

# Proposed changes to Commonwealth Home Support Programme (CHSP) Data Exchange (DEX) from 1 July 2025

This fact sheet outlines what CHSP providers need to know about the proposed changes to reporting requirements to reflect service list changes and provide greater program assurance.

### What do these changes mean for CHSP providers?

From 1 July 2025, DEX reporting requirements are changing to ensure services align to the proposed CHSP service list and improve visibility of services being accessed by clients. The changes will require systems updates by providers.

#### **Program assurance**

From July 2025, providers will need to accurately report services delivered in accordance with their registration category and CHSP grant agreement. Data is critical for compliance activities and ensures funding is spent efficiently and effectively, and for funded services.

It also provides assurance to the department that providers can provide high-quality, safe, and consistent care to eligible older people who wish to remain in their own homes. The department can use the data to better understand how clients interact with the entire aged care system.

### All clients must have a My Aged Care ID

Appropriate compliance and reporting measures provide the department with assurance that eligible older people are receiving CHSP services that meet their care needs.

The new Aged Care Act requires that aged care services be provided to assessed and eligible older people. This means all older people receiving services should have a My Aged Care ID, including those in the CHSP. This is not new policy for CHSP, however, we are now taking further steps to ensure providers are meeting their obligations.

From 1 July 2025, providers will need to record services delivered against a client's My Aged Care ID and report this to the department as part of their monthly DEX reporting. Other than in cases of short-term or emergency access, all new clients from 1 July 2025 should have a My Aged Care ID which accompanies their service referral when receiving ongoing CHSP services.

The department is aware that My Aged Care IDs may not have previously been collected by providers. The department will work with providers and clients to register all clients on My Aged Care during the 2025-2027 grant period. There may be additional assurance and compliance activities put in place and the department will support providers through these changes.

#### **DEX reporting is still required between 2025-27**

Submission of a monthly DEX performance report will continue to be a mandatory requirement for all CHSP providers (except those who only deliver Sector Support and Development) once the new Act takes effect from 1 July 2025. Failure to submit the performance report may affect the release of a provider's next payment.

#### There may be changes to the service list in DEX

Pending the outcomes of service list consultations, the DEX will be updated to ensure that CHSP providers are able to report against the new service list, including the new terminology outlined in the legislation.

Instead of the current reporting at the service type level (domestic assistance), providers will be prompted to report at the service level (cleaning, laundry). Most of the updates relate to naming conventions for services, with additional adjustments for allied health, meals, and transport services.

We are also proposing to include additional reporting fields:

- no shows or cancellations
- social engagement time, for clients receiving meals and transport, to inform policy and quantify social engagement with clients during service delivery
- My Aged Care ID
- recording if a volunteer delivered the service
- recording if the service was delivered by a sub-contractor.

A summary of the proposed changes is available at **Appendix A**. The department will provide further information on the necessary IT-related changes as soon as possible.

#### Meals, transport and respite reporting framework

The proposed Meals and Transport reporting frameworks will change the way providers report. Additional DEX reporting for meals and transport will provide information and data on the time spent with clients, use of volunteers, and will help to inform the policy development of consistent definitions and pricing structures. Examples of the new outputs include:

- **Transport:** Number of one-way trips per person (trip distance in kilometres and time travelled, including service complexity, no shows, duration, and social engagement)
- **Meals:** 6 output types for meals delivered (including subcategories, e.g., if the meal is texture modified), and with social engagement or 'drop & go'. Each course/drink in a meal is recorded as a separate output.

For more detail on these proposed changes please, see Appendix A.

#### Providers who also deliver respite services

We would like to capture all instances where meals services are provided during a respite service. This means the additional meals reporting requirements will also apply to all respite services so that a broader range of information can be captured.

#### What do providers need to do?

We will continue to work closely with aged care service providers, older people, and everyone connected to the aged care system to ensure that the transition to new CHSP arrangements happens as smoothly as possible.

In the meantime, there are several actions that providers can take to get ready for 1 July 2025:

- **Review** the proposed reporting requirements (Appendix A)
- **Make your staff aware** of the changes that are coming from 1 July 2025, including the introduction of a new Aged Care Act and the Support at Home program
- **Plan to make changes** to your systems, business processes and policies in relation to the CHSP in coming months
- Assure your existing clients that CHSP services are continuing
- **Monitor communications** from the department to stay across the latest information as it becomes available.



# **Appendix A: Summary of DEX changes**

#### Definitions

| Basic Session Details                                    |   |
|--|---|
| MAC Registered Client                                    | The client is registered with My Aged Care and can provide an ID number.  |
| My Aged Care ID  | This field is designed to capture the client's unique identifying number (begins with the letters AC, followed by 8 digits)<br>If the client cannot provide a My Aged Care ID, leave the field blank.   |
| No show  | This field is designed to capture CHSP clients who did not receive their scheduled service.<br>If a client cancels a service within 24 hours and the provider does not get a replacement booking, this will be recorded<br>If a client cancels more than 24 hours before the service is due to be provided, this does not count as a no show as the<br>the vacancy. |
| Time (Hours:Minutes)                                     | This field is designed to capture the total time (recorded in hours and minutes in 15 minute increments) as actually de home maintenance/repairs and home mods, labour time). When recording a session for a client in the event of a no show, the time/output recorded should reflect details of the a   |
| Engagement time spent with client (minutes)              | Additional time spent with the client outside the standard service delivery allocation. For example, having a conversati informal welfare check.  |
| Was this session delivered by a sub-contractor?          | This field is designed to capture if the session was delivered by a sub-contractor that invoices the primary provider for When recording a session, select yes if a sub-contractor delivered the session.   |
| Was a volunteer involved in the direct service delivery? | This field is designed to capture if the session was supported by an unpaid volunteer.<br>When recording a session, select yes if an unpaid volunteer assisted to deliver the session.  |
| Client contribution                                      | This field is designed to capture the amount the client contributed to the delivery of the service.<br>When recording a session, enter the actual client contribution amount in dollars and cents.  |
| For services that provide Equipment and Products         | and/or Home Modifications   |
| Quantity   | For Assistive Technology, the number of equipment and products purchased or loaned that provide short-term and on completing daily activities e.g. mobility, communication, reading and personal care.  |
| Type of modification                                     | <ul> <li>Home modifications provided that improve safety, accessibility and independence within the home environment for the</li> <li>Toileting products</li> <li>Bathroom products</li> <li>Light fixtures</li> <li>Supporting handrails and grab bars</li> <li>Construction elements in homes</li> </ul>  |
|  | <ul><li>Vertical accessibility</li><li>Safety equipment for homes and other premises</li></ul>  |

Appendix A: Summary of DeX Changes

its) that links to their My Aged Care account.

led as a no show. the provider should have sufficient time to fill

delivered for the relevant service (e.g. for

e appointment were it to have occurred.

ation or a cup of tea, or undertaking an

for services delivered.

ongoing support to clients in independently

the client - Fields are:

| Basic Session Details                                  |   |
|--|---|
|  | <ul> <li>Furniture for storage</li> <li>Mechanical products for operation and controlling devices</li> <li>Gate, door, window and curtain openers/closers</li> <li>Electronic products for operation and controlling devices</li> </ul>                                     |
| Total Cost (\$) (excl client contributions)            | Equipment and Products: Total product cost of purchasing/delivering/installing the equipment/product. Excludes clier  |
|  | Home Modifications: Total cost of the Home Modification as quoted to the client. Excludes client contributions.   |
| For Services that provide transport                    |   |
| Number of one way trips                                | Pick up of the client from the agreed location and arrival at their end destination. Any stops in between are not counted   |
| Group or Individual                                    | An Individual trip is where no other person is transported concurrently. In this instance, 'other person' includes people r<br>another government program (for example within the aged care system or the NDIS). A carer is not considered another                          |
|  | A Group is 2 or more people transported concurrently, where at least one person has a MAC referrals. Carers are not o   |
| if Group, Unique identifier                            | A Unique Identifier for the group trip, as determined by the provider. Used to group individual sessions into a group ses   |
| Carer  | Someone who is travelling with the client to provide personal care, support, and assistance.  |
| Trip distance (km)                                     | Kilometres rounded to the nearest kilometre travelled from the agreed pick up location to the client's end destination.   |
| For services that provide respite                      |   |
| Respite Setting (e.g. At Home or At Centre)            | Delivery settings for respite services are set as the client's home or at a centre. At home includes host family and other  |
| Day  | Respite services provided between the hours of 9:00am and 5:00pm (Yes/No)   |
| Overnight  | Respite services provided between the hours of 5:00pm and 9:00am (Yes/No)   |
| For services that provide meals                        |   |
| Meal Delivery Setting (Home, Community)                | Meals can be delivered to the client's home, or a centre. Centres may include, but are not limited to, senior citizen centre. This does not include respite programs, where meals should be reported under a respite session.   |
| Any meals cooked onsite or offsite?                    | The meal has either been prepared and cooked at the provider's location or it has been prepared and cooked at an externation for distribution to clients.   |
| Are there any items texture modified? (e.g. Yes or No) | Where a meal is provided as part of a service, this field is designed to capture if the meal's texture was modified.<br>When recording a session, select yes if meals were prepared in a different method to change the consistency and make<br>puree or mashed vegetables. |
| Main meal (per delivery)                               | This field is designed to capture the quantity of main meals provided.<br>Example: meat and vegetables, stews and curry dishes, combination dishes, main salads.  |
| Light meal (per delivery)                              | This field is designed to capture the quantity of light meals provided.<br>Example: soup, sandwiches, entrée salads.  |
| Dessert (per delivery)                                 | This field is designed to capture the quantity of desserts provided.<br>Example: dairy desserts, pies and crumbles, cakes and puddings, fruit plus dairy desserts.  |
| Beverage (per delivery)                                | This field is designed to capture the quantity of beverages provided.<br>Example: energy dense drinks (with additional protein to ensure nutritional standards are met).  |

Appendix A: Summary of DeX Changes

#### client contribution.

nted as a trip.

ble receiving privately funded care, or through other person for this purpose.

not counted for this purpose

session.

ther settings that are not considered a centre.

entres and other community-based venues.

external location and delivered to the provider

nake it easier for an older person to eat, e.g.

| Basic Session Details |  |
|-----------------------|--|
| Snack (per delivery)  | This field is designed to capture the quantity of snacks provided<br>Cheese and biscuits, crisps, custard. |

# **Clinical service group**

| Reporting                     |                     | Nursing Care      |                      |  | and Torres<br>ealth Practi<br>sistance<br>and Torres<br>Health Wor<br>sistance<br>alth assista<br>or psychot<br>ic therapy<br>ic therapy<br>ic therapy<br>ic therapy<br>cial work<br>cial work<br>cial work |                          |   |     |                     |               |                      |               |          |            |             |                  |  |
|-------------------------------|---------------------|-------------------|----------------------|--|---|--------------------------|---|-----|---------------------|---------------|----------------------|---------------|----------|------------|-------------|------------------|--|
|                               | Registered<br>nurse | Enrolled<br>nurse | Nursing<br>assistant | Aboriginal and Torres Strait<br>Islander Health Practitioner<br>assistance | Tres<br>Wor   | Allied health assistance |   | - L | Exercise physiology | Music therapy | Occupational therapy | Physiotherapy | Podiatry | Psychology | Social work | Speech pathology |  |
| MAC Registered Client         | ×                   | ×                 | ×                    | ×  | ×   | ×                        | × | ×   | ×                   | ×             | ×                    | ×             | ×        | ×          | ×           | ×                |  |
| Aged Care ID                  | ×                   | ×                 | ×                    | ×  | ×   | ×                        | × | ×   | ×                   | ×             | ×                    | ×             | ×        | ×          | ×           | ×                |  |
| No show   Cancellation        | ×                   | ×                 | ×                    | ×  | ×   | ×                        | × | ×   | ×                   | ×             | ×                    | ×             | ×        | ×          | ×           | ×                |  |
| Time (Hours: Minutes)         | ×                   | ×                 | ×                    | ×  | ×   | ×                        | × | ×   | ×                   | ×             | ×                    | ×             | ×        | ×          | ×           | ×                |  |
| Delivered by a sub-contractor | ×                   | ×                 | ×                    | ×  | ×   | ×                        | × | ×   | ×                   | ×             | ×                    | ×             | ×        | ×          | ×           | ×                |  |
| Client contribution           | ×                   | ×                 | ×                    | ×  | ×   | ×                        | × | ×   | ×                   | ×             | ×                    | ×             | ×        | ×          | ×           | ×                |  |

## Independence service group

| Reporting  |                           | l suppo<br>gement      |                  | comm                          | unity                                   |                      | Tran             | sport              | Person   | al care   |                                      | Ther<br>inde | apeuti<br>pende | ic serv<br>nt livi  | vices f<br>ng    | for         |            | Hoarding<br>and<br>squalor<br>supports | Home<br>comn<br>y gen<br>respit | nunit<br>eral                      | Cottage<br>respite | Equi               | pment             | and pre                | oducts   |                           | Home<br>adjust<br>ments |
|--|---------------------------|------------------------|------------------|-------------------------------|---|----------------------|------------------|--------------------|--|---|--------------------------------------|--------------|-----------------|---------------------|------------------|-------------|------------|--|---------------------------------|------------------------------------|--------------------|--------------------|-------------------|------------------------|--|---------------------------|-------------------------|
|  | Individual Social Support | Accompanied activities | Cultural support | Digital education and support | Assistance to maintain personal affairs | Group social support | Direct transport | Indirect transport | Assistance with self-care and activities of daily living | Assistance with the self-administration of medication | Continence management (non-clinical) | Acupuncture  | Chiropractics   | Diversional therapy | Remedial massage | Art therapy | Osteopathy | Hoarding and squalor supports          | Flexible respite                | Community and centre-based respite | Cottage respite    | Self-care products | Mobility products | Domestic life products | Communication and information management<br>products | Managing bodily functions | Home modifications      |
| MAC Registered<br>Client   | ×                         | ×                      | ×                | ×                             | ×                                       | ×                    | ×                | ×                  | ×  | ×   | ×                                    | ×            | ×               | ×                   | ×                | ×           | ×          | ×                                      | ×                               | ×                                  | ×                  | ×                  | ×                 | ×                      | ×  | ×                         | ×                       |
| Aged Care ID   | ×                         | ×                      | ×                | ×                             | ×                                       | ×                    | ×                | ×                  | ×  | ×   | ×                                    | ×            | ×               | ×                   | ×                | ×           | ×          | ×                                      | ×                               | ×                                  | ×                  | ×                  | ×                 | ×                      | ×  | ×                         | ×                       |
| No show  <br>Cancellation  | ×                         | ×                      | ×                | ×                             | ×                                       | ×                    | ×                | ×                  | ×  | ×   | ×                                    | ×            | ×               | ×                   | ×                | ×           | ×          | ×                                      | ×                               | ×                                  | ×                  |                    |                   |                        |  |                           | ×                       |
| Time (Hours:Minutes)   | ×                         | ×                      | ×                | ×                             | ×                                       | ×                    | ×                | ×                  | ×  | ×   | ×                                    | ×            | ×               | ×                   | ×                | ×           | ×          | ×                                      | ×                               | ×                                  | ×                  |                    |                   |                        |  |                           |                         |
| Was this session<br>delivered by a sub-<br>contractor? (Yes/No)            | ×                         | ×                      | ×                | ×                             | ×                                       | ×                    | ×                | ×                  | ×  | ×   | ×                                    | ×            | ×               | ×                   | ×                | ×           | ×          | ×                                      | ×                               | ×                                  | ×                  | ×                  | ×                 | ×                      | ×  | ×                         | ×                       |
| Was a volunteer<br>involved in the direct<br>service delivery?<br>(Yes/No) | ×                         | ×                      | ×                | ×                             | ×                                       | ×                    | ×                | ×                  |  |   |                                      |              |                 |                     |                  |             |            |  | ×                               | ×                                  | ×                  |                    |                   |                        |  |                           |                         |
| Engagement time<br>spent with client<br>(minutes)                          |                           |                        |                  |                               |   |                      | ×                |                    |  |   |                                      |              |                 |                     |                  |             |            |  |                                 |                                    |                    |                    |                   |                        |  |                           |                         |
| Respite Setting (At<br>Home/At Centre)                                     |                           |                        |                  |                               |   |                      |                  |                    |  |   |                                      |              |                 |                     |                  |             |            |  | ×                               | ×                                  |                    |                    |                   |                        |  |                           |                         |

| Reporting   |   | l supp<br>gement | ort and | comm | unity |   | Tran | sport | Person | al care |   | Ther<br>inde | apeut<br>pende | ic servent livi | vices f<br>ng | for |   | Hoarding<br>and<br>squalor<br>supports | Home<br>comr<br>y gen<br>respi | nunit<br>Ieral | Cottage<br>respite | Equipment and products |   |   | Home<br>adjust<br>ments |   |   |
|---|---|------------------|---------|------|-------|---|------|-------|--------|---------|---|--------------|----------------|-----------------|---------------|-----|---|--|--------------------------------|----------------|--------------------|------------------------|---|---|-------------------------|---|---|
| Day (Yes/No)  |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              |                    |                        |   |   |                         |   |   |
| Overnight (Yes/No)                                    |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              |                    |                        |   |   |                         |   |   |
| Quantity  |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  |                                |                |                    | ×                      | × | × | ×                       | × |   |
| Type of modification                                  |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  |                                |                |                    |                        |   |   |                         |   | × |
| Number of one way<br>trips                            |   |                  |         |      |       |   | ×    | ×     |        |         |   |              |                |                 |               |     |   |  |                                |                |                    |                        |   |   |                         |   |   |
| Group or Individual                                   |   |                  |         |      |       |   | ×    | ×     |        |         |   |              |                |                 |               |     |   |  |                                |                |                    |                        |   |   |                         |   |   |
| if Group, Unique<br>identifier                        |   |                  |         |      |       |   | ×    | ×     |        |         |   |              |                |                 |               |     |   |  |                                |                |                    |                        |   |   |                         |   |   |
| Carer Onboard   |   |                  |         |      |       |   | ×    | ×     |        |         |   |              |                |                 |               |     |   |  |                                |                |                    |                        |   |   |                         |   |   |
| Trip distance (km)                                    |   |                  |         |      |       |   | ×    | ×     |        |         |   |              |                |                 |               |     |   |  |                                |                |                    |                        |   |   |                         |   |   |
| Are there any items<br>texture modified?<br>(Yes /No) |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              | ×                  |                        |   |   |                         |   |   |
| Main meal (per<br>delivery)                           |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              | ×                  |                        |   |   |                         |   |   |
| Light meal (per<br>delivery)                          |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              | ×                  |                        |   |   |                         |   |   |
| Dessert (per delivery)                                |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              | ×                  |                        |   |   |                         |   |   |
| Beverage (per<br>delivery)                            |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              | ×                  |                        |   |   |                         |   |   |
| Snack (per delivery)                                  |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  | ×                              | ×              | ×                  |                        |   |   |                         |   |   |
| Total Cost (excl client contributions)                |   |                  |         |      |       |   |      |       |        |         |   |              |                |                 |               |     |   |  |                                |                |                    | ×                      | × | × | ×                       | × | × |
| Client contribution                                   | × | ×                | ×       | ×    | ×     | × | ×    | ×     | ×      | ×       | × | ×            | ×              | ×               | ×             | ×   | × | ×                                      | ×                              | ×              | ×                  | ×                      | × | × | ×                       | × | × |

# Everyday Living service group

| Reporting  | Domestic a             | assistance       | Home ma                | intenance | Meals  |               |                  |  |  |  |  |
|--|------------------------|------------------|------------------------|-----------|--|---------------|------------------|--|--|--|--|
|  | General house cleaning | Laundry services | Shopping<br>assistance | Gardening | Assistance with<br>home maintenance<br>and repairs | Meal delivery | Meal preparation |  |  |  |  |
| MAC Registered Client  | ×                      | ×                | ×                      | ×         | ×  | ×             | ×                |  |  |  |  |
| Aged Care ID   | ×                      | ×                | ×                      | ×         | ×  | ×             | ×                |  |  |  |  |
| No show   Cancellation   | ×                      | ×                | ×                      | ×         | ×  | ×             | ×                |  |  |  |  |
| Time (Hours:Minutes)   | ×                      | ×                | ×                      | ×         | ×  |               | ×                |  |  |  |  |
| Delivered by a sub-contractor? (Yes/No)                          | ×                      | ×                | ×                      | ×         | ×  | ×             | ×                |  |  |  |  |
| Volunteer involved in the direct service delivery?<br>(Yes/No)   | ×                      | ×                | ×                      |           |  | ×             | ×                |  |  |  |  |
| Engagement time spent with client (minutes)                      |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Meal Delivery Setting (Home/Community)                           |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Prepared/Cooked on-site  |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Are there any items texture modified?<br>(Yes /No, per delivery) |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Main meal (per delivery)   |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Light meal (per delivery)  |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Dessert (per delivery)   |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Beverage (per delivery)  |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Snack (per delivery)   |                        |                  |                        |           |  | ×             |                  |  |  |  |  |
| Client contribution  | ×                      | ×                | ×                      | ×         | ×  | ×             | ×                |  |  |  |  |