



# Appendix F – CHSP Compliance Framework 2025-27

## Contents

1. About the CHSP Compliance Framework .....	1
2. Data Exchange (DEX) oversight.....	2
3. Fraud .....	2
4. Financial acquittals .....	3
4.1 Unspent funds.....	3
4.2 Financial viability .....	3
4.3 Exiting the program.....	3
5. Sector Support and Development .....	4
6. DEX performance reporting review .....	4
7. Flexibility provisions.....	4
8. My Aged Care .....	5
8.1 Enhanced monitoring of My Aged Care client ID reporting .....	5
9. Wellness and reablement reporting .....	6
10. Child Safety Annual Statement of Compliance .....	6

## 1. About the CHSP Compliance Framework

The Commonwealth Home Support Program (CHSP) Compliance Framework (the Framework) outlines the performance and regulatory requirements for all CHSP providers. These include:

- performance against the grant agreement
- submitting financial and reporting information
- monitoring compliance against the [Aged Care Quality Standards](#) (the Standards) for relevant providers
- complying with requirements outlined in the CHSP Manual 2025-27
- escalation of fraud related issues for investigation
- meeting requirements to maintain current and accurate information on My Aged Care, with the Community Grants Hub and with the Aged Care Quality and Safety Commission.

The Framework also covers the receipt of deliverables outlined within the grant agreement upon the expected due date, including:

- Data Exchange (DEX) monthly reporting
- financial acquittals
- Sector support and development (SSD) performance reports
- wellness & reablement reports
- Child Safety Annual Statement of Compliance.

The Department of Health, Disability and Ageing (the department) works with a number of other agencies, including:

- The Aged Care Quality and Safety Commission (ACQSC) regarding provider compliance against the Standards.
- The Department of Social Services (DSS) Community Grants Hub (CGH) to manage the reporting of service delivery and expenditure against the grant agreement
- The National Indigenous Australians Agency (NIAA) for First Nation organisations.

## **2. Data Exchange (DEX) oversight**

Since 1 July 2022, CHSP providers are contractually required to submit monthly performance reports through DEX for services delivered in the previous calendar month. This replaced the 6-monthly performance report process.

Contractually providers must submit data for the preceding month by the 14th of the following month. Providers can submit DEX reporting more frequently if they prefer, such as daily, weekly, or fortnightly.

The CGH and the department review the services delivered by providers and engage with providers where performance is low or of concern. This engagement gives insights into provider capacity, sector strain, workforce issues, region specific challenges and cost increases related to service delivery.

My Aged Care ID's will be required to be submitted through DEX during 2025-26, however functionality will not be available until later in the 2025-26 FY. Providers are required from 1 July 2025 to collect the My Aged Care ID's against services delivered in their client management software and provide this data once DEX My Aged Care ID collection functionality is embedded during the 2025-26 FY.

If there are concerns at any time the provider will fail to meet their DEX data reporting obligations, Funding Arrangement Managers (FAM) may require providers to implement a Performance Improvement Plan to ensure compliance with deliverables.

## **3. Fraud**

Any suspected fraud within CHSP is escalated to the department's fraud area for assessment and potential investigation in accordance with the [Fraud and Corruption Control Plan 2023-25](#).

## 4. Financial acquittals

As specified in the CHSP Grant Agreement providers must spend the grant funding:

- only on carrying out the activity
- in accordance with the CHSP Grant Agreement
- on clients who have been assessed and on services as defined under the service list.

CHSP providers are required to submit a financial acquittal for funds received in the preceding financial year by 31 August. The financial declaration must also include a statement of compliance that the funding received under the grant was expended only on assessed clients and for services as defined under the service list.

The provider should, given robust accounting processes, be able to provide the financial acquittal within the required timeframe.

**Note:** the department requires a financial acquittal, but not an audited financial statement.

### 4.1 Unspent funds

The department has advised providers that all unspent funds are recovered at the end of the financial year. Funds are provided annually against annual service provision.

Providers are not permitted to spend any previous year's unspent funds. Any request to use prior years unspent funds will be considered only in exceptional circumstances and formally agreed and approved by the department prior to any funding being used. Requests to use unspent funds are to be in writing with robust justification and the delegates decision is final.

In relation to unspent funds, providers will be issued with Debtor Tax Invoices (DTIs). The repayment of these funds is monitored by the department. Should a debt remain unpaid, this may affect future funding requests received from the provider.

### 4.2 Financial viability

Payment plans relating to outstanding debts are not encouraged, however if financial viability may be an issue, providers may request a payment plan with supporting documentation accompanying any requests.

Payment plans will be monitored for further compliance action as it is a grant; the debt should be able to be repaid in full at the time of the request as these funds were paid to the organisation for the purpose of the grant. If there is a surplus then the funds should be available to be repaid.

### 4.3 Exiting the program

CHSP providers who have relinquished funds and/or novated their funding agreement are still required to provide a financial declaration statement for funds received before exiting the program.

Acquittal processes, including compliance actions, are managed by DSS, with processes in place for the management of inactive providers.

## 5. Sector Support and Development

The department has administrator responsibilities for daily operations for the Sector Support and Development (SSD) Community of Practice (CoP).

The administration of the CoP includes management of access, delegation of moderators, high level reporting and analytics and management of the SSD Network meetings.

The department tracks and monitors receipt of SSD Performance Reports and Activity Work Plan deliverables. The department will take compliance action, including monitoring of the mandatory requirements under the CoP.

## 6. DEX performance reporting review

The department monitors all CHSP service providers and undertakes a performance review against the entire agreement.

Twice a year, the department undertakes an audit of service delivery based on DEX data submitted by providers. The department works in consultation with CGH to identify providers where potential compliance action may be appropriate.

Providers will be assessed on all information they provide to DEX to determine if changes to the grant agreement are appropriate to meet local needs within the Aged Care Planning Regions (ACPR) that they are funded within.

The department will work with providers to understand historical performance issues and potential adjustment to agreements to align to performance delivery. If the department needs further information about under delivery and/or funding spent against the agreement, additional action and reporting may be required.

## 7. Flexibility provisions

The CHSP 2025-27 Manual outlines the flexibility provision for service providers.

From 1 July 2025, providers cannot move funds *out of or into* these service types without written approval from the department:

- Equipment and products
- Home adjustments
- Specialised support services
- Sector support and development
- Hoarding and squalor assistance.

The aim is to provide a flexible approach to:

- ensure compliance with contractual performance reporting requirements under the CHSP grant agreement
- enable CHSP service providers to meet changes in the demand for services.

Service providers that use flexibility provisions to establish service types funded in their grant agreement in an ACPR must keep a footprint of a **minimum of 50%** for the relevant service type in the ACPR. This ensures those services remain in the ACPR and align in part to the contract. This came into effect from 1 July 2023.

The department monitors compliance with this requirement.

## 8. My Aged Care

CHSP providers are required to use My Aged Care to accept client referrals and update client service information.

Providers are responsible for the ongoing management of their My Aged Care profile. Each service outlet, and services associated with the outlet, needs to be actively managed by CHSP providers to ensure a positive user experience and reduce misinformation for clients.

It is the responsibility for providers to maintain accurate service availability information and current information related to service descriptions is essential for an efficient aged care system. Aged care assessors, care finders, advocates, clients and the public rely on accurate information on the [My Aged Care Service and Support Portal](#).

Providers should only appear available to deliver services against:

- CHSP services in areas where they are contractually funded to deliver services
- post codes within the ACPR they can deliver within.

To ensure compliance, the department:

- monitors CHSP provider availability on My Aged Care to ensure it aligns with their grant agreement and DEX reporting
- reviews analysis of provider behaviour on My Aged Care and reasons for rejecting referrals
- raise any ongoing and systemic trends with providers.

The CGH's FAMs have access to information relating to service delivery against the agreement to guide discussions with providers where service levels are high or low. FAMs will also seek responses from providers if they are under delivering via DEX and are showing unavailability on My Aged Care.

### 8.1 Enhanced monitoring of My Aged Care client ID reporting

CHSP providers must ensure:

- All clients who are receiving services are recorded in My Aged Care with a My Aged Care ID, and
- Clients have a care plan recorded in My Aged Care, which describes the client's assessed care need.

Providers will be required to include a My Aged Care client ID, when reporting their monthly DEX data. The department will monitor this data against other available data to ensure

services are being accurately recorded. The data exchange is being updated during 2025-26 to allow for My Aged Care ID's to be uploaded and reported in the data exchange.

This will not be a function from 1 July 2025, however providers will be required to capture clients My Aged Care ID's from 1 July 2025 and upload this once functionality is available.

For more information, see the [Data Exchange Toolkit \(Stage 1\)](#) and the [Data Exchange Dictionary \(Stage 1\)](#).

## **9. Wellness and reablement reporting**

Under the terms and conditions of the CHSP grant agreement, CHSP providers are required to submit an annual wellness and reablement report to the department by 31 July.

The department provides an online reporting template for this purpose. The report must include service level information regarding the application of wellness and reablement approaches to service delivery within their organisation.

The department will liaise with the CGH to action non-compliance in accordance with this Framework.

The [outcomes of past reports](#) are available on the department's website.

## **10. Child Safety Annual Statement of Compliance**

From 1 July 2025, a new requirement is included under the terms and conditions of the CHSP grant agreement. CHSP providers are required to submit a Child Safety Annual Statement of Compliance to the department by 31 March each year. The statement of compliance reporting period is for the previous year. The department will provide a template for this purpose through the Funding Arrangement Managers (FAM).

CHSP providers will either need to declare and confirm that all the statements included in the form are true or advise if their organisation has not met the conditions as outlined in the form.

The department will liaise with the CGH to action non-compliance in accordance with this activity.