Commonwealth Home Support Program

Program Manual 2025-2027

June 2025

About this manual

Purpose of this manual

The Department of Health, Disability and Ageing (the department) has prepared this manual for providers delivering Commonwealth Home Support Program (CHSP) services from 1 July 2025. It explains what the CHSP is and how it operates, and forms part of each provider's CHSP Grant Agreement.

The department reviews and updates this manual regularly.

> **This CHSP 2025-27 Manual will apply for the period 1 July 2025 to 1 November 2025.**
>
> **The *Aged Care Act 2024* (the Aged Care Act) comes into effect from 1 November 2025 and will change in-home aged care, including the CHSP.**
>
> **This manual supports providers for the period 1 July 2025 to 1 November 2025.**
>
> **Another version of the CHSP Manual 2025-27 will be published prior to 1 November 2025 and will include updates and program changes aligning to the Aged Care Act.**

How to use this manual

This manual has 3 parts:

Part A – *About the Commonwealth Home Support Program* introduces the CHSP, its guiding principles, and provides an overview of services available to older Australians.

Part B – *Eligibility and service delivery requirements* provides detailed information on CHSP services. This covers who can receive CHSP services, what CHSP funding can and cannot be used for, costs associated with CHSP services, and guidance on how services should be delivered, including flexibility provisions.

Part C – *Administration of the CHSP* includes important details about the administration of the CHSP. This includes requirements related to the CHSP Grant Agreement and Aged Care Quality Standards, Work Health and Safety, the Serious Incident Response Scheme and reporting.

You will find a glossary of terms at the back of this document.

What's new highlights have been included in relevant chapters to make it easier for providers to understand the program changes from 1 July 2025 to 1 November 2025.

Where to find more information

More information about the CHSP, including a copy of this manual, is available on the department's website.

CHSP providers should contact their Funding Arrangement Manager in the Community Grants Hub in the first instance for information about the CHSP.

CHSP clients and others who would like to know more about the program can access information through the My Aged Care contact centre by calling 1800 200 422 or by visiting the My Aged Care website and searching for Help at Home.

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Part A: About the Commonwealth Home Support Program (CHSP)

This section covers:

- overview of the CHSP
- wellness and reablement
- entry level services.

Chapter 1: Overview of the CHSP

This chapter introduces the CHSP and its role in supporting older people in Australia.

1.1 About the CHSP

The CHSP provides entry-level support to help older people continue to live safely and independently at home and in their communities. It is available to people aged 65 years and over, and Aboriginal and or Torres Strait Islander people aged 50 years and over. The CHSP is suitable for people who can live independently at home but need small amounts of entry-level support to do so.

The CHSP is not designed for people with intensive or complex care needs. People with higher needs are supported through other aged care programs such as the Home Care Packages (HCP) Program and residential aged care.

1.2 History of the CHSP

The Australian Government designed the CHSP as part of a broader set of changes to the aged care system. The following Commonwealth-funded programs were consolidated into the CHSP from 1 July 2015:

- Commonwealth Home and Community Care (HACC) Program
- planned respite services under the National Respite for Carers Program (NRCP)
- Day Therapy Centres (DTC) Program
- Assistance with Care and Housing for the Aged (ACHA) Program.

Existing clients of the Victorian HACC program were transitioned into the CHSP from 1 July 2016 and those in the Western Australian HACC program were transitioned into the CHSP from 1 July 2018.

As part of the aged care reforms, from 1 November 2025, the CHSP comes under the Aged Care Act 2024.

1.3 Objectives of the CHSP

The CHSP supports older people who are having difficulties with daily living to:

- have a better quality of life
- continue living in their own homes, and/or delay entry to residential care
- be able to participate more in their community and have more face-to-face and online social connections
- maintain and/or improve their psychological, emotional and physical wellbeing
- be more independent at home and in the community.

1.4 Principles of the CHSP

There are five principles underpinning CHSP service delivery which providers must follow when they develop, deliver and evaluate services for clients.

1. Social and cultural sensitivity

- All clients have equal access to services that are appropriate for their social and cultural needs.
- All clients have equitable and affordable access to services, free from discrimination.
- All clients, clients' families, and carers have services tailored to their unique circumstances and cultural preferences.

2. Client, carer and family empowerment

- Choice, preferences, and flexibility is optimised for clients, their carers, and families.
- Clients receive services after they have given their consent.
- A standardised assessment process with a holistic view of client needs.
- Clients are supported to participate in their community and society.
- Providers develop and promote strong partnerships between the client, their carers and family, support workers and aged care assessors.
- Providers develop and negotiate service agreements, and care and services plans with the client prior to receiving services.

3. Client-centred support with a wellness and reablement approach

- Providers help clients maximise their wellbeing, independence, autonomy and capacity through a wellness and reablement approach.
- Clients are actively involved in planning and working towards their goals (see the Client Choice section below for more detail).
- Service delivery focuses on retaining and/or regaining each client's ability to live and engage with their community independently, and builds on the strengths, capacity and goals of individuals.

4. Committed and responsive service provision

- Clients receive services in line with their service and care plans to ensure their needs are met.
- Providers deliver person-centred, goal-oriented services and conduct regular reviews.
- Providers deliver services for an agreed time with agreed review points.
- Providers must comply with all relevant codes of ethics, and industry quality standards and guidelines, so that clients receive high quality services.
- Providers embed a wellness and reablement approach.

5. Wellness and reablement

Wellness and reablement are person-centred, holistic approaches to service delivery that build on people's strengths and goals to promote greater independence and autonomy.

- **Wellness** is a philosophy that informs how providers are expected to work with clients. It acknowledges and builds on their strengths, abilities and goals, and has a focus on providing services that support greater independence and quality of life.
- **Reablement** offers time-limited interventions and emphasises assisting people to maintain, regain, improve confidence and functional capacity and maximise independence and autonomy. It focuses on specific goals and seeks to enable people to live their lives to the fullest.

For more information about wellness and reablement, see Chapter 4.

1.5 Supports diverse needs

The CHSP recognises that older people have diverse characteristics and life experiences and should receive services which reflect this. Service delivery must consider the social, cultural, linguistic, religious, spiritual, psychological and medical care needs of all clients.

The CHSP recognises the following groups as identified under the Aged Care Act 1997 who may require tailored support according to their needs. People who:

- are from culturally and linguistically diverse backgrounds
- identify as Aboriginal and or Torres Strait Islander
- live in rural and remote areas
- are financially or socially disadvantaged
- are veterans of the Australian Defence Force or an allied defence force, including the spouse, widow, or widower of a veteran
- are homeless, or at risk of becoming homeless
- are lesbian, gay, bisexual, transgender, intersex, queer / questioning and or asexual (LGBTIQA+)
- are Care Leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- are parents separated from children by forced adoption or removal.

The department recognises this list is not exhaustive, and there are additional diverse groups such as people with disability, people with mental health problems and mental illness and people with cognitive impairment including dementia.

Whilst some providers specialise in delivering culturally appropriate support services, they cannot discriminate against clients from other cultural or ethnic backgrounds.

1.6 Client choice

The CHSP aims to provide choice for older people receiving care. CHSP clients are empowered to actively participate in informed decision-making regarding the care they receive. Providers should consult their clients to determine their support needs to ensure services are individualised and relevant.

Through the CHSP, clients will:

- have access to detailed information on aged care options through My Aged Care
- actively participate in the assessment with aged care assessors
- identify their special needs, life goals, strengths, and service delivery preferences
- have their carers' needs recognised and supported by aged care assessors
- have access to free, independent, and confidential advocacy services through the National Aged Care Advocacy Program
- have the option to select their preferred provider in their local area with guidance from My Aged Care
- have access to complaint mechanisms, including the Aged Care Quality and Safety Commission (ACQSC).

Chapter 2: 2025-27 reforms to in-home aged care

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What's new in this chapter

2.3 What's continuing for the CHSP from 1 July 2025

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2.1 Aged care reforms

The Australian Government is reforming the aged care system to make it simpler, fairer and safer for older people. These reforms make comprehensive changes to in-home aged care, including the CHSP.

From 1 November 2025:

- the CHSP will come under the Aged Care Act 2024
- the Support at Home program will replace the Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.

The CHSP will transition to Support at Home no earlier than 1 July 2027.

The Single Assessment System was established in December 2024 and provides a single assessment pathway.

2.2 Single Assessment System

As part of the aged care reforms, the Single Assessment System provides a single assessment pathway to make it easier for older people to enter aged care and access different services as their needs change.

Organisations conducting aged care needs assessments can conduct:

- home support assessments to assess older people for CHSP services
- comprehensive assessments to assess older people for:
    - the HCP Program
    - flexible aged care programs, including STRC and Transition Care Programme (TCP)
    - residential respite
    - entry into residential aged care.

First Nations assessment organisations will be introduced progressively from 1 July 2025 to provide a culturally safe, trauma aware, healing informed assessment pathway for older Aboriginal and Torres Strait Islander people to access aged care.

Find more information about the [Single Assessment System](#).

2.3 What's continuing for the CHSP from 1 July 2025 (new)

Below are the key points to note about what's not changing under the CHSP from 1 July 2025:

- CHSP continues as a **block-funded grant program.**

- **Payments continue monthly and in arrears.**

- **Annual indexation** will continue to be applied to the grant funding. There will also be additional Fair Work Commission indexation boosts applied to the grant agreements. See [here](#) for further information.

- **CHSP services** will continue, with new service name changes.

- A **National Unit Price Range** applies for each service type. This is reflected in your agreements, with the exception of Meal delivery, Meal preparation, Individual Social Support, and Group social support which are funded at their individual service level.

- **Monthly performance reporting** for service delivery will continue in DEX. Providers outlets in DEX should align with new program activities to report against the new services catalogue.

- A **DEX toolkit Stage 1 and Data Dictionary** have been developed to help providers with the IT and system actions needed for these Stage 1 requirements, and a corresponding data dictionary provides guidance on the data entry for these reports. Further guidance on later DEX stages and reporting functionality will be provided.

2.4 Key CHSP program changes from 1 July 2025 (new)

This Manual outlines the program changes which come into effect from 1 July 2025. These program changes are not dependent on the Aged Care Act commencement.

The key program changes from 1 July 2025 include:

1. **Service list names and descriptions** with inclusions and exclusions (see Chapter 3 and Appendix A).

2. **Specialised support services (SSS) and Sector support and development (SSD) services** have been either re-mapped to other services or providers have received a one-year schedule as part of their grant agreement.

3. **Collection of My Aged Care IDs –** providers will need to collect their clients' MAC IDs in their own client management systems in preparation for this functionality in DEX from January 2026 (see Chapter 12).

4. **Client assessments –** all clients wanting to access subsidised CHSP services need to have an aged care assessment and be deemed eligible to receive those services. This is an existing program requirement and will prepare providers and clients for the Aged Care Act commencement on 1 November 2025 (see Chapter 5).

5. **Modified Monash Model 5** (small rural towns) up to 20% loading (see Chapter 7).

6. **Home adjustments** – the Commonwealth contribution has been increased from $10,000 to $15,000 and is available per client per financial year (see Chapter 7).

7. **Client contributions towards Allied health clinical services** – client contributions will continue for these clinical services (see Chapter 7).

8. **Provider relinquishments** – notice period extended to 5 months and exit dates of 1 January or 1 July which are detailed in Chapter 9 and the new Selections Framework at Appendix G.

9. **Flexibility provisions continue**, with additional services needing written approval from the department (see Chapter 8).

10. **Child Safety Annual Statement of Compliance** – new Commonwealth grant agreement requirement (see Chapter 12).

11. **Financial declaration with new statement of compliance** that Commonwealth funding has been spent on assessed clients (see Chapter 12).

2.5 CHSP Services from 1 July 2025 (new)

The CHSP supports activities that enable independence and social connection and consider each client's individual goals and choices.

Under the CHSP, clients can access a range of basic support services under the following Service Groups:

Home Support

- Allied health and therapy
- Community cottage respite
- Domestic assistance
- Hoarding and squalor assistance

- Home maintenance and repairs
- Home or community general respite
- Meals
- Nursing care
- Personal care
- Social support and community engagement
- Therapeutic services for independent living
- Transport

Assistive technology

- Equipment and products

Home modifications

- Home adjustments

CHSP services may be accessed on a short-term, intermittent or ongoing basis.

Some CHSP providers are also funded to deliver Advisory services (Specialised support services) and Sector support (Sector support and development) and have been either re-mapped to other services or funded for a further one year until 30 June 2026. Work is continuing to support providers with these service changes.

The new CHSP service list in **Appendix A** aligns with the Support at Home program and prepares providers with the transition to the Aged Care Act from 1 November 2025.

These new service names have been applied throughout the Manual and Appendices.

For further information see the service catalogue under <u>CHSP Reforms</u> and **Appendix A** for CHSP services inclusions and exclusions **(new)**.

2.6 Changes to CHSP reporting in the Data Exchange (DEX)

From 1 July 2025, DEX reporting requirements change to ensure services align to the CHSP service list and improve visibility of services being accessed by clients.

Submission of a monthly DEX performance report continues to be a mandatory requirement as outlined in the grant agreement for all CHSP providers (except those who only deliver SSD).

Providers are required to collect their client's My Aged Care IDs in their own client management systems until this reporting functionality is available in DEX from January 2026 **(new)**.

Performance reporting is critical for compliance activities and ensures funding is spent efficiently and effectively, and only for funded aged care services.

For further information see the DEX Stage 1 provider toolkit and the DEX Data Dictionary under CHSP Reforms.

2.7 Assessment requirement for all CHSP clients (new)

CHSP providers are required to ensure that services are only delivered to clients who have documented and recorded evidence of the need for those services.

This is an existing program requirement and continues in preparation for the commencement of the Act from 1 November 2025.

This means 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.

Chapter 3: Entry level services

This chapter provides general information about CHSP services including a summary of CHSP services, limitations on how services are delivered, and the services excluded from CHSP funding.

3.1 Entry level support

The CHSP provides high-quality entry level aged care support to eligible clients. This support can be one-off, at a low intensity, short-term such as reablement, or on an ongoing basis.

Providers can also deliver CHSP services at a higher intensity for a short time, in circumstances where they can make clear improvements to a client's function or capacity or avoid further decline.

The level of care provided to a CHSP client should be less than a Home Care Package Level 1 (approximately $10,500 per annum). As funding is not attributed to clients, this is provided as a guide only.

3.2 CHSP service list

Below is a description of the new CHSP service list names and the associated services. Additional information, including inclusions and exclusions, can be found in **Appendix A (new)**.

Allied health and therapy

High level description	Service
The provision of supplementary services that restore, improve, or maintain an older person's health, wellbeing, and independence.	Aboriginal and Torres Strait Islander health worker assistance
	Aboriginal and Torres Strait Islander health practitioner assistance
	Allied health assistance
	Counselling or psychotherapy
	Diet or nutrition
	Exercise physiology
	Music therapy
	Occupational therapy
	Physiotherapy
	Podiatry
	Psychology
	Social work
	Speech pathology

Community cottage respite

High level description	Service
The provision of overnight care delivered in a cottage-style respite facility setting to support and maintain care relationships between older people and their carers.	Cottage respite

Domestic assistance

High level description	Service
The provision of or assistance with domestic services to ensure an older person remains safe at home.	General house cleaning
	Laundry services
	Shopping assistance

Equipment and products

High level description	Service
The provision of goods, equipment, or assistive technology to enable an older person to perform tasks they would otherwise be unable to do, promote safety and independence.	Communication and information management products
	Domestic life products
	Managing body functions
	Mobility products
	Self-care products

Hoarding and squalor assistance

High level description	Service
The provision of support for an older person who is homeless, at risk of homelessness, or unable to receive the aged care supports they need because of living with hoarding behaviour or living in a squalid environment.	Hoarding and squalor supports

Home adjustments

High level description	Service
The provision of modifications to an older person's home to prevent accidents and support independent living.	Home modifications

Home maintenance and repairs

High level description	Service
The provision of or assistance with maintenance of the house and garden to ensure a safe and habitable home environment.	Assistance with home maintenance and repairs
	Gardening

Home or community general respite

High level description	Service
The provision of respite as a form of temporary relief to support and maintain care relationships between older people and their carers.	Community and centre-based respite
	Flexible respite

Meals

High level description	Service
The provision of meals to older people to ensure proper nutrition is maintained, including advice on meal preparation.	Meal delivery
	Meal preparation

Nursing care

High level description	Service
The provision of clinical care supports and education services provided by a nurse.	Enrolled nurse
	Nursing assistant
	Registered nurse

Personal care

High level description	Service
The provision of support for an older person to engage in activities of daily living that help them maintain appropriate standards of hygiene and grooming.	Assistance with self-care and activities of daily living
	Assistance with the self-administration of medication
	Continence management (non-clinical)

Social support and community engagement

High level description	Service
The delivery of services that support an older person's need for social connection and participation in community life including diverse cultural activities.	Accompanied activities
	Assistance to maintain personal affairs
	Cultural support
	Digital education and support
	Group social support
	Individual social support

Therapeutic services for independent living

High level description	Service
The provision of supplementary therapy services that enhances functional independencies in daily living activities.	Acupuncture
	Art therapy
	Chiropractics
	Diversional therapy
	Osteopathy
	Remedial massage

Transport

High level description	Service
The provision of direct and indirect transport services to connect an older person with the community and attend their usual activities.	Direct transport
	Indirect transport

Specialised Support Services (SSS)

High level description	Service
The provision of specialised services for older people who are living at home with a clinical condition and/or specialised needs	Client advocacy
	Continence advisory services
	Dementia advisory services
	Hearing advisory services
	Other clinical advisory support
	Vision advisory services

For further information on the inclusions and exclusions for each service, see **Appendix A**, and CHSP 2025–27 extension resources.

3.3 Additional CHSP service information

Allied health and therapy	Hydrotherapy – these services will be delivered under exercise physiology, physiotherapy or allied health assistance.
	CHSP clients will continue to pay client contributions for Allied health and therapy clinical services.
Equipment and products	CHSP clients who are unable to purchase the item/s independently will be able to access up to **$1,000** in total support per financial year. This cap applies per client, regardless of how many items are loaned or purchased, and includes any delivery/installation costs. It is not a cap applied per item. For example, a client may purchase or lease a walking frame and shower chair in the same financial year as long as the total cost for all items is not greater than the maximum annual cap.
	These funding caps also apply where funds are used to contribute to the purchase of higher cost items such as mobility scooters and vehicle modifications.
	Equipment and products can be provided through loan or purchase.
	CHSP Equipment and product providers may also use grant funds to purchase an allied health assessment for their clients. Equipment and product providers report the hours of Allied health and therapy services in DEX. Where applicable.

	As not all CHSP providers offer the same equipment and product service or supply all equipment, clients may need to contact their local providers if they are seeking specific or customised items. The national Equipment and products provider GEAT2GO should only be used as a provider of last choice. Due to high volume of orders, GEAT2GO will close their ordering portal early in each month and reopen on the first day of the next month. Prescribers will be able to submit their 'draft' saved orders when it reopens. Personal alarms are not low risk items. While for many clients an alarm is an appropriate device, this is not always the case. Personal alarms should only be ordered at the request of the client. Research shows that personal alarms are most suitable for older people who: • have had a recent fall or are at risk of a fall, or recent illness • have limited or no family/friends to check in on their wellbeing • have a medical condition that increases the risk of requiring immediate assistance. Research has also highlighted the importance of follow-up with the client to set up the alarm, provide instruction and encouragement on use, and to identify any issues that arise with use. This will help ensure proper use of the alarms. Clients with cognitive impairment or complex needs should be referred for an assessment by an allied health professional such as an occupational therapist for the most appropriate alarm options according to the client's specific needs and capabilities.
Home adjustments	The intent of the CHSP Home adjustments is to primarily fund simple home modifications for wellness and safety purposes i.e. modifications that would incur a cost of less than $1,000 to the Commonwealth. The Commonwealth contribution to the cost of complex home adjustments is capped at $15,000 and applies per client per financial year **(new)**. Any cost over the cap must be paid by the client privately. This is an increase from the previous $10,000 Commonwealth contribution.

Home maintenance and repairs	Gardening: The provision and frequency of ongoing home maintenance services for lawn mowing and garden pruning must directly relate to assessed client need in terms of maintaining accessibility, safety, independence or health and wellbeing.
	Services are subject to regular review to allow for adjustments in frequency with respect to seasonal changes, for example, mowing less often in winter than summer as long as the client's safety and accessibility is maintained. These are basic services primarily for function and safety, not for aesthetic effect.
	Extensive gardening services are out of scope and include:
	• planting and maintaining crops, natives and ornamental plants • installation, maintenance and removal of garden beds, compost heaps, watering systems, water features and rock gardens • general landscaping.
	Expenses for home maintenance and repairs relates to the service assistance with home maintenance and repair.
	These costs are not identified separately under the CHSP and are expected to be captured as part of the delivery of this service.
Nursing care	Nursing care includes and allows the delegation of nursing-related tasks to other workers, including personal care workers. Where nursing tasks are delegated to a personal care worker and the provider does not have personal care workers on staff, the provider should contact My Aged Care to facilitate the client's access to that support.
	Nursing consumables covers the cost of products used in delivering the clinical care by a registered or enrolled nurse, or a nursing assistant, including oxygen and products for wound care, continence management and skin integrity.
	These costs are not identified separately under the CHSP and instead are incorporated into the unit price for Nursing care.

Social support and community engagement	**Group social support** providers may use grant funding to purchase IT equipment, including tablets, laptops, and internet subscriptions to help connect clients to their family, carers and social groups. This support is capped at $500 per client per year (or up to $1,000 in exceptional circumstances). This does not include the purchase of smart phones or phone plans. Note: HCP care recipients who are former CHSP clients and are still attending a social support group cannot access the IT equipment funding. **Individual social support** providers may use grant funding to purchase IT equipment, including tablets, smart devices and internet subscriptions to help connect clients to their family, carers and social groups. This support is capped at $500 per client per year (or up to $1,000 in exceptional circumstances). This does not include the purchase of smart phones or phone plans. **Expenses to maintain personal affairs** covers the costs associated with internet or phone bills (or both) for an individual who is homeless or is at risk of homelessness, and who needs support to maintain connection to funded aged care services. These costs are not identified separately under the CHSP and are expected to be captured as part of the delivery of this service.
Transport	Clients can access more than one transport referral where the need is not met by a single provider. For example, a client can have one referral for a transport provider for weekdays and one referral for a one-off medical transport or weekend trip which is not provided by the weekday provider. Clients should contact My Aged Care for assistance with accessing these referrals. The clients' carer accessing CHSP transport services may accompany those clients when using those services where required. Transport providers may only use CHSP funding to lease, rather than purchase vehicles.

3.4 Hoarding and squalor assistance

Hoarding and squalor assistance aims to support older people or prematurely aged people who are living with hoarding behaviour or in a squalid environment who are at risk of homelessness or unable to receive the aged care supports they need.

Eligibility

Frail older or prematurely aged people who meet the following 3 criteria:

1. on a low income
2. living with hoarding behaviour and/or in a squalid living environment
3. at risk of homelessness or unable to receive the aged care services they need.

Prematurely aged people are those aged 50 years and over (or 45 years and over for Aboriginal and or Torres Strait Islander people) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.

Older people who are eligible to access hoarding and squalor assistance, remain eligible for this service indefinitely and do not require a reassessment for hoarding and squalor assistance, even if they suspend services for several years. These older people are also eligible to access other CHSP services targeted at avoiding or reducing the impact of hoarding and squalor situations.

Assessment organisations are required to work collaboratively with hoarding and squalor assistance service providers in supporting older persons to access aged care due to their particular circumstances. Hoarding and squalor assistance service providers link older persons to the most appropriate range of housing and care services in order to meet their immediate and ongoing needs. The range of hoarding and squalor services may include:

- one-off clean-ups

- developing a client plan and reviewing care plans

- linking to specialist support services.

It is recognised that a specialised approach is required for hoarding and squalor assistance clients due to their particular circumstances.

Hoarding and squalor assistance providers or care finders can help clients contact My Aged Care and work with aged care assessors, particularly during the assessment process, to understand what services are available and to find and choose services. It is also appropriate for aged care assessors to refer suitable clients identified during the assessment process to the hoarding and squalor assistance or care finders for further support.

In practice, it may take many interactions with the client for a provider to gradually develop trust, leading to a supportive professional relationship where de-cluttering and deep cleaning can occur and appropriate supports are in place. This requires

persistence and a specialised capacity of the worker to manage challenging behaviour. When linking clients into services, clients may require a period of continued support to assist them to remain linked with those services.

Providers are required to develop links with other local care services, including but not limited to:

- aged care assessors
- residential aged care where appropriate
- Home Care Packages
- state and territory programs and resources
- Veterans' Home Care services
- health services
- care finders
- local government services
- other services appropriate to the needs of the client, such as community care and other support services.

Where there are significant changes in need or additional services needed, CHSP providers can request a Support Plan Review, which may lead to a new assessment.

Out-of-scope activities under this service type

- Assessment (referrals) and advocacy services (financial, legal), unless targeted at avoiding or reducing the impact of hoarding and squalor situations.
- Permanent support and/or direct care provision.
- Funding to purchase accommodation for clients.
- Hoarding and squalor clients are exempt from paying a client contribution towards their services.

3.5 Sector Support and Development (updated)

Sector Support and Development (SSD) services aim to increase CHSP provider capability and improve quality of service delivery through activities under a targeted range of primary focus areas.

SSD services are provided to CHSP providers to increase the service delivery and capacity of the sector, including increasing access for clients to aged care services.

Service considerations

SSD will be extended for 12 months. During 2025, we will liaise with Government and work closely with SSD providers to design a proposed new in-home aged care sector support system, not just for the CHSP.

This will:

- support capacity building
- better enable the carer workforce and volunteers
- have more structured funding for peak bodies and sponsorship arrangements.

SSD provider 2025-26 Activity Work Plans are due 15 July 2025.

SSD providers can deliver their activities nationally and therefore activities should be made available to all CHSP providers across Australia, where possible. SSD activities should not be restricted to a preferred CHSP provider or a specific CHSP service type (e.g. Meals, Transport, Respite), unless approved by the department.

SSD providers are encouraged to collaborate on activities, form working groups and collaborate on their activities to reduce duplication and build national consistency and equitable geographical distribution of support for CHSP providers.

Objective

To increase CHSP provider capability and improve quality of service delivery through activities under a targeted range of primary focus areas.

Service description

SSD activities focus on supporting CHSP providers to uplift their capability ahead of reforms to the aged care system.

SSD providers must allocate at least 75% of their funding to activities that fall under a primary focus area, as listed below. These activities must only be delivered to CHSP providers. Clients and consumers cannot receive services funded through 75% activities, unless the activity supports the volunteer workforce.

SSD providers have the option to distribute up to 25% of funding to activities that fall under a navigation primary focus area, as listed below. These activities can be delivered directly to consumers.

Primary focus areas (75%):

- Active participation in the SSD Community of Practice

- Transition to service delivery under the new Act

- CHSP general information sharing

- CHSP volunteer workforce - Support for CHSP providers

- CHSP volunteer workforce - Support for volunteers

- Compliance under the Aged Care Quality Standards

- Diversity and inclusion

- Engagement on aged care reforms

- Networking and partnerships - CHSP providers

- Networking and partnerships - SSD providers

- Recruitment and workforce enhancements (including onboarding, retention, workforce planning, and events)

- Reporting, business transformation and operational procedures

- Resources and training

- Wellness and reablement.

Navigation activity primary focus areas (25%):

- Aged care consumer events

- Mainstream navigation - 1:1 navigation

- Mainstream navigation - Group navigation

- Translation/interpreting.

Out-of-scope activities under this service type

- Activities that do not relate to CHSP service delivery

- Delivery of services directly to clients or consumers (except where noted above)

- Activities that do not support building capability of CHSP providers to improve quality of CHSP service delivery

- Activities that exclusively build the capacity of the funded organisation, rather than the capacity of the CHSP sector in general, including:

    o the review and development of internal policies and procedures

    o assessment and compliance with internal or external policies, procedures, guidelines and laws

    o website maintenance, marketing and promoting other CHSP and/or non-CHSP services delivered by the funded organisation

    o support for in-house training and induction for staff recruited for delivery of other CHSP service types of the funded organisation

    o exclusively supporting the funded organisation's own volunteer workforce.

- The provision of advocacy services

- Capital works and building maintenance, repairs and refurbishments (e.g. renovations, refitting buildings, installing of gardens, solar panels and blinds etc.)

- Developing training or information that duplicates existing resources

- Supporting researchers to recruit older people to participate in studies and research projects

- Facilitation of home share arrangements

- Operating and/or funding Senior Citizen Centres

- Supporting CHSP clients with reassessment of their aged care services

- Services already provided under other Department of Health, Disability and Ageing, Commonwealth or state/territory programs.

SSD is exempt from client contributions. See **Appendix E** for more information about the Guide to the National CHSP Client Contribution Framework.

Service delivery setting (e.g. home/centre/clinic/community)

Activities can be across a range of settings as appropriate for individual activities.

Use of funds including any target areas

Funding must be used to meet objectives and key deliverables as outlined in the organisation's approved SSD Activity Work Plan.

Output measure

Funds expended and reports provided in accordance with departmental reporting requirements and the activity described in their approved SSD Activity Work Plan.

3.6 CHSP service referrals

In general, where a couple in a household has the same assessed need, it may not be appropriate to for both members of the couple to receive a referral for the same service type. Examples may include domestic assistance, home maintenance and repairs and home adjustments.

Clients may be able to access more than one referral for the same service type in certain circumstances. For example:

- Allied health and therapy: a client may have a referral for podiatry services and physiotherapy services with these services provided by different CHSP allied health and therapy providers.
- Transport: a client may access transport services from one provider during the week and use another transport referral with a second provider on weekends as that provider only provides weekend services.
- Social support and community engagement (group social support and individual social support): a client may have more than one referral for this service type and this would need to be discussed with the aged care assessor.

3.7 What not to use CHSP funding for (updated)

CHSP providers can only use grant funding for the purpose of delivering funded aged care services to clients who are eligible to receive those services, as outlined in the

CHSP 2025-27 extension grant opportunity guidelines (**GO7466**). CHSP providers must **not** use any grant funds for the following:

- purchase of land
- purchase of vehicles without departmental approval
- paying ransom for ransomware, cyber-attack or any other type of cybercrime
- coverage of retrospective costs (i.e. costs incurred before the client was approved for services)
- major capital expenditure
- wholesale upgrade or replacement of an organisation's information technology infrastructure
- costs for the preparation of a grant application or related documentation
- costs related to international travel
- client accommodation expenses
- direct treatment for acute illness, including convalescent or post-acute care
- medical aids, appliances, and devices provided because of a medical diagnosis or surgical intervention, and which would be covered by the health care system, such as oxygen tanks or continence pads
- household items not related to functional impairment(e.g. general household items, furniture, or appliances)
- activities which could bring the Australian Government into disrepute
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility
- major construction or capital works, acquisition or capital infrastructure (for the purposes of the CHSP, capital infrastructure is considered to be real property of a non-expendable nature, specifically major renovations, buildings and land).

Chapter 4: Wellness and reablement

This chapter explains wellness and reablement, how this approach is applied, and how it benefits clients, their carers and providers.

4.1 About wellness and reablement

Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronic illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible.

Wellness and reablement approaches work with older people to maximise their independence and enable them to remain living safely in their own homes and communities.

Wellness

A wellness approach involves the assessment, planning and delivery of support that builds on individuals' strengths, capabilities, and goals. It encourages actions that promote independence in tasks of daily living, and reduce risks associated with living independently at home.

Wellness avoids 'doing for' when a 'doing with' approach can help the client in undertaking a task or activity themselves or with less assistance. This acknowledges what the client can do and builds on their strengths and skills. It also aims to empower individuals to take charge of, and participate in, informed decision-making about the care and services they receive. It's about listening to what the client wants to do, looking at what they can do, and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day-to-day life.

A wellness approach is applicable to all service types, even where services provided are limited. For example, CHSP providers delivering transport may increase a client's level of independence in daily living tasks by helping them enter and exit the vehicle by themselves. They can increase wellbeing through transportation to and from a friend's house or social support group. This can help the client to meet their goal of increasing social activities.

Reablement

Reablement services are short-term or time-limited interventions that target a person's specific goal or desired outcome. This approach to service delivery allows clients to address a specific barrier to independence, adapt to functional loss, regain confidence and enhance their capability to resume activities.

Reablement services apply a wellness approach and aim to get a client 'back on their feet', and able to resume previous activities either without needing ongoing service delivery or with a reduced need for services. Service providers should identify opportunities for reablement as part of their ongoing support of clients.

4.2 Service delivery responsibilities

As part of applying a wellness and reablement approach to service delivery, CHSP providers are required to:

- Ensure services focus on helping clients to achieve their agreed goals as outlined in the client's support plan
    - o Aged care assessors develop a support plan with the client to accurately reflect the client's assessed needs and goals.
    - o The client's support plan is saved to the client record on My Aged Care and can be viewed by the client's provider.
    - o Providers work with clients to develop a person-centred and outcomes focused care plan to support the client to achieve their goals, based on their assessed needs.
- Apply a 'doing with' approach across service delivery
- Offer time-limited interventions where appropriate
- Monitor changes in client needs and regularly review support services
- Comply with wellness and reablement reporting requirements
- Have an implementation plan outlining their approach to embedding wellness and reablement in service delivery.

4.3 Embedding wellness and reablement

Offering care that focuses on individual client strengths and goals and recognises the importance of client participation is fundamental to the CHSP. Providers must incorporate wellness and reablement principles as part of their service delivery.

Embedding wellness and reablement approaches in aged care organisations promotes client wellbeing, independence, function, and management of activities of daily living.

Ways to apply wellness and reablement approaches include:

- **Promote independence:** People value their independence. Providers should actively promote client independence and connection to community so they can continue to live fulfilled, autonomous and confident lives.

- **Identify the client's goals:** Service delivery should focus on supporting the client to set, plan, and actively work towards their goals and improved independence wherever possible.

- **Consider physical and psychosocial needs:** Independence is not limited to physical function. It includes both social and psychological function. Support should be tailored to the individual and aim to improve their physical, social and emotional wellbeing.

- **Encourage client participation:** Being an active participant, rather than a passive recipient of services, is an important part of being physically and emotionally healthy. Providers should focus on helping the client complete tasks where possible, and not taking over tasks they can do for themselves.

- **Focus on strengths:** The focus should be on what a client can do, rather than what they cannot. Wherever possible, services should aim to retain, regain, or teach skills, and avoid creating dependencies.

- **Support clients to reach their potential:** Providers should play an active role in helping clients maintain and extend their activities in line with their capabilities.

- **Individualised support:** Service delivery should be tailored according to the client's goals, aspirations, capabilities, and needs.

- **Regular review:** Client assessment should be ongoing, not one-off. It should focus on progress towards client goals and consider the support and duration of services required to meet these goals.

4.4 Time-limited support

Wellness and reablement often involves short-term support, with the specific aim of helping the client getting back to doing things for themselves. Time-limited reablement services tend to be delivered within a 12-week period with the aim to wrap up services when the client has met their goal or specific outcome. This involves the client and CHSP provider working together to plan how they will address specific barriers to independence and achieve the client's goals.

Client goals may be related to maintaining a level of activity, skill, or independence, or working towards regaining it. It is important that the provider understands what a 'good' day looks like for the client and how it relates to their goals, so that the plan and support they receive fits into the context of the client's daily life.

Time-limited reablement may involve restorative care services where the client has the potential to make a functional gain or improvement after a setback, or to avoid a preventable injury. Restorative care involves the delivery of evidence-based interventions led by an allied health worker or health professional that allows a

person to make a functional gain or improvement after a setback, or to avoid a preventable injury.

Providers may deliver these interventions as one-to-one or group services and may also involve a multi-disciplinary approach that extends beyond CHSP services. For example, services may involve primary health care workers. These services are coordinated by providers of allied health and therapy services based on clinical assessments of the clients.

Other time-limited reablement support could include:

- Training the client in a new skill, or activity/function, or actively working to regain or maintain an existing skill, ability or activity/function

- modification to a client's home environment

- providing the client access to equipment or assistive technology.

4.5 CHSP provider training and resources

There are a range of resources for CHSP providers about wellness and reablement:

Wellness and reablement initiative

The CHSP wellness and reablement page has further information and links to practical guides and tools to help providers deliver services with a wellness and reablement approach.

CHSP Good Practice Guide

The Living well at home: CHSP Good Practice Guide provides practical guidance in how to adopt a wellness and reablement approach into service delivery.

Community of Practice

CHSP Reablement Community of Practice: More Good Days is an online community forum to connect with other CHSP providers, share ideas, best practice, practical examples, and seek feedback.

CHSP wellness and reablement training program

The wellness and reablement online training modules help CHSP support workers, allied health professionals and team leaders to embed wellness and reablement into everyday service delivery approaches.

Training consists of 3 eLearning modules:

- Foundations in wellness and reablement

- Wellness and reablement in practice

- Reablement planning and strategy development.

The eLearning modules are available on the My Aged Care Learning Environment (MACLE), with free places available for CHSP providers. The training is self-paced and adult learning principles apply. This allows individuals to complete the training at their own pace, learning style and speed.

To register, please contact wellnessandreablement@health.gov.au.

Further information

The reporting requirements related to wellness and reablement can be found in Chapter 12 and additional information and resources on wellness and reablement can be found in **Appendix B**.

Client scenarios – wellness and reablement

Albert

Albert is a 70-year-old man who lives alone. After contacting My Aged Care, an aged care assessment was done which identified that Albert needed some assistance with laundry and meals. A CHSP provider initially visited Albert's home 3 times a week to wash and hang out his clothes and prepare his meals. The provider also worked with Albert to identify what he could do for himself and what he needed assistance with. The support worker encouraged Albert to continue to wash and hang out smaller items by using a trolley and an easy-to-reach drying rack inside, whilst they continued to come once a week to help hang out his bigger, heavier items.

Albert also indicated that he was open to doing the cooking, but lacked confidence since his wife, who had recently passed away, had always done most of the cooking. For several weeks, the provider stayed and cooked with Albert to help him prepare several meals for the week. With his confidence back, Albert has continued to do things for himself and has remained independent in his own home.

Elsa

Elsa is a 72-year-old woman with osteoarthritis. She has been receiving CHSP domestic assistance for several years. A support worker visited Elsa once a week for 2 hours to help with general housework and laundry. Elsa required no other help.

After applying a wellness and reablement approach to Elsa's support needs, the provider identified that Elsa could still do some basic household chores such as light dusting, wiping over surfaces, doing her own dishes, and using a light-weight carpet sweeper.

Over a 2-month period, instead of 'doing for' Elsa, the support worker encouraged and supported Elsa to undertake some of these tasks by herself whilst the support worker continued to do more difficult tasks such as vacuuming or cleaning the floors.

Elsa still needs ongoing support. However, she is now more involved and active around the home and enjoying her increased independence.

Part B: Eligibility and Delivery Requirements

This section covers:

- access to the CHSP
- interaction with other programs
- provider grant funding and client contributions
- flexibility provisions.

Chapter 5: Access to the CHSP

What's new in this chapter	

What's new in this chapter

5.1 Access to CHSP services (updated)

5.4 Other eligible groups – Grandfathered clients (updated)

This chapter explains who is eligible for CHSP services. It also outlines when and how people in other Australian Government programs or in special circumstances can access CHSP services. Providers should refer to this chapter when interacting with new clients, making changes to an existing client's care and services plan, or when a client's circumstances change.

5.1 Access to CHSP services (updated)

All new and returning clients must enter the CHSP through My Aged Care. The process for a new or returning client receiving CHSP services is detailed below.

1. **Contact:** The potential client contacts My Aged Care. My Aged Care is the entry point for Australian Government-funded aged care services, including the CHSP. This contact can be made over the phone, online or face-to-face.
2. **Register:** The potential client is registered in My Aged Care by contact centre staff, creating a client record and identification number. If the client would like a representative, their information will be recorded as well. Contact centre staff may note age eligibility requirements, if applicable.
3. **Referral:** Contact centre staff will send a referral to an aged care assessment organisation. The organisation will confirm eligibility for an assessment and, if found eligible, assign an assessor to the client.
4. **Assess:** The aged care assessor will conduct an aged care assessment. This determines if the client is eligible for the CHSP and what services they are eligible to receive. The client will receive their service approvals and a support plan which details the aged care assessment outcome.
5. **Referral code:** The aged care assessor will provide the client with a referral code for each service they are eligible for, which the client uses with CHSP funded providers. The client can also ask for the code to be sent directly to the provider or to be broadcast to several local providers to find availability. The referral will include a priority rating of the client's needs. Providers must take this priority rating into account, along with their own capacity to deliver services, before accepting a client.

Please note this is a general overview. For further information on the assessment process, including interactions with an aged care assessor, see the Single Assessment System for aged care.

Client navigation

CHSP clients can find information about the CHSP:

- By calling the My Aged Care contact centre on 1800 200 422 (free call) between 8:00am and 8:00pm weekdays and between 10:00am and 2:00pm on Saturdays
- Visiting the My Aged Care website
- Accessing the Your Guide to CHSP Services booklet or Your Guide to CHSP Services booklet (easy read).

Clients can also access face-to-face information about My Aged Care services at Services Australia service centres. Appointments can be made with an Aged Care Specialist Officer (ACSO) in some locations, or by video-chat.

More information about accessing ACSOs is available on the Services Australia's website. Clients can also contact Services Australia on 1800 227 475 Monday to Friday from 8:00am to 5:00pm.

5.2 CHSP eligibility requirements

The following groups are eligible for CHSP:

- Frail older people aged 65 years and over (or 50 years and over for Aboriginal and or Torres Strait Islander people) who:
    - need assistance with living independently at home and participating in the community, or
    - need planned respite services so their carers can have a break from their duties.
- Frail older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and or Torres Strait Islander people) on a low income who are:
    - homeless or at risk of homelessness because of experiencing housing stress or not having secure accommodation, or
    - living with hoarding behaviour or in a squalid environment, and at risk of homelessness or unable to receive the aged care services they need.

Note: 'prematurely aged' is defined as someone whose life course such as active military service, homelessness, or substance abuse has seen them age prematurely.

For the purposes of the CHSP, frail refers to older people who have difficulty performing activities of daily living, such as communication, social interaction, mobility or self-care, without help due to functional limitations.

Citizenship and residence requirements

Clients do not need to be an Australian citizen or permanent resident to access CHSP services.

5.3 Access to urgent CHSP services

Referral for emergency services

The My Aged Care contact centre can refer a client directly to a CHSP provider **only** if they need immediate health or safety intervention that is 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.

Circumstances for emergency services

The circumstances in which there is an urgent need for services to start immediately will vary. Providers and the My Aged Care contact centre will need to make judgments on a case-by-case basis whether if their circumstances are not addressed immediately, will place the client at risk. For example, a client may urgently need immediate services because a carer is no longer available or there has been a sudden and dramatic loss of a client's functional ability.

If the client has a need for an immediate health or safety intervention that is not available through other means, the services should be:

- for a one-off or short-term intervention, usually up to a maximum period of 8 weeks (or until an assessment can occur)
- for a direct health or safety intervention that needs to occur before an aged care assessment can take place.

Examples of emergency services may include:

- nursing for wound care
- transport to a specialist medical appointment
- delivery of meals
- personal care
- other support services due to the absence of a carer.

These circumstances recognise that there are limited situations where delivery of services is required while maintaining the commitment to a more thorough analysis of the client's needs by the assessor when possible.

Note: Services will be excluded if they are not required to prevent immediate risk to client safety in advance of an assessment by the assessor and an occupational therapist (where appropriate). These may include Home maintenance and repairs, Home adjustments, Equipment and products and Domestic assistance.

An assessment may be required for ongoing services required beyond 8 weeks and will depend on the client's needs.

CHSP providers should monitor clients accessing emergency services and determine if the client requires long term or ongoing access to services (greater than 8 weeks).

If so, the CHSP provider must support the client to register with My Aged Care (if they have not already done so) and arrange for an assessment.

Once referred for an assessment, the provider should maintain the urgent services until their assessment takes place.

5.4 Other eligible groups

Care finder program and Elder Care Support program participants

Clients in the care finder program and Elder Care Support program may be eligible for CHSP services that help to avoid homelessness or reduce the impact of homelessness. To access these CHSP services, clients must be at least 50 years of age, or 45 years for Aboriginal and Torres Strait Islander people. These clients must be assessed by My Aged Care to determine eligibility.

More information is available at Elder Care Support program and care finders program.

Clients of former programs consolidated into the CHSP

The following programs were consolidated into the CHSP:

- Commonwealth Home and Community Care (HACC) Program
- Planned respite services under the National Respite for Carers Program (NRCP)
- Day Therapy Centres (DTC) Program
- Assistance with Care and Housing for the Aged (ACHA) Program.

Former clients of these programs were found eligible for the CHSP and grandfathered if at the time they were accessing services or approved for services:

- prior to 1 July 2015 in Queensland, New South Wales, the Australian Capital Territory, Tasmania, South Australia and the Northern Territory
- prior to 1 July 2016 in Victoria
- prior to 1 July 2018 in Western Australia
- have accessed services at least 3 times over the previous financial year.

Grandfathered clients that have not had an assessment through My Aged Care since they were grandfathered must do so to continue to receive government subsidised services.

Clients needing services that exceed entry-level support (updated)

Grandfathered clients receiving services prior to 1 July 2015 will continue to receive CHSP supports at their previous service level until they are transitioned to other forms of more appropriate care.

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. These clients should be supported by the provider in transferring to more appropriate services (such as the NDIS or HCP program) when appropriate. CHSP providers should work with My Aged Care, aged care assessors and the client when their needs change, to transition them to more appropriate services where possible.

5.5 Assessments for existing clients

All existing CHSP clients need to be assessed (or in some cases reassessed) to continue receiving services. This includes:

- When a client's needs change, such as a need for a new service type or a significant increase to support needs. As part of their reassessment, the client may be assessed as eligible for continuing care through CHSP or may be assessed as eligible for a Home Care Package.
- Existing clients who have not accessed a CHSP service in the past 12 months must be referred to My Aged Care for a reassessment before any services can be provided.

5.6 Waitlists

Where CHSP providers choose to accept clients to their very-short-term waitlists from My Aged Care, this is an internal business decision.

If a provider does not have imminent availability, they should not add clients to their waitlists. This can prevent the client from receiving services with a different CHSP provider and the department from understanding demand in the local area.

It is the provider's responsibility to maintain contact with clients on their waitlist until they start receiving services.

Chapter 6: Interaction with other programs

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What's new in this chapter

6.3 Providing services to HCP care recipients (updated)

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This chapter explains how the CHSP interacts with other government-subsidised services. Providers should refer to this information in care discussions with their clients and when asked to deliver services to older people supported under other government-funded programs.

6.1 Overview

In general, CHSP services must not be provided to people who are receiving other government-subsidised services that are like the CHSP. For example, if a client has access to domestic assistance from the Veterans' Home Care Program, they cannot access CHSP Domestic Assistance at the same time.

As the CHSP aims to support as many people as possible who need entry-level aged care, older people receiving other aged care supports can only receive CHSP services when it would not unfairly disadvantage other CHSP clients.

There are important details for how each program or circumstance interacts with getting CHSP services.

Table 1: Interactions between the CHSP and other programs

Program or circumstance	Can receive CHSP services?
HCP Program	No, except under limited circumstances or on a full cost recovery basis (see table of defined circumstances for HCP care recipients to receive CHSP services below for more details on exceptions)
Waiting for a Home Care Package	Interim CHSP services are available when waiting for a HCP allocation
Residential care	Only on full cost recovery basis
NDIS	Yes, but there must not be duplication of services
People with disabilities who are ineligible for NDIS	Yes, providing they meet the CHSP's eligibility requirements

Program or circumstance	Can receive CHSP services?
Disability Support for Older Australians	Yes, but there must not be duplication of services
Flexible Care (TCP or STRC)	Yes, but there must not be duplication of services
Palliative care	Yes, when arranged by a GP or treating hospital (noting that CHSP does not fund or provide palliative care services)
Veterans' Home Care Program	Yes, but there must not be duplication of services
Correctional centres and detention facilities	Yes, but there must not be duplication of services

Note: The table above assumes that the person meets the standard CHSP eligibility requirements. Clients should also investigate their eligibility for other state and territory funded programs for goods, equipment and assistive technology, home maintenance and home modifications and state and territory-based transport schemes.

6.2 Health system

CHSP services must not replace, or fund supports provided for under other systems including the health care system. For example, the CHSP aims to maximise independence and autonomy for older people, however it is not a substitute for early intervention or rehabilitation, subacute or transition programs provided under the health system.

Post-acute care is also not funded under the CHSP. Where a client is already eligible for CHSP funded assistance or was receiving it prior to hospitalisation, additional support services can be provided following a hospital stay, for a short period of time. After this, support services must be reviewed.

6.3 Providing services to HCP care recipients (updated)

In general, HCP care recipients should **not** also receive CHSP services.

However, there are 6 circumstances where HCP care recipients can receive CHSP services for a short time. These are defined in the Table 3.

Table 2: Defined circumstances for HCP care recipients to receive CHSP services

Circumstance	HCP Level	Circumstance	Eligible Services
Circumstance 1	1 or 2	The HCP individualised budget has been fully allocated, where these specific services may help them to get back on their feet after a setback, such as a fall.	Short-term CHSP Allied health and therapy or Nursing services.
Circumstance 2	1-to-4	The HCP individualised budget has been fully allocated and a carer requires it.	Additional planned short-term respite services through the CHSP.
Circumstance 3	1-to-4	In an emergency situation where the HCP care recipient has an urgent and immediate health or safety need, and their individualised budget has been fully allocated.	Some additional CHSP services can be accessed on a short-term basis. These instances must be time limited, monitored and reviewed.
Circumstance 4	1 or 2	The HCP care recipient is either waiting for an aged care reassessment or has been reassessed at Level 3 or 4 and is waiting for their package assignment, and their individualised budget has been fully allocated.	Additional home modifications.
Circumstance 5	1-to-4	This only applies to HCP care recipients who have transitioned from the CHSP and were accessing existing CHSP Social Support Group services.	Continued access to their existing CHSP Group social support on an ongoing basis. These clients are not eligible for the IT equipment funding as described in Chapter 6 under CHSP Group social support .
Circumstance 6	1-to-4 or awaiting their package	Where there is urgent need, and the care recipient has insufficient funds in their package budget for Equipment and products	Access up to $2,500 for urgent CHSP Equipment and products funding in the short-term. See further details below.

Guidance for providing services to HCP care recipients

HCP care recipients must pay normal client contribution fees like other CHSP clients. HCP recipients must pay the client contribution privately. This means HCP care recipients cannot use their HCP budget to pay the CHSP client contributions gap.

In circumstances 1-to-4, CHSP providers should only provide services to HCP care recipients where they have capacity to do so without disadvantaging current or potential CHSP clients.

In all the circumstances except circumstance 5, the CHSP services can only be for the short-term or time-limited.

- What short term or time limited means depends on the specific circumstances and needs of each individual client.
    - As a guide, up to 3 months would be considered short-term services.
    - In some cases, CHSP services can be delivered for a longer time, based on the client's needs.
- 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.

When providing services to HCP care recipients, CHSP service delivery requirements and the process for getting services apply to the above circumstances, which means:

- All HCP care recipients must be assessed by an aged care assessor to receive these additional CHSP services. Note: This does not apply to circumstance 5, for pre-existing CHSP Group social support activities.
- The CHSP provider must accurately report the services delivered in the Data Exchange (DEX).
- CHSP providers must regularly review a client's progress against their individual goals and should refer the client to their most recent assessment service for a Support Plan Review or reassessment if their needs change.

Urgent Equipment and products – circumstance 6

Eligible HCP care recipients can access up to $2,500 per year for urgent Equipment and products through the CHSP. This funding is only available if an aged care assessor deems:

- the care recipient's situation is an emergency and
- they do not have enough funds remaining in their HCP budget.

GEAT2GO is the only provider authorised to supply equipment and products under this initiative. Referrals should not be sent to other CHSP Equipment and products providers.

Steps for referral for urgent Equipment and products

Referrals will be rejected if the process to request urgent Equipment and products is not followed.

An aged care assessor will review the HCP care recipient situation to determine their eligibility to access urgent Equipment and products under the CHSP.

If a client requires a low-risk item, the aged care assessor will:

- Refer the client to: Australian GEAT2GO - HCP - Emergency Funding - <client's state>. Note: set request to **high priority**, or it will be rejected.
- Include notes in the client's record about the urgency.
- Go into the GEAT2GO portal to submit a request for the low-risk item.

If a client required a higher risk item, the aged care assessor will:

- Complete Steps 1 and 2 above.
- Refer the client to an allied health professional as per normal emergency referral pathway and set the referral as high priority.
    - An allied health professional will assess the client and request the appropriate equipment or products in the GEAT2GO portal.
    - GEAT2GO will match the aged care assessor referral and allied health professional request before proceeding with the order.

Eligibility

A HCP care recipient is eligible for Equipment and products under CHSP in urgent circumstances where their immediate health and safety may be at risk if they do not receive the assistive supports.

Some examples of urgent circumstances include:
- a HCP care recipient is on the waiting list for a package but urgently requires Equipment and products services
- an existing HCP care recipient sustains an injury and requires urgent Equipment and products but has insufficient funds in their package to cover the purchase
- an existing HCP care recipient uses most of their package each month and they have been reassessed as requiring urgent equipment, but with no increase to their package
- an existing HCP care recipient is waiting for reassessment or allocation of a higher-level package, but they require urgent Equipment and products beyond what their current package allows.

These instances must be monitored and reviewed by the HCP care recipient's care manager where applicable. HCP providers should advise care recipients what funding is available in their package budget, how much to allocate for Equipment and products and discuss options if urgent needs arise. Depending on how much package funding is available, potential options are provided in the Table 4.

Table 3: Urgent Equipment and products situations

Situation	Outcome
If a HCP care recipient has enough funds in their package to pay for new equipment or products	They cannot use the urgent Equipment and products pathway under the CHSP.
If a HCP care recipient has limited unspent funds	They should consider renting or lease to buy options. The provider and care recipient must agree to all costs related to these arrangements and include them in the home care agreement.
If a HCP care recipient has spent their allocated funds or insufficient funds remain but they require urgent Equipment and products	The HCP provider can arrange a referral to the aged care assessor to have their circumstances assessed. HCP care recipients must pay any remaining costs over $2,500 with their private funds.

Interim CHSP services for clients on the HCP waitlist

When a person has been approved for a HCP but is waiting to receive a package, the aged care assessor may approve them for CHSP services as an interim arrangement. The services will be delivered as entry-level supports consistent with the CHSP, rather than the level of their HCP support.

CHSP providers should not prioritise people with an approval for a HCP or who are on the National Priority System above other CHSP clients.

Priority timeframes are referenced in the My Aged Care Service and Support Portal User Guide available on the department's website. Providers must take this rating into account along with their own capacity to respond with existing resources within the timeframes before accepting a client.

Full cost recovery

While a HCP recipient's care needs should be addressed by their HCP provider, they can choose to pay for additional CHSP services out of their HCP budget.

The HCP care recipient must pay for the entire cost of services (known as full cost recovery). For example, if the HCP care recipient received meals from the CHSP, they would be charged the full cost of the meals, including ingredients, preparation and distribution costs.

Note: CHSP providers should only agree to this arrangement if it does not disadvantage CHSP clients.

6.4 Residential care

Aged care residents cannot access CHSP services unless on a full cost recovery basis. This includes people accessing Multi-Purpose Services (MPS) program in regional and remote areas. This means aged care residents must pay for the entire cost of services. This will also be dependent on CHSP provider availability.

DTC residential care

Prior to 1 July 2015, services funded under the DTC Program were available to residents with a previous Aged Care Funding Instrument (ACFI) 'low' score (now the Australian National Aged Care Classification (AN-ACC) funding model) in Government funded residential care facilities. These DTC clients were grandfathered under the CHSP.

6.5 NDIS

NDIS participants can receive CHSP services when:

- the person meets eligibility requirements for CHSP
- the person needs entry-level support
- there is no duplication between the services from the CHSP and NDIS.

If a NDIS participant prefers to access all services through the aged care system after turning 65, they can do so. Their NDIS package will stop, and they will only be eligible for support through the CHSP or HCP Program, depending on their care needs. A NDIS participant will need to contact My Aged Care to discuss eligibility for aged care services.

For more information on the NDIS, see the NDIS website.

6.6 People with disability who are ineligible for NDIS

CHSP providers will be required to make reasonable provisions to accommodate the needs of the client and their disabilities.

People who are not able to access the NDIS but have a disability and meet the required CHSP eligibility requirements, can access entry level CHSP services.

6.7 Disability Support for Older Australians

Disability Support for Older Australians (DSOA) is a closed program, which means that it is not available to new clients.

DSOA supports clients who:

- were 65 years or over when the NDIS commenced in their region, or
- were an Aboriginal or Torres Strait Islander person aged 50-64 years when the NDIS commenced in their region, and
- were assessed as ineligible for the NDIS, and

- were an existing client of state or territory government specialist disability services at the time the NDIS commenced in their region.

Older people who are not current clients but are seeking disability support should contact My Aged Care to find out what programs may be available to them.

DSOA clients who meet the required CHSP eligibility requirements can receive CHSP services that are not provided through DSOA. If a DSOA client accepts services under CHSP that are delivered through DSOA, it will be taken that the client has chosen to exit DSOA.

If a DSOA client wishes to access CHSP services, they should contact My Aged Care to undertake an assessment to determine their eligibility. In doing so, DSOA clients should clearly outline to My Aged Care that they are a DSOA client, otherwise they may be found eligible for CHSP services that are provided through DSOA. This may lead to the client losing access to DSOA.

Further information on the DSOA Program.

6.8 Flexible care

The TCP and STRC are grouped together as flexible care.

People may receive CHSP and flexible care services at the same time when:

- the person meets eligibility requirements for both programs
- the person needs entry-level support
- there is no duplication between the services they access from the CHSP and flexible care.

For more information on TCP and STRC.

6.9 Palliative care

The CHSP does not fund or provide palliative care services.

State and territory governments are responsible for the provision and delivery of palliative care and hospice services as part of state health and community service provision responsibilities. As such, decisions on the funding and delivery of palliative care and hospice services in each jurisdiction, are the responsibility of individual state and territory governments.

CHSP clients can receive support through palliative care services in addition to their CHSP, as long as there is no duplication.

CHSP clients can receive palliative care services from their local state-based health system when it is arranged by their GP or treating hospital. The palliative care team will coordinate the skills and disciplines of a range of service providers to ensure appropriate care, including working with CHSP providers.

6.10 Veterans

Veterans can receive services funded by the Department of Veterans' Affairs (DVA), such as the Veteran's Home Care Program, as well as CHSP services when:

- the person meets eligibility requirements for CHSP
- the person needs entry-level support
- there is no duplication between the CHSP and DVA services they access.

For more information on DVA services.

6.11 Correctional centres and detention facilities

People in correctional centres and detention facilities may receive CHSP services if equivalent services are not already being provided by their institution.

Chapter 7: Provider grant funding and client contributions

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What's new in this chapter

7.2 CHSP National Unit Price Ranges – Exceptions (updated)

7.3 Aged Care Work Value case (updated)

7.4 Modified Monash Model (MMM) loadings (new)

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This chapter provides information on how CHSP providers are grant funded by the Australian Government, and the contributions that clients make towards the cost of their care. This chapter is important for providers when discussing fees with clients, making or updating a client contribution policy, or doing financial planning.

The funding that CHSP providers receive when they deliver services has 2 parts:

- The grant funding as per the **National Unit Price Ranges** (**Appendix E**) and set out in the grant agreement between the provider and the Commonwealth.
- The **client contribution**, which is determined by each provider based on the National CHSP Client Contribution Framework (**Appendix E**) and paid by the client.

7.1 Client contributions

A provider delivering funded aged care services through a service group under the CHSP may charge an individual an amount for or in connection with those services (the CHSP contribution). The amount must be agreed in writing between the individual and the provider. However, clients should not be denied CHSP services because they are unable to pay.

In agreeing to the amount of CHSP contribution, providers should consider a range of factors including:

- business costs associated with delivering the service
- affordability for CHSP clients
- the socioeconomic circumstances of those receiving services.

There is no formal means testing for CHSP client contributions. The client contribution fee may vary from person to person. This is because the fee can vary depending on the specific services a client receives and their individual capacity to pay. As a result, client contribution fee arrangements may differ across the country and from client to client. Two clients of a similar age with similar support needs may pay different fees for a similar service.

All providers must have a documented and publicly available client contribution policy, which outlines what their client contribution fees are and how they are determined. This policy must align with the National CHSP Client Contribution Framework.

The National Client Contribution Framework

The National CHSP Client Contribution Framework (the Framework) aims to ensure that clients who can afford to contribute to the cost of their care do so, while protecting those most vulnerable.

Under the Framework, CHSP providers should adopt the following 6 principles in setting client contribution policies.

1. **Consistency**: All clients who can afford to contribute to the cost of their care should do so. Client contributions should not exceed the actual cost of service provision.

2. **Transparency**: Policies should be in an accessible format and publicly available. CHSP providers should give a copy of and explain their policy to all new and existing clients.

3. **Hardship**: Policies should include arrangements for clients who are unable to pay the requested contribution.

4. **Reporting**: Providers should report the dollar amount collected from client contributions, as per the CHSP Grant Agreement.

5. **Fairness**: Policies should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, providers need to take into account partnered clients, clients in receipt of compensation payments and bundling of services.

6. **Sustainability**: Revenue from client contributions should be used to support ongoing service delivery and expand the services that providers are currently funded to deliver.

The following CHSP sub-programs are excluded from this Framework:

- Hoarding and squalor assistance
- Sector support and development (SSD).

For more information, see the Guide to the National CHSP Client Contribution Framework in **Appendix E**.

7.2 CHSP National Unit Price Ranges (updated)

The Australian Government determines how much grant funding it pays providers for each service type, called National Unit Price Ranges.

CHSP National Unit Price Ranges include all provider costs in delivering CHSP services including wages, rent, insurances, and other associated costs. The subsidised funds, combined with the client contribution, make up the funding attributed to a service being delivered.

The funding amounts for providers in the 2025-26 and 2026-27 financial years will be the same as current CHSP 2024-25 grant agreements, with indexation applied. Indexation is automatically applied to CHSP grant agreements.

The CHSP National Unit Price Ranges and Reasonable Client Contributions are outlined in **Appendix E**.

Exceptions

The following CHSP service types do not have National Unit Price Ranges:

- Sector support and development (SSD)
- Hoarding and squalor assistance
- Home adjustments – services are based on cost in dollars and capped at $15,000 per client per financial year
- Equipment and products – output measure is the cost in dollars and quantity of items (purchase or loaned) with a $1,000 cap per client per year.

7.3 Aged Care Work Value Case (updated)

The National Unit Price Ranges currently do not reflect the impact of Stage 2 or Stage 3 of the Fair Work Commission's Aged Care Work Value Case, and associated grant funding awarded to some CHSP providers.

The National Unit Price Ranges will be updated to reflect all changes as they are finalised and entered into providers' contracts through the 2025-27 period to reflect increased award wages.

As part of the 2025-26 Budget, the Australian Government announced funding of $30.1 million to support award wage increases for CHSP providers aged care workers. This relates to the Fair Work Commission's Stage 3 decision under the Aged Care Work Value Case and those aged care workers whose award wages increased from 1 January 2025. Funding will be provided through an uplift in indexation from 1 October 2025 to support both the 1 January 2025 and the 1 October 2025 award wage increases. This is consistent with funding provided across other aged care programs.

The Australian Government also 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 care 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 care services will receive a Notice of Change to their grant agreement from 1 October 2025 and 1 August 2026.

The National Unit Price Ranges will be updated during 2025-27 to reflect these wage increases.

For the latest information, see Aged Care Work Value Case.

7.4 Modified Monash Model (MMM) loadings

Expansion of Modified Monash Model (MMM) Loading

From 1 July 2025, the price loading will expand to include MMM 5 (Small rural towns). This loading will be applied by the department in the 2025-27 extension for eligible providers.

Providers delivering 50% or more of a service type in defined MMM areas may request a loading of up to 40%, depending on the remoteness of the area.

- **MMM Area 5 (Small rural towns):** up to 20% loading **(new)**
- **MMM Area 6 (Remote):** up to 40% loading
- **MMM Area 7 (Very remote areas):** up to 40% loading.

For further information, see **Appendix E**.

Chapter 8: Flexibility provisions

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What's new in this chapter

8.1 Changes to flexibility provisions

Provider scenarios flexibility provisions – updated

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This chapter outlines the flexibility provisions under the CHSP and how they work.

8.1 Changes to flexibility provisions

The flexibility provisions remain for most service types.

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

- Equipment and products **(new)**
- Home adjustments **(new)**
- Specialised support services **(new)**
- Sector support and development
- Hoarding and squalor assistance.

8.2 About flexibility provisions

The flexibility provision enables CHSP providers to re-allocate the service types they are funded for between Aged Care Planning Regions (ACPR) in their Activity Work Plan.

CHSP providers can use flexibility provisions when there is a demonstrated client need (i.e. based on My Aged Care referral requests). This helps providers to meet changes in the demand for services, while ensuring compliance with performance reporting requirements.

For example, where a CHSP provider receives a large volume of referrals from My Aged Care for clients requiring social support and community engagement, but less than the level of referrals expected for personal care, the provider may use the flexibility provision (providing it is funded to deliver both activities under its CHSP Grant Agreement). The provider can use funding it receives for personal care to deliver social support to meet the demand for social support and community engagement services. However, the provider must retain 50% of service delivery against their outputs as outlined in the Activity Work Plan. This is to ensure funded services remain within ACPRs.

In choosing to use flexibility provisions, CHSP providers must not:

- re-allocate funding to a service type or ACPR that is not in their grant agreement
- move more than 50% of service delivery out of a service type in the ACPR region as outlined in the grant agreement and in the Activity Work Plan
- leave a service gap in an area they are currently operating in i.e. resources may only be re-allocated out of a region where there is a clear drop in demand or need for the service
- suspend services or move all resources and funding for a service type out of an ACPR, unless prior approval is granted by the department first, and then only for a specified time limited basis
- use funds from exempted service types as described below for other services they provide.

Flexibility Provisions – SSD

SSD providers who deliver other CHSP service types can ask to utilise the flexibility provisions, provided it does not impact on current clients or service delivery.

If a provider wishes to re-allocate funds from another service type into SSD or re-allocate base funding from SSD to other service types, they must contact their Funding Arrangement Manager and seek written approval from the department prior to any additional service delivery. Provider Activity Work Plans will need to be reviewed and amended by the department to formalise the movement of funding.

8.3 Administering flexibility provisions

CHSP providers will work with the department, the Funding Arrangement Manager, My Aged Care and assessment services, to routinely monitor demand levels for each service type in each ACPR they are funded to operate in. Delivery of these outputs is recorded in DEX only and should not require any change to the provider's CHSP Grant Agreement.

CHSP providers will have regular engagement with their Funding Arrangement Manager as well as monitoring through the monthly DEX reporting process.

8.4 Monitoring flexibility provisions

The grant agreement will continue to be monitored across the funded services for compliance. It will also take into consideration unit price variance between service types delivered.

Funding Arrangement Managers will engage with providers where they are not meeting 50% of their services in an ACPR.

The CHSP provider must record their actual service delivery in DEX to provide the department with visibility they are using the flexibility provision.

Where CHSP providers have special conditions identified in their CHSP Grant Agreement, providers are required to deliver the services as stipulated in the special

conditions prior to applying the flexibility provision. Special conditions take precedence over the flexibility provision.

If demand decreases for a service type within an ACPR beyond the flexibility provisions outlined, providers need to engage with their Funding Arrangement Manager for further discussion. This might potentially result in a grant agreement amendment.

Flexibility provisions – examples

Example 1 – moving funds across services within one ACPR

A service provider is funded to deliver domestic assistance and personal care in the same ACPR. The service provider receives more referrals from My Aged Care to deliver domestic assistance than personal care in this region. The provider can use funding allocated to personal care for domestic assistance, provided they deliver 50% of their contracted outputs for personal care in the region.

Before using flexibility provisions

After using flexibility provisions

Region 1

Domestic assistance
$120k (100% of funding)

Personal care
$100k (100% of funding)

Region 1

Domestic assistance
$170k (100% of original funding plus 50% of personal care funding)

Personal care
$50k (50% of original funding)

Example 2 – moving funds across ACPRs

A service provider is funded to deliver domestic assistance in Region 1, and personal care in Regions 1 and 2. The service provider receives more referrals from My Aged Care to deliver domestic assistance in Region 2 than Region 1. The provider can use the flexibility provision to deliver domestic assistance in Region 2, provided they deliver 50% of their contracted outputs for domestic assistance in Region 1.

Before using flexibility provisions

After using flexibility provisions

Region 1

Domestic assistance
$120k (100% of funding)

Personal care
$100k (100% of funding)

Region 1

Domestic assistance
$60k (50% of funding)

Personal care
$100k (100% of original funding)

Region 2

Personal care
$100k (100% of funding)

Region 2

Domestic assistance
$60k (50% of funding from Region 1)

Personal care
$100k (100% of original funding)

Provider scenarios – flexibility provisions (updated)

In-scope flexibility provisions

Example 1 (across funded services)

A CHSP provider is funded to deliver Domestic assistance and Personal care in the same ACPR. The provider receives more referrals from My Aged Care to deliver Domestic assistance than Personal care in this region.

In this instance the provider may use funding allocated to Personal care for Domestic assistance, provided they deliver 50% of their contacted outputs for Personal care in the region.

Example 2 (value for money)

A CHSP provider is funded to deliver Nursing care and Personal care. In the reporting period the organisation is receiving more referrals from My Aged Care for Nursing care rather than Personal care. The provider uses the flexibility provision, and funding allocated to Personal care is used to meet the increased service demand in Nursing care. In using the flexibility provision, the provider must also demonstrate they have achieved value for money by reporting the service delivery outputs in DEX and including the use of the flexibility provision in their financial report. Providers must deliver 50% of Personal care hours in their funded ACPR, with discussions with the Funding Arrangement Manager where potential grant agreement variations may be required for more permanent changes outside the flexibility provisions.

The department will consider the indicative unit cost of Personal care delivered by the provider in that region (e.g. 100 hours for $1,000 is $10 per hour) and of Nursing care (100 hours for $2,000 is $20 per hour). The provider has $200 available from Personal care to use for Nursing care, equating to an extra 10 hours of Nursing care. The provider enters their service delivery outputs into DEX, 80 hours of Personal care and 110 hours of Nursing care, demonstrating value for money has been achieved.

Example 3 (across funded ACPRs)

A CHSP provider is funded to deliver Domestic assistance in Region 1 and Personal care in Regions 1 and 2. In this case, the provider can use the flexibility provision to deliver Domestic assistance in Region 2. Providers should discuss this arrangement with their Funding Arrangement Manager for a potential grant agreement variation. Provider scenario – out of scope of flexibility provisions

Out-of-scope for flexibility provisions

Example 1 (new services not funded for)

A provider wants to use the flexibility provision to establish new Transport services they are not currently funded for under their grant agreement. The flexibility provision cannot be used in this instance.

Establishing new services in a region would need to be considered by the department and in discussion with the Funding Arrangement Manager.

Example 2 (ACPRs not funded for)

A provider is funded to deliver Meals in one ACPR and wants to establish new Meals services in another ACPR that is not in their grant agreement. The provider cannot use the flexibility provision to deliver the Meals services in this instance.

Part C: Administration and Provider Responsibilities

This section covers:

- quality arrangements and client rights
- incident management and staffing responsibilities
- financial responsibilities
- provider reporting and system responsibilities.

Chapter 9: Quality arrangements and client rights

> **What's new in this chapter**
>
> **9.8 Service continuity – CHSP Selections Framework and Providers transitioning out (new)**

This chapter outlines provider and departmental responsibilities relating to delivering high quality and safe aged care services to meet the needs of CHSP clients.

This includes important information on how CHSP providers uphold the Aged Care Quality Standards, monitor clients and make referrals for Support Plan Reviews, and handle complaints.

9.1 Quality arrangements

Provider responsibilities

In entering into a grant agreement with the department, CHSP providers must comply with the:

- Commonwealth Standard Grant Agreement (including the Commonwealth Standard Grant Conditions and any Supplementary Terms).
- CHSP Extension Grant Opportunity Guidelines.
- grant details (including any other document referenced or incorporated in grant details including the Activity Work Plan).
- Aged Care Quality Standards.
- CHSP Program Manual.

CHSP providers are responsible for ensuring:

- they meet all requirements of their CHSP Grant Agreement.
- service provision is effective, efficient, and appropriately targeted.
- My Aged Care service availability is up to date and accurate.
- services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual support plan.
- wellness and reablement, and restorative approaches to service delivery support older people to improve their function, independence and quality of life.

- apply the highest standards of duty of care.
- services are operated in line with, and comply with, the requirements as set out within all state and territory and Commonwealth legislation and regulations.
- staff and volunteers in direct care roles with responsibility for the safe delivery of services to clients or groups of clients receive current and accredited first aid certification.
- that up-to-date infectious disease controls and emergency preparedness policies are in place, enforced, and regularly reviewed.
- older people with diverse needs have equal and equitable access to available services, and are delivered in line with the Aged Care Diversity Framework.
- they work collaboratively with stakeholders to deliver services.
- they contribute to the overall development and improvement of service delivery, such as sharing best practice.
- they help clients to transition to another provider (where required) and continue providing supports to those clients until they have fully transitioned.
- they manage and keep up to date their client records and service information via the My Aged Care Service and Support Portal.
- they accept or decline and action client referrals in a timely manner, including managing waitlists only where services are imminently available.
- submit reports as described in the CHSP Grant Agreement.

For more information, refer to the [CHSP My Aged Care Provider Journey Infographic](#).

Aged Care Quality Standards

All CHSP providers must operate in line with the Aged Care Quality Standards (the Standards) and have appropriate procedures in place to meet the quality of care and quality of life for the provision of aged care in the community.

There are 8 Standards that apply to all aged care services including residential care, Home Care Packages, flexible care, and services under the CHSP:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance.

Each of the Standards include:

- a statement of outcome for the consumer
- a statement of expectation for the organisation

- organisational requirements to demonstrate that the standard has been met.

The Standards have been structured so that aged care providers will only have to meet the Standards that are relevant to the type of care and services they provide and the environment in which services are delivered. For more information, CHSP providers should visit the ACQSC website.

Continuous Improvement

The Standards require CHSP providers to demonstrate effective management processes based on a continuous improvement approach to service management, planning and delivery. Some of the Standards relate to service access and assessment and referral practices. If requested, CHSP providers must provider their plan for continuous improvement to the department.

The plan should include policies for:

- managing staff and volunteers
- regulatory compliance with funded program guidelines
- relevant legislation, including Work Health and Safety legislation
- professional standards
- complaint mechanisms.

9.2 Client monitoring

CHSP providers must monitor and review the client's circumstances to ensure service delivery is appropriate for the client.

While aged care assessors assess eligibility for CHSP services, CHSP providers need to conduct some activities related to assessment as part of their work, including:

- Service level assessment activities relating to the provider, such as undertaking a Work Health and Safety assessment for both the care worker and client.
- Specialised assessments based on professional expertise, such as:
  - Nursing care and Allied health and therapy services.
  - face-to-face malnutrition risk assessments by Meals providers, if providers have this knowledge and capacity.
  - ongoing monitoring of the client and their home environment.
  - ongoing monitoring of the appropriateness of service arrangements.
- A formal review of services at least once every 12 months.
  - These may be done over the phone or face-to-face with the client.
  - The outcome of these reviews must be recorded in the My Aged Care client record.

- If the client's care needs change significantly, providers must send a Support Plan Review request to an assessor through the My Aged Care Service and Support Portal. This will likely lead to a new assessment.

9.3 Support Plan Reviews

Aged care assessors conduct Support Plan Reviews to check that a client's services are still effective and appropriate.

A Support Plan Review may be required when:

- a provider identifies a change in the client's needs or circumstances that affects the existing support plan (e.g., a client's informal carer is no longer available to help).
- a client has a change in their needs or circumstances or seeks help to access new services or change their provider (e.g., client has a new mobility problem).
- a client has received restorative care interventions under CHSP and has made a functional gain or improvement to remain independent.
- the short-term or time-limited support/coordination using a wellness and reablement approach has been completed.
- the aged care assessor sets a review date in the support plan for a short-term service. (e.g., the client is referred for time limited support under the CHSP while a client is waiting for access to a HCP).

Requesting a Support Plan Review

In most cases, CHSP providers will submit a request for the Support Plan Review through the My Aged Care Service and Support Portal.

CHSP providers should include clear and detailed information on the request to:

- justify the reason for the review request
- outline the urgency for the review (if needed).

This information will assist aged care assessors with managing high volumes of review requests, reduce the risk of the aged care assessor cancelling the request or the need for them to follow up individual requests with the client's provider.

For further guidance on requesting a Support Plan Review, see:

- [My Aged Care Service and Support Portal User Guide for Team Leaders and Staff Members](#)
- [When to Request a Support Plan Review from an Assessor fact sheet](#).

Outcomes of the review

The outcomes of the Support Plan Review may include:

- no change
- an increase or decrease in services or a new service recommendation
- a referral to an aged care assessor for a reassessment for services.

A new assessment must be done if there is a significant change in the client's needs and/or circumstances that affect the scope of the care and services plan. This may be initiated by an assessor's Support Plan Review. Clients will be referred to the assessment organisation that last undertook their most recent assessment.

9.4 Code of Conduct for Aged Care

The Code of Conduct for Aged Care (the Code) protects clients by ensuring a suitable standard of conduct from their aged care providers, workers, and governing persons.

The ACQSC monitors and enforces compliance with the Code, as well as provide training and development of educational materials.

The ACQSC can take enforcement action for breaches of the Code, which can include banning or restricting individuals from working in aged care.

For more information about the Code of Conduct.

9.5 Banning orders

Before employing or otherwise engaging or extending or renewing the contract or agreement of a person (whether as a staff member, volunteer or executive decision-maker), CHSP providers have a responsibility to take reasonable steps to ensure they do not commence the employment or engagement of an individual to whom a banning order under the Aged Care Quality and Safety Commission Act 2018 applies inconsistently with the requirements of that banning order. For more information about Banning orders.

9.6 Complaints mechanisms CHSP

Providers must actively encourage their clients and their carers to provide feedback about the services they receive. A client has the right to call an advocate of their choice to present any complaints and to help them through the complaints management process. Clients (or their representative) can raise a complaint in the following ways:

- contact My Aged Care to discuss concerns and raise a complaint if needed on 1800 200 422 or write to:
  My Aged Care Complaints
  PO Box 1237
  Runaway Bay QLD 4216

- contact their aged care assessor and seek a resolution through their complaints process
- directly with their provider through their publicly available complaints system
- contact the Older Persons Advocacy Network (OPAN) for free, confidential, and independent information or support. To find out more about the program, CHSP clients can contact the Aged Care Advocacy Line 1800 700 600 or visit the OPAN website.
- contact ACQSC on an open, confidential or anonymous basis by calling 1800 951 822 (free call) or by visiting the ACQSC website.

Further information on making complaints is available on the My Aged Care website.

Note: Where a provider is unable to resolve a client's concerns, they should continue to work with the client including, where appropriate, assist in transitioning to an alternative provider.

ACQSC complaints process

The ACQSC provides a free service for anyone to raise concerns about the quality of care or services delivered by Australian Government funded aged care services.

The ACQSC is independent of the department.

The ACQSC takes all complaints seriously and will work with the client (and/or their representative) and the provider to resolve their concerns.

The ACQSC will sometimes share information with other relevant parties to ensure clients continue to receive appropriate services. This is because many providers also deliver services through other Australian Government and/or state and territory government programs.

The ACQSC can issue a direction to a CHSP provider where they fail to meet their responsibilities under the CHSP Grant Agreement. In these circumstances, the direction will be issued through a notice under the CHSP Grant Agreement. The CHSP provider is obliged to comply with any direction issued.

More information about making complaints to the ACQSC.

Subcontractors

CHSP providers may select and use subcontractors in accordance with Condition 6 [Subcontracting] of Schedule 1 of the CHSP Grant Agreement.

CHSP providers are responsible for the services provided by subcontractors, including resolving any complaints made about that organisation.

Providers are responsible for liaising with the ACQSC and ensuring the subcontractor complies with all reasonable requests, directions and monitoring requirements requested.

Advocacy

The Older Persons Advocacy Network (OPAN) supports older people to access and interact with Commonwealth funded aged care services. CHSP clients can contact OPAN on 1800 700 600 or at the OPAN website.

If a CHSP client witnesses, suspects, or experiences elder abuse, they can contact the National Elder Abuse phone line on 1800 ELDERHelp (1800 353 374). The phone line can provide free and confidential information, support, and referrals.

Elder abuse may involve physical harm, misuse of money, sexual abuse, emotional abuse or neglect. For more information about elder abuse, include a support directory and resources, visit the COMPASS website.

9.7 Client rights

Charter of Aged Care Rights

CHSP is underpinned by a client choice philosophy to respect and promote the rights of clients. CHSP providers must comply with the Charter of Aged Care Rights within the User Rights Amendment (Charter of Aged Care Rights) Principles 2019 under the Aged Care Act 1997.

More information about the Charter is available on the ACQSC website.

Scheduling appointments

In accordance with the Standards, clients have the right to:

- be consulted and respected
- receive services that are appropriate, planned, delivered, and evaluated regularly
- have access to complaints and advocacy information and services.

Where possible, providers should seek to maintain regular and consistent appointment schedules. CHSP providers should give their clients as much notice as possible if they must reschedule, cancel, or are running late for an appointment.

Where a client cancels their appointment within 24 hours of the visit start time, providers are not required to record this as a service as it was not delivered. Providers should have a clear cancellation policy as part of their client contribution policy and clients should be made aware of this as part of their care plan discussions.

Where a client is unhappy with their care plan arrangements, they need to contact their CHSP provider in the first instance to make alternative arrangements.

9.8 Service continuity

Activity Continuity Plans

In line with the Standards, CHSP providers must develop Activity Continuity Plans that address any risks associated with being unable to continue to deliver services. They must have systems, internal policies and processes in place to appropriately manage, monitor and report incidents that effect continuity.

The Activity Continuity Plan should include plans to manage:

- serious incidents such as natural disasters and emergency events (e.g. how to provide service delivery in the event of an emergency such as flood, fire or during a heatwave)
- transitioning out of service provision (e.g. transferring services to another provider or where the CHSP Grant Agreement has expired or is terminated).

CHSP Selections Framework (new)

The CHSP Selections Framework outlines the process undertaken by the department when a CHSP provider advises they intend to cease some or all of their CHSP funded activities, known as a 'relinquishment'.

The CHSP Selections Framework sets out the relinquishment and selection process and the responsibilities of the department and providers including information required, timing and process.

For more information, see **Appendix G**.

Providers transitioning out (updated with new content)

It is extremely important that clients continue to receive the same quality and delivery of services if a provider transitions out.

Transitioning out may mean the termination or expiry of a grant agreement, including if an organisation requests to withdraw from providing CHSP services.

From 1 July 2025, except in extreme extenuating circumstances, **providers can only elect to relinquish their services and funding on either 30 June or 31 December** in a financial year or in consultation with the department **(new)**. This is to ensure all requests for relinquishments are actioned in a timely manner and service disruption for clients is limited.

If a CHSP provider is transitioning out they must:

1. Notify their Funding Arrangement Manager and the department in writing of their proposal to transfer all or part of their services and provide a 'draft' transition out plan with the following conditions:
   - The proposed withdrawal date must be **either 30 June or 31 December in the financial year (new)**.
   - The provider must give a **minimum of 5 months**' notice from the date of the first 'draft' transition out plan being provided to their Funding Arrangement Manager and the department via email.
2. Help the department and new provider/s in the transition of goods and/or services to achieve an effective transition by providing continuity of care.
3. Update their My Aged Care information relating to service provision and/or making outlets inactive.

Fully transitioned out providers are required to acquit funding associated with their grant agreement and complete any relevant outstanding reporting milestones for the period when services were delivered.

Transition out plans

CHSP providers must have a transition out plan in place, as part of their Activity Continuity Plan.

The department uses transition out plans as a tool in selecting replacement providers based on information provided, including:

- client numbers
- models of care
- access to facilities
- regional coverage.

As such, transition out plans should include, but not be limited to, the following information:

- **Service Delivery Profile:**
  - current service model, specific service delivery requirements due to cultural, geographical (e.g. rural/remote) or other reasons that impact on current service delivery and transitioning services,
  - any subcontracting arrangements.

- **Client Delivery Profile:**
  - active client numbers for each service type and sub service type
  - information about high risk or high need clients to ensure a smooth and efficient transition of services
  - any other current issues that may impact the client transition.
- **Organisational information:**

- o timeframe with activities to undertake for transition
- o information transfer preparedness
- o communication strategies.

Providers can request a copy of the transition out plan template from their Funding Arrangement Manager.

Chapter 10: Incident management and staffing responsibilities

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What's new in this chapter

10.4 Staff qualifications and training (new)

10.10 Aged care provider workforce survey (updated)
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This chapter describes providers' responsibilities around the Serious Incident Response Scheme, staffing, interactions with the Australian Public Service and Work Health and Safety.

10.1 Serious Incident Response Scheme (SIRS)

The SIRS aims to reduce abuse and neglect of older people receiving Commonwealth-funded aged care services, including the CHSP.

The SIRS establishes responsibilities for all providers, including home and community care providers, to prevent and manage incidents (focusing on the safety and wellbeing of consumers), use incident data to drive quality improvement, and to report serious incidents. Providers must use the My Aged Care Service and Support Portal to notify the ACQSC if a reportable incident occurs.

Providers with questions about SIRS can access further information on the ACQSC's website or by contacting the Commission by:

- calling 1800 081 549
- emailing sirs@agedcarequality.gov.au.

10.2 National or state emergency

The department reserves the right to make temporary changes to program guidelines in the event of a national or state emergency. This may include:

- relaxing flexibility provisions
- waiving or extending reporting deadlines and performance milestones
- modifying service delivery in accordance with the nature, severity, duration and geographic scale of the emergency.

Any changes to the CHSP will be communicated to providers via the department's regular newsletters and announcements. To stay informed, all CHSP providers should subscribe to aged care announcements and newsletters.

For more information, providers can contact their Funding Arrangement Manager in the Community Grants Hub.

10.3 COVID-19

CHSP providers should take steps to ensure they are adhering to COVID safe practices, including operating under the provider's COVID Safe Plan and adhering to the infection control procedures.

COVID-19 information and resources are available on the department's website.

10.4 Staff qualifications and training (new)

CHSP providers must ensure that aged care workers meet any qualifications and training requirements as per each service type. CHSP providers must also ensure that aged care workers are given opportunities to develop their capability to provide funded aged care services.

There are a range of service types delivered under the CHSP and the department recognises that qualifications and skills required vary across services and jurisdictions. CHSP providers must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (including subcontractors) comply with these requirements.

It is expected that staff will have the appropriate level of skills and training in order to provide quality care to clients, and for CHSP provider to meet responsibilities under the Quality Standards.

Service providers should regularly monitor roles and tasks of staff to ensure that all staff, workers and volunteers are adequately trained, supported and supervised where required.

Additional service-specific requirements

There are additional requirements for some CHSP services as per the table below.

Meals	All paid staff and volunteers involved in preparation and handling of food must undertake relevant training to adhere to safe food handling practices including personal hygiene and cleanliness and must be provided with information regarding safe food handling as it relates to their activities.
	CHSP providers are required to comply with state and territory-based references and guidelines relevant to safe food handling practices.

	When advice on nutrition is required, it must be provided by an Accredited Practising Dietitian, a Certificate IV Nutrition and Dietetics Assistant under the guidance of an Accredited Practising Dietitian, or a qualified nutritionist.
Transport	CHSP Transport providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example holding appropriate licenses, meeting state accreditation standards and meeting any legislated access requirements. All CHSP services must be able to offer accessible service options to people with physical or sensory disabilities. Drivers of transport services must hold an appropriate licence. CHSP providers must also take reasonable care to ensure the safety of all concerned where paid staff or volunteers are providing transport services. It is the responsibility of the provider to ensure they are meeting their work health and safety responsibilities for safe driving and client transport practices.
Personal care	For Personal care, including assistance with client self-administration of medicine, a Certificate III in aged/community care or equivalent is desirable. This includes any circumstances where nursing-related tasks are delegated to personal care workers which is permitted under the CHSP.
Nursing care	Nursing care must be provided by a Registered Nurse or an Enrolled Nurse. Nursing-related tasks may be overseen by a Registered Nurse or Enrolled Nurse. Nursing care allows the delegation of nursing-related tasks to other workers, including personal care workers.
Home adjustments	CHSP providers must adhere to any national or state and territory building regulations. The work must be undertaken by appropriately qualified workers.
Home maintenance and repairs	CHSP providers must adhere to any legislative or regulatory requirements where the work is undertaken by licensed or registered tradespeople.

Further information about each service type is available in **Appendix A**.

10.5 First Aid training

CHSP providers must ensure that staff and volunteers in direct care roles receive and maintain accredited first aid training and certification as soon as practical**.**

CHSP providers should factor into their risk management how many and which staff/volunteers need to hold first aid training qualifications to ensure safe service delivery.

The department regards the cost of first aid training as a reasonable and necessary expense of safe and effective aged care service delivery. Providers should factor the cost of first aid training into their existing grant funding in the same way as rent, utilities, personal protective equipment and staff wages. Providers can use their existing CHSP grant funding, including unspent funds, to cover the cost of staff and volunteers attending first aid training and refresher courses.

CHSP providers are responsible for determining the appropriate level of first aid training needs into their business risk management plan. Providers should consider the specific needs of their clients and any additional risk factors they may present. For example, dementia, falls risk, other disabilities, health problems or co-morbidities. If it is difficult for staff or volunteers to attend a face-to-face course, where appropriate, providers may consider online first aid courses.

10.6 Police checks

CHSP providers must ensure all staff members meet the CHSP Police Certificate requirements outlined in **Appendix D**.

10.7 Work Health and Safety

CHSP providers must provide a safe and healthy workplace for their employees and volunteers while they are working in accordance with:

- relevant Commonwealth, and state or territory government Work Health and Safety legislation (e.g., *Work Health and Safety Act 2011*)
- relevant codes and standards.

Providers are required to identify hazards in the workplace, assess their risks to health and safety, and implement control measures to reduce those risks.

In many cases, the workplace will be the client's home. CHSP providers are responsible for addressing the safety of employees and volunteers delivering services to a client or carer in their home.

10.8 Asbestos

When undertaking Home adjustment services, CHSP providers must be aware of their obligations to comply with state and territory laws and regulations relevant to the safe handling and removal of asbestos.

For detailed information, CHSP providers must contact the relevant work health and safety regulator in their state or territory.

10.9 Interacting with the Australian Public Service

Whilst the provisioning of CHSP related services for the most part consists of interaction between the service provider and the clients they provide care for, the service provider and Australian Public Service (APS) employees will also interact from time to time during the course of providing CHSP services. In this interaction, everyone has the right to a safe, respectful, agreeable and collaborative CHSP experience.

APS employees are bound by the APS Code of Conduct as set out in section 13 of the *Public Service Act 1999*. It is expected that the service provider, its employees and contractors will adhere to similar standards when interacting with APS employees or representatives, including:

- behaving honestly and with integrity in connection with APS employees or representatives
- treating APS employees or representatives with respect and courtesy, and without harassment
- complying with all applicable Australian laws
- complying with any lawful and reasonable direction given by APS employee or representative who has authority to give the direction
- not improperly using inside information or the employee's duties, status, power or authority:
  - to gain, or seek to gain, a benefit or an advantage for the employee or any other person; or
  - to cause, or seek to cause, detriment to the employee's Agency, the Commonwealth or any other person.
- complying with any other conduct requirement that is prescribed by the regulations.

Behaviour contrary to the expected standards of conduct may negatively reflect on the suitability of the service provider for the provisioning of CHSP services and impact on continued funding or participation in future funding opportunities.

10.10 Aged Care Provider Workforce Survey (updated)

CHSP providers may be asked to complete and return the Aged Care Provider Workforce Survey. The department, or another organisation on behalf of the department, will send the aged care survey to select CHSP providers who have been randomly chosen to participate in the survey.

Providers are to submit the survey by the date specified on the form. If a CHSP provider was not in operation during the reference period asked of in the aged care provider workforce survey, then the provider is not required to complete the survey.

If a provider's funding is less than $35,000 per year, they are not required to submit the census form. If they receive one, they may submit it if they choose to.

Chapter 11: Financial responsibilities

This chapter includes important information on provider financial responsibilities, spending the grant and acknowledging funding.

11.1 Spending grant funding

Providers must spend their funds in accordance with their CHSP Grant Agreement and legislative requirements.

CHSP providers are responsible for sustainably managing their service delivery and number of clients.

CHSP providers are grant funded to deliver a specific number of outputs and any decision to exceed these agreed outputs is taken at the provider's own risk and cost.

Where a provider has concerns about their financial viability, they are required to contact their Funding Arrangement Manger to identify options to sustainably manage their grant funds and mitigate impacts to client service continuity.

Payment in arrears

All CHSP providers, excluding providers who only deliver SSD, will receive a standard monthly payment in arrears. This standard monthly payment is the total value of the grant agreement distributed over 12 months. SSD providers will receive upfront quarterly payments.

Payments will be released automatically in line with the CHSP Grant Agreement. Due to processing, it may take up to 4 business days before providers receive their monthly payment.

Payments may be delayed if a provider is not up to date with their agreement deliverables including monthly DEX reporting obligations.

Assets

Providers must comply with the requirements for acquiring and managing assets with the funds. Refer to Supplementary Term 5 [Equipment and assets] of the CHSP Grant Agreement.

11.2 Acknowledging funding (updated)

CHSP providers must acknowledge Commonwealth financial and other support in all applicable material they publish.

The following wording must be used:

- "**Funded by the Australian Government Department of Health, Disability and Ageing**".
  OR

- "**Supported by the Australian Government Department of Health, Disability and Ageing**".

CHSP providers must **not** use the Commonwealth Coat of Arms in their internal advertising and promotion of CHSP services.

Use of Disclaimer

Publications and published advertising and promotional materials that acknowledge the CHSP funding must also include the following disclaimer:

> "Although funding for this [insert service/activity] has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government."

Other options for acknowledging the funding

CHSP providers must obtain the department's prior written consent if for any reason they wish to acknowledge the funding in a different manner to the options above.

Monitoring of the use of acknowledgements

CHSP providers are responsible for ensuring they and their subcontractors, including associated providers, comply with the above requirements for acknowledging the funding.

The department will notify providers in writing if it considers that a provider or their subcontractor or associated provider has failed to comply with the CHSP Grant Agreement. In certain circumstances, the department may, by notice in writing, revoke its permission for any person to use this wording.

CHSP providers should inform the department if they become aware of any unauthorised use of the due recognition branding by any person.

Questions on acknowledging funding

CHSP providers who are unsure whether they need to acknowledge the CHSP funding or have any queries relating to acknowledgement of funding should contact their Funding Arrangement Manager.

11.3 CHSP grant opportunities

The department recognises the operating environment and demand for services may change during the term of the current CHSP Grant Agreement.

CHSP providers may be able to apply for additional funding through grant funding opportunities to respond flexibly to local changes.

CHSP providers can access information about how and when to apply and any application forms on Grant Connect.

11.4 CHSP Planning Framework

The CHSP Planning Framework is an approach used to plan for funding and ongoing program management of aged care service delivery at a regional level. The CHSP Planning Framework is based on ACPRs.

The CHSP Planning Framework considers:

- existing services available in a given region, aged care approvals, projected growth in the target population and other factors influencing service delivery supply and demand.
- parallel planning cycles and processes in other related sectors, including broader aged care needs and the disability care sector.

The CHSP Planning Framework ensure the requirements of clients are considered, and funding is allocated so that growth in CHSP complements and enhances services already being delivered. Information about ACPR and corresponding postcodes is available on the Gen Aged Care Data website.

11.5 Government reporting

The Australian Government uses information supplied by CHSP providers to report on the continued development, implementation and ongoing evaluation of the program.

11.6 CHSP Compliance Framework

The CHSP Compliance Framework outlines the performance and regulatory requirements for all CHSP providers, including:
- performance against the grant agreement
- submitting financial and reporting information

- monitoring compliance against the applicable Quality Standards
- complying with obligations in this CHSP Manual
- escalation of fraud related issues for investigation
- meeting the requirements of My Aged Care.

To enforce compliance with these requirements, the department works with the ACQSC, National Indigenous Australians Agency and Community Grants Hub.

More information is outlined in the CHSP Compliance Framework (**Appendix F**).

Chapter 12: Provider reporting and system responsibilities

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What's new in this chapter

12.1 Requirement to ensure and document client eligibility (new)

12.2 Key reports under the CHSP (updated with new information)

12.3 Financial reporting (updated with new information)

12.6 Child Safety Annual Statement of Compliance (new)

12.8 IT system requirements (new)

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This chapter provides information on provider responsibilities, including financial reporting, DEX reporting, My Aged Care and IT system requirements.

12.1 Requirement to ensure and document client eligibility (new)

CHSP providers are required to ensure that services are only delivered to clients who have documented and recorded evidence of the need for those services.

Providers must record service provision against individual clients and record the My Aged Care IDs in their own client management systems until the DEX reporting functionality is available from January 2026 **(new)**.

12.2 Key reports under the CHSP (new)

CHSP providers are required to submit a range of reports relating to the Activity described under Item B [Grant Activity] of the CHSP Grant Agreement.

These reports must be submitted within defined timeframes, specified in Item E [Reporting] of the CHSP Grant Agreement. This includes:

- **Financial reporting:** facilitates acquittal of funds expended to provide assurance and evidence that public funds have been spent, as specified in the CHSP Grant Agreement. Inclusion of **statement of compliance** that Commonwealth funds have been spent on eligible assessed clients **(new)**.
- **Performance reporting:** provides reports on service delivery and/or sector support activities and outcomes.

- **Wellness and reablement reporting:** provides service level information on wellness and reablement approaches used by the provider.
- **Child Safety Annual Statement of Compliance:** confirms organisations comply with state, territory and commonwealth laws relating to employing, engaging, or instances where there is incidental contact with children **(new)**.

Key reports under the CHSP

Report	Reporting period	Due date to the department**	Description
Performance Report (for service delivery) via DEX Note: this report is not applicable for SSD Activities.	Monthly	14 August 14 September 14 October 14 November 14 December 14 January 14 February 14 March 14 April 14 May 14 June 14 July	Client and service delivery information reported via DEX in accordance with the DEX Protocols. Refer to CHSP Grant Agreement Item E [Reporting]
Activity Work Plan for SSD activities only*	1 July to 30 June (once per financial year)	15 July	Activity and deliverable information requiring approval, also used during biannual Performance Reporting.
Performance Report for SSD Activities only (twice per financial year)*	1 July to 31 December	31 January	Refer to CHSP Grant Agreement Item E [Reporting]
	1 January to 30 June	31 July	
Wellness and reablement report*	As specified in the Agreement	31 July	Refer to CHSP Grant Agreement Item E [Reporting]

Financial Declaration with statement of compliance about use of funds on assessed clients	1 July to 30 June	31 August	A Financial Acquittal Report in accordance with the CHSP Grant Agreement. Refer to CHSP Grant Agreement Item E [Reporting]
Child Safety Annual Statement of Compliance	1 January to 31 December	31 March	Refer to CHSP Grant Agreement Item E [Reporting]

*These report due dates are subject to change at the discretion of the department. Any altered due dates will be communicated to affected providers, and a minimum of four weeks will be given for completing reports. Refer to the Reporting Clause in the Standard Grant Agreement Terms and Conditions for more information.

**Note: The DEX dates are defined in the DEX protocols. CHSP providers can enter data at any time during the reporting period.

12.3 Financial reporting

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

- 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 **(new)**

Financial reporting is used to determine that:

- funding provided by the department has been spent by the provider in accordance with the CHSP Grant Agreement

- expenditure only relates to CHSP service delivery in accordance with the Activity Work Plan and CHSP Grant Agreement.

Note: Expenses related to other funded programs or expenses related to fees collected, donations, or other contributions must **not** be included in the provider's financial reports.

Financial declaration statement

CHSP providers must submit financial declarations in the form provided by the department, or notify the department in writing, and at the times set out in Item E [Reporting] of the CHSP Grant Agreement.

CHSP providers should acquit:

- the funds the department has provided the organisation through the CHSP Grant Agreement within a particular financial year
- any department approved unspent funds from previous financial years.

The financial declaration must include a statement the funding received under the grant was expended only on assessed clients and for services as defined under the service list **(new)**.

CHSP providers must not include their own funds in the financial declaration.

Identified underspends through the acquittal process

Providers must ensure that their outputs recorded in DEX align with the amount of unspent funding they are acquitting within a financial year.

Providers must return unspent funds identified through the acquittal process for a financial year and within the term of the funding agreement.

CHSP providers must not spend any unspent funds from previous financial years without the department's written approval.

The department may consider the carry-over of unspent funds only in exceptional circumstances (i.e. if there is evidence of reasonable costs being incurred by the provider). In these exceptional circumstances, providers will need to submit proposals to carry over funds in writing to the department.

CHSP providers are not allowed to retain unspent funds once the CHSP Grant Agreement has ceased or terminated. At the end of the CHSP Grant Agreement, providers must repay any unspent funds identified through the acquittal process. The department will issue the provider with a Debtor Tax Invoice to return any unspent funds.

Client contributions

As a mandatory field, CHSP providers must record all client contributions collected over the financial year in DEX.

Note: The client contribution is a mandatory field in the Data Exchange. For more information, see the Data Exchange Protocols.

12.4 DEX performance reporting

DEX provides simple and easy ways to submit reporting information. DEX delivers two-way data sharing between the department and organisations in a wide range of reports.

CHSP providers must provide activity and performance data in line with their CHSP Grant Agreement and Activity Work Plan details.

All CHSP providers are required to submit monthly performance reports through DEX. The submission of a monthly DEX performance report is mandatory and may affect the release of a provider's next monthly payment. This does not apply to providers who only deliver SSD.

Monthly performance reports are due on the 14th day of each month, or next business day. At a minimum, a report must be submitted monthly within the timeframes provided below. Providers not meeting their reporting requirements are subject to non-compliance actions. A provider can choose to submit a report more frequently (e.g. fortnightly).

CHSP providers are required to report service delivery at the client and service type level using the client's My Aged Care ID (noting the ability to capture the My Aged Care ID for each client in DEX will be available in later stages). Service delivery information reported in DEX is used to inform performance management of providers against the key performance indicators in their CHSP Grant Agreement. Reported information includes outputs, service types and the location of service delivery (based on the outlet location).

Performance management is undertaken by Funding Arrangement Managers to ensure that the program objectives are being met and to ensure accountability of relevant program funds.

As demand for services changes, information reported in DEX will also be used as a source of evidence to inform the CHSP Planning Framework.

Further information on DEX reporting, including the most recent factsheets, is available under CHSP Reforms.

Time spent arranging services without direct client interaction (except for hoarding and squalor assistance) should not be reported in DEX.

Reporting time spent on service level assessment

Where the service level assessment function involves direct client interaction, the amount of assistance provided by a CHSP provider can be recorded in the DEX as a session of that service level (i.e. General house cleaning, Enrolled nurse, Music therapy).

Time spent arranging services without direct client interaction (except under Hoarding and squalor assistance) should not be reported in DEX.

SSD reporting

CHSP providers with grant funding for SSD must provide progress reports against the activities specified within the Activity Work Plan and in accordance with the CHSP Grant Agreement on a 6-monthly performance reporting schedule.

SSD providers should use the reporting templates provided by the department.

12.5 Wellness and reablement reporting

CHSP providers must provide regular reports to the department regarding their organisation's progress in embedding a wellness and reablement approach to service delivery, in accordance with the CHSP Grant Agreement.

Providers must provide the report in the format provided by the department using the template supplied, and in the timeframes required.

These reports are used to provide the department with service level information on the CHSP provider's progress towards embedding a wellness and reablement approach in their service delivery practices.

The department will use the reports to help identify national resource gaps or strategies that could be implemented to drive continuous improvements in the delivery of wellness and reablement approaches across the sector.

CHSP Wellness and reablement reports are published on the department's website.

12.6 Child Safety Annual Statement of Compliance (new)

From 1 July 2025, CHSP providers must submit an annual report regarding their organisation's compliance with state, territory and commonwealth laws relating to employing, engaging, or instances where there is incidental contact with children, in accordance with the CHSP Grant Agreement. This is in accordance with the National Child Safety Requirement 4.

CHSP providers must submit the report using the template provided by the department and by the required due date.

12.7 My Aged Care provider responsibilities

CHSP providers must:

- provide and update their service data regularly via the My Aged Care Service and Support Portal
- accept/reject client referrals via the My Aged Care Service and Support Portal as per the referral priority
- accept referrals where they have capacity to provide the services in a timely manner
- refer clients to My Aged Care where clients have approached them directly, as all clients who receive CHSP services must to be registered with My Aged Care and assessed for services
- enter and regularly update service information (including commencement date and frequency/volume of services, waitlist availability) and update client details on the client record

- undertake a review of services being delivered, at least every 12 months with the outcome of the review recorded on the client record
- maintain up to date service information for the organisation within the My Aged Care Service and Support Portal to support accurate and timely referrals and access for clients
- deliver services within the scope of the service recommendations specified on the care and services plan
- refer clients back to My Aged Care when their needs have changed through a Support Plan Review request functionality
- discharge clients whose needs and goals specified on the care and services plan have been met and who no longer require care and services
- encourage clients whose needs are no longer met by the CHSP to have a reassessment
- participate in assessment, referral and client record processes as appropriate to support data integrity within My Aged Care.

CHSP providers can refer to the My Aged Care Service and Support Portal resources on the department's website.

Sensitive information

If there is sensitive information about the client that could affect the health and safety of other aged care workers, providers must first get the client's consent and then inform My Aged Care. This information is recorded as a sensitive note in the client record that is visible to assessors and contact centre staff.

Sensitive notes or attachments cannot be seen in the My Aged Care Service and Provider Portal. Instead, a message will display on the client's record stating "The client has a sensitive note/attachment on the record".

If you see this message on your client's record, you should contact the assessor directly or call the My Aged Care Service Provider and Assessor Helpline on 1800 836 799. They will be able to provide you with any relevant information, if it impacts on services you provide.

Recording deceased clients

When a provider becomes aware a client has passed away, a record must be made in the My Aged Care Service and Support Portal. This is important to prevent distress for grieving family members caused by correspondence received regarding deceased loved ones.

Ceasing a client's service with the reason of 'Client Deceased' will change the client's status to 'Deceased'. This will make the client record *READ ONLY*. Any unaccepted service referrals will be recalled, and the client's access to the client portal will end. Changing the client's status in this way will also remove the client from the HCP priority system and stop any assigned HCP funding.

Instructions on how to discontinue a deceased client's service in My Aged Care are available in the My Aged Care Service and Support Portal User Guide.

12.8 IT system requirements

Providers must have systems in place to allow them to meet their service delivery, data collection and reporting obligations outlined in their CHSP Grant Agreement.

My Aged Care

CHSP providers will need a computer with an internet connection and a standard internet browser. The browser must support authenticated access via an approved authentication service myID (formerly myGovID) and the Relationship Authorisation Manager (RAM) or VANguard Federated Authentication Services. This will allow the provider to access the My Aged Care Service and Support Portal and the DEX reporting system to meet their activity and reporting requirements.

The My Aged Care Service and Support Portal is the key tool for CHSP providers to interact with My Aged Care regarding the services they deliver, managing referrals and updating client information.

For more information and resources, see the My Aged Care Service and Support Portal resources. For technical support, contact the My Aged Care service provider and assessor helpline on 1800 836 799.

DEX reporting system

There are several options available for providers to report through DEX:

- If organisations do not use a client management system, DEX has a web-based portal they can access as a free system to support service delivery.
- Providers that already have their own client management system can choose to submit data to the Department of Social Services (DSS) through a system-to-system transfer or bulk upload.
- The DEX Technical Specifications are available to support organisations that may want to use system-to-system transfers or bulk uploads, which the initial coding changes required to meet the department's data formats.

To help CHSP providers use DEX, there is a range of training and support material on the DEX website:

- The DEX Protocols have been designed as a practical support manual to guide managers and frontline staff.
    - The CHSP section of the DEX Protocols outlines CHSP-specific reporting guidance and examples of reporting.
    - A set of task cards are also available as well as video training modules that provide a visual demonstration of the web-based portal.

- The CHSP Organisation Overview Report (through the interactive tool Qlik) to view and analyse their organisation's data.
  - Access to the report is available via the DEX portal, and further information is available on the DEX website.

If providers have questions about how to use DEX:

- See the Stage 1 CHSP Provider DEX Toolkit and the DEX Data Dictionary **(new)**.
- For technical questions on reporting, contact the DEX Helpdesk, email dssdataexchange.helpdesk@dss.gov.au or call 1800 020 283.
- For developer and IT support for DEX application development, please email dataexchange.developersupport@dss.gov.au.
- For general CHSP grant and program enquiries on reporting, contact your Funding Arrangement Manager.

Government Provider Management System (GPMS) **(new)**

The Government Provider Management System (GPMS) is the portal where aged care providers will receive information about registration, business and government obligations and requirements under the Aged Care Act when it commences on 1 November 2025.

The department will continue to work with providers on engaging with GPMS in the lead up to 1 November 2025 and further support material will be provided.

Information about GPMS can be found here.

CHSP Manual Appendices

Visit the <u>CHSP manual and appendices page</u> on the department's website to download the resources that support the processes described in this manual.

Appendix A	Inclusions and exclusions for CHSP Service List **(new)**
Appendix B	Embedding Wellness and Reablement in the CHSP
Appendix C	CHSP contacts, supports and resources for providers and clients
Appendix D	CHSP Police Certificate Guidelines
Appendix E	CHSP National Unit Price Ranges and National Guide to Client Contribution Framework
Appendix F	CHSP Compliance Framework 2025-27
Appendix G	CHSP Selections Framework **(new)**

Glossary

Term	Definition
Aboriginal and Torres Strait Islander Health Worker	Aboriginal and Torres Strait Islander Health Workers have completed a Certificate II or higher in Aboriginal and or Torres Strait Islander Primary Health Care. For more information see About the Aboriginal and Torres Strait Islander health workforce and What A&TSI Health Workers and Health Practitioners Do.
Advocacy	Advocacy is the process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
Aged care assessor	The aged care assessor is responsible for assessing the home support needs of older people. The service provides timely support for locating and accessing suitable services based on the preferences of older people. Aged care assessors are appropriately skilled to undertake assessments and identify services appropriate to a diverse range of clients.
Aged Care Planning Region (ACPR)	CHSP providers are funded across 74 ACPRs across Australia. The ACPRs are based on Statistical Area Level 2 (SA2) boundaries from the *Australian Bureau of Statistics Australian Statistical Geography Standard 2016*.
Aged Care Quality and Safety Commission (ACQSC)	The ACQSC is the national regulator of aged care services. It protects and enhances the safety, health, wellbeing and quality of life of people receiving aged care. The ACQSC also administers the Australian Government's Quality Review Program including conducting quality reviews of home care services.
Aged Care Quality Standards (Quality Standards)	The Aged Care Quality Standards ensure the care and services a provider delivers are safe, high quality and meet the needs and preferences of the people under their care. There are 8 Standards and

Term	Definition
	CHSP providers must show they meet the Standards. For more information see the ACQSC's website.
Aged Care Specialist Officers (ACSO)	Aged Care Specialist Officers provide face-to-face support so people can access information about aged care, health and social services in one location. ACSOs are available at selected Services Australia service centres. Information is available at Services Australia.
Assistance with Care and Housing for the Aged (ACHA)	The former ACHA Program supported people who: • were older or prematurely aged on a low income • who were homeless at the time, • or may have been at risk of becoming homeless as a result of experiencing housing stress, or not having secure accommodation.
Australian National Aged Care Classification (AN-ACC) funding model	The Australian National Aged Care Classification (AN-ACC) funding model is designed to provide equitable funding to approved residential aged care services, by linking subsidy to characteristics of services and residents. AN-ACC replaced the former Aged Care Funding Instrument (ACFI). For more information see AN-ACC.
Care finder program	The care finder program provides support for vulnerable older people to interact with My Aged Care, access aged care services and other relevant supports in the community. See https://www.myagedcare.gov.au/help-care-finder for more information.
Care Leaver	A Care Leaver is a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century. Care Leavers include Forgotten Australians, former child migrants and people from the Stolen Generation.

Term	Definition
Carer	A carer is a person such as a family member, friend or neighbour, who provides regular care and assistance to another person without payment for their caring role. The definition of carer excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.
Carer Gateway	The Carer Gateway provides carer specific supports and services nationally. The Carer Gateway supports and services can be accessed by calling 1800 422 737 or by visiting their website.
Charter of Aged Care Rights (the Charter)	The Charter refers to the Charter of Aged Care Rights or any Charter that replaces it. The Charter outlines the rights and responsibilities of older people when receiving home care and services.
Child Safety Annual Statement of Compliance	A statement confirming compliance with all relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered **(new).**
Client	A client is a person who is receiving care and services under the CHSP.
Client's home	The client's home is where the client is currently living. This may be the home of both the client and their carer, in cases where the client and carer share a residence.
Co-habiting client	A co-habiting client means: • spouses, children, and other dependents • who share the housing situation of the principal client • whose relationship with the principal client requires continuation of co-habitation.
CHSP Compliance Framework	The CHSP Compliance Framework outlines performance and regulatory requirements for all CHSP providers. See **Appendix F**.

Term	Definition
CHSP provider/service provider/provider	Service provider refers to providers or organisations funded to deliver services under the CHSP.
Continence Aids Payment Scheme (CAPS)	CAPS provides a payment to help with some of the costs of continence products.
Culturally and Linguistically Diverse (CALD)	Clients may be defined as CALD where they have cultural or linguistic affiliations due to their: • place of birth or ethnic origin • main language other than English spoken at home • proficiency in spoken English.
Data Exchange (DEX)	DEX is the Department of Social Services' IT system that is used for program performance reporting, including the CHSP.
Day Therapy Centres (DTC) Program	The Day Therapy Centres (DTC) Program is a discontinued program which provided a range of therapies and services including allied health support.
department (the)	Unless otherwise noted, the department refers to the Australian Government Department of Health, Disability and Ageing.
Disability Support for Older Australians (DSOA) Program	DSOA is a closed program with no new client entrants. The DSOA Program provides support to older people with disability who: • received specialist disability services from states and territory governments. • were ineligible for the NDIS at the time of its rollout due to their age.
Diversity Framework	The Aged Care Diversity Framework sets out how our aged care system can meet the diverse needs of all older people. It includes action plans for government, aged care providers and clients. It also provides resources to help providers meet the goals of the framework.

Term	Definition
Elder Care Support program	The Elder Care Support program aims to build a workforce to help Aboriginal and Torres Strait Islander elders, their families and carers, to access aged care services to meet their physical and cultural needs.
Financially or socially disadvantaged	Financially or socially disadvantaged individuals are those who, for whatever reason, are without on-going financial support because of incurred debt, unemployment, age or disability. These individuals may also be socially vulnerable because of perception or inaccessibility or have a tendency for self-isolation.
Funding Arrangement Manager	The Funding Arrangement Managers in the Community Grants Hub, Department of Social Services, manage the providers' CHSP grant agreements on behalf of the department and are located in each state and territory.
Full cost recovery	Full cost recovery means the CHSP provider charges the full cost of service delivery to the participant.
GEAT2GO	GEAT2GO is the national provider of Equipment and products and is managed by Indigo Australia. GEAT2GO delivers to all areas across Australia and can be used by clients where there is no other local Equipment and products provider.
Grant agreement	Grant agreements are performance based, legally enforceable agreements between two or more parties that set out the terms and conditions governing a business relationship. The CHSP Grant Agreement includes the Terms and Conditions of funding, Supplementary Conditions and the Grant Schedule.
Hearing Services Program	The Hearing Services Program provides subsidised high-quality hearing services and devices to eligible Australians with hearing loss.

Term	Definition
Home and Community Care Program (HACC)	The former Commonwealth funded HACC program provided home and community care services and was one of the programs that was consolidated into the CHSP from 2015.
Home Care Packages (HCP)	The HCP Program provides support to older people with complex needs to help them stay at Term Definition home. Approved aged care providers work with care recipients to plan, organise and deliver Home Care Packages.
Homeless	Homeless means people who are: • without any acceptable roof over their head e.g. living on the streets, under bridges, in deserted buildings etc. (absolute homelessness or sleeping rough) • moving between various forms of temporary or medium-term shelter such as hostels, refuges, boarding houses or friends • constrained to living permanently in single rooms in private boarding houses • housed without conditions of home e.g. security, safety, or adequate standards (includes squatting).
Housing stress	The Australian Institute of Health and Welfare defines housing stress as households which spend more than 30% of their household income on housing costs. Low-income households in housing stress are of particular concern since the burden of high housing costs reduces their ability to meet their other living expenses.
LGBTIQA+	LGBTIQA+ refers to people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning or asexual.
Low income	Low income is equivalent to: • income in the bottom two-fifths of the population

Term	Definition
	• the maximum gross income or less needed to qualify for or retain a Low-Income Health Care Card, as issued by Services Australia • whichever amount is greater.
My Aged Care	My Aged Care is the single-entry point to access Australian Government-funded aged care services and information. The My Aged Care contact centre can be contacted on 1800 200 422 (between 8:00am and 8:00pm on weekdays and between 10:00am and 2:00pm on Saturdays).
National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program	The NATSIFAC program provides culturally appropriate aged care services to older Aboriginal and Torres Strait Islander people. These services are offered close to home and community and are mainly located in rural and remote areas.
National Aged Care Advocacy Program (NACAP)	The NACAP provides free, confidential, and independent information and support to older people seeking or receiving government-funded aged care as well as their families and other representatives. It is provided by the Older Persons Advocacy Network (OPAN).
National Aged Care Alliance (NACA)	NACA is a representative body of peak national organisations in aged care, including consumer groups, providers, unions and health professionals, working together.
National Continence Program (NCP)	The NCP aims to improve awareness, prevention and management of incontinence so that more Australians and their carers can live and participate in the community with confidence and dignity.
National Disability Insurance Scheme (NDIS)	The NDIS provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.

Term	Definition
National Respite for Carers Program (NRCP)	The NRCP is a former Australian Government funded respite program that was consolidated into the CHSP from 1 July 2015. The NRCP contributed to the support and maintenance of caring relationships between carers and older people.
Not having secure accommodation	Not having secure accommodation refers to: • accommodation where the person's tenure is precarious, or • there is a likelihood that they will have to move on because of an escalation in rental cost, exploitation or unsuitability of the accommodation for their needs. This may include boarding and lodging arrangements, public housing and staying with friends or relatives. It may also include accommodation owned by the client for which they are in immediate circumstances of losing ownership and accommodation rights.
Older people	For the purposes of the CHSP, older people are people aged 65 years and over, and Aboriginal or Torres Strait Islander people aged 50 years and over.
Out-of-scope	Out-of-scope are services and items that must not be purchased or delivered using CHSP funding.
Planned respite	Planned respite includes a range of respite services delivered on a short-term or time-limited bases and planned in advance. Planned respite can be provided in a client's home or temporarily in another setting such as a day centre or in the community.
Planning Framework	The CHSP Planning Framework is an approach used to plan for funding and ongoing program management of aged care service delivery at a regional level. The CHSP uses Aged Care Planning Regions.

Term	Definition
Prematurely aged people	Prematurely aged people are people aged 50 years and over (or 45 years and over for Aboriginal and or Torres Strait Islander people) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely
Primary Health Networks (PHNs)	PHNs are responsible for managing care finder services, using their expertise and understanding of local community needs (see **Appendix C**).
Principal Client	Principal Client means the sole client or the older client in a household.
Quality Review	A quality review is the process of reviewing the quality of services delivered against the Quality Standards. The process includes an onsite quality audit, a quality audit report and a performance report.
Reablement	Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronical illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible
	Reablement offers time-limited interventions and emphasises assisting people to maintain, regain, improve confidence and functional capacity and maximise independence and autonomy. It focuses on specific goals and seeks to enable people to live their lives to the fullest.
	See Chapter 4 and **Appendix B** for more information.
Reassessment	A reassessment takes place where an existing client has received an assessment and care and services plan and there is a significant change in a client's needs or circumstances which affect the objectives or scope of the existing care and

Term	Definition
	services plan or care needs or following a short-term episode of restorative care or reablement service delivery. Providers can request a reassessment through the Support Plan Review process. Aged care assessors are best placed to make the decision as to whether a client requires a reassessment following the review. This decision can be supported by the information provided by the client, the contact centre, providers and health professionals.
Residential aged care	Residential aged care is for older people who can no longer live in their own home. It includes accommodation and personal care 24 hours a day, as well as access to nursing and general health care services. Residential aged care homes are subsidised by the Australian Government to provide residential care to eligible people.
Residential respite care	Residential respite care gives an older person or their carer a break from their usual care arrangements. The government pays providers a respite subsidy and supplement for providing respite care to eligible clients.
Restorative care	Restorative care involves the delivery of evidence-based interventions led by an allied health worker or health professional that allows a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury.
Selections Framework	The CHSP Selections Framework outlines the selection process for provider relinquishments. See **Appendix G** for further information **(new)**.
Serious incident	Serious incidents are defined as those which may have an adverse impact on the health, safety or wellbeing of a client, or seriously affect public confidence in the CHSP.

Term	Definition
Short-term Restorative Care (STRC)	The STRC Programme is an early intervention program that aims to reverse and/or slow 'functional decline' in older people and improve wellbeing through the delivery of a time-limited (up to 56 paid days), goal-oriented, multi-disciplinary and coordinated range of services designed for, and approved by, the client. STRC services can be delivered in a home care setting, a residential care setting, or a combination of both.
Single Assessment System	The Single Assessment System will simplify and improve the experience of older people by providing a flexible system that can quickly adapt to their aged care needs. The Single Assessment System replaces the Regional Assessment Services and the Aged Care Assessment Teams. The Integrated Assessment Tool assesses eligibility for Australian Government-subsidised aged care, replacing the National Screening and Assessment Form.
Support at Home	Support at Home will bring together in-home aged care programs, ensuring a simpler and more equitable system for older people that helps them to stay at home for longer.
	Support at Home will ensure improved access to services, equipment and home modifications to help older people remain healthy, active and socially connected to their community.
	Support at Home will commence from 1 November 2025.
Support Plan Review	A Support Plan Review of services may be done by the CHSP provider to check the effectiveness and on-going appropriateness of the services a client is receiving.
	A Support Plan Review of client needs is undertaken by an assessor where:
	• the assessor sets a review date in the support plan for a short-term service.

Term	Definition
	• a provider identifies a change in the client's needs or circumstances that affects the existing care and services plan. • a client identifies a change in their needs or circumstances or seeks assistance to access new services or change their provider.
Transition Care Programme	The Transition Care Programme provides short-term, goal oriented and therapy-focused care for older people after hospital stays either in a home, community or a residential aged care setting.
Veterans' Home Care Program	The Veterans Home Care Program provides low level home care services to eligible veterans and war widows and widowers.
Volunteers	A volunteer is defined, for the purposes of this program manual, as a person who: • is not a staff member • offers their services to the provider without financial gain • provides support or other services on the invitation of the provider and not solely on the express or implied invitation of a client • has, or is reasonably likely to have, unsupervised interaction with clients.
Wellness	Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronical illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible. **Wellness** is a philosophy that informs how providers are expected to work with clients. It acknowledges and builds on their strengths, abilities and goals, and has a focus on providing

Term	Definition
	services that support greater independence and quality of life. See Chapter 4 and **Appendix B** for more information.
Work Health and Safety	Work Health and Safety (often referred to as occupational health and safety) involves the assessment and mitigation of risks that may impact the health, safety or welfare of those in your workplace. This may include your clients, employees, visitors, contractors, volunteers and suppliers. CHSP providers must comply with a range of legal requirements to ensure the workplace meets the relevant obligations.