



# Commonwealth Home Support Programme (CHSP) – Frequently Asked Questions – 13 March 2025 Webinar

This fact sheet answers some frequently asked questions raised at the 13 March 2025 webinar about the current arrangements and changes to CHSP from 1 July 2025.

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## **CHSP funding arrangements**

### **What are the funding arrangements for providers from 1 July 2025 and will services be delivered under a fee-for-service model?**

The CHSP will remain a block grant funded program from 1 July 2025 to 30 June 2027.

The program will not be fee-for-service. Providers will continue to be grant funded to deliver services as per their grant agreement. The payment in arrears arrangement remains.

The 2025-27 extension process is not an opportunity for providers to request additional funding.

### **Will CHSP clients need to manage a budget and be means tested from 1 July 2025?**

No. CHSP clients will not be means tested. The existing client contribution arrangements will remain for the 2 year extension and providers will be grant funded to deliver services to clients. Clients will be expected to pay a contribution towards the cost of their service, as per the provider's client contribution policy.

### **Will the CHSP move to a single provider model from 1 July 2025, meaning less choice for clients?**

No. Older people assessed as eligible for the CHSP will continue to receive referrals for their CHSP services and be able to choose which local CHSP provider they want to deliver their services. Clients can choose to have their referrals sent directly to their provider of choice, or they can or can contact providers directly to arrange service delivery. CHSP clients can continue to access different providers depending on their needs.

## **CHSP 2025-27 extension process**

### **Will Aged Care Planning Regions (ACPR) still apply?**

The CHSP is funded across ACPRs across Australia, and this will continue to apply in the 2 year extension from 1 July 2025 to 30 June 2027.

### **How do providers know if they can continue to provide services from 1 July 2025? How do they respond to the grant opportunity?**

The CHSP 2025-27 Extension grant opportunity (GO7466) opened on 22 January 2025 and closed on 30 April 2025. Existing CHSP providers have been provided with an Invitation to Apply outlining the services, funding and outputs across ACPRs that will be included in the new agreements. The formal grant agreement offers will be offered from May 2025.

### **Can new companies apply for CHSP grants now?**

No, there are currently no available grant funding opportunities. In order for an organisation to become a CHSP provider, they must apply for and enter into a grant agreement with the Department of Health, Disability and Ageing. In the 2 year transitional period from when the *Aged Care Act 2024* (the Act) begins on 1 July 2025 to when CHSP will transition to the Support at Home program no earlier than 1 July 2027, CHSP providers will maintain their grant agreements.

Any future growth funding opportunities for organisations to become CHSP providers will be advertised on the Grant Connect website at [www.grants.gov.au](http://www.grants.gov.au).

## **Can providers still use flexibility provisions?**

CHSP providers can use flexibility provisions when there is a demonstrated need (e.g. through My Aged Care referral requests). Service providers that use flexibility provisions to establish funded service types in an ACPR must keep a minimum of a 50% footprint for the relevant service type in the ACPR, as detailed in the [CHSP Manual 2024-2025](#). The flexibility provisions allow providers to respond to changes in demand for services by reallocating funds between funded services and ACPRs.

There are rules governing the use of flexibility provisions to make sure that service gaps are not created, and to maintain compliance with performance reporting requirements.

From 1 July 2025, we are looking to narrow the flexibility provisions so that funding for home adjustments, equipment and products and specialised support services cannot be moved in or out of the service type without written approval. These are the same conditions that already apply to hoarding and squalor assistance and sector support and development. Further information will be available in the CHSP 2025-27 Manual when it is published.

## **Unit pricing**

### **Will there be an opportunity to negotiate unit prices?**

From 1 July 2025, the national unit price ranges will continue, with standard indexation applied annually for the 2 year contract. The 2025-27 extension process is not an opportunity to request additional funding.

### **Will the Independent Health and Aged Care Pricing Authority (IHACPA) undertake separate engagements for CHSP unit price funding?**

IHACPA's role in providing independent aged care pricing advice for the Support at Home program aims to ensure aged care funding is directly informed by the actual cost of delivering in-home aged care services. Further information can be found on the department's website under [Support at Home pricing resources](#).

Current in-home aged care programs will continue to operate under existing arrangements until they transition into the Support at Home program.

From 1 July 2025, the CHSP national unit price ranges will continue, with standard indexation applied annually for the 2 year contract.

### **How is the department supporting nurses following the recent Fair Work Commission aged care wage decision?**

The Australian Government supported the Fair Work Commission's 6 December 2024 decision on the Aged Care Work Value Case for further increases to award wages for aged care nurses.

CHSP providers funded for nursing services received an indexation boost from 1 March 2025 via a Notice of Change to their existing grant agreements. CHSP providers funded in 2025-27 for nursing will receive a Notice of Change to their grant agreement from 1 October 2025 and 1 August 2026. Read more about [better and fairer wages for aged care workers](#).

## **Provider relinquishments**

### **What supports are available to providers who are considering relinquishing funds?**

CHSP providers should contact their Funding Arrangement Manager for any support and guidance with their grant agreement and service delivery concerns.

It is a requirement for providers to give a minimum of 5 months notice from the date of the first draft transition out plan being provided to the Funding Arrangement Manager and the department, regardless of whether it is a partial or full relinquishment. This is to ensure clients continue to receive the same quality and delivery of services when a provider transitions out. Further information is available in the [CHSP 2024-25 Manual](#).

### **How can providers that are relinquishing CHSP services, either fully or partially, assure their clients they will continue to receive CHSP services?**

The department undertakes a rigorous selection process to identify incoming providers when a provider relinquishes their services and funding, either fully or partially.

The selection process takes into account provider performance against the relevant service type and/or service level, experience in the relevant locations, similarity in service models to the outgoing provider, existing relationships with the outgoing provider or their client cohort in the relinquishing area and overall performance and compliance with their current funding agreement.

Outgoing CHSP providers should remain in contact with the incoming provider to ensure there is regular communication with clients and continuity of service provision.

### **Why do providers need to provide the department with five months notice of their intention to relinquish their CHSP funds?**

It is a requirement for providers to give a minimum of 5 months notice from the date of the first draft transition out plan being provided to the Funding Arrangement Manager and the department, regardless of whether it is a partial or full relinquishment. This is to ensure clients continue to receive the same quality and delivery of services when a provider transitions out.

### **Do exiting CHSP providers have any input in the selection of incoming providers? Can exiting providers retain some CHSP funding for other service types?**

Exiting CHSP providers can provide information about preferred providers or an existing relationship or subcontracting arrangement with other local providers, which the department may consider through the selection process.

The department undertakes a rigorous selection process to identify incoming providers when a provider relinquishes their services and funding, regardless of whether it is a partial or full relinquishment. CHSP providers can either partially or fully relinquish their funding and this is an internal decision by the provider. The decision on the selection of alternative providers as part of the selection process is solely at the discretion of the department's delegate.

## CHSP service list changes

### Is the service list changing from 1 July 2025?

From 1 July 2025, there will be a standardised service list across all in-home aged care programs, with some exceptions.

Under the CHSP there are slight differences in the naming conventions of the services. For example, Domestic assistance will remain a service type name; general house cleaning, laundry services, and shopping assistance are services that sit within this service type. For further information, see the CHSP service catalogue under [CHSP extension resources](#).

### What are the notable changes to services from 1 July 2025?

**Home adjustments:** The CHSP service type Home Modifications has been re-named to Home adjustments from 1 July 2025 to align with the new Act service list. Clients will also be eligible for up to \$15,000 towards the cost of their home adjustments per financial year.

**Social support and community engagement:** This new service type will capture the previous supports provided under Social Support Individual, Social Support Group, and Client Advocacy services.

**Allied health and therapy services:** Responses from the 2024 CHSP Allied Health and Therapy Services Provider Survey informed changes to the services offered under Allied health and therapy services from 1 July 2025. Some services have been removed and remapped against other services under both Allied health and therapy services and Therapeutic services for independent living.

### Can providers deliver new Therapeutic services for independent living?

Yes, if providers are funded for this service type. The department is continuing to work with providers whose services have been mapped to the new Therapeutic services for independent living service type as part of the 2025-27 extension process. If your organisation has concerns or needs further assistance, please contact your Funding Arrangement Manager.

### What are the changes to Flexible respite and Centre-based respite services?

From 1 July 2025, Flexible respite and Centre-based respite services will be mapped into the new Home or community general respite service. There has been no reduction in overall funding with this mapping exercise and the unit price range for the Home or community general respite service incorporates the lowest unit price of centre-based and the highest unit price of flexible respite.

Whilst there has been a slight adjustment for providers funded for both services, there has been no reduction in overall funding or increase in outputs. Providers will be able to report against the sub service types through DEX, allowing for service provision justification against the funding.

### Will centre based meals be meals delivered from 1 July 2025?

The new Meals service type will include meal delivery and meal preparation. Providing meals to CHSP clients at home, in a centre or in another setting has a range of benefits, including informal health monitoring of clients and supporting social engagement. Centres may include, but are not limited to, senior citizen centres and other community-based venues.



### **Does the wellness and reablement model still apply?**

As part of the 2 year extension, CHSP providers are expected to continue delivering services and applying a wellness and reablement approach to ensure services focus on helping clients to achieve their agreed goals as outlined in their support plan. Providers will continue to submit an annual wellness and reablement report. Further information will be available in the CHSP 2025-27 Manual once published.

### **When will there be further consultation on the Specialised support services (SSS) categories?**

The department will transition SSS services to other CHSP service types as part of the 2025-27 CHSP extension to streamline service delivery and promote a more effective and efficient approach to funding these aged care services. SSS providers will have their services realigned, where possible, to more appropriate services such as Allied health and therapy services, Social support and community engagement, Nursing care or Personal care. When providers receive their indicative agreements, some existing SSS services will have been remapped into other CHSP service types for 1 July 2025.

Where a SSS provider is unable to realign their services, they will continue to receive funding for one year through SSS, under a separate schedule in the CHSP agreement. During this time, the department will work with these providers to determine the best approach to proceed with these services. There will be opportunities to continue targeted discussions through consultation opportunities for SSS from mid-2025.

### **Will the SSS consultations be done on a one-to-one provider basis or collectively?**

Consultations will be done collectively from mid-2025. SSS vision advisory and dementia advisory services providers will receive an invitation to consult with the department.

### **Is there any additional information about the future of Sector Support and Development (SSD) beyond 30 June 2026?**

The department is working on a new in-home aged care sector support system to replace the current SSD after 30 June 2026. In-home aged care providers and aged care peak bodies will be encouraged to participate in the consultation process. The proposed design will focus on supporting capacity building, better enabling the carer workforce and volunteers and having more structured funding for peak bodies and sponsorship arrangements. This is subject to Government agreement and should it be agreed, will be implemented through grants and made available through a grant opportunity.

### **How can providers get more information on SSD?**

The Supports for Providers of Aged Care: Expertise Directory (SPACED) is an online tool to connect CHSP providers with available supports and services offered by SSD providers. SPACED is designed to assist CHSP providers to better understand what supports exist, where and how to access them, and who to contact for more information. Information can be found on the department's website under [SPACED](#).

**The CHSP 2024-25 Manual currently lists 6 defined circumstances for Home Care Package care recipients to receive CHSP services. Will these circumstances remain from 1 July 2025?**

Information on program interactions with the CHSP will be available in the CHSP 2025-27 Manual once published.

## **DEX reporting changes**

**Will providers need to collect the My Aged Care client ID (MAC ID) and will it be captured in DEX?**

All CHSP providers will need to collect client My Aged Care IDs in their client management systems from 1 July 2025 until this reporting function is available in DEX. Further advice is available in the [DEX Exchange toolkit \(Stage 1\)](#) and the [Data Exchange Dictionary \(Stage 1\)](#).

**When will the DEX IT (technical) specifications be known?**

Further advice is available in the [DEX Exchange toolkit \(Stage 1\)](#) and the [Data Exchange Dictionary \(Stage 1\)](#).

**How much time do providers have to update systems to reflect the DEX reporting changes?**

The technical specifications for bulk file upload will not change for the 1 July 2025 Stage 1 implementation of DEX as no structural build changes (schema changes) are being made to the DEX system. However, providers must be aware the names of DEX Program Activities and DEX Service types will change. The detail of these changes is available in the [DEX Exchange toolkit \(Stage 1\)](#).

Provider systems will need to prepare XML files that align with the new Program Activity names and Service types. Organisations are responsible for downloading this reference data and using them in the XML file that is uploaded to the Data Exchange. The detail of this process is described in [Bulk File Upload Technical Specifications – October 2024](#).

**Will providers be expected to continue reporting outputs as per the current CHSP service catalogue?**

Yes. CHSP providers are expected to report monthly on their performance as per their funded service types as outlined in their grant agreement. The existing CHSP services have been remapped to the new service names from 1 July 2025.

**Will the new CHSP service names be reflected in the My Aged Care portal?**

As part of the changes from 1 July 2025, the new CHSP service names will be reflected in the My Aged Care portal.

**Are there any changes to financial reporting or will this be the same as previous years financial reporting milestones?**

The financial report will remain as an annual financial declaration of the use of CHSP funds against the program and on clients who have been approved as eligible to access aged care services.

## CHSP provider regulation

### Why do providers need a new regulatory framework?

The new regulatory model sets out the rules for how the sector will operate under the Act. This includes more protections to make sure that aged care in Australia is safe for older people and of a high quality, placing the older person at the centre of the aged care system.

CHSP providers can access additional information through [The new regulatory model – Guidance for CHSP providers document](#).

More information on provider obligations is available as part of the Draft Rules consultation process under the [Consultation on the new Aged Care Act](#).

### Will the new Aged Care Code of Conduct apply to the CHSP from 1 July 2025?

From 1 July 2025, the CHSP will be regulated under the Act. Under the Act, the Aged Care Quality and Safety Commission (the Commission) will be responsible for monitoring and auditing providers' compliance with the Code of Conduct for Aged Care and taking a proportionate regulatory response, which may include enforcement activities.

This will include CHSP providers. Further information is available on the Commission's website under [Reform changes for providers](#).

### Is there a cost for the deeming process for providers?

No, there is no cost. CHSP providers will be automatically deemed as registered providers on commencement of the Act from 1 July 2025.

### What steps are being taken to ensure the new regulatory framework does not impose undue administrative burden on small and community-run Aboriginal and Torres Strait Islander aged care providers?

The new regulatory model is not intended to increase the regulatory burden on aged care providers. In fact, it will streamline the process for providers through universal registration and consolidated obligations.

CHSP providers will have a single registration, even where they deliver services across multiple programs, and obligations will be consolidated according to the registration categories.

CHSP providers can access additional information through [The new regulatory model – Guidance for CHSP providers document](#).

### What obligations will CHSP providers have regarding client reviews? Will reviews for all clients still be required annually?

CHSP providers are expected to undertake a review of client's services at least every 12 months. Where a client's needs change in the meantime, the CHSP provider or the client can request a Support Plan Review with an aged care assessor who will determine if additional services are needed.

The requirements for client reviews will also be outlined in the service agreement and care and services plan between the provider and the client. CHSP providers will still be expected to continually monitor changes in client needs and regularly review support services. Further information will be available in the CHSP 2025-27 Manual once published.



Clients can talk to their provider or contact the My Aged Care contact centre to request a Support Plan Review. My Aged Care can be contacted on 1800 200 422 between 8:00am and 8:00pm on weekdays and between 10:00am and 2:00pm on Saturdays.

### **What are the clinical governance requirements at the lower end of CHSP?**

Information about the current clinical governance framework for aged care providers delivering clinical care can be found on the Commission's website under [About clinical governance](#).

From 1 July 2025, the CHSP comes under the Act. This means that CHSP providers will be regulated by the Commission – meaning that obligations, conditions and reporting requirements will be specified in law rather than under the grant agreement.

The Commission will register CHSP providers from 1 July 2025. Providers registered in categories 4, 5 and 6 will be subject to audit against the Strengthened Quality Standards and required to comply with relevant obligations including clinical governance requirements outlined in Standard 5.

Providers registered in categories 1, 2 and 3 will be required to comply with all relevant provider obligations associated with their registration category. Further information about the role of the Commission for each provider registration category will be available on the Commission's website under [Reform changes for providers](#).

### **If a support worker already has a National Disability Insurance Scheme (NDIS) worker screening check, do they have to have another one?**

Information about the worker screening requirements for CHSP providers will be available in the CHSP 2025-27 Manual once published. Additional information is available under [aged care workforce screening requirements](#).

## **CHSP transition to Support at Home**

### **Is the CHSP transitioning to Support at Home on 1 July 2025?**

No. From 1 July 2025, Support at Home will replace the existing Home Care Packages Program and Short-Term Restorative Care Programme. The CHSP will transition to Support at Home no earlier than July 2027.

### **Can CHSP providers deliver services under Support at Home?**

CHSP providers will not automatically be able to deliver Support at Home services. Current CHSP providers will be able to provide the CHSP services that are outlined in their funding agreement. In the lead up to the transition to Support at Home no earlier than July 2027, there will be a transition guide for CHSP providers that will specify transition arrangements and preparation for providers.

### **Can a CHSP client be assessed for the Support at Home program prior to 2027?**

Clients currently accessing CHSP will continue to receive services until the program transitions to the Support at Home program no earlier than July 2027. Any new clients assessed for CHSP services will be able to receive CHSP services from 1 July 2025. If a CHSP client's needs are re-assessed as more complex, they may be eligible for Support at Home or other services.

## **What happens when a CHSP client's needs change and they don't want to engage with Support at Home?**

Where a client's needs are beyond the scope and intent of the CHSP, providers should work with these clients to undertake a Support Plan Review to ensure their care needs can be met. Where a client refuses to undertake a re-assessment of their care needs, they can continue to receive entry level services through the CHSP, noting these services will be provided as basic services and not at the level of care they may need. The CHSP is not designed to provide more complex care, which may be delivered through the new Support at Home program.

## **CHSP client support and transition**

### **Why do clients need an aged care assessment?**

An aged care assessment is crucial for accessing government-funded services because it determines eligibility and care needs, ensuring that individuals receive appropriate support. It helps tailor care plans to individual circumstances, and identifies the specific services needed to maintain independence at home and in the community. CHSP providers should be working with existing clients that are unassessed and unregistered to support them in getting an assessment before 30 June 2025. This will determine their eligibility to continue receiving government-funded aged care services from 1 July 2025. Further information and support material is available under [CHSP Reforms](#).

### **How can providers help an older person to become registered?**

CHSP providers can help with the My Aged Care registration process by calling My Aged Care with the person to help them register and be screened. This will generate a My Aged Care Identification number for them. The quickest way to register a client is to record client details in the [Make a Referral tool](#).

### **Will current clients continue to receive CHSP services from 1 July 2025?**

Clients will continue to receive their current CHSP services if they have been assessed as eligible for CHSP. From 1 July 2025, older people being assessed (or-reassessed) for in-home aged care services will be assigned to a support class.

This will determine whether a person receives care through the CHSP or Support at Home. The range of support classes reflect different physical and cognitive needs and levels of functional independence.

We are supporting current CHSP clients who have not had an aged care assessment to get an assessment before the Act commences on 1 July 2025. Further information is available under [CHSP Reforms](#).

### **What if an older person is in need of an urgent service?**

An older person can still apply for urgent services by calling My Aged Care, visiting Services Australia or applying for an assessment online. My Aged Care can send urgent service referrals directly to a CHSP provider if the older person meets the urgent service criteria – i.e. immediate health or safety intervention is required, or services are unavailable through other means. These services may include nursing, personal care, meals, grocery shopping and transport.

GPs and hospitals should use their existing processes and networks to refer patients who need urgent CHSP services. My Aged Care should not be used for referrals for services that should be provided to older people through the health system.

**Clients accessing emergency services may already have a My Aged Care assessment. However, this is not visible. What do providers need to do?**

If the provider is unsure whether the client has been registered and assessed, or do not have a record of the My Aged Care ID, please call My Aged Care contact centre to confirm this. If the client is not registered and assessed, you will need to support them to register and apply for an assessment, in accordance with the communication documents provided by your Funding Arrangement Manager. Please refer to the [Provider factsheet – Supporting unregistered and unassessed CHSP clients](#) for more information.

**Where clients were grandfathered and their care needs have not changed, do they need to have an assessment?**

All CHSP clients, including grandfathered clients, are required to have an assessment to develop a Support Plan that outlines care needs and relevant CHSP service referrals. If a grandfathered client has never had an assessment for the CHSP then they should do so to ensure current service needs are being met.

CHSP providers have a responsibility to regularly review a client's progress against their individual goals and should refer the client to an aged care assessor for a Support Plan Review or reassessment if their needs change.

**Do all of my unregistered and unassessed client need to complete an assessment by 30 June 2025?**

For unassessed clients who may require services on a less regular basis, they can be registered and assessed when they require their next services, which may be before or after 30 June 2025.

Once a client has been assessed, they will be given codes to give to their provider for the services they are eligible for. Providers should not be providing services to clients after 1 July 2025 that are not registered and assessed.

**Will CHSP providers receive more funding to support clients to access My Aged Care?**

There are currently no plans to provide additional funding to CHSP providers to support their clients to access My Aged Care. It is an existing program requirement that clients should be registered on My Aged Care and assessed before they received CHSP subsidised services. This will continue to be the case from 1 July 2025 when CHSP comes under the new Act.

**Will the additional reporting of the My Aged Care ID in DEX impact my client's privacy?**

No. Each provider's client management system should have processes in place to protect the privacy of their clients.

**What if my client is changing providers?**

Those with existing CHSP referral codes who need to move providers will be supported to obtain a new referral code to use with their local CHSP provider to access services.

### **Will the department be undertaking another CHSP grandfathered client data collection exercise?**

No. CHSP providers must work with any of their unregistered or unassessed clients to ensure they are registered with My Aged Care and have undertaken an assessment. This will determine their eligibility to continue receiving government-funded aged care services from 1 July 2025.

### **Do people on waitlists have to be registered with My Aged Care by 1 July 2025, or only those people who are currently receiving services?**

CHSP providers are not encouraged to accept a client's referral to their internal waitlist if services are not imminently available as this can prevent other local CHSP providers with capacity from meeting client needs. Whilst some CHSP providers do offer waitlists, this is an internal business decision as to whether this is an appropriate option.

If a provider has clients on a waitlist and they are not eligible to receive CHSP services, they will need to have an assessment prior to 1 July 2025. All clients seeking access to subsidised CHSP services must have been assessed as eligible to receive those services.

Where a provider is unable to provide services to a client, they should refer the client back to My Aged Care for assistance with finding another local available provider.

### **What if my client's needs have changed?**

CHSP providers should work with My Aged Care and the client when their needs change, to transition them to more appropriate services where possible. Where a client's service needs have increased or changed and their needs are beyond the scope of the CHSP, they must be referred to My Aged Care for a reassessment of their care needs.

### **Does someone with CHSP services need to have their support plan reviewed?**

CHSP providers are expected to undertake a review of services every 12 months. Where a client's needs change in the meantime, they can request a Support Plan Review with an aged care assessor who will determine if additional services are needed. Clients can talk to their provider or contact the My Aged Care contact centre to request a Support Plan Review. My Aged Care can be contacted on 1800 200 422 between 8:00am and 8:00pm on weekdays and between 10:00am and 2:00pm on Saturdays.

### **Can a client currently accessing the NDIS also access supports through the aged care system?**

Where a participant receives NDIS funding, they can continue to access these supports through the NDIS. NDIS participants can receive CHSP services where they meet the eligibility requirements for CHSP and there is no duplication between the CHSP and NDIS services.

## Where to find more information

[Aged care reforms](#)

[Support at Home](#)

[Aged Care Act 2024](#)

[Aged care regulation](#)

[CHSP Reforms](#)

[CHSP 2025-27 extension and reforms update webinar](#)

[CHSP Resources](#)

[Better and fairer wages for aged care workers](#)

[Webinars for the aged care sector](#)

**Providers can stay up to date with the reforms and program changes by subscribing to the aged care newsletters and updates.**

**Information is available at**

**[www.health.gov.au/using-our-websites/subscriptions/subscribe-to-aged-care-newsletters-and-alerts](http://www.health.gov.au/using-our-websites/subscriptions/subscribe-to-aged-care-newsletters-and-alerts).**