Appendix E – CHSP National Unit Price Ranges and Guide to the National CHSP Client Contribution Framework

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Part A: National Unit Price Ranges

1. National Unit Price Ranges

The CHSP National Unit Price Ranges seek to drive more consistency in prices across Australia by developing a nationally representative service delivery footprint (excluding remote and very remote Australia).

The unit price ranges are broadly in line with historical funding and in many cases consistent with unit costs of other government-funded programs (for standard weekday delivery during business hours). These unit price ranges are based on:

- assessment of unit price information
- examination of comparable pricing approaches for other programs
- consideration of market implications of funding design.

Unit price ranges include all providers costs in delivering CHSP services including:

- wages
- rent
- insurances
- other associated on costs.

The subsidised funds, combined with the client contribution, make up the funding attributed to a service being delivered.

1.1 Reasonable client contributions

CHSP providers delivering funded aged care services may charge clients an amount (the CHSP contribution) for or in connection with those services under section 286 of the *Aged Care Act 2024* (the Act). The CHSP contribution must be agreed with the client in writing, including how and when it is to be paid and outlined in the client's Service Agreement.

The reasonable client contribution ranges are provided only as a guide and may not be suitable for all CHSP providers' client contribution policies.

1.2. Modified Monash Model (MMM) loadings

Providers delivering 50% or more of a service type in remote 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
- MMM Area 6 (Remote): up to 40% loading
- MMM Area 7 (Very remote areas): up to 40% loading.

2. CHSP National Unit Price Ranges and reasonable client contributions

The table below indicates the 2025-26 CHSP National Unit Price Ranges and reasonable client contributions.

CHSP Service Type 2025-26	Unit Price Range 25-26		Client contributions 25-26	
	Lower	Upper	Lower	Upper
Domestic assistance	$55.91	$67.81	$7.06	$13.40
Home maintenance and repairs	$61.73	$83.38	$9.41	$22.30
Meals – Meal delivery	$9.59	$15.86	$4.71	$13.40
Meals – Meal preparation	$29.11	$45.58	$4.71	$13.40
Social support and community engagement	$45.42	$66.71	$4.71	$8.90
Social support and community engagement – Group social support	$19.80	$30.01	$2.35	$4.50
Transport	$21.16	$40.41	$2.35	$13.50
Personal care	$59.40	$75.60	$7.06	$13.40
Therapeutic services for independent living	$110.65	$138.96	$5.83	$16.78
Home or community general respite	$31.45	$74.48	$2.35	$8.90
Community cottage respite	$32.61	$58.92	$2.35	$6.75
Nursing care	$125.56	$148.66	$4.71	$11.15
Allied health and therapy services	$110.65	$138.96	$5.83	$16.78
Specialised support services	$88.52	$131.19	$3.58	$13.40
Sector support and development				
Hoarding and squalor assistance				
**Home adjustments				
**Equipment and products				

Note: These prices exclude MMM loadings and the Fair Work Commission (FWC) CHSP Base Funding Grant amounts applied from 1 January 2025. Price ranges and client contributions have been increased in line with the standard program indexation approach. The 10% meals indexation boost came into effect from 1 January 2025 for all Meals providers. The FWC aged care nurses award wage increase came into effect for all Nursing providers from 1 March 2025 and is reflected. **While Home adjustments and Equipment and products are excluded from the CHSP National Unit Price Range, client contributions for these service types are not excluded from the National CHSP Client Contribution Framework.

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Part B: Guide to the National CHSP Client Contribution Framework

1. Purpose of this guide

This guide aims to support CHSP providers to establish client contribution arrangements that align to the CHSP Client Contribution Framework (the Framework). The Framework is outlined below in Section 2.

Clients can also use this guide to understand the CHSP client contribution arrangements.

There is no 'one size fits all' approach to client contribution arrangements across the CHSP and providers can flexibly implement the Framework to best meet their clients and their organisational needs.

This guide outlines key areas of consideration that providers can address when establishing their client contribution arrangements.

This guide should be used in conjunction with the CHSP Manual and included appendices to assist providers setting their contribution arrangements and for consumers to better understand contribution arrangements when choosing a service provider.

2. National CHSP Client Contribution Framework

2.1 Framework objectives

The CHSP is a specialist aged care program, with providers funded through a grant agreement. CHSP providers may charge clients an amount for or in connection with the funded aged care services provided to them. This is referred to as a CHSP contribution under section 286 of the Act.

Means testing is not applicable to CHSP contributions. However, under the CHSP Contribution Framework, the department expects that CHSP providers charge client contributions where clients can afford to do so.

Providers are required to have a documented and publicly available client contribution policy in place that aligns to the Act, this Framework and balances the following objectives:

- **To move towards national fairness and consistency in client contributions:** Providers should collect contributions if they are not already doing so. Providers need to disclose their contribution policy across their range of services and agree contribution amounts with clients in advance of care being provided. The client contribution framework for the provision of CHSP services provides an opportunity to address a number of inconsistencies and financial anomalies inherent in the existing fees and charges for services provided to assist clients to remain in their own homes.

- **Improve the sustainability of the CHSP:**
  Providers who have not previously required clients to make a contribution for their services must have in place a contribution policy with a view to supporting ongoing service delivery and using the additional revenue to expand their services.
- **Provide appropriate safeguards for financially disadvantaged clients or those experiencing financial hardship:**
  Client contribution policies must take into account the capacity of individuals to contribute to the costs of services delivered to them (s286-25 of the rules). In addition, CHSP providers must have a publicly available financial hardship policy that covers:
    - How a client can apply for a waiver or reduction of the CHSP contribution due to financial hardship;
    - What evidence of financial hardship the client must submit to the provider, including how it is submitted;
    - The principles or calculations the provider will use to determine the amount and duration of the waiver / contribution reduction if the client's application is successful.

2.2 Client contribution principles

Client contribution policies for providing CHSP services should incorporate the following principles:

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 must be publicly available. CHSP providers should give a copy of and explain their client contribution policy to all new and existing clients.
3. **Hardship:** Policies should include arrangements for clients who are unable to pay the requested contribution due to experiencing financial hardship.
4. **Reporting:** Providers should report the dollar amount collected from client contributions, as per the CHSP Grant Agreement.
5. **Fairness:** Policies must 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.

2.3 Exclusions from the Framework

The following CHSP services are specifically excluded from the Framework as contributions do not apply:

- Sector support and development
- Hoarding and squalor assistance.

3. Client contribution arrangements

CHSP providers will determine the fee to charge clients as part of their business operations.

All providers are required to have a client contribution policy that takes into account the capacity of clients to contribute to the cost of the services delivered to them.

The CHSP contribution is the amount agreed between the CHSP provider and the client in a written agreement. The written agreement must include how and when CHSP contributions are to be paid.

This will be outlined in the Service Agreement, as agreed between the provider and the client.

There is no formal means testing for CHSP contributions. When determining their fee schedule, providers need to consider a range of factors, such as the business cost drivers and socio-economic circumstances of their CHSP clients.

This means that CHSP contribution charging arrangements vary across the country and from client to client. Depending on where they live, clients of a similar age with similar support needs may pay different client contributions for the same services.

Accepting CHSP contributions in advance (section 286)
Under the Act, CHSP providers may request a client to pay an amount in advance. Clients must not be required to pay a CHSP contribution more than 1 month in advance of the day they receive the funded aged care services under the CHSP.

Refunds of amounts paid in advance (section 286)
If a client dies or stops accessing funded aged care services and has paid an amount in advance for services yet to be received, the CHSP provider must refund the amount.

- If the client has died, the refund must be paid within 14 days of being shown the probate of the will/letters of administration of the estate, or within 28 days after the provider becomes aware of the client's death.
- Otherwise, to the clients within 14 days after they stop accessing CHSP services.

4. Reasonable CHSP client contributions

The reasonable client contribution ranges are provided as a guide and may not be suitable for all client contribution policies.

Providers should implement their own client contribution policy with a view that clients who can afford to contribute to the cost of their care should do so.

See Part A: National Unit Price Ranges for the reasonable client contribution range for each CHSP service type.

5. Service Agreements and client contributions

As a condition of registration to deliver funded aged care services, CHSP providers must have a Service Agreement with each client as outlined in the Act (section 148) and the Aged Care Rules 2025 (the Rules) (section 148 60-70 and 148-707).

This is to support clarity of services, charges and other obligations of CHSP providers and ensure that the rights of CHSP clients are upheld.

CHSP providers are required to discuss the cost of services and what clients are expected to pay. This is outlined in the CHSP Service Agreement template. Providers should discuss any changes to client contributions and price increases and provide a copy of the client contribution policy and explain how the fees are established and agreed with the client to meet their financial circumstances. Where necessary, providers should also discuss with the client their capacity to pay, in the context of the hardship provisions in their client contribution policy.

CHSP providers will also need to explain when there is a higher contribution for a particular service (i.e. transport services for long trips may incur a higher contribution fee due to time and distance travelled).

For further information, see the Service Agreement template and user guide for CHSP providers on the department's website.

6. Operational considerations

6.1 Organisational approach

The Framework has been designed to be flexible enough to accommodate a range of structures, operations and systems in providing care to CHSP clients.

Organisation type

An organisation's mission and structure can have an impact on how they choose to operationalise the Framework. Understanding these considerations before implementing the Framework will help align approaches to the organisation's mission, principles and ethos.

For example, the type of organisation (e.g. charitable, private, for-profit, government) will influence the approach to business and approach to setting fees or contributions.

How to collect and report client contributions

Providers should consider their organisation's approach to collecting and recording client contributions.

The Framework is designed to be very flexible so the principles can align to existing business practices. Whether administration is centralised or dispersed through staff and volunteers. For example, an organisation that has volunteers in direct engagement with clients may choose not to ask volunteers to collect contributions.

6.2 Business practices

CHSP providers will need to consider how client contributions and the Framework align to day-to-day business practices. The Framework provides adequate flexibility for providers to decide which approach is best suited to the organisation.

CHSP providers should consider some of the core elements of the business when introducing new (or changes to) client contribution arrangements.

CHSP service delivery
The nature of the services and how they are delivered will impact the contribution arrangements. For example, providers may deliver services directly or through a third party. Depending on this arrangement, the approach to contribution arrangements could vary from a direct contribution to a voucher system that offsets the cost of the service (e.g. home maintenance and repairs).

Providers should also consider how services are delivered to determine the appropriate arrangement. Factors to consider include:

- face-to-face or remote (e.g. phone based or online)
- time period (e.g. hourly rates)
- ongoing or episodic.

Some services will be easier to apply a contribution level to than others. For example, a service that is time based may have an hourly based contribution, while episodic services may need a simple annual subscription.

These arrangements should be discussed with the client as part of the Service Agreement and Care and Services Plan.

Businesses cost drivers
Providers should consider the cost to deliver certain services and how much of this is supported through grant funding and other revenue streams. Understanding cost drivers is important, particularly if providers need client contributions to support ongoing sustainability of service delivery.

Use of client contributions
While the contributions will go towards expanding service delivery, providers may like to consider where the greatest demand for additional service delivery is and plan for this. Providers may also like to engage their clients to involve them in this decision.

6.3 Understanding client profiles

The Framework is aimed at supporting clients who can afford to contribute towards the cost of their care to do so, while protecting those most vulnerable. To achieve this, it is important that providers understand their client base and how contributions should be applied.

Providers should apply the principles of consistency, transparency and fairness in the client contribution arrangements, as per section 286 of the Act.

Financial status
Providers should consider the balance of financial circumstances in their client base, such as pensioners, clients on a low income and self-funded retirees.

This will help to determine how to apply the Framework in a way that is fair and encourages clients with the capacity to contribute towards the cost of their care to do so.

For example, if clients are predominantly pensioners, providers may establish a simple single contribution rate for all clients. If there is a broader cross section of clients, a tiered contribution model may be more appropriate.

Socio-economic circumstances
Providers should consider the socio-economic factors within their local service area when setting client contributions. The Framework allows for providers to have flexible arrangements to meet their client's needs.

Depending on client circumstances, providers can choose an appropriate approach, such as:

- set contribution rate
- voluntary contribution
- one off weekly or monthly contributions
- bundling services (see 6.3) that don't impact on the level of service delivery.

Engaging new clients
Providers should consider how they will engage with new clients and consult on fee arrangements, noting CHSP contributions must be documented in their publicly available policy and outlined in the client's Service Agreement.

If providers change their contribution arrangements, this should be communicated to clients to allow sufficient time for clients to adjust to the changes.

Communicating to clients
Providers should have a copy of the client contribution policy and financial hardship policy available on their website or be made available on request.

Providers should discuss CHSP client contributions with clients and ensure all information is appropriate, clear and simple to understand. Providers should talk to their clients about contributions and what it means for them. The communication method may depend on the type of service. For example, if services are delivered mostly via telephone, sending written material will be more appropriate. These arrangements will be detailed in the client's Service Agreement.

7. Additional considerations

7.1 Couples

Client contribution arrangements only apply to CHSP clients. If a client lives with a person (e.g. partner, spouse) who is not a CHSP client, the provider cannot ask the non-client to also contribute for services, such as cleaning and gardening services, delivered in the home.

Where both individuals living together are CHSP clients, they should not be asked to contribute separately. For example, if a 1-hour cleaning service is provided to a couple in their home, the contribution amount should reflect only 1-hour (not 1-hour per client).

7.2 Compensation clients

If a CHSP client has received (or is receiving) a compensation payment that is intended to cover some (or all) of the costs of home-based care and services, service providers should request the full cost of the service/s.

In compensation cases, service providers should liaise closely with the client or their representative regarding the cost of services.

7.3 Multiple service access (bundling)

Providers should make it clear how they will apply client contribution arrangements for multiple services. For example, clients may be expected to contribute for each instance of a service they receive, subject to their capacity to pay.

Where multiple services are provided concurrently, it may be appropriate to ‘bundle’ the contribution amounts for the cost of these activities. This ensures contributions are fair and not prohibitive.

For example, where a client receives an hour of social support, a meal at this activity as well as transport to and from, they may be unable to pay the relevant amount for each individual service type delivered through that one instance of social support.

The provider should clarify these arrangements in the CHSP client contribution policy where bundling will be allowed and document this in the client’s Service Agreement.

Where a client receives services from more than one service provider concurrently, providers are expected to liaise with each other in respect to client contribution amounts. This ensures clients receiving multiple services are appropriately accommodated and not disadvantaged.