provider would receive the quarterly maintenance auto-payment rather than the provider who provided the service. This situation can lead to significant expenses for smaller providers, including staff time, postage, and repair costs, which are not covered by current reimbursement structures. If too many of these cases occur, it could force some clinics to close due to running at a financial loss.
- A few providers suggested doing a deeper review on relocated maintenance as it significantly impacts smaller and more remote providers, citing also that removing the major repair item and higher repair costs for these smaller providers add to the financial strain.

BTE dispensing fees

- There were strong objections to the removal of the BTE dispensing fee from some providers and practitioner groups, given that BTEs require additional services (ear moulds) at fitting.
- A suggestion from the sector was made to consider higher maintenance amounts for BTEs if the BTEs fees exclusion remained to cover the cost of ear moulds.

[Theme 3] The impact on the financial viability of specific segments of the hearing services sector, and the administrative burden and resourcing costs.

Impact on smaller providers

- Feedback from smaller providers highlighted that they face competitive disadvantages compared to larger organisations with greater scope and vertical integration with manufacturers.
- Repair and maintenance expenses are particularly sensitive for smaller and remote providers, as is the absence of economies of scale. Some providers highlighted the difference, whereby repairs represented costs to smaller providers, but is revenue for the vertically integrated providers as smaller providers would need to send devices back to the manufacturers⁶.
- One of the cost challenges shared by providers is when a client needs their hearing aid replaced or repaired. For example, existing program rules don't allow providers to charge for loan devices, yet the

⁶ Vertically-integration providers will have a repair service through the manufacturer, which is likely to be quite cost-effective. Smaller providers will be required to ship a device to a third party (manufacturer) and may be charged full retail pricing for repairs

Department requires providers to provide loan devices where appropriate. This situation highlights the financial strain on small providers and the need for program adjustments to support them.

Rural, remote, and other thin markets

- Providers and clients in thin markets (e.g. rural and remote areas, or non-English speaking background) face unique challenges. These include financial viability issues and different market conditions and sizes. There was strong feedback from the sector that potential industry consolidation could shrink the independent sector, which would negatively impact consumers, especially in thin markets.
- Remote-area providers provided feedback on how existing models of care may be impacted by the proposed changes to fittings and follow up. Providers in these areas may only visit regional or remote locations on a monthly basis and hence expressed concern that if the next visit did not coincide with the proposed four-week threshold, then it would be additional delays and administrative burden in subsequent claiming.
- Additionally, some regional locations often face higher repair costs due to environmental factors like heat and humidity. They recommended tailored solutions, such as regional loading for repair costs, to ensure services remain sustainable in these areas.

[Theme 4] The program's focus and approach are heavily device-centric with prescriptive requirements, impacting patients' experience and outcomes.

Client outcomes and experiences

- The sector highlighted that supporting client hearing goes beyond devices and claims, and that there were other touchpoints that are not captured in the current claims data, especially early after a client is assessed and/or fit with a device.
- The sector's feedback was that the evidence requirements for the Hearing Services Program (HSP) are too restrictive, limiting practitioner's ability to provide clients with the most suitable devices and services. These issues highlight the need to simplify and update the evidence requirements to better align with current clinical practices and client needs. Greater flexibility would allow providers to recommend the best pathways for their clients without being restricted by rigid evidence requirements.
- It was also highlighted that an ongoing issue for clients is that information about the HSP was not sufficiently available and transparent to clients and their family members. Many clients do not understand how the Voucher Scheme may support them, and instead get their information through their provider directly.

Timing of the follow up service

- Across all the consulted groups, the proposed follow up period (four weeks minimum after a fitting) was viewed as too long. It was suggested that two weeks was a more appropriate timeline (i.e. follow up can occur between two and twelve weeks after the fitting).
- Both clinicians and providers acknowledged that services could be delivered before the follow-up service could be claimed, but highlighted that this may create additional administrative burdens and resource challenges. These concerns highlight the need for a more flexible follow-up timeline to ensure timely and effective client support.

Impact on current clients under the Community Service Obligations (CSO) scheme

- The CSO scheme was outside the scope of this review, but some stakeholders highlighted concerns that the proposed eligibility criteria for maintenance will negatively impact existing clients who are also part of the CSO.

- Additionally, specialist adult clients may receive maintenance services through the CSO scheme rather than the Voucher scheme. This may subsequently affect the allocation of CSO funding, and potentially reduce resources available for other CSO-only clients.

[Theme 5] For successful change management, continual co-design with the sector, a deeper understanding of consumers, transparent communication, and continuous education are essential. The proposed HSP program should be developed through ongoing feedback and collaboration with the sector.

Anticipation of new portal

Stakeholders raised concerns about the new portal build. These included:

- Concerns about the timing of entering data before the cut-off date to receive payments, especially maintenance payments, which would impact cash flow; and
- Integrating information management systems with the new portal, which may create administrative burdens and may require additional user training.

The need for further consultation about the proposed changes

- Providers suggested deeper consultation and collaborative workshops were required to develop solutions.
- Consumer representatives recommended making hearing information more accessible and providing better digital tools and unbiased information to help consumers make informed decisions. This could reduce delays in seeking help and promote social inclusion.
- Additionally, webinars for administrative staff can explain cost changes, and maintaining a change log or communicating updates on service items and fees will keep the sector informed.