



Australian Government
Department of Health and Aged Care

MINUTE: To: s47E(c), s47F
 Director
 CHSP Program Management Section
 Home Support Operations Branch

WITHDRAWAL OF COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) MEALS SERVICES BY s47G(1)(a) AND APPROVAL TO COMMIT ADDITIONAL FUNDS TO s47G(1)(a)

Purpose

As the commitment approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

APPROVE

1. An increase to the unit price offered to s47G(1)(a) [redacted] for the purposes of delivering the CHSP Meals services and outputs being relinquished by s47G(1)(a) [redacted] in the Grampians (Vic) Aged Care Planning Region (ACPR) from 1 July 2023 to 30 June 2024.
2. Additional recurrent funding of up to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to s47G(1)(a) [redacted] from 1 July 2023 to 30 June 2024 for the purposes of delivering additional CHSP services, bringing their full offer amount to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc).

NOTE

1. This is the second minute in relation to the relinquishment of CHSP funding by s47G(1)(a) [redacted]. Further minutes will address the reallocation of other CHSP services and outputs being relinquished.
2. s47G(1)(a) [redacted] will be notified of the outcome following your decision.
3. The additional funds will be sourced from the pool of unallocated 2023-24 funds and will not affect the funding amounts to be offered for the other service types.

Background

- In the first minute signed by you on 18 January 2023 (Attachment A), s47G(1)(a) [redacted] was offered the CHSP Meals outputs and funding being relinquished by s47G(1)(a) [redacted], as a pilot site under the Miles Morgan Australia "Future Fit" project.
- Following recent discussions with Miles Morgan Australia and s47G(1)(a) [redacted] the Department has agreed to increase the unit price for the pilot site from s47(1)(b) [redacted] in order to ensure viability of ongoing service to clients as the council funding model can no longer apply, and additional infrastructure costs are required.

- This increase will bring the total funding required to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc).
- This requires additional funding of \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to be approved by you to meet the new funding amount.
- It has been confirmed that the additional funds will be sourced from the unallocated funds pool for CHSP in 2023-24 in order to avoid affecting the funding towards the other service types currently delivered by s47G(1)(a) to be reallocated to other providers for 2023-24.

Direct Selection Process

- No additional direct selection is required at this time as s47G(1)(a) have already been offered the original funding amount.

Recommended Outcome

- It is recommended that the Department approve the additional funds to s47G(1)(a) as the preferred organisation to be offered the CHSP Meals services being withdrawn by s47G(1)(a) outlined in Table 2.

Table 1: Funding to s47G(1)(a) being reallocated from s47G(1)(a) (minute 1)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Grampians (Vic)	Meals	s47E(d)				
Total							

Table 2: Additional 2023-24 funding being allocated to s47G(1)(a) from unallocated funds pool (minute 2)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Grampians (Vic)	Meals	s47E(d)				
Total							

Table 3: TOTAL 2023-24 funding being allocated to s47G(1)(a) for the delivery of Meals relinquished by s47G(1)(a)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Grampians (Vic)	Meals	s47E(d)				
Total							

Value for Money

The proposed direct selection process demonstrates value for money as it is likely to result in the timely selection of an appropriate provider (and the engagement of that provider at no additional cost to the Department), without the need to undertake a more extensive selection process requiring more significant resourcing.

Funds Availability

CHSP funds are available through Priority 065 – Outcome 3.2 Aged Care Services

Additional funding is required as existing funds will be transferred to other incoming providers as part of the selection for the remaining service types being relinquished by s47G(1)(a). Under the current administrative arrangements for CHSP variations, your approval is required for the recommended approach.

Engagement Process

H SOB will work with the relevant CGH office to approach s47G(1)(a) and confirm the increase in unit price and receive formal acceptance from s47G(1)(a) for the offer. Once the provider accepts, the formal variation process will be provided to the CGH Establishment team through a data variation file.

Variation Process

CHSP arrangements are funded under the Commonwealth Standard Grant Agreement. The CGH will manage the process and the variations to providers' contractual arrangements in accordance with the relevant legislation.

Risk Management

Risk is being managed through:

- Ongoing consultation between the Home Support Operations Branch and Miles Morgan Australia.
- The timely approval of an incoming provider.

Proposed Timeframe

It is proposed that the Department commence this process as soon as possible to allow the new provider to begin service delivery on 1 July 2023.

Contingencies

The preferred candidate has not been approached with the additional funding by the Department at this stage, so in the event that the organisation is not willing to take on the services being relinquished by s47G(1)(a), the Department would need to consider approaching other CHSP providers to offer the variation.

Delegation

The approval of funds is within your delegation limit under the Accountable Authority Delegations (PGPA) Schedule 1, 13 February 2023 – item number 05.

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Recommendations

It is recommended that you:

As the commitment approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act):

APPROVE

- R1.** An increase to the unit price offered to s47G(1)(a) [REDACTED] for the purposes of delivering the CHSP Meals services and outputs being relinquished by s47G(1)(a) [REDACTED] in the Grampians (Vic) Aged Care Planning Region (ACPR) from 1 July 2023 to 30 June 2024.
- R2.** Additional recurrent funding of up to \$s47(1)(b) [REDACTED] (GST exc) or \$s47(1)(b) [REDACTED] (GST inc) to s47G(1)(a) [REDACTED] from 1 July 2023 to 30 June 2024 for the purposes of delivering additional CHSP services, bringing their full offer amount to \$s47(1)(b) [REDACTED] (GST exc) or \$s47(1)(b) [REDACTED] (GST inc).

NOTE

- N1.** This is the second minute in relation to the relinquishment of CHSP funding by s47G(1)(a) [REDACTED]. Further minutes will address the reallocation of other CHSP services and outputs being relinquished.
- N2.** s47G(1)(a) [REDACTED] will be notified of the outcome following your decision.
- N3.** The additional funds will be sourced from the pool of unallocated 2023-24 funds and will not affect the funding amounts to be offered for the other service types.

DECISION:

- R1. **APPROVED** / NOT APPROVED / DISCUSS
- R2. **APPROVED** / NOT APPROVED / DISCUSS
- N1.- N.3 **NOTED** / DISCUSS

Recommending Officer

s47E(c), s47F [REDACTED]

s47E(c), s47F [REDACTED]

CHSP Program Management Section
Home Support Operations Branch
22 February 2023

PGPA Commitment Approver

s47E(c), s47F [REDACTED]

Director
CHSP Program Management Section
Home Support Operations Branch
22 February 2023

Attachments –

Attachment A – First minute in relation to selection of s47G(1)(a) [REDACTED] Meals relinquishment for 2023-24

Extensions Ad Hoc Batch 28 - Summary - 2023-24			
Batch Number	Organisations	Activities	2023-24 Total Grant Amount (GST Exclusive; Indexation Inclusive)
Ad Hoc Batch 28	2	4	\$3,268,443.34

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Organisation Name	Activities
(blank)	
s47G(1)(a)	2
	2
Grand Total	4

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Sum of 2023-24 Extension Fundng (Inc Indexation) (GST EXCLUSIVE)	
	s47(1)(b)
	\$3,268,443.34

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					\$0.00	\$3,268,443.34	\$0.00	s47(1)(b)

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s47(1)(b)									

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Template Tab

s47G(1)(a)

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: Variation to Activity Work Plan (CHSP only)

[illegible]

[illegible]

Total Outputs	
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Milestones (Manual)

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Milestones Template for All Activities

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ment Annual Report

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OFFICIAL**First Nations Impact Assessment Statement**

The purpose of the First Nations Impact Assessment Statement (Impact Assessment) is to support Department of Health and Aged Care (Department) staff to contribute to the access to and cultural safety of Aged Care for First Nations people by systematically applying an 'First Nations aged care lens' to programs, policies and strategies.

The Impact Assessment is underpinned by the principle that the entire Aged Care system needs to benefit First Nations Elders, and as endorsed by the Australian Government's commitment to address the Royal Commission in to Aged Care Quality and Safety recommendations and the priorities outlined in the: Our Care, Our Way, Our Future 5-Year Plan for Aboriginal and Torres Strait Islander Aged Care 2021-2026; the National Aboriginal and Torres Strait Islander Health Plan 2021-2031; and, closely linked to the principles in the National Agreement on Closing the Gap priority reforms.

The Impact assessment aims to:

1. Embed active and careful consideration of the aged care needs of First Nations peoples at an early stage in the process of revision or development of policies, programs and strategies.
2. Guide the systematic examination and assessment of Departmental barriers, enablers and linkages in relation to First Nations aged care to identify opportunities to improve access to care as well as the mitigation of potential adverse impacts.
3. Ensure policies and programs strive to achieve equity for First Nations peoples.

The Impact Assessment must be reviewed and endorsed by the relevant Assistant Secretary to determine if the initiative¹ actively considers the needs of First Nations people as well as mitigating any unintended impacts and is a mandatory attachment for Aged Care Group Committee (ACGC) papers.

Specific population considerations that need to be taken in to account when completing this template, include but are not limited to:

- Historical trauma and how this may influence trust in new initiatives
- Could the initiative be considered culturally safe
- Indigenous stakeholders (consumers, providers or sector supports) being consulted and engaged in the development of the initiative
- Importance of connection to culture and country
- Cultural obligations can influence First Nations people's decisions about when and why they should seek health and aged care services (from health plan)
- Digital literacy and access to technology, including mobile phones and internet
- Literacy levels and how this may need to be considered for engagement
- Communication needs including having trusted people present, using First Nations language and Auslan interpreters.

¹ Initiative includes new policies, new or amending legislation, funding proposals, new or amended service delivery models, new or amended regulatory provisions, new program design, new implementation and evaluation processes.

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Name of Initiative: 2023-24 CHSP Extension (Grant Commitments)

Initiative Summary

Briefly summarise the initiative.

The brief requiring decision by the Deputy Secretary of the Ageing and Aged Care Group), seeks to commit funding to a large number of CHSP Providers to continue funding aged care services, including those managed by, or supporting first nations people.

Key components of Impact Assessment:

Alignment with relevant reform priorities

How does/could this initiative link to/ deliver against existing First Nations health and aged care policies, programs or strategies

Extending CHSP funding does not have direct impacts on reform priorities, noting that CHSP is due to be replaced by the Support at Home Program, which includes first nations focussed elements and other thin market approach to ensure service continuity.

However, incremental reform implemented for the 2022-23 CHSP extension introduced new pricing systems in front of Support at Home, with price loadings available for remote and very remote, which supported smaller first nations focussed organisations.

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Aged Care specific considerations

How have you considered First Nations peoples' aged care requirements and built an understanding of their aged care needs in relation to the initiative. While detailed local data may not be available, there is a large amount of state-wide and national data that can be relevant to apply. Quantitative as well as qualitative data may be informative.

Extending CHSP grants will ensure continuity of support for the entry level aged care needs of first nations people.

Pricing architecture, which is principally based on standard indexation parameters, do not explicitly factor in demographical elements of first nations focused providers, including capacity to pay of first nations people, or highly localized service delivery issues. Flexibility in grant management exists in this regard to offset any direct impact from grant arrangements.

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OFFICIALImpact

When a policy, program or strategy is developed, the potential impacts of the initiative on the health and aged care needs of First Nations peoples must be considered. This process should include the identification of both positive and negative impacts, steps to address or mitigate any negative impacts and processes for monitoring throughout the initiative.

Consideration must be given to differences, such as urban (where most First Nations peoples live) vs remote (where First Nations people tend to be a high percentage of a smaller population), geographical location (e.g., Torres Strait Islands vs Darwin, or ACT vs WA), as First Nations peoples' needs, and experiences will vary significantly from place to place. An assessment of the Indigenous service landscape will also help identify partners and opportunities to leverage other government investments in the region/s to increase impact.

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- Ongoing work is required with Market and Workforce Division and the Community Grants Hub to ensure a coherent and overarching approach to engaging on compliance matters.

Stakeholder engagement

- a) First Nations peoples, communities and/or providers
- b) Other relevant stakeholders (e.g., peak bodies, sector representatives, other government agencies, community organisations, etc.).

Engagement with First Nations stakeholders should be considered in the development or revision of policies, programs or strategies. The level, nature and mechanisms of engagement with First Nations peoples will be guided by the type of initiative and should be determined on a case by case basis in consideration of a number of factors including: the health and/or aged care issue, the geographical area and whether First Nations peoples are a specific target population of the initiative or may be unintentionally impacted by the initiative. Where engagement is undertaken, planning the engagement, including identification of possible barriers to participation, will ensure that culturally respectful methods are incorporated from the earliest stages.

A dedicated diversity engagement plan including focused First Nations engagement should be factored in your planning. A template and information utilising the [United Nations Development Programme. Guidance Note, UNDP Social and Environmental Standards \(SES\), Stakeholder Engagement](#) will assist your engagement planning.

Where research activities and/or data collection relate to First Nations peoples and collections, Department of Health and Aged Care staff must adhere to the ethical principles detailed in the

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Australian Institute of First Nations Studies (AIATSIS) [Code of Ethics](#) as best practice. For further information, please refer to the [Guide to Applying the AIATSIS Code of Ethics](#).

- Affected CHSP providers are being directly engaged as part of contract negotiations, including any potential compliance actions (such as contract write-downs, or other activities).

- **s47C**

Other factors to considerCultural awareness and diversity training

The adequacy and accessibility of suitable diversity training and capability-building of Department of Health and other Commonwealth agency staff, and third-party partners or contractors, remain an essential part of building diversity-aware policies and programs. To understand concepts related to cultural safety, diversity, trauma-informed service delivery, and the role of intersectionality, access to adequate and regular learning opportunities is essential for all policy designers.

For example:

- All staff should understand First Nations history and how it continues to impact people today. The Department's [Knowing Doing Being](#) cultural competence program supports staff on their personal Reconciliation journey.
- The Department's SBS Inclusion Program is designed to give all workers core skills and knowledge around inclusion in general, and also specifically around different diversity dimensions -gender, age, disability, LGBTIQ+, First Nations, and cultural diversity. This program can be accessed via Success Factors.
- Will third parties be involved in the design or delivery of the initiative. Do they require this training too?

The Assistant Secretary of the HSOB ensures compliance with mandatory training requirements. However, training beyond these courses is not being actively monitored. This will be investigated further, however, it may be worth considering whether there are more tools to help report and drive uptake through Success Factors (or at least make more prominent if the tools exist)

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Developed by (Section/Branch)	HSOB Executive on behalf of CHSP Program
Endorsed by (AS):	Name: Russell Herald Date: 9 February 2023 Signature: by email
Approved by (FAS):	Nick Hartland
Title/position:	FAS, Home Residential Division
Signature:	Date: 13 February 2023 Signature: by email

By signing this document, you agree that the initiative satisfactorily meets the four key components of this First Nations Impact Assessment Statement.

Note: Must be approved by the relevant SES Band 2.

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s47E(c), s47F

From: HERALD, Russell
Sent: Monday, 27 February 2023 4:23 PM
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: FW: Att Rusty for Approval - Commitment Minute Approval - 2023-24 Extension Ad Hoc Batch 28 [SEC=OFFICIAL]
Attachments: Attachment A - 2023-24 CHSP Extension Ad Hoc Batch 28 Data.xlsx; Attachment B - 2023-24 CHSP Extension Ad Hoc Batch 28 - First Nations Impact Assessment Statement.docx; Attachment C - Signed CA Minute - s47G(1)(a) Relinquishment .pdf; Attachment D - Signed CA - s47G(1)(a) Relinquishment.pdf; Attachment E - Signed 2023-2024 CHSP Extension Ministerial Submission MS22-001481.pdf; CHSP - Pipeline Prioritisation Request - s47G(1)(a) .pdf; 2023-2024 CHSP Extension - Batch Ad Hoc 28 - Commitment Approval Minute (with contingency).pdf
Importance: High

s47E(c), s47F for Esig

From: s47E(c), s47F @health.gov.au>
Sent: Monday, 27 February 2023 4:19 PM
To: HERALD, Russell <Russell.Herald@health.gov.au>
Cc: s47E(c), s47F @Health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @health.gov.au>; s47E(c), s47F @Health.gov.au>; s47E(c), s47F @health.gov.au>
Subject: Att Rusty for Approval - Commitment Minute Approval - 2023-24 Extension Ad Hoc Batch 28 [SEC=OFFICIAL]
Importance: High

Hi Rusty

Please find attached the CA Minute for 2023-24 CHSP Extension – **this is to offer the base funding in 23-24 for s47G(1)(a)**

Also attached is the prioritisation to get these two contracts offered through the CGH – so that we can have the contracts in place.

This will be sent as soon as you sign the CA and the CGH will offer asap.

Is over my delegation – both combined are:\$3,366,496.64 have included regardless the first nations assessment also.

ACTION

- Sign 2023-24 CHSO Extension AD HOC Batch 28 – Commitment Approval pdf document (last one please)

I will get over to the CGH asap once signed

s47E(c), s47F

s47E(c), s47F

s47E(c), s47F

CHSP Program Section | Home Support and Operations Branch

P | 02 s47E(c), s47F E | s47E(c), s47F [@health.gov.au](mailto:s47E(c), s47F@health.gov.au)

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MINUTE TO ASSISTANT SECRETARY

MINUTE: To: Russell Herald
Assistant Secretary
Home Support Operations Branch

COMMITMENT APPROVAL – SPENDING PROPOSAL FOR THE COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) 2023-2024 EXTENSION – AD HOC BATCH 28

Purpose

As the Commitment Approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

APPROVE:

R1: Funding up to \$3,366,496.64 (GST Exclusive) and \$3,703,146.30 (GST Inclusive) for Ad Hoc Batch 28 of the 2023-2024 CHSP Extension at **Attachment A**. This amount includes a 3 % contingency to serve as a buffer for any unexpected rounding or Grants Payment System (GPS) inaccuracies (see below table).

Funds	Batch No.	Batch Funding Amount (GST exclusive)	Batch Funding Amount (GST inclusive)
Base Funding	Ad Hoc 28	\$3,268,443.34	\$3,595,287.67
Including 3 percent contingency	Ad Hoc 28	\$3,366,496.64	\$3,703,146.30

R2: The early release of 2 payments by the Community Grants Hub (CGH), under the management of the contract on a rolling schedule associated with each batch sent over to the CGH for the establishment of 2 CHSP grants. This will assist with the variations processing due to the monthly payment cadence currently in the CHSP.

NOTE:

- N1.** The extension of CHSP provider Grant Agreements from 1 July 2023 to 30 June 2024 is being split into batches, of which this approval is for Batch Ad Hoc 28. This will allow the Grant Agreements to be executed in stages and the 30 June 2023 deadline to be met.
- N2.** Wage Cost Index (WCI) of 3.9% has been applied to the above figures.
- N3.** This approval covers 2 current CHSP Grant Agreements. Future batches will be provided under separate minutes.
- N4.** The First Nations Impact Assessment (**Attachment B**).
- N5.** The attached signed Commitment Approval Minutes, that support the funding of relinquished from s47G(1)(a) and s47G(1)(a) to s47G(1)(a), that incorporate additional funding and an increase to unit prices (**Attachment C** and **Attachment D**).

2023-24 Extension Batch Funding Totals*

Batch No.	Batch Funding Amount (GST exclusive)	Batch Funding Amount (GST inclusive)
1**	\$366,137,266.84	\$402,750,993.52
2	\$575,299,105.43	\$632,829,015.97
2.1	\$59,072,769.09	\$64,980,046.00
Ad Hoc 28	\$3,268,443.34	\$3,595,287.67
TOTAL	\$1,003,777,584.70	\$1,104,155,343.17

*Totals are from original batch funding amounts and do not include the 3 percent contingency

** Funding amount aligned to the final acceptance of batch from DSS

And Sign:

- Commitment Approval

Background

On 9 December 2022 Minister Wells signed Ministerial Submission MS22-001481 approving recurrent funding up to \$3.075 billion for the 2023-24 CHSP extension (see **Attachment E**).

The department is extending the CHSP Grant Agreements by one year from 1 July 2023 to 30 June 2024 through a targeted non-competitive grant opportunity. This extension aligns the CHSP end date to the revised implementation date of the new in-home support program from 1 July 2024.

CHSP Providers are funded through Grant Agreements, which include a schedule of funded activities and activity work plans outlining the number of outputs to be delivered. Providers current funding agreements are being extended a further year, with increased funding across the CHSP of a minimum of 5% in line with the Ministers approval.

In 2022-23 the department implemented significant changes to CHSP Grant Agreements, these arrangements will continue into the 2023-24 agreements including:

- Standard monthly payment in arrears rather than quarterly grant block funding for all CHSP providers, excluding Sector Support and Development (SSD) providers. SSD provider funding will remain upfront quarterly payments
- Monthly Data Exchange reporting requirements (except SSD)
- Nationally consistent unit prices across most CHSP service types to help prepare CHSP providers for the aged care reforms and to reduce historical inconsistencies.

This continues to align the CHSP with Home Care providers and other government-funded programs. The requirements of providers are detailed in the CHSP Manual, which can be updated as needed.

First Nations Impact Assessment

The First Nations Impact Assessment Statement (Impact Assessment) supports Departmental staff to contribute to the access to and cultural safety of Aged Care for First Nations people by systematically applying an 'First Nations aged care lens' to programs, policies and strategies.

The Impact Assessment is underpinned by the principle that the entire Aged Care system needs to benefit First Nations Elders, and as endorsed by the Australian Government's commitment to address the Royal Commission in to Aged Care Quality and Safety recommendations and the priorities.

Relinquished Funding

On 22 February 2023, funding was approved for s47G(1)(a) for an increase to the unit price to deliver CHSP Meals services and outputs being relinquished by s47G(1)(a); and s47G(1)(a) for an increase to the unit price to deliver CHSP Meals services and outputs being relinquished by s47G(1)(a). These approvals also included recurrent funding in 2023-24 to deliver additional CHSP Meals services.

Timing

The CHSP extension period will commence on 1 July 2023 and will conclude on 30 June 2024. From January 2023 to end June 2023 all CHSP 2023-24 agreements are to be established by the CGH.

Grant Opportunity Guidelines Status

This is an existing granting activity and the Grant Opportunity Guidelines have been made publicly available, including on the [GrantConnect website](#). The department has undertaken an evaluation of the current grant opportunity, as per relevant grant guidelines, and has determined the existing grants administration processes, practices and requirements remain applicable. As such, the extension will occur through a variation to existing contractual arrangements.

Grant Opportunity

GO5326 CHSP Extension: Pipeline reference P3613.

Ad Hoc Batch 28: Pipeline reference P4357

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Indexation - Wage Cost Index (WCI)

All CHSP providers receive indexation, at the discretion of the Department, to supplement their funding to reflect cost increases. WCI has been paid to CHSP providers each year since the beginning of CHSP in 2015-16. The 2023-24 agreements have 3.9% indexation applied.

In addition to the 3.9% indexation, the Minister agreed (Attachment B) to provide additional indexation to providers above the 3.9% to 5% to all service types in 2023-24 except for community transport which is at 6%. The Minister also agreed for increasing the bottom of the CHSP price band by 5% over and above indexation.

Funds Availability

Funding is available from Outcome 3.2, PRI 065 – Commonwealth Home Support Programme.

Risk Management

The CHSP providers listed in Ad Hoc Batch 28 have been assessed as low risk, medium and high risk. High risk relates to size of funding under the CHSP envelope or performance. Increased monitoring is in place for these providers.

Grant Agreement Evaluation

At the end of the Grant Agreement period, a financial acquittal will be completed by the CGH and recorded in the GPS.

External Reporting Requirements

The grant agreement execution will be reported on [GrantConnect](#) no later than 21 calendar days after the deed of variation takes effect, which is in line with the mandatory reporting requirements in the Commonwealth Grants Rules and Guidelines (CGRGs) sections 5.3 and 5.4. The grant will also be included in the Department's response to Senate Order 16 (Minchin Motion) and reported online in accordance with the Senate Order 13 (Murray Motion) where appropriate.

Once executed, the activity will be registered on GPS.

Documentation

All relevant documentation pertaining to the Grant Agreement has been filed (in accordance with Corporate Business Rule 2: Records Management) on TRIM under: E22-280960: CHSP – Extensions 2023-24.

Beyond Forward Estimates Approval

As the duration of the expenditure proposal does not extend beyond the forward estimates period, Beyond Forward Estimates approval has not been obtained.

Delegations

The approval of funds is within your delegation limit under the Accountable Authority Delegations (PGPA) Schedule 1, 13 February 2023 - item number 3.

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the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Recommendations

As the Commitment Approver, under the PGPA Act that you:

APPROVE:

R1: Recurrent funding up to \$3,366,496.64 (GST Exclusive) and \$3,703,146.30 (GST Inclusive) for Ad Hoc Batch 28 of the 2023-2024 CHSP Extension at **Attachment A**. This amount includes a 3 percent contingency to serve as a buffer for any unexpected rounding or GPS inaccuracies (see below table).

Funds	Batch No.	2023-2024 (GST Exc)	Total Amount (GST Inc)
Base Funding	Ad Hoc 28	\$3,268,443.34	\$3,595,287.67
Including 3 percent contingency	Ad Hoc 28	\$3,366,496.64	\$3,703,146.30

R2: The early release of two (2) payments by the CGH, under the management of the contract on a rolling schedule associated with each batch sent over to the CGH for the establishment of two (2) CHSP grants. This will assist with the variations processing due to the monthly payment cadence currently in the CHSP.

NOTE:

- N1** The extension of CHSP provider Grant Agreements from 1 July 2023 to 30 June 2024 is being split into batches, of which this approval is for batch 1. This will allow the Grant Agreements to be executed in stages and the 30 June 2023 deadline to be met.
- N2** Wage Cost Index (WCI) of 3.9% has been applied to the above figures.
- N3** This approval covers two (2) current CHSP Grant Agreements. Future batches will be provided under separate minutes.
- N4** The First Nations Impact Assessment (**Attachment B**).
- N5.** The attached signed Commitment Approval Minutes, that support the funding of relinquished from s47G(1)(a) and s47G(1)(a) to s47G(1)(a), that incorporate additional funding and an increase to unit prices (**Attachment C** and **Attachment D**).

2023-24 Extension Batch Funding Totals*

Batch No.	Batch Funding Amount (GST exclusive)	Batch Funding Amount (GST inclusive)
1**	\$366,137,266.84	\$402,750,993.52
2	\$575,299,105.43	\$632,829,015.97
2.1	\$59,072,769.09	\$64,980,046.00
Ad Hoc 28	\$3,268,443.34	\$3,595,287.67
TOTAL	\$1,003,777,584.70	\$1,104,155,343.17

*Totals are from original batch funding amounts and do not include the 3 percent contingency

** Funding amount aligned to the final acceptance of batch from DSS

And Sign:

- Commitment Approval declaration (below).

Commitment Approval Declaration

I APPROVE: the commitment of up to \$3,366,496.64 (GST Exclusive) or \$3,703,146.30 (GST Inclusive) under s23(3) of the PGPA Act. This approval includes a 3% contingency.

I declare that I have made all reasonable enquiries and as a result I am satisfied that:

- I am an authorised delegate for this commitment proposal and this approval is within the limits of my delegation as specified in the Financial Delegations
- This proposal is consistent with the policies of the Australian Government
- This proposal is an efficient, effective, economical and ethical use of relevant money
- There is sufficient funding available to meet the commitment proposal.

Recommending Officer

s47E(c), s47F

s47E(c), s47F

CHSP Program Section
Home Support Operations Branch
27 February 2023

R1. APPROVED / NOT APPROVED/ NOTED

R2. APPROVED / NOT APPROVED/ NOTED

N1. NOTED / DISCUSS

N2. NOTED / DISCUSS

N3. NOTED / DISCUSS

N4. NOTED / DISCUSS

N5. NOTED / DISCUSS

PGPA Commitment Approver

Russell Herald

Assistant Secretary

Home Support Operations Branch

February 2023

Attachments:

Attachment A	2023-2024 CHSP Extension Ad Hoc Batch data
Attachment B	First Nations Impact Assessment
Attachment C	Signed CA Minute - s47G(1)(a) Relinquishment
Attachment D	Signed CA - s47G(1)(a) Relinquishment
Attachment E	MS22-001481 Signed 2023-2024 CHSP Extension Ministerial Submission

Contact Officer: s47E(c), s47F, s47E(c), s47F CHSP Program Management Section

Phone: s47E(c), s47F

Trim Reference: E22-280960: CHSP – Extensions 2023-2024

PIPELINE PRIORITISATION REQUEST

To be considered a high priority the grant/s activity start date must fall within 10 business days or less and meet the criteria outlined below.

You must contact the Hub Relationship ([s47E\(d\)](#)) to discuss your priority request before completing the form. Please do not send the form directly to the Community Grants Hub as it will not be processed.

Pipeline ID	P4357
Grant Opportunity Title <small>(must match Pipeline ID information)</small>	s47G(1)(a)
Purpose of Grant <small>(must match Pipeline ID information)</small>	To take on Meals services relinquished by two Victorian councils
Policy Contact/Division	s47E(c), s47F s47E(c), s47F
Phone number	s47E(c), s47F
Activity Start Date	Is payment required within 10 business days (once agreement is executed)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Critical date for offer	03 March 2023
Reason for urgency (select option)	<input type="checkbox"/> Ministerial directive (Ministerial announcements are generally not a reason for urgency. FMD can liaise with the Hub and provide an estimated timeframe for offer. Evidence is required where a ministerial announcement is considered a priority.) <input type="checkbox"/> Public Safety (Where the purpose of the grant is to provide aid in emergency situations such as a natural disaster or pandemic.) <input checked="" type="checkbox"/> Continuity of service (Where services are at risk of ceasing or impacting clients or the community without immediate funding.)
Justification of urgency	Significant press coverage on the service gaps threatened by the exit of Victorian councils from CHSP. Critical to program reputation that incoming providers have funding commitments ahead of new financial year.
AS Clearance/Name	Russell Herald, Asst Sec, Home Support Operations Branch
Date	27/02/2023
Confirmation	FBP to confirm availability of funds in IMPACT <input checked="" type="checkbox"/> Confirmed
Next steps	Please ensure you have attached the following to your email: <input checked="" type="checkbox"/> Clearance of this form by your AS (or above) <input checked="" type="checkbox"/> Signed Commitment Approval <input checked="" type="checkbox"/> Final Data templates and completed checklist <input checked="" type="checkbox"/> Email from your FBP confirming availability of fund in IMPACT <input checked="" type="checkbox"/> Include the pipeline ID and title of your grant activity (as per GPM) in the subject line of the email



Click here to email the completed form to [s47E\(d\)](#) @health.gov.au

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Department of Health and Aged Care

Ministerial Submission – Standard

MS22-001481

Version (1)

Date sent to MO: 14 November 2022

To: Minister Wells

cc: Minister Butler, Assistant Minister Kearney

Subject: Extension of the Commonwealth Home Support Programme (CHSP) - 1 July 2023 to 30 June 2024

Critical date: 28 November 2022 – to commence the preparation for the CHSP extension work, for varied CHSP provider agreements to be in place by 1 July 2023.

Recommendations:

- | | |
|---|--|
| <p>1. Agree to the proposed changes to pricing under CHSP for the 2023-24 financial year:</p> <ul style="list-style-type: none"> a. indexing CHSP prices by 5 per cent, for 2023-24 except for community transport at 6 per cent. b. increasing the bottom of the CHSP price band by 5 per cent over and above indexation. | <p>1. Please discuss</p> <ul style="list-style-type: none"> a. Agreed/Not agreed b. Agreed/Not agreed |
| <p>2. Agree to the department varying existing grant agreements with eligible CHSP providers to extend the CHSP from 1 July 2023 to 30 June 2024, committing up to \$3.075 billion.</p> | <p>2. Agreed/Not agreed/Please discuss</p> |
| <p>3. Agree to the relevant departmental delegate being responsible for the administration of the grant variation process (including assessment and approval of assessment outcomes and grant variation details) as per Section 32B of the <i>Financial Framework (Supplementary Powers) Act 1997</i>.</p> | <p>3. Agreed/Not agreed/Please discuss</p> |
| <p>4. Note that there is ongoing administrative reform to the Specialised Support Service sub-program of CHSP.</p> | <p>4. Noted</p> |

Signature

09-12-2022

Date:

/ / 2022

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Media Release required? NO

Comments:

Contact Officer:	<i>Russell Herald</i>	<i>Assistant Secretary, Home Support and Operations Branch, Home and Residential Division</i>	Ph: (s47E(c), s47F) Mobile: s47F
Clearance Officer:	<i>Michael Lye</i>	<i>Deputy Secretary, Ageing and Aged Care Group</i>	Ph: (s47E(c), s47F) Mobile: s47F

Issues:

1. This submission seeks your agreement to the policy details of the 2023-24 CHSP extension, and for the Department of Health and Aged Care (the department) to formally commence the extension process.
2. The department recommends the 2023-24 CHSP extension process include four changes compared to current settings:
 - a. Accumulated CHSP underspend recovered from providers through debt notice or contract write down, which you have already agreed (**MS22-001208** refers)
 - b. Changes to CHSP unit price ranges to reduce the difference between the upper and lower bounds as reforms move towards independent price setting;
 - c. Indexing unit price ranges by five per cent for all service types except for transport, with transport to be indexed by six per cent.
 - d. Tightening of the CHSP definition of Specialised Support Services as part of realigning CHSP service delivery arrangements in advance of the new in-home aged care program.

Accumulated Underspends

3. Further to your decision in relation to the recovery of CHSP underspends, and following discussions with your office, the department can confirm that the recovery of underspends will be subject to, and not occur in advance of, negotiations around provider viability and continuity of support.
4. Funding will only be withdrawn or recovered where it is clear that this action would not drive perverse outcomes, noting that CHSP providers are meant to hold unspent CHSP funds in an isolated account.
5. As part of the negotiation process with impacted providers, the department will determine whether adjustments need to be made, including either deferring the repayment of some or all the underspend (equivalent to a repayment plan) or writing off some or all the underspend.

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Indexation

6. For 2022-23, CHSP providers received indexation of 1.5 per cent based on economic conditions in late 2021. As you are aware, inflation, the national minimum wage and certain other industrial awards have increased materially since that time. To date, CHSP unit prices have not been amended to address these issues.
 - a. Rather, emergency funding is available to CHSP providers should continuity of support issues emerge; and
 - b. Access to an additional fuel subsidy of 30c per litre was provided to fuel exposed providers (community transport), as fuel costs have risen significantly greater than other expense lines.
7. Through the 2022-23 October Budget, CHSP indexation was updated to 3.9 per cent for 2023-24, but there were no retrospective changes to factor in the long-term effect of price and wage shocks occurring this financial year. As such, the department considers applying the 3.9 per cent indexation rate on its own may undermine the integrity of CHSP in advance of the transition to the new in-home aged care program.
8. As a result, the department recommends you agree to provide an additional one-off indexation boost of at least 1.1 per cent, to be drawn from unallocated CHSP growth funding (discussed below). In particular, the department recommends CHSP pricing be indexed instead by:
 - a. 5 per cent for all CHSP service types, excluding transport, and
 - b. 6 per cent for transport, recognising their high comparative exposure to fuel costs, and replacing the temporary fuel subsidy.
9. This boost, over and above the 3.9 percent budgeted indexation would cost around \$34 million, noting this does not factor in a provision for the interim 15 per cent increase in the award wage recently announced by the Fair Work Commission, nor a provision for its final decision.

Unit price ranges

10. For the 2022-23 CHSP extension, the department introduced a new pricing policy that set base pricing for CHSP services within a certain range (**Attachment A** refers). The purpose of this was to address the wide variance in CHSP prices inherited by the old state and territory run Home and Community Care systems.
11. A loading of up to 40 per cent on the base price was available for providers delivering services in remote and very remote areas.
12. The department recommends that the CHSP pricing bands be narrowed further in 2023-24, with the bottom of the CHSP range lifted by five per cent over and above indexation, with funding to also be drawn from unallocated growth funding. This will better align the program in preparation for the proposed new in-home aged care program.
13. This change would cost approximately \$28 million, noting that in-scope providers would receive an overall growth in funding levels of between 5 and 11 per cent depending on their current unit price.

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Using CHSP Growth Funding

14. CHSP is indexed by both price changes and population growth forecasts (ageing population), with gross CHSP funding growing by 6.2 per cent in 2023-24.
15. The department is developing options to increase service levels in 2023-24, but with workforce constraints and underlying costs growing faster than indexation, there are significant barriers. This is compounded by uncertainty around the future state of the in-home aged care program from 1 July 2024.
16. To balance investment priorities in CHSP, the department recommends splitting the growth in funding between an indexation boost and service expansion to ensure continuity of existing service levels.
17. The department's recommendation to prioritise indexation over growth of the program is based on:
 - a. Reduction on the number of people waiting as part of the National Priority System for Home Care services have reduced the demand for CHSP services. The number of clients accessing CHSP services has fallen by 2.7 per cent over three years (-22,756), while funding continued to increase.
 - b. Of CHSP's 17 service types that deliver frontline services across 72 Aged Care planning regions (1,224 data points), reductions or no change in median wait times between assessment and service commencement have been observed in 72.4 of the time in 2021-22 when compared to 2020-21.
 - c. The top four service types recording increased wait times were Meals, Personal Care, Assistance with Care and Housing and Specialist Support Services, although these increases were observed in less than half of all Aged Care planning regions.

18.

s47C

19. If you agree to the recommendations in this submission, CHSP pricing for 2023-24 is outlined at **Attachment A**, with unallocated funding for 2023-24 set at around \$116 million (excluding impact of writing down contracts due to underspends). In this context you could increase the indexation boost by up to 3 per cent in lieu of service expansion.
20. Subject to your decision, s47C, s47E(d)

CHSP extension process

21. The department has undertaken an evaluation of the current grant opportunity, as per relevant grant guidelines, and has determined the existing grants administration processes, practices and requirements remain applicable. As such, the extension will occur through a variation to existing contractual arrangements.

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22. As such, the department is seeking your agreement to commit up to \$3.075 billion in 2023-24 to extend CHSP existing contracts, and to delegate responsibility for the administration of the grant variation process (including assessment and approval of assessment outcomes and grant variation details) to the relevant departmental delegate as per Section 32B of the *Financial Framework (Supplementary Powers) Act 1997*.

Specialised Support Services (SSS)

23. As part of the in-home aged care reform work, the department has been undertaking an in-depth analysis of SSS activities being undertaken in CHSP, that are generally considered as specialised supports for people with certain conditions (e.g. hearing and vision loss, dementia, incontinence etc).
- a. Historically, however, SSS was also used to house services inherited from states and territories that did not cleanly fit in other CHSP service types.

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s47C, s47E(d)

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Background:

- In the 2022-23 October Budget, the Government announced an extension of the CHSP funding arrangements for another 12 months, from 1 July 2023 to 30 June 2024. This requires a variation to existing grant agreements for 1,340 eligible CHSP service providers (providers).
- The CHSP provides funding for a broad range of entry-level support services to assist frail older Australians aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander peoples) who have functional limitations (including cognitive), to remain living independently at home in their community. The CHSP provides funding to 1,340 providers, delivering services to approximately 818,000 clients.
- Providers are funded through grant agreements, which include a schedule of funded activities and activity work plans outlining the number of outputs to be delivered.
- In preparation for the reforms to in-home aged care, significant changes were made to CHSP grant agreements in 2022-23 and included the introduction of:
 - standard monthly payment in arrears, rather than quarterly grant block funding for all providers, excluding Sector Support and Development (SSD) providers. SSD provider funding remains as upfront quarterly payments
 - monthly Data Exchange reporting requirements (except SSD)
 - nationally consistent unit prices across most CHSP service types to help prepare providers for the aged care reforms and to reduce historical inconsistencies.
- The above changes introduced from 1 July 2022 is allowing the program to have greater control of financial risk and service performance across the grants, leading to better Government spending on services.
- All current legislative requirements and amendments are reflected in the CHSP Manual. The requirements of providers to deliver CHSP services are detailed in the CHSP Manual. As part of the 2023-24 extension, the CHSP Manual, as well as the program compliance framework, will be updated to ensure program governance is maintained.

Attachments:

A: Proposed 2023-24 CHSP national unit price range

Budget/Financial Implications:

The 2023-24 CHSP appropriation is currently set at \$3.228 billion. This ministerial submission is seeking approval of up to \$3.075 billion to vary provider grant agreements for the 2023-24 CHSP extension. This amount includes base funding and indexation for the period 1 July 2023 to 30 June 2024.

The residual CHSP appropriation is used for other projects including, but not limited to, ad-hoc proposals for unforeseen and exceptional circumstances, funding for Goods, Equipment and Assistive Technology (GEAT), program reporting as well as business transformation projects to assist providers align their business to the new In-Home Aged Care Program.

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This funding is available under Priority 065, Outcome 3.2, Home Support and Care.

Priority 065 – Outcome 3.2 – Summary Table	2023–24	Difference
(GST exclusive)	(\$000's)	(\$000's)
Allocation (as at Budget 2022-23)	\$3,227,608	



*A contingency has been added to proposal to cover any additional costings/changes to providers that may arise.

Election Commitments / Budget Measures:

In the 2022-23 October Budget, the Government announced an extension of CHSP funding arrangements for another 12 months, from 1 July 2023 to 30 June 2024.

Sensitivities:

CHSP providers who are identified for a potential write down in funding due to unspent funds may be sensitive to proposed changes to their funding arrangements. All changes to funding amounts will be subject to negotiations with providers and changes would take into account consideration of provider sustainability and continuity of services to clients.

Consultations:

The broader department is being consulted to ensure the extension aligns with the new in-home care program implementation.

The changes to the 2022-23 agreement followed broad consultations with providers and aged care peak bodies.

No new significant changes are being implemented as part of this extension.

The Community Grants Hub in the Department of Social Services has been consulted.

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OFFICIAL**Regulatory Burden Implications and/or Deregulation Opportunities:**

The department will work with providers to minimise the impact if any processes or systems require updating during the course of the extension.

Communication/Media Activities:

The extension process is scheduled to commence late 2022. The finalisation of the extension in June 2023 may provide an opportunity for a media announcement.

Impact on Rural and Regional Australians:

The CHSP provides services to around 825,000 clients across Australia, including rural and regional areas. Modelling is being done and any impacts to these areas will be taken into consideration.

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Minister	Minister Wells
PDR Number	MS22-001481
Subject	Extension of the Commonwealth Home Support Programme (CHSP) - 1 July 2023 to 30 June 2024
Critical Date	Monday, 28 November 2022
Contact Officer	Russell Herald s47E(c), s47F s47F
Clearance Officer	Nick Hartland (s47E(c), s47F s47F
Division/Branch	Home and Residential Home Support Operations
Has Budget Branch been consulted if there are financial implications?	Not Applicable

Adviser/DLO comments:	Returned to Dept for: REDRAFT <input type="checkbox"/> NFA <input type="checkbox"/>
-----------------------	---

Quality Assurance Check (completed by line area)	s47E(c), s47F s47F
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Australian Government
Department of Health and Aged Care

MINUTE: To: Russell Herald
Assistant Secretary
Home Support Operations Branch

WITHDRAWAL OF COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) SERVICES BY s47G(1)(a) AND APPROVAL TO DIRECT APPROACH AND COMMIT FUNDS TO ALTERNATIVE PROVIDERS

Purpose

As the commitment approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

APPROVE

1. The s47G(1)(b), s47E(d) [redacted] to deliver the Meals services and outputs being withdrawn by s47G(1)(a) [redacted] in the Eastern Metro (Vic) Aged Care Planning Region (ACPR) from 1 July 2023 to 30 June 2024 totalling \$s47(1)(b) GST exclusive (GST exc) or \$s47(1)(b) GST inclusive (GST inc).
2. An approach to s47G(1)(a) [redacted], for the purposes of delivering the Meals services and outputs being relinquished s47G(1)(a) [redacted] in the Eastern Metro (Vic) ACPR.
3. **s47(1)(b)** [redacted]

NOTE

1. This is the third Minute in relation to the relinquishment of funding by Whitehorse Council. Further Minutes may be required to re-allocate services and funds that are declined in part or in full by incoming providers already approved to be offered relinquishing services.
2. On 13 February you signed the s47G(1)(a) [redacted] 'Part 2' Minute approving the re-allocation of all services and outputs being withdrawn by s47G(1)(a) [redacted] including the re-allocation of Meals outputs and funding totalling \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to s47G(1)(a) [redacted] (Attachment A).
3. s47G(1)(a) [redacted] will be notified of the outcome following your decision.
4. Additional funding from the increased unit price totalling \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) will be sourced from the pool of unallocated 2023-24 funds and will not affect the funding amounts to be offered for the other service types.

Background

- This Minute recommends the re-allocation of the Meals CHSP funding and outputs being relinquished by s47G(1)(a) for 1 July 2023 - 30 June 2024 s47G(1)(b), s47E(d).
- The full details of s47G(1)(a) relinquishment were captured in the 'Minutes Part 1' (Attachment B) and 'Part 2' (Attachment A).

Direct Selection Process

- Whitehorse LGA has been identified as a 'metropolitan' location for a Meals on Wheels pilot project under the Miles Morgan Australia "Future Fit" contract (refer D22-2913498) due to a volunteer profile and size of funding.
- Under the "Future Fit" pilot program, the Meals on Wheels (MOW) model of service delivery is being extended into Victoria through a direct engagement with a MOW provider, allowing the social support benefits of the MOW model to be provided to Victorian CHSP meals clients. As no providers in Victoria currently use the MOW model, the selection of an interstate-based MOW provider is required.

s47G(1)(b), s47E(d)

- Selection of s47G(1)(a) allows a smooth transition and service continuity for clients. The selection aligns to the Future Fit work that Miles Morgan are undertaking and will allow the social support model of MOW to continue in service delivery.
- For 2022-23 s47G(1)(a) has the following funding and service types:

Table 1: s47G(1)(a) - CHSP Funding 2022-23

Year	ACPR	Activity type	Funding (GST exc)	GST Amount	Funding (GST inc)
2022-23	Hunter (NSW)	Meals	s47(1)(b)		
	Hunter (NSW)	Social Support Individual			
Total					

- s47G(1)(a) received additional Meals funding of \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) and Social Support Individual funding of \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) in the 2020-22 Growth Funding round.

s47G(1)(a), s47G(1)(b)

- s47G(1)(a) is not on the CHSP Escalated Provider List.

Recommended Selection

- It is recommended that the Department select s47G(1)(a) as the preferred organisation to be offered the Meals services being withdrawn by s47G(1)(a) as outlined in the Tables below.

- Table 2: Funding to s47G(1)(a) being reallocated from s47G(1)(a)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Unit Price	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Eastern Metro (Vic)	Meals	s47E(d)	s47(1)(b)				
		Total						

- Table 3: Additional Funding to s47G(1)(a) to be reallocated from unallocated funds pool via increased unit price (s47(1)(b))

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Unit Price	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Eastern Metro (Vic)	Meals	s47E(d)	s47(1)(b)				
		Total						

- Table 4: Total funding being reallocated to s47G(1)(a)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Unit Price	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Eastern Metro (Vic)	Meals	s47E(d)	s47(1)(b)				
		Total						

Value for Money

The proposed direct selection process demonstrates value for money as it is likely to result in the timely selection of an appropriate provider (and the engagement of that provider at no additional cost to the Department), without the need to undertake a more extensive selection process requiring more significant resourcing.

Funds Availability

CHSP funds are available through Priority 065 – Outcome 3.2 Aged Care Services.

No additional funding is required as existing funds will be transferred through a variation to the new provider's agreement. Under the current administrative arrangements for CHSP variations, your approval is required for the recommended approach.

Engagement Process

HSOB will work with the relevant CGH office to approach the preferred candidates and negotiate any outputs in line with the 2022-23 CHSP Manual. Once the provider accepts, the formal variation process will be provided to the CGH Establishment team through a data variation file.

Variation Process

CHSP arrangements are funded under the Commonwealth Standard Grant Agreement. The CGH will manage the process and the variations to providers' contractual arrangements in accordance with the relevant legislation.

Risk Management

Risk is being managed through:

- Ongoing consultation between the CGH and the Home Support Operations Branch.
- Risk assessment and data analysis undertaken by the Home Support Operations Branch.
- s47G(1)(a) experience with a distribution model that aligns to s47G(1)(a) current MOW model and their engagement with the Miles Morgan Future Fit program, their continuation of social support aspects of MOW provision.
- The engagement of an experienced MOW provider into Victoria.
- The timely approval of an incoming provider.

Proposed Timeframe

It is proposed that the Department commence this process as soon as possible to allow the new provider to begin service delivery on 1 July 2023.

Contingencies

In the unexpected event that s47G(1)(a) does not take on the Meals services being relinquished by s47G(1)(a), the Department would need to consider approaching other CHSP providers to offer the variation.

Delegation

The approval of funds is within your delegation limit under the Accountable Authority Delegations (PGPA) Schedule 1, 13 February 2023— item number 03.

This document has been released under
the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Recommendations

It is recommended that you:

As the commitment approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act):

APPROVE

R1. The s47G(1)(b), s47E(d) [REDACTED] to deliver the Meals services and outputs being withdrawn by s47G(1)(a) [REDACTED] in the Eastern Metro (Vic) Aged Care Planning Region (ACPR) from 1 July 2023 to 30 June 2024 totalling \$s47(1)(b) GST exclusive (GST exc) or \$s47(1)(b) GST inclusive (GST inc).

R2. An approach to s47G(1)(a) [REDACTED], for the purposes of delivering the Meals services and outputs being relinquished by s47G(1)(a) [REDACTED] in the Eastern Metro (Vic) ACPR.

R3. s47(1)(b)

NOTE

N1. This is the third Minute in relation to the relinquishment of funding by s47G(1)(a) [REDACTED]. Further Minutes may be required to re-allocate services and funds that are declined in part or in full by incoming providers already approved to be offered relinquishing services).

N2. On 13 February you signed the s47G(1)(a) [REDACTED] 'Part 2' Minute approving the re-allocation of all services and outputs being withdrawn by s47G(1)(a) [REDACTED] including the re-allocation of Meals outputs and funding totalling \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to s47G(1)(a) [REDACTED] (Attachment A).

N3. s47G(1)(a) [REDACTED] will be notified of the outcome following your decision.

N4. Additional funding from the increased unit price totalling \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) will be sourced from the pool of unallocated 2023-24 funds and will not affect the funding amounts to be offered for the other service types.

DECISION:

R1. APPROVED / NOT APPROVED / DISCUSS

R2. APPROVED / NOT APPROVED / DISCUSS

R3. APPROVED / NOT APPROVED / DISCUSS

N1.- N.4 NOTED / DISCUSS

s47E(c), s47F^r

s47E(c), s47F^r CHSP Program Management Section
Home Support Operations Branch
22 February 2023

PGPA Commitment Approver

Russell Herald
Assistant Secretary
Home Support Operations Branch
February 2023

Attachments –

Attachment A – s47G(1)(a) Part 2 Minute

Attachment B – s47G(1)(a) Part 1 Minute

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Australian Government
Department of Health and Aged Care

MINUTE: To: s47E(c), s47F
 Director
 CHSP Program Management Section
 Home Support Operations Branch

WITHDRAWAL OF COMMONWEALTH HOME SUPPORT PROGRAMME (CHSP) MEALS SERVICES BY s47G(1)(a) AND APPROVAL TO COMMIT ADDITIONAL FUNDS TO s47G(1)(a)

Purpose

As the commitment approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

APPROVE

1. An increase to the unit price offered to s47G(1)(a) for the purposes of delivering the CHSP Meals services and outputs being relinquished by s47G(1)(a) in the Grampians (Vic) Aged Care Planning Region (ACPR) from 1 July 2023 to 30 June 2024.
2. Additional recurrent funding of up to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to s47G(1)(a) from 1 July 2023 to 30 June 2024 for the purposes of delivering additional CHSP services, bringing their full offer amount to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc).

NOTE

1. This is the second minute in relation to the relinquishment of CHSP funding by s47G(1)(a). Further minutes will address the reallocation of other CHSP services and outputs being relinquished.
2. s47G(1)(a) will be notified of the outcome following your decision.
3. The additional funds will be sourced from the pool of unallocated 2023-24 funds and will not affect the funding amounts to be offered for the other service types.

Background

- In the first minute signed by you on 18 January 2023 (Attachment A), s47G(1)(a) was offered the CHSP Meals outputs and funding being relinquished by s47G(1)(a), as a pilot site under the Miles Morgan Australia "Future Fit" project.
- Following recent discussions with Miles Morgan Australia and s47G(1)(a) the Department has agreed to increase the unit price for the pilot site from s47(1)(b) in order to ensure viability of ongoing service to clients as the council funding model can no longer apply, and additional infrastructure costs are required.

- This increase will bring the total funding required to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc).
- This requires additional funding of \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to be approved by you to meet the new funding amount.
- It has been confirmed that the additional funds will be sourced from the unallocated funds pool for CHSP in 2023-24 in order to avoid affecting the funding towards the other service types currently delivered by s47G(1)(a) to be reallocated to other providers for 2023-24.

Direct Selection Process

- No additional direct selection is required at this time as s47G(1)(a) have already been offered the original funding amount.

Recommended Outcome

- It is recommended that the Department approve the additional funds to s47G(1)(a) as the preferred organisation to be offered the CHSP Meals services being withdrawn by s47G(1)(a) outlined in Table 2.

Table 1: Funding to s47G(1)(a) being reallocated from s47G(1)(a) (minute 1)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Grampians (Vic)	Meals	s47E(d)	s47(1)(b)			
Total							

Table 2: Additional 2023-24 funding being allocated to s47G(1)(a) from unallocated funds pool (minute 2)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Grampians (Vic)	Meals	s47E(d)	s47(1)(b)			
Total							

Table 3: TOTAL 2023-24 funding being allocated to s47G(1)(a) for the delivery of Meals relinquished by s47G(1)(a)

Year	ACPR	Activity type	Activity Cost Centre	Outputs	Funding (GST exc)	GST Amount	Funding (GST inc)
2023-24	Grampians (Vic)	Meals	s47E(d)	s47(1)(b)			
Total							

Value for Money

The proposed direct selection process demonstrates value for money as it is likely to result in the timely selection of an appropriate provider (and the engagement of that provider at no additional cost to the Department), without the need to undertake a more extensive selection process requiring more significant resourcing.

Funds Availability

CHSP funds are available through Priority 065 – Outcome 3.2 Aged Care Services

Additional funding is required as existing funds will be transferred to other incoming providers as part of the selection for the remaining service types being relinquished by s47G(1)(a). Under the current administrative arrangements for CHSP variations, your approval is required for the recommended approach.

Engagement Process

H SOB will work with the relevant CGH office to approach s47G(1)(a) and confirm the increase in unit price and receive formal acceptance from s47G(1)(a) for the offer. Once the provider accepts, the formal variation process will be provided to the CGH Establishment team through a data variation file.

Variation Process

CHSP arrangements are funded under the Commonwealth Standard Grant Agreement. The CGH will manage the process and the variations to providers' contractual arrangements in accordance with the relevant legislation.

Risk Management

Risk is being managed through:

- Ongoing consultation between the Home Support Operations Branch and Miles Morgan Australia.
- The timely approval of an incoming provider.

Proposed Timeframe

It is proposed that the Department commence this process as soon as possible to allow the new provider to begin service delivery on 1 July 2023.

Contingencies

The preferred candidate has not been approached with the additional funding by the Department at this stage, so in the event that the organisation is not willing to take on the services being relinquished by s47G(1)(a), the Department would need to consider approaching other CHSP providers to offer the variation.

Delegation

The approval of funds is within your delegation limit under the Accountable Authority Delegations (PGPA) Schedule 1, 13 February 2023 – item number 05.

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Recommendations

It is recommended that you:

As the commitment approver, under sections 21 and 23 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act):

APPROVE

- R1.** An increase to the unit price offered to s47G(1)(a) [REDACTED] for the purposes of delivering the CHSP Meals services and outputs being relinquished by s47G(1)(a) [REDACTED] in the Grampians (Vic) Aged Care Planning Region (ACPR) from 1 July 2023 to 30 June 2024.
- R2.** Additional recurrent funding of up to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc) to s47G(1)(a) from 1 July 2023 to 30 June 2024 for the purposes of delivering additional CHSP services, bringing their full offer amount to \$s47(1)(b) (GST exc) or \$s47(1)(b) (GST inc).

NOTE

- N1.** This is the second minute in relation to the relinquishment of CHSP funding by s47G(1)(a) [REDACTED]. Further minutes will address the reallocation of other CHSP services and outputs being relinquished.
- N2.** s47G(1)(a) will be notified of the outcome following your decision.
- N3.** The additional funds will be sourced from the pool of unallocated 2023-24 funds and will not affect the funding amounts to be offered for the other service types.

DECISION:

- R1. **APPROVED** NOT APPROVED / DISCUSS
- R2. **APPROVED** NOT APPROVED / DISCUSS
- N1.- N.3 **NOTED** DISCUSS

Recommending Officer

s47E(c), s47F [REDACTED]

s47E(c), s47F [REDACTED]

CHSP Program Management Section
Home Support Operations Branch
22 February 2023

PGPA Commitment Approver

s47E(c), s47F [REDACTED]

Director
CHSP Program Management Section
Home Support Operations Branch
22 February 2023

Attachments –

Attachment A – First minute in relation to selection of s47G(1)(a) [REDACTED] relinquishment for 2023-24

Extensions Ad Hoc Batch 28 - Summary - 2023-24			
Batch Number	Organisations	Activities	2023-24 Total Grant Amount (GST Exclusive; Indexation Inclusive)
Ad Hoc Batch 28	2	4	\$3,268,443.34

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Organisation Name	Activities
(blank)	
s47G(1)(a)	2
	2
Grand Total	4

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Sum of 2023-24 Extension Fundng (Inc Indexation) (GST EXCLUSIVE)	
	s47(1)(b)
	\$3,268,443.34

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[illegible]

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[illegible]

					\$0.00	\$3,268,443.34	\$0.00	s47(1)(b)

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[illegible]

s47(1)(b)									

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[illegible]

: Variation to Activity Work Plan (CHSP only)

[illegible]

[illegible]

[illegible]

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Milestones (Manual)

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible][illegible]

[illegible]

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le Département de la Santé, du Handicap et du Vieillesse

[illegible]

[illegible]

[illegible]

[illegible][illegible]

[illegible][illegible]

[illegible][illegible]

Milestones Template for All Activities

[illegible]

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Milestone Template (not SSD) - 2023-24

[illegible]

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[illegible]

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[illegible][illegible]

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Milestones Templ

[illegible][illegible]

ate for SSD Activities - 2023-24

[illegible]

[illegible]

[illegible][illegible]

OFFICIAL**First Nations Impact Assessment Statement**

The purpose of the First Nations Impact Assessment Statement (Impact Assessment) is to support Department of Health and Aged Care (Department) staff to contribute to the access to and cultural safety of Aged Care for First Nations people by systematically applying an 'First Nations aged care lens' to programs, policies and strategies.

The Impact Assessment is underpinned by the principle that the entire Aged Care system needs to benefit First Nations Elders, and as endorsed by the Australian Government's commitment to address the Royal Commission in to Aged Care Quality and Safety recommendations and the priorities outlined in the: Our Care, Our Way, Our Future 5-Year Plan for Aboriginal and Torres Strait Islander Aged Care 2021-2026; the National Aboriginal and Torres Strait Islander Health Plan 2021-2031; and, closely linked to the principles in the National Agreement on Closing the Gap priority reforms.

The Impact assessment aims to:

1. Embed active and careful consideration of the aged care needs of First Nations peoples at an early stage in the process of revision or development of policies, programs and strategies.
2. Guide the systematic examination and assessment of Departmental barriers, enablers and linkages in relation to First Nations aged care to identify opportunities to improve access to care as well as the mitigation of potential adverse impacts.
3. Ensure policies and programs strive to achieve equity for First Nations peoples.

The Impact Assessment must be reviewed and endorsed by the relevant Assistant Secretary to determine if the initiative¹ actively considers the needs of First Nations people as well as mitigating any unintended impacts and is a mandatory attachment for Aged Care Group Committee (ACGC) papers.

Specific population considerations that need to be taken in to account when completing this template, include but are not limited to:

- Historical trauma and how this may influence trust in new initiatives
- Could the initiative be considered culturally safe
- Indigenous stakeholders (consumers, providers or sector supports) being consulted and engaged in the development of the initiative
- Importance of connection to culture and country
- Cultural obligations can influence First Nations people's decisions about when and why they should seek health and aged care services (from health plan)
- Digital literacy and access to technology, including mobile phones and internet
- Literacy levels and how this may need to be considered for engagement
- Communication needs including having trusted people present, using First Nations language and Auslan interpreters.

¹ Initiative includes new policies, new or amending legislation, funding proposals, new or amended service delivery models, new or amended regulatory provisions, new program design, new implementation and evaluation processes.

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Name of Initiative: 2023-24 CHSP Extension (Grant Commitments)

Initiative Summary

Briefly summarise the initiative.

The brief requiring decision by the Deputy Secretary of the Ageing and Aged Care Group), seeks to commit funding to a large number of CHSP Providers to continue funding aged care services, including those managed by, or supporting first nations people.

Key components of Impact Assessment:

Alignment with relevant reform priorities

How does/could this initiative link to/ deliver against existing First Nations health and aged care policies, programs or strategies

Extending CHSP funding does not have direct impacts on reform priorities, noting that CHSP is due to be replaced by the Support at Home Program, which includes first nations focussed elements and other thin market approach to ensure service continuity.

However, incremental reform implemented for the 2022-23 CHSP extension introduced new pricing systems in front of Support at Home, with price loadings available for remote and very remote, which supported smaller first nations focussed organisations.

s47E(d)

Aged Care specific considerations

How have you considered First Nations peoples' aged care requirements and built an understanding of their aged care needs in relation to the initiative. While detailed local data may not be available, there is a large amount of state-wide and national data that can be relevant to apply. Quantitative as well as qualitative data may be informative.

Extending CHSP grants will ensure continuity of support for the entry level aged care needs of first nations people.

Pricing architecture, which is principally based on standard indexation parameters, do not explicitly factor in demographical elements of first nations focused providers, including capacity to pay of first nations people, or highly localized service delivery issues. Flexibility in grant management exists in this regard to offset any direct impact from grant arrangements.

s47E(d)

OFFICIALImpact

When a policy, program or strategy is developed, the potential impacts of the initiative on the health and aged care needs of First Nations peoples must be considered. This process should include the identification of both positive and negative impacts, steps to address or mitigate any negative impacts and processes for monitoring throughout the initiative.

Consideration must be given to differences, such as urban (where most First Nations peoples live) vs remote (where First Nations people tend to be a high percentage of a smaller population), geographical location (e.g., Torres Strait Islands vs Darwin, or ACT vs WA), as First Nations peoples' needs, and experiences will vary significantly from place to place. An assessment of the Indigenous service landscape will also help identify partners and opportunities to leverage other government investments in the region/s to increase impact.

- s47E(d), s47C
-
-
- Ongoing work is required with Market and Workforce Division and the Community Grants Hub to ensure a coherent and overarching approach to engaging on compliance matters.

Stakeholder engagement

- a) First Nations peoples, communities and/or providers
- b) Other relevant stakeholders (e.g., peak bodies, sector representatives, other government agencies, community organisations, etc.).

Engagement with First Nations stakeholders should be considered in the development or revision of policies, programs or strategies. The level, nature and mechanisms of engagement with First Nations peoples will be guided by the type of initiative and should be determined on a case by case basis in consideration of a number of factors including: the health and/or aged care issue, the geographical area and whether First Nations peoples are a specific target population of the initiative or may be unintentionally impacted by the initiative. Where engagement is undertaken, planning the engagement, including identification of possible barriers to participation, will ensure that culturally respectful methods are incorporated from the earliest stages.

A dedicated diversity engagement plan including focused First Nations engagement should be factored in your planning. A template and information utilising the [United Nations Development Programme. Guidance Note, UNDP Social and Environmental Standards \(SES\), Stakeholder Engagement](#) will assist your engagement planning.

Where research activities and/or data collection relate to First Nations peoples and collections, Department of Health and Aged Care staff must adhere to the ethical principles detailed in the

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Australian Institute of First Nations Studies (AIATSIS) [Code of Ethics](#) as best practice. For further information, please refer to the [Guide to Applying the AIATSIS Code of Ethics](#).

- Affected CHSP providers are being directly engaged as part of contract negotiations, including any potential compliance actions (such as contract write-downs, or other activities).

- s47C

Other factors to considerCultural awareness and diversity training

The adequacy and accessibility of suitable diversity training and capability-building of Department of Health and other Commonwealth agency staff, and third-party partners or contractors, remain an essential part of building diversity-aware policies and programs. To understand concepts related to cultural safety, diversity, trauma-informed service delivery, and the role of intersectionality, access to adequate and regular learning opportunities is essential for all policy designers.

For example:

- All staff should understand First Nations history and how it continues to impact people today. The Department's [Knowing Doing Being](#) cultural competence program supports staff on their personal Reconciliation journey.
- The Department's SBS Inclusion Program is designed to give all workers core skills and knowledge around inclusion in general, and also specifically around different diversity dimensions -gender, age, disability, LGBTIQ+, First Nations, and cultural diversity. This program can be accessed via Success Factors.
- Will third parties be involved in the design or delivery of the initiative. Do they require this training too?

The Assistant Secretary of the HSOB ensures compliance with mandatory training requirements. However, training beyond these courses is not being actively monitored. This will be investigated further, however, it may be worth considering whether there are more tools to help report and drive uptake through Success Factors (or at least make more prominent if the tools exist)

OFFICIAL

Developed by (Section/Branch)	HSOB Executive on behalf of CHSP Program
Endorsed by (AS):	Name: Russell Herald Date: 9 February 2023 Signature: by email
Approved by (FAS):	Nick Hartland
Title/position:	FAS, Home Residential Division
Signature:	Date: 13 February 2023 Signature: by email

By signing this document, you agree that the initiative satisfactorily meets the four key components of this First Nations Impact Assessment Statement.

Note: Must be approved by the relevant SES Band 2.

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From: §47E(c), §47F
To: HERALD, Russel
Cc: §47E(c), §47F
Subject: Viability issues - §47G(1)(a) [SEC=OFFICIAL]
Date: Friday, 3 March 2023 9:05:32 AM
Attachments: [image002.png](#)
[image003.png](#)
[image001.png](#)

Rusty,

A provider §47G(1) in Victoria is in some financial trouble, want to speak to you about them on Monday however the state gov (Vic) are wanting to put a consultancy in §47E(d)).

Potentially we should look at doing this in regards to a pilot for CHSP in service viability in particular cases, the funding is enough to warrant -approx 4m per annum



I am going back to §47F from the state gov with a holding comment stating that I am exploring, and we are open to it but can not confirm until next week.

§47E(c), §47F

From: §47F @health.vic.gov.au>
Sent: Friday, 3 March 2023 8:58 AM
To: §47E(c), §47F @health.gov.au>
Subject: RE: OFFICIAL - Sensitive: meeting re §47G(1)(a) [SEC=OFFICIAL]

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Thanks §47E(c),

I am meeting this morning with the team. We are funding the consultant work (shared between DFFH and DH) on financial review and were hoping for a contribution from the Commonwealth ? Is that something you could follow up on? Happy to discuss. Current spend is 136k in total – splits three ways would lesson the pain !!

Regards

§47F
 Manager, Community Performance and Governance
 Western Health Services, Aged Care and Community Performance | Commissioning and System Improvement
 Department of Health
 50 Lonsdale Street, Melbourne, Victoria 3000
 ph. (03) §47F | m §47F | e §47F @health.vic.gov.au | w. www.dhhs.vic.gov.au
[Click here to chat with me on Teams](#)

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-----Original Appointment-----

From: §47E(c), §47F @health.gov.au>
Sent: Friday, 3 March 2023 8:51 AM
To: §47F (Health)
Cc: §47E(c), §47F ; §47E(c), §47F §47F (DFFH); §47F (Health); §47E(c), §47F
Subject: OFFICIAL - Sensitive: meeting re §47G(1)(a) [SEC=OFFICIAL]
When: Tuesday, 7 March 2023 9:30 AM-10:00 AM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: webex

Hi all I have set up this meeting for next Tuesday morning, if this time doesn't suit please advise I can push to later in the afternoon on Tuesday.

§47E(c)

From: §47F (Health) §47F @health.vic.gov.au>
Sent: Wednesday, 1 March 2023 6:03 PM
To: §47E(c), §47F @health.gov.au>
Cc: §47E(c), §47F @dss.gov.au>; §47E(c), §47F @health.gov.au>; §47E(c), §47F @dss.gov.au>; §47F (DFFH)
 §47F @dfff.vic.gov.au>; §47F (Health) §47F @health.vic.gov.au>; §47E(c), §47F @Health.gov.au>
Subject: Re: OFFICIAL - Sensitive: URGENT : Request for meeting re §47G(1)(a) [SEC=OFFICIAL]

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Thanks §47E(c)

§47F

From: §47E(c), §47F @health.gov.au>
Sent: Wednesday, March 1, 2023 6:01:29 PM
To: §47F (Health) §47F @health.vic.gov.au>
Cc: §47E(c), §47F @dss.gov.au>; §47E(c), §47F @health.gov.au>; §47E(c), §47F @dss.gov.au>; §47F (DFFH)
 §47F @dfff.vic.gov.au>; §47F (Health) §47F @health.vic.gov.au>; §47E(c), §47F @Health.gov.au>
Subject: RE: OFFICIAL - Sensitive: URGENT : Request for meeting re §47G(1)(a) [SEC=OFFICIAL]

Hi §47F acknowledging your remail and will get something set up for early next week.

The provider is wanting to discuss with us, we have not yet engaged since report

Will get invite sent tomorrow,

s47E(c), s47F

s47E(c), s47F

CHSP Program Section| Home Support and Operations Branch

P | 02 | s47E(c), s47F @health.vic.gov.au

From: s47F (Health) s47F @health.vic.gov.au>

Sent: Wednesday, 1 March 2023 5:30 PM

To: s47E(c), s47F @health.vic.gov.au>

Cc: s47E(c), s47F @dss.gov.au>; s47E(c), s47F @health.vic.gov.au>; s47E(c), s47F @dss.gov.au>; s47F (DFFH)

s47F @dffb.vic.gov.au>; s47F (Health) s47F @health.vic.gov.au>

Subject: OFFICIAL - Sensitive: URGENT : Request for meeting re s47G(1)(a)

Importance: High

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s47E(c), s47F

Hope you are well. I am writing to request an urgent meeting with yourself and your colleagues regarding the situation at s47G(1)(a). I understand you have been provided with a copy of the report they have prepared. We would like to discuss the best way forward with you and to ascertain your views on the report.

Would it be possible for you to indicate some possible times for an online meeting? Feel free to call and discuss

Regards

s47F

Manager, Community Performance and Governance

Western Health Services, Aged Care and Community Performance|Commissioning and System Improvement

Department of Health

50 Lonsdale Street, Melbourne, Victoria 3000

ph. (03) s47F | m s47F | e s47F @health.vic.gov.au | w. www.dhhs.vic.gov.au

[Click here to chat with me on Teams](#)

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Meeting password: 2k6qGTsB7a3

Tap to join from a mobile device (attendees only)

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Join by phone

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Join from a video system or application

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From: [HERALD, Russell](#)
To: s47E(c), s47F
Cc: s47E(c), s47F
Subject: Att rusty - FOR ADVICE PLEASE - MC23-004888 - Meals on Wheels [SEC=OFFICIAL] [SEC=OFFICIAL]
Date: Sunday, 5 March 2023 3:02:15 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

I think keep it simple.

Thanks, aware of concerns, the govt is taking action to support MoW model in Victoria in light of council withdrawals.

...so very short letter

I don't think it's time yet to talk about Ballarat and Whitehorse but a bit uncertain on that. In any event it is interesting that Nelson went to liberals. They don't learn.

Sent from Workspace ONE Boxer

[SEC=OFFICIAL]

On 3 Mar 2023 3:29 pm, "s47E(c), s47F" <[REDACTED]@health.gov.au> wrote:
 Hi Rusty, didn't take long

See attached the Min corro re Vic MoW

I have included the link to Nelsons's document also form 15 Feb:

<https://mealsonwheelsvictoria.org.au/wp-content/uploads/2023/02/Meals-on-Wheels-Victoria-Special-Report-February-2023.pdf>

Proposed response points:

- Government has engaged miles morgan to work on the future fit program looking at MoW's long term viability
- The chsp has introduced a nationally consistent unit piece range from 1 July 2022 for the cost of service delivery, including meals.
- Department has engaged some MOW providers to deliver services in Victoria to maintain the social connection element
- The design of the current SaH is to be finalised and input to the design has been and is being consultative

Any other high level angle you want us to go down, want me to point that the vic state mow should work with the future fit project???

s47E(c), s47F

s47E(c), s47F

CHSP Program Section | Home Support and Operations Branch

P | 02 s47E(c), s47F E | s47E(c), s47F <[REDACTED]@health.gov.au>

From: s47E(c), s47F [redacted]@health.gov.au>
Sent: Friday, 3 March 2023 11:32 AM
To: s47E(c), s47F [redacted]@health.gov.au>
Cc: s47E(c), s47F [redacted]@health.gov.au>; s47E(c), s47F [redacted]@health.gov.au>
Subject: FOR ADVICE PLEASE - MC23-004888 - Meals on Wheels [SEC=OFFICIAL]

Thought you should have a look at this letter

From: Minister Butler <Minister.Butler@Health.gov.au>
Sent: Friday, 3 March 2023 9:32 AM
To: MPS <s47E(d)@health.gov.au>
Subject: MC23-004888 - Meals on Wheels [SEC=OFFICIAL]

MC23-004888

COS Resp HRD
 Kind regards

s47E(c), s47F

Departmental Liaison Officer

Office of the Hon Mark Butler MP

Minister for Health and Aged Care

E: s47E(d) [redacted]@health.gov.au T: 62 s47E(d) [redacted]

T: s47F [redacted]

Suite MG.50 | PO Box 6022

Parliament House, Canberra ACT 2600

From: s47F [redacted] (K. Wolahan, MP)
Sent: Friday, 3 March 2023 9:15 AM
To: Minister Butler <Minister.Butler@Health.gov.au>
Subject: Meals on Wheels

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear Minister and staff,

Please find a letter attached from Keith Wolahan MP regarding Meals on Wheels.

Kind regards,

s47F [redacted] | Office Manager
 Level 1, 651 Doncaster Road, Doncaster VIC 3108
 Mob: s47F [redacted] | Email: s47F [redacted]@aph.gov.au



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From: [HERALD, Russell](#)
 To: [§47E\(c\), §47F](#)
 Cc: [§47E\(c\), §47F](#)
 Subject: Viability issues: [§47G\(1\)\(a\)](#) [SEC=OFFICIAL] [SEC=OFFICIAL]
 Date: Sunday, 5 March 2023 3:48:49 PM
 Attachments: [image002.png](#)
[image003.png](#)
[image001.png](#)

I don't have any objections [§47E\(d\)](#)

Sent from Workspace ONE Boxer

[SEC=OFFICIAL]

On 3 Mar 2023 9:05 am, [§47E\(c\), §47F](#) <[@health.gov.au](#)> wrote:

Rusty,

A provider [§47G\(1\)](#) in Victoria is in some financial trouble, want to speak to you about them on Monday however the state gov (Vic) are wanting to put a consultancy in [§47E\(d\)](#)).

Potentially we should look at doing this in regards to a pilot for CHSP in service viability in particular cases, the funding is enough to warrant -approx 4m per annum



I am going back to steve from the state gov with a holding comment stating that I am exploring, and we are open to it but can not confirm until next week.

[§47E\(c\), §47F](#)

From: [§47F](#) <[@health.vic.gov.au](#)>
 Sent: Friday, 3 March 2023 8:58 AM
 To: [§47E\(c\), §47F](#) <[@health.gov.au](#)>
 Subject: RE: OFFICIAL - Sensitive: meeting re [§47G\(1\)\(a\)](#) [SEC=OFFICIAL]

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Thanks [§47E\(c\), §47F](#)

I am meeting this morning with the team. We are funding the consultant work (shared between DFFH and DH) on financial review and were hoping for a contribution from the Commonwealth? Is that something you could follow up on? Happy to discuss. Current spend is 136k in total – splits three ways would lessen the pain !!

Regards

[§47F](#)
 Manager, Community Performance and Governance
 Western Health Services, Aged Care and Community Performance | Commissioning and System Improvement
 Department of Health
 50 Lonsdale Street, Melbourne, Victoria 3000
 ph. 03 [§47F](#) | m [§47F](#) | e [§47F](#) [@health.vic.gov.au](#) | w. [www.dhhs.vic.gov.au](#)
[Click here to chat with me on Teams](#)

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-----Original Appointment-----

From: [§47E\(c\), §47F](#) <[@health.gov.au](#)>
 Sent: Friday, 3 March 2023 8:51 AM
 To: [§47F](#) (Health)
 Cc: [§47E\(c\), §47F](#) (DFFH); [§47F](#) (Health); [§47E\(c\), §47F](#)
 Subject: OFFICIAL - Sensitive: meeting re [§47G\(1\)\(a\)](#) [SEC=OFFICIAL]
 When: Tuesday, 7 March 2023 9:30 AM-10:00 AM (UTC+10:00) Canberra, Melbourne, Sydney.
 Where: webex

Hi all I have set up this meeting for next Tuesday morning, if this time doesn't suit please advise I can push to later in the afternoon on Tuesday.

[§47E\(c\), §47F](#)

From: [§47F](#) (Health) [§47F](#) <[@health.vic.gov.au](#)>
 Sent: Wednesday, 1 March 2023 6:03 PM
 To: [§47E\(c\), §47F](#) <[@health.gov.au](#)>
 Cc: [§47E\(c\), §47F](#) <[@dss.gov.au](#)>; [§47E\(c\), §47F](#) <[@health.gov.au](#)>; [§47E\(c\), §47F](#) <[@dss.gov.au](#)>; [§47F](#) (DFFH)
 Subject: RE: OFFICIAL - Sensitive: URGENT : Request for meeting re [§47G\(1\)\(a\)](#) [SEC=OFFICIAL]

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Thanks [§47E\(c\), §47F](#)

[§47F](#)

From: [§47E\(c\), §47F](#) <[@health.gov.au](#)>
 Sent: Wednesday, March 1, 2023 6:01:29 PM
 To: [§47F](#) (Health) [§47F](#) <[@health.vic.gov.au](#)>
 Cc: [§47E\(c\), §47F](#) <[@dss.gov.au](#)>; [§47E\(c\), §47F](#) <[@health.gov.au](#)>; [§47E\(c\), §47F](#) <[@dss.gov.au](#)>; [§47F](#) (DFFH)
 Subject: RE: OFFICIAL - Sensitive: URGENT : Request for meeting re [§47G\(1\)\(a\)](#) [SEC=OFFICIAL]

Hi [§47F](#) acknowledging your email and will get something set up for early next week.

The provider is wanting to discuss with us, we have not yet engaged since report

Will get invite sent tomorrow,

s47E(c), s47F



s47E(c), s

CHSP Program Section] Home Support and Operations Branch

P | O: s47E(c), s47F | E: s47E(c), s47F | @health.vic.gov.au

From: s47F (Health) s47F @health.vic.gov.au>

Sent: Wednesday, 1 March 2023 5:30 PM

To: s47E(c), s47F @health.vic.gov.au>

Cc: s47E(c), s47F @dss.gov.au> s47E(c), s47F @health.vic.gov.au> s47E(c), s47F @dss.gov.au> s47F (DFFH)

s47F @dfff.vic.gov.au> s47F (Health) s47F @health.vic.gov.au>

Subject: OFFICIAL - Sensitive: URGENT : Request for meeting re s47G(1)(a)

Importance: High

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s47E(c), s47F

Hi

Hope you are well. I am writing to request an urgent meeting with yourself and your colleagues regarding the situation at s47G(1)(a). I understand you have been provided with a copy of the report they have prepared. We would like to discuss the best way forward with you and to ascertain your views on the report.

Would it be possible for you to indicate some possible times for an online meeting? Feel free to call and discuss

Regards

s47F

Manager, Community Performance and Governance
Western Health Services, Aged Care and Community Performance | Commissioning and System Improvement
Department of Health
50 Lonsdale Street, Melbourne, Victoria 3000
ph. (03) s47F | m s47F | f s47F | @health.vic.gov.au | w. www.dhhs.vic.gov.au
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