

# Commonwealth Home Support Program – Care and Services Plans checklist guidance

From 1 November 2025 under the *Aged Care Act 2024*, all CHSP clients approved to access funded aged care services must have a Care and Services Plan in place that includes:

- details of the client's care needs, goals and preferences
- the frequency and volume of the services to meet the client's needs
- a review date (Care and Services Plans must be reviewed at least once every 12 months).

A CHSP registered provider must develop a Care and Services Plan for a client:

- before or on the client's start date; or
- if the client is accessing funded aged care services in any of the circumstances where a person may access services before assessment or determination.

This is a requirement in the *Aged Care Rules 2025* under section 148-80.

Below is a checklist guide to assist CHSP providers with the development of their Care and Services Plan.

**This general information is provided as guidance only.** For further information providers should also refer to the [Aged Care Rules 2025](#).

## Checklist guidance for CHSP providers

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### ☐ Client details

- Client name, contact details, My Aged Care ID, emergency contact information
- Information on the client's current situation/circumstance that may be important for successful service delivery
- Registered supporter details (if any)

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### ☐ Goals

- Goals to be set and recorded (where the client wants to be/what they wish to achieve)

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### ☐ Services

- The specific services that will be delivered during the support period to meet the client's needs, goals and preferences
- Includes strategies for risk management and preventative care

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☐ **Dates / Frequency**

- How often the client will receive services
- How long the services will go for (ongoing or short term)
- When the services will be reviewed/completed/finalised
- When the client's plan will be reviewed (for ongoing services)

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☐ **Documenting and Reviewing**

- Language that is clear, concise and easy to understand
- Shared with client and their family/carers
- Details of who the Care and Services Plan will be shared with
- Regular review of the Care and Services Plan details
- Copy provided to the client and their registered supporter/other support person
  - a) once the plan is developed
  - b) any time the plan is updated
  - c) upon request from the client.

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☐ **Registered supporter engagement**

- Details of who was involved in developing the Care and Services Plan
  - Engagement with the following to develop the review the Care and Services Plan:
    - Client
    - Registered supporter (if any)
    - Any other persons involved in the care of the client.
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## **Wellness and Reablement resources**

### Wellness and reablement resources

A collection of practical guides and tools for CHSP providers are available to assist with embedding wellness and reablement approaches into service delivery.

These resources can assist with the development of Care and Services Plans with eligible clients and their family/carer/supporter, and deliver support focussed on client strengths.