



Australian Government  
Department of Health, Disability and Ageing



# Commonwealth Home Support Program

## Program Manual 2025-2027

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# About this manual

## Purpose of this manual

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

The department reviews and updates this manual regularly.

The table below outlines the revisions to the manual made by the department since its initial publication for the commencement of the new *Aged Care Act 2024* on 1 November 2025.

Publication date	Summary of changes
November 2025	Version 1
November 2025	Version 2 <ul style="list-style-type: none"><li>• New version control table</li><li>• Addition of circumstance for Support at Home participant to access CHSP Specialised support services (Vision advisory services) (see 6.1 and 6.3)</li><li>• Glossary definition updates to Care and Services Plans, Service Agreements and Transition Care Program</li><li>• Inclusion of Data Exchange Toolkit (Stage 2) information</li><li>• Update to DEX helpdesk contact details</li></ul>
April 2026	Version 3 <ul style="list-style-type: none"><li>• Chapter 5 – clarification to access to urgent CHSP services (5.3)</li><li>• Chapter 6 – update on CHSP and Support at Home interactions (6.1 and 6.3)</li><li>• Removed 6.4 Restorative Care Pathway content</li></ul>

# How to use this manual

This manual has 3 parts:

**Part A** – *About the Commonwealth Home Support Program*

This covers an overview of the program, 2025-27 reforms to in-home aged care, CHSP services and wellness and reablement.

**Part B** – *Eligibility and delivery requirements*

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

**Part C** – *Administration and provider responsibilities*

This covers quality arrangements and client rights, CHSP service continuity and provider selection, incident management and staffing responsibilities, compliance and financial responsibilities and provider reporting and system responsibilities.

Appendices A to H support the Manual with additional information.

## Where to find more information

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

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

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

# Table of Contents

<b>About this manual</b>	<b>3</b>
<b>Purpose of this manual</b>	<b>3</b>
<b>How to use this manual</b>	<b>4</b>
<b>Where to find more information</b>	<b>4</b>
<b>Part A: About the Commonwealth Home Support Program (CHSP)</b>	<b>4</b>
<b>Chapter 1: Overview of the CHSP</b>	<b>5</b>
1.1 About the CHSP .....	5
1.2 History of the CHSP .....	5
1.3 Context of the CHSP in the aged care system .....	5
1.4 Services available under the CHSP .....	6
1.5 Objectives of the CHSP .....	7
1.6 Principles of the CHSP .....	7
1.7 Supports diverse needs .....	9
1.8 Client freedom of choice .....	10
<b>Chapter 2: Reforms to in-home aged care</b>	<b>12</b>
2.1 Aged care reforms .....	12
2.2 Single Assessment System .....	12
2.3 The Act .....	12
2.4 CHSP changes under the Act .....	13
<b>Chapter 3: CHSP services</b>	<b>19</b>
3.1 Entry level support .....	19
3.2 CHSP service list .....	19
3.3 Additional CHSP service information .....	23
3.4 Hoarding and squalor assistance .....	27
3.5 Sector support and development .....	28
3.6 Duplicate service referrals .....	31
3.7 What not to use CHSP funding for .....	31
<b>Chapter 4: Wellness and reablement</b>	<b>33</b>
4.1 About wellness and reablement .....	33
4.2 Service delivery responsibilities .....	34
4.3 Embedding wellness and reablement .....	35
4.4 Time-limited support .....	36
4.5 CHSP registered provider resources .....	37
<b>Part B: Eligibility and Delivery Requirements</b>	<b>39</b>
<b>Chapter 5: Access to the CHSP</b>	<b>40</b>
5.1 Access to CHSP services .....	40
5.2 CHSP approvals .....	41
5.3 Access to urgent CHSP services .....	43
5.4 Unassessed existing clients at 1 November 2025 .....	44
5.5 Reassessment of aged care needs .....	44
5.6 Waitlists .....	44
<b>Chapter 6: Interaction with other programs</b>	<b>45</b>
6.1 Overview .....	45
6.2 Health system .....	46
6.3 Support at Home participant access to CHSP services .....	47
6.4 Residential aged care .....	49
6.5 National Disability Insurance Scheme (NDIS) .....	49

6.6 Disability Support for Older Australians (DSOA) .....	49
6.7 Transition Care Program (TCP) .....	50
6.8 NATSIFAC Program .....	50
6.9 Palliative care services .....	51
6.10 Veterans .....	51
<b>Chapter 7: Provider grant funding and client contributions</b>	<b>52</b>
7.1 CHSP client contributions .....	52
7.2 CHSP National Unit Price Ranges .....	53
7.3 Aged Care Work Value Case .....	54
7.4 Modified Monash Model (MMM) adjustment .....	55
<b>Chapter 8: Flexibility provisions</b>	<b>56</b>
8.1 Changes to flexibility provisions .....	56
8.2 About flexibility provisions .....	56
8.3 Administering flexibility provisions .....	57
8.4 Monitoring flexibility provisions .....	57
<b>Part C: Administration and Provider Responsibilities</b>	<b>61</b>
<b>Chapter 9: Quality arrangements and client rights</b>	<b>62</b>
9.1 CHSP grant agreements .....	62
9.2 Strengthened Aged Care Quality Standards .....	62
9.3 CHSP registered provider obligations .....	64
9.4 My Aged Care provider responsibilities .....	68
9.5 Service Agreements, Provision of Information and Care and Services Plans .....	69
9.6 Client monitoring .....	69
9.7 Support Plan Reviews .....	71
9.8 Information and access .....	72
9.9 Regulation of CHSP registered providers .....	74
9.10 Provider and responsible person duties .....	75
9.11 Banning orders .....	75
9.12 Grantee Code of Conduct .....	76
9.13 Feedback and complaints mechanisms .....	76
9.14 Advocacy .....	78
9.15 Elder Abuse .....	78
<b>Chapter 10: CHSP service continuity and provider selection</b>	<b>79</b>
10.1 Service continuity .....	79
10.2 CHSP Selections Framework .....	79
10.3 Providers transitioning out .....	79
10.4 Transition out plans .....	80
<b>Chapter 11: Incident management and staffing responsibilities</b>	<b>82</b>
11.1 Serious Incident Response Scheme (SIRS) .....	82
11.2 National or state emergencies .....	83
11.3 Respiratory infectious diseases .....	83
11.4 Staff qualifications and training .....	84
11.5 First Aid training .....	85
11.6 Worker screening requirements .....	86
11.7 Work Health and Safety .....	86
11.8 Asbestos .....	86
11.9 Interacting with the Australian Public Service .....	87
11.10 Aged Care Provider Workforce Survey .....	87
<b>Chapter 12: Compliance and financial responsibilities</b>	<b>89</b>
12.1 CHSP Compliance Framework .....	89
12.2 Spending grant funding .....	89
12.3 Acknowledging funding .....	90
12.4 CHSP grant opportunities .....	91

12.5 CHSP Planning Framework .....	91
12.6 Government reporting .....	92
<b>Chapter 13: Provider reporting and system responsibilities</b>	<b>93</b>
13.1 Requirement to ensure and document client approval under the Act .....	93
13.2 Key reports under the CHSP.....	93
13.3 Data Exchange (DEX) and performance management .....	95
13.4 Financial reporting .....	96
13.5 Monthly performance reporting .....	97
13.6 SSD reporting .....	98
13.7 Wellness and reablement reporting.....	98
13.8 Child Safety Compliance Statement.....	99
13.9 Other reporting obligations.....	99
13.10 IT system requirements .....	99
<b>CHSP Manual Appendices</b>	<b>102</b>
<b>Glossary</b>	<b>103</b>



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

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### **This section covers:**

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

# Chapter 1: Overview of the CHSP

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

## 1.1 About the CHSP

From 1 November 2025, the CHSP comes under the *Aged Care Act 2024* (the Act). The Act, and the *Aged Care Rules 2025* (the Rules), provide for the delivery of funded aged care services to individuals under the Commonwealth aged care system.

The CHSP provides entry-level support to help older people continue to live safely and independently at home and in their communities.

The CHSP is suitable for people who can live independently at home but need small amounts of entry-level support to do so.

The CHSP is not designed for people with intensive or complex care needs.

Existing approved CHSP clients can continue to access their CHSP services from 1 November 2025. Older people who wish to access CHSP services from 1 November can apply for an aged care assessment through My Aged Care.

People with higher needs are supported through other aged care programs such as the [Support at Home program](#) and [residential aged care](#).

## 1.2 History of the CHSP

The Australian Government designed the CHSP as part of a broader set of changes to the aged care system.

The following Commonwealth-funded programs were consolidated into the CHSP from 1 July 2015:

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

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

## 1.3 Context of the CHSP in the aged care system

Australia's aged care system is made up of several programs to meet a wide range of support needs. All funded aged care services, including CHSP, are funded and regulated via the Act.

The Act facilitates comprehensive changes to in-home aged care, including the CHSP. The [Support at Home program](#) replaced both the [Home Care Packages \(HCP\) Program](#) and [Short-Term Restorative Care \(STRC\) Programme](#). The CHSP will transition to the Support at Home program no earlier than 1 July 2027.

In addition to the CHSP, the Commonwealth aged care system includes:

- **Support at Home program:** supports older people with higher support needs through a coordinated care approach. It includes ongoing and short-term pathways, such as the Assistive Technology-Home Modifications (AT-HM) Scheme and the restorative care pathway. See the [Support at Home website](#) for more information, including the [Support at Home Manual](#).
- **Residential aged care:** provides a range of care options and accommodation (including respite) for older people who cannot live independently in their own home.
- **Transition Care Program (TCP):** provides short-term, goal oriented and therapy-focused care for older people after hospital stays. It can be delivered in a person's home, a community setting or an approved residential care home.
- **Multi-Purpose Service (MPS) program:** joint initiative of the Australian Government and state and territory governments. It provides integrated health and aged care services for small rural and remote communities.
- **National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program:** provides flexible, culturally safe aged care services to older Aboriginal and Torres Strait Islander people. These services are offered close to home and community and are mainly located in rural and remote areas.

## 1.4 Services available under the CHSP

The CHSP supports activities that enable independence and social connection and consider each client's individual goals and choices. These services are aligned with the Act and with the new Support at Home program.

Under the CHSP, clients can access a range of service types under the following service groups in a home or community setting. These services are prescribed in section 8 of the Act and Part 3 – Aged care service list in the Rules:

### Home Support

- Allied health and therapy
- Community cottage respite
- Domestic assistance
- Hoarding and squalor assistance
- Home maintenance and repairs
- Home or community general respite
- Meals
- Nursing care

- Personal care
- Social support and community engagement
- Therapeutic services for independent living
- Transport

### **Assistive technology**

- Equipment and products

### **Home modifications**

- Home adjustments

A client must be approved to access services through the CHSP via an aged care needs assessment. More information on approvals is in Chapter 5 of this manual.

Some CHSP providers are also funded to deliver Specialised support services (SSS) and Sector support and development (SSD) under their grant agreement. As these are not considered 'funded aged care services' under the Act (section 9), authority to enter into agreements with these providers for SSS and SSD is made under section 265 of the Act. While clients do not have to be approved under the Act to access SSS, they must be referred through My Aged Care.

For further information see the service list under [CHSP Reforms](#) and **Appendix A** for CHSP services inclusions and exclusions.

## **1.5 Objectives of the CHSP**

The new rights-based Act puts older people who need aged care at the centre of the system. The Act will empower older people to exercise their rights when accessing, or seeking access to, funded aged care services. It will support them to live active, self-determined and meaningful lives as they age.

The CHSP objectives align with the Act by supporting older people who are having difficulties with daily living to:

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

## **1.6 Principles of the CHSP**

Under section 25 of the Act (Statement of Principles) the Commonwealth aged care system supports the delivery of funded aged care services by registered providers that:

- puts older people first; and
- treats older people as unique individuals; and

- recognises the rights of individuals under the Statement of Rights.

The safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services. Providers must demonstrate that they understand this (subsection 144(2) of the Act).

There are 5 principles underpinning CHSP service delivery which are aligned to the Statement of Rights (section 23) and Statement of Principles (section 25) in the Act. All registered providers delivering funded aged services must take all reasonable and proportionate steps to act compatibly with the Statement of Rights in the delivery of funded aged care services (section 24). CHSP registered providers must demonstrate that they understand the rights of individuals under the Statement of Rights and have in place practices to ensure that they act compatibly with the Statement of Rights (section 144 of the Act).

## **1. Social and cultural sensitivity**

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

## **2. Client, carer and family empowerment**

- Choice, preferences, and flexibility is optimised for clients, their registered supporters or appointed decision maker, carers, and family, and other people supporting the client.
- Clients access services after they have given their consent. Appointed decision makers may provide consent on the older person's behalf and/or support the older person to ensure their consent is informed and freely given.
- Clients understand their right to make their own aged care decisions, be supported to make these decisions if necessary, have those decisions respected, and take personal risks.
- Clients undergo a standardised assessment process with a holistic view of their needs.
- Clients are supported to participate in their community and society.
- Providers develop and promote strong partnerships between the client, their registered supporters, carers and family, support workers, aged care assessors, and other people supporting the client.
- Providers develop and negotiate Service Agreements and Care and Services Plans with the client to meet their assessed need prior to accessing services.

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

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

### 4. Committed and responsive service provision

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

### 5. Wellness and reablement

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

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

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

## 1.7 Supports diverse needs

The CHSP recognises that older people have diverse characteristics and life experiences and should access high quality care that puts the client first (section 20 of the Act).

Under the Statement of Rights (section 23), clients have a right to quality and safe aged care services, with their individual identity, culture, spirituality and diversity valued and supported.

The aged care system should offer accessible, culturally safe, culturally appropriate, trauma aware and healing informed funded aged care services if required by an individual and based on the needs of the individual, regardless of their location, background and life experiences.

This may include individuals who are:

- Aboriginal or Torres Strait Islander persons, including those from stolen generations;
- veterans or war widows;
- from culturally, ethnically and linguistically diverse backgrounds;
- financially or socially disadvantaged;
- experiencing homelessness or at risk of experiencing homelessness;
- parents and children who are separated by forced adoption or removal;
- adult survivors of institutional child sexual abuse;
- care leavers, including Forgotten Australians and former child migrants placed in out of home care;
- lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse;
- an individual with disability or mental ill health;
- neurodivergent;
- deaf, deafblind, vision impaired or hard of hearing;
- living in rural, remote or very remote areas.

This list is not exhaustive, and there are other diverse groups such as people living with cognitive impairment, including dementia. Whilst some providers specialise in delivering culturally appropriate support services, they cannot discriminate against clients from other cultural or linguistically diverse backgrounds if they have capacity.

## **1.8 Client freedom of choice**

The Statement of Rights includes that clients have a right to:

- exercise choice and make decisions that affect their life, including in relation to the funded aged care services they are approved to access, how those services are delivered to the individual, and their financial affairs and personal possessions.
- be supported (if necessary) to make those decisions, and have those decisions respected, and
- take personal risks, including in pursuit of their quality of life, social participation, and intimate and sexual relationships.

Providers and their aged care workforce delivering funded aged care services must take all reasonable and proportionate steps to deliver services that are compatible with the Statement of Rights. CHSP clients are empowered to actively participate in informed decision-making regarding the aged care they access.

This may involve **supported decision-making**. Supported decision-making refers to processes and approaches that enable people to exercise their legal capacity, including making or communicating their decisions, will, and preferences, by provision of the support they may want or need to do so. This support may involve a range of persons, services, and assistive technologies.

Supported decision-making does not mean making a decision for, or on behalf of, another person.

The registered supporter role is one of the changes under the Act that aims to promote older peoples' rights to be supported to make their own decisions.

# Chapter 2: Reforms to in-home aged care

## 2.1 Aged care reforms

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

From 1 November 2025:

- the CHSP comes under the Act
- the [Support at Home program](#) replaces the [Home Care Packages \(HCP\) Program](#) and [Short-Term Restorative Care \(STRC\) Programme](#).
- The CHSP will transition to Support at Home no earlier than 1 July 2027.

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

## 2.2 Single Assessment System

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

Organisations conducting aged care needs assessments can conduct:

- home support assessments to assess older people for CHSP services
- comprehensive assessments to assess older people for:
  - the Support at Home program, which replaces the former HCP program and STRC
  - transition care
  - residential respite, and
  - residential aged care.

First Nations assessment organisations were introduced progressively from August 2025 to provide a culturally safe, trauma aware, healing informed assessment pathway for eligible Aboriginal and Torres Strait Islander people to access aged care.

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

## 2.3 The Act

The Act is the main pillar of reforms to in-home aged care and replaces the:

- *Aged Care Act 1997*
- *Aged Care (Transitional Provisions) Act 1997*
- *Aged Care Quality and Safety Commission Act 2018*.

The Act aims to improve the ways services are delivered to older people in:

- their homes
- community settings
- approved residential care homes.

The Act:

- outlines the rights of older people who are seeking and accessing aged care services
- creates a single-entry point, with clear eligibility requirements
- provides for fair and culturally safe aged care needs assessments
- supports the delivery of funded aged care services
- establishes new [system oversight and accountability arrangements](#)
- increases provider accountability through a new [regulatory model](#)
- strengthens the [aged care regulator](#).

## 2.4 CHSP changes under the Act

From 1 November 2025, the CHSP comes under the Act. This means there are changes to the way that CHSP services are regulated and delivered. CHSP registered providers must be compliant with their legislative obligations under the Act.

The current grant agreements which were entered into by CHSP providers prior to 1 November 2025 will be administered, on and from 1 November 2025, as section 264(1) grants under the new Aged Care Act 2024 (Act). CHSP providers are required to comply with the statutory funding condition in section 267(1) of the Act, when the Act commences on 1 November 2025.

The changes will also help providers prepare for the transition to Support at Home no earlier than 1 July 2027.

### Assessment requirement for all CHSP clients

Older people must be approved under the Act to access any funded aged care services, including those delivered through CHSP.

CHSP registered providers must ensure that funded aged care services are only delivered to clients who have had an aged care assessment and are approved to access CHSP services. This means providers must ensure:

- All clients are registered in My Aged Care and have been given a My Aged Care ID, and
- Clients have a Service Agreement and a Care and Services Plan which describe the client's assessed care needs and how their services will be delivered.

CHSP registered providers can only use their Commonwealth funding to deliver services to people who have been approved for the service or service type (subsection 265(2) of the Act).

Compliance action may be taken with providers that deliver services to clients who do not have the correct approvals.

Note that the Alternative Entry provision in section 71 of the Act allows clients to access CHSP in certain circumstances before completing an aged care assessment. Further details on these arrangements are provided at Chapter 5 of this manual.

## **Program eligibility changes**

Section 58 of the Act limits entry to funded aged care services to people with care needs who are:

- aged 65 years and over; or
- Aboriginal or Torres Strait Islander and aged 50 years or over; or
- homeless or at risk of homelessness and aged 50 years or over.

All CHSP clients who do not meet the criteria of the Act, including clients aged between 45-49, must have been registered and assessed before the Act comes into effect to continue accessing services through CHSP.

## **Service Agreements, Care and Services Plans and Provision of Information**

Section 155 of the Act prescribes the requirements for the records and information that a registered provider must provide and explain to individuals accessing, or seeking to access, funded aged care services.

Section 148 (subdivision C) prescribes the requirements for Service Agreements.

## **Record keeping**

Rules made under section 154 of the Act detail the kinds of records that CHSP registered providers must keep and retain, and requirements for keeping and retaining those records.

## **Registration categories**

The Act is supported by a new aged care regulatory model. A key change is the implementation of universal provider registration. This means providers delivering across multiple programs (such as CHSP and Support at Home) will only need to register once.

The new registration model will apply to all providers in registration categories delivering Commonwealth funded aged care services.

There are 6 registration categories, which group service types based on similar care complexity and risk (section 11 of the Act). This means registration requirements, the related provider obligations, and regulatory oversight will be determined by the provider's registration category or categories and will be risk proportionate.

Providers can apply to be registered into one or more of the categories relevant to the type of services they provide.

Five of the categories are relevant for CHSP registered providers:

- category 1 - Home and community services
- category 2 - Assistive technology and home modifications
- category 3 - Advisory and support services
- category 4 - Personal and care support in the home or community
- category 5 - Nursing and transition care.

The Aged Care Quality and Safety Commission (ACQSC) is responsible for the provider registration and renewal functions.

Providers will need to be registered in the relevant registration category or categories with the ACQSC before they can deliver funded aged care services to older people.

- **Existing CHSP providers** will be automatically moved, or deemed, into one or more registration categories on commencement of the Act. This will be based on the services a provider offers, or those required to be delivered as part of funding agreements. All operational Commonwealth funded aged care providers that hold an ABN will be deemed. The ACQSC will register providers for defined periods, after which a provider will need to seek renewal of their registration
- **Sub-contractors** of existing CHSP providers who are currently delivering services on behalf of an approved provider will be known as **associated providers** under the Act. Associated providers will provide aged care services on behalf of the registered provider. The registered provider will be responsible for making sure the associated provider complies with all relevant obligations. If current sub-contractors seek to hold CHSP grant agreements with the Commonwealth directly, they will need to apply for and be successful in a grant funding round and register as a provider with the ACQSC.
- **New CHSP providers** will need to apply for and be successful in a grant funding round and register as a provider with the ACQSC.

CHSP registered providers who are seeking to vary the registration categories they provide services in will need to apply to ACQSC (section 124 of the Act). This includes being registered in a new registration category or being removed as a provider in a registration category. For the 2025-27 period, CHSP providers will be deemed to be registered in the relevant category or categories to deliver the specific services outlined in their 2025-27 Grant Agreement. For more information on registration categories, see [About the new aged care regulatory model](#) and the [ACQSC's provider registration policy](#).

## Provider obligations

CHSP registered providers will have certain obligations and conditions of registration. These obligations and conditions of registration can be found in Part 4, Chapter 3 of the Act and the associated Rules.

The Act also sets out the penalties applicable to registered providers that do not comply with the conditions of registration (section 142).

The Rules relating to conditions of registration or providers' obligations set different requirements according to the kind of registered provider. This is to ensure the regulation is proportionate to factors such as:

- the setting a provider operates in
- the services they deliver
- any risks of harm that may be present.

Examples of different kinds of registered providers include:

- providers that have previously been registered
- providers in a provider registration category or who deliver a particular service type within a registration category.
- providers who are government entities or non-government entities.

As CHSP providers will be registered providers under the Act, this means they need to comply with any conditions of registration and obligations that apply to them. This is in addition to any other terms and conditions that are set out in their grant agreement.

For example, it is a condition of registration that registered providers demonstrate they understand the rights of individuals under the Statement of Rights and have practices in place to ensure they act in a way that is compatible with it. It is also a condition of registration that registered providers demonstrate they understand that the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of services. These conditions apply to all CHSP providers (section 144 of the Act).

In addition, the Aged Care Code of Conduct is a condition of registration that will apply to all providers under the Act, including CHSP providers (section 145).

In contrast, the strengthened Aged Care Quality Standards apply to providers in specific registration categories. For CHSP providers: Standards 1 to 4 apply to registered providers in both the category 4 (personal and care support in the home or community) and the category 5 (nursing and transition care) registration categories; Standard 5 applies to providers in category 5 (nursing and transition care) registration category (sections 15 and 146 of the Act).

See Part C of the Manual for more details.

## CHSP Service List

The CHSP service list in **Appendix A** reflects the Rules made under section 8 of the Act. Provider grant agreements were mapped to the legislated service list for the 2025-27 extension from 1 July 2025.

Specialised support services (SSS) and Sector support and development (SSD) services have been either re-mapped to other services or providers have received a one-year schedule as part of their grant agreement (section 265 of the Act). Work is continuing to support providers with these service changes. For further information see **Appendix A**.

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

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

Submission of a monthly performance report via DEX continues to be a mandatory requirement for CHSP registered providers (except those who only deliver SSD) in accordance with the Rules (section 166-610 of the Rules).

Providers will need to accurately report services delivered in accordance with their registration category/ies and CHSP grant agreement. Data is critical for compliance activities and ensures funding is spent efficiently and effectively, and only for funded aged care services. **Appendix F** outlines the compliance framework for CHSP registered providers.

Further staged changes to DEX will be communicated to providers during 2025-26.

For further information see the DEX Stage 1 (service list changes) provider toolkit and the DEX Data Dictionary under [CHSP Reforms](#). See the [DEX Stage 2 provider toolkit](#) for more guidance on the My Aged Care ID reporting requirements.

## Registered supporters

The Act puts the rights of older people first. A key change under the Act is that every older person is presumed to have the ability to make decisions. Some older people may want or need support to make these decisions. The Act establishes a legal framework for the registration of supporters, which will help embed supported decision-making across the aged care system.

[Registered supporters](#) help older people to make and communicate their own decisions in aged care. A registered supporter can be a trusted family member or friend of an older person's choosing. An older person can have more than one registered supporter.

An older person does not have to register a supporter. Not every older person will want or need someone to support them. Some older people might feel they are already supported by their carers and other significant people in their lives, without needing any of them to become a registered supporter.

These people can continue to play an important role in supporting an older person, regardless of whether they are a registered supporter.

[Transition arrangements](#) were in place for regular and authorised representatives active in My Aged Care on 31 October 2025. On 1 November, these relationships became registered supporter relationships.

## Chapter 3: CHSP services

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

### 3.1 Entry level support

The CHSP is a specialist aged care program under the Act that provides high-quality entry level aged care support in a home or community setting to older people. This support can be one-off, at a low intensity, short-term such as reablement, or on an ongoing basis for service types in the home support service group.

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

### 3.2 CHSP service list

Below is a description of the service types and the associated services that can be delivered by CHSP registered providers to approved clients. Additional information can be found in **Appendix A**.

#### Home support service group

##### Allied health and therapy (section 8-15 of the Rules)

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

### Community cottage respite (section 8-30 of the Rules)

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

### Domestic assistance (section 8-35 of the Rules)

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

### Equipment and products (section 8-110 of the Rules)

High level description	Service
The provision of equipment or assistive technology to enable a client to perform everyday tasks they would otherwise be unable to do safely and independently.	Communication and information management products
	Domestic life products
	Managing body functions
	Mobility products
	Self-care products

### Hoarding and squalor assistance (section 8-40 of the Rules)

High level description	Service
The provision of services for a client who is experiencing symptoms of hoarding disorder or who is living in severe domestic squalor.	Hoarding and squalor supports

### Home adjustments (section 8-125 of the Rules)

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

### Home maintenance and repairs (section 8-45 of the Rules)

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

### Home or community general respite (section 8-50 of the Rules)

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

### Meals (section 8-55 of the Rules)

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

### Nursing care (section 8-60 of the Rules)

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

### Personal care (section 8-70 of the Rules)

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

### Social support and community engagement (section 8-80 of the Rules)

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

### Therapeutic services for independent living (section 8-85 of the Rules)

High level description	Service
The provision of supplementary therapy services that enhances functional independence in daily living activities.	Acupuncture
	Art therapy

	Chiropractics
	Diversional therapy
	Osteopathy
	Remedial massage

**Transport (section 8-90 of the Rules)**

<b>High level description</b>	<b>Service</b>
The provision of direct and indirect transport services to connect a client with the community and attend their usual activities.	Direct transport
	Indirect transport

## Other CHSP services

### Specialised support services (SSS)

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

## 3.3 Additional CHSP service information

<b>Allied health and therapy services</b>	<b>Hydrotherapy – these services will be delivered under exercise physiology, physiotherapy or allied health assistance.</b>
<b>Equipment and products</b>	<p>CHSP clients who are unable to purchase the item/s independently will be able to access up to \$1,000 in total support per financial year. This cap applies per client, regardless of how many items are loaned or purchased, and includes any delivery/installation costs. It is not a cap applied per item. For example, a client may purchase or lease a walking frame and shower chair in the same financial year as long as the total cost for all items is not greater than the maximum annual cap. These funding caps also apply where funds are used to contribute to the purchase of higher cost items such as mobility scooters and vehicle modifications. Any cost over the cap must be paid by the client privately.</p> <p>Equipment and products can be provided through loan or purchase.</p> <p>CHSP equipment and product providers may also use grant funds to purchase an allied health assessment for their clients.</p> <p>As not all CHSP registered providers offer the same equipment and product service or supply all equipment, clients may need to contact their local providers if they are seeking specific or customised items.</p>

<p><b>Allied health and therapy services</b></p>	<p><b>Hydrotherapy – these services will be delivered under exercise physiology, physiotherapy or allied health assistance.</b></p>
	<p>The national equipment and products provider Geat2GO should only be used as a provider of last resort. Due to high volume of orders, Geat2GO may close their ordering portal early each month and reopen on the first day of the following month. Prescribers will be able to submit their ‘draft’ saved orders when it reopens.</p> <p>The Geat2GO pilot aims to remove barriers to accessing equipment and products for CHSP clients, including those in rural and remote areas. The prices of items purchased through Geat2GO include service costs, which cover not only the product itself but also the additional expenses associated with delivering services as a national provider.</p> <p>Personal alarms are not low risk items. While for many clients an alarm is an appropriate device, this is not always the case. Personal alarms should only be ordered at the request of the client. Research shows that personal alarms are most suitable for older people who:</p> <ul style="list-style-type: none"> <li>• have had a recent fall or are at risk of a fall, or recent illness</li> <li>• have limited or no family/friends to check in on their wellbeing</li> <li>• have a medical condition that increases the risk of requiring immediate assistance.</li> </ul> <p>Research has also highlighted the importance of follow-up with the client to set up the alarm, provide instruction and encouragement on use, and to identify any issues that arise with use. This will help ensure proper use of the alarms. Clients with cognitive impairment or complex needs should be referred for an assessment by an allied health professional such as an occupational therapist for the most appropriate alarm options according to the client’s specific needs and capabilities.</p>
<p><b>Home adjustments</b></p>	<p>The Commonwealth contribution to the cost of home adjustments is capped at \$15,000 and applies per client per financial year. Any cost over the cap must be paid by the client privately.</p>

<b>Allied health and therapy services</b>	<b>Hydrotherapy – these services will be delivered under exercise physiology, physiotherapy or allied health assistance.</b>
<b>Home maintenance and repairs</b>	<p>Gardening: The provision and frequency of ongoing home maintenance services for lawn mowing and garden pruning must directly relate to assessed client need in terms of maintaining accessibility, safety, independence or health and wellbeing. Services are subject to regular review to allow for adjustments in frequency with respect to seasonal changes, for example, mowing less often in winter than summer as long as the client's safety and accessibility is maintained.</p> <p>These are basic services primarily for function and safety, not for aesthetic effect. Extensive gardening services are out of scope and include:</p> <ul style="list-style-type: none"> <li>• planting and maintaining crops, natives and ornamental plants</li> <li>• installation, maintenance and removal of garden beds, compost heaps, watering systems, water features and rock gardens</li> <li>• general landscaping.</li> </ul>
<b>Nursing care</b>	<p>Nursing care includes and allows the delegation of nursing-related tasks to other workers, including personal care workers.</p> <p>Nursing consumables covers the cost of products used in delivering the clinical care by a registered or enrolled nurse, or a nursing assistant, including oxygen and products for wound care, continence management and skin integrity.</p> <p>These costs are not identified separately under the CHSP and instead are incorporated into the unit price for nursing care.</p>

<p><b>Allied health and therapy services</b></p>	<p><b>Hydrotherapy – these services will be delivered under exercise physiology, physiotherapy or allied health assistance.</b></p>
<p><b>Social support and community engagement</b></p>	<p><b>Group social support</b> providers may use grant funding to purchase IT equipment, including tablets, laptops, and internet subscriptions to help connect clients to their family, carers and social groups. This support is capped at \$500 per client per year (or up to \$1,000 in exceptional circumstances). This does not include the purchase of smart phones or phone plans.</p> <p>Note: HCP care recipients who are former CHSP clients and are still attending a social support group cannot access the IT equipment funding.</p> <p><b>Individual social support</b> providers may use grant funding to purchase IT equipment, including tablets, smart devices and internet subscriptions to help connect clients to their family, carers and social groups. This support is capped at \$500 per client per year (or up to \$1,000 in exceptional circumstances).</p> <p>This does not include the purchase of smart phones or phone plans.</p> <p><b>Expenses to maintain personal affairs</b> covers the costs associated with internet or phone bills (or both) for an individual who is homeless or is at risk of homelessness, and who needs support to maintain connection to funded aged care services.</p> <p>These costs are not identified separately under the CHSP and are expected to be captured as part of the delivery of the ‘Assistance to maintain personal affairs’ service.</p>

<b>Allied health and therapy services</b>	<b>Hydrotherapy – these services will be delivered under exercise physiology, physiotherapy or allied health assistance.</b>
<b>Transport</b>	<p>Clients can access more than one transport referral where the need is not met by a single provider. For example, a client can have one referral for a transport provider for weekdays and one referral for a one-off medical transport or weekend trip which is not provided by the weekday provider. Clients should contact My Aged Care for assistance with accessing these referrals.</p> <p>The clients' carer accessing CHSP transport services may accompany those clients when using those services where required.</p> <p>Transport providers may only use CHSP funding to lease, rather than purchase vehicles.</p>

### 3.4 Hoarding and squalor assistance

Hoarding and squalor assistance aims to support clients who are experiencing symptoms of hoarding disorder or are living in severe domestic squalor. Under the Act, hoarding and squalor assistance can only be delivered by registered providers under certain specialist aged care programs, including CHSP, to people who are approved for that service.

Under the CHSP it is intended these services are accessed by individuals on a low income, who are living with hoarding behaviour or in squalid conditions, and are at risk of homelessness.

The delivery of hoarding and squalor services may include:

- one-off clean-ups
- developing a client plan
- review care plans
- linking clients to specialist support services.

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

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

In practice, it may take many interactions with the client for a provider to gradually develop trust, leading to a supportive professional relationship where de-cluttering and deep cleaning can occur and appropriate supports are in place. This requires persistence and a specialised capacity of the worker to manage challenging behaviour. When linking clients into services, clients may require a period of continued support to assist them to remain linked with those services.

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

- aged care assessors
- Support at Home providers if the client is approved to access these services
- state and territory programs and resources
- Veterans' Home Care services
- health services
- care finders
- local government services
- other services appropriate to the needs of the client, such as community care and other support services.

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

Clients are exempt from paying a client contribution towards any Hoarding and squalor services they may receive. If the client requires other CHSP services (e.g. meals) they would be expected to pay a client contribution for that service.

#### **Out-of-scope activities under this service type**

- Assessment (referrals) and advocacy services (financial, legal), unless targeted at avoiding or reducing the impact of hoarding and squalor situations.
- Funding to purchase accommodation for clients.

### **3.5 Sector support and development**

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

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

#### **Service considerations**

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

This will:

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

SSD providers can deliver their activities nationally and therefore activities should be made available to all CHSP providers across Australia, where possible.

SSD activities should not be restricted to a preferred CHSP provider or a specific CHSP service type (e.g. Meals, Transport, Respite), unless approved by the department.

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

### **Objective**

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

### **Service description**

SSD activities focus on supporting CHSP providers to uplift their capability in line with the reforms to the aged care system.

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

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

### **Primary focus areas (75%):**

- Active participation in the SSD Community of Practice
- Transition to service delivery under the new Act
- CHSP general information sharing
- CHSP volunteer workforce - Support for CHSP providers
- CHSP volunteer workforce - Support for volunteers
- Compliance under the Aged Care Quality Standards
- Diversity and inclusion
- Engagement on aged care reforms
- Networking and partnerships - CHSP providers
- Networking and partnerships - SSD providers
- Recruitment and workforce enhancements (including onboarding, retention, workforce planning, and events)

- Reporting, business transformation and operational procedures
- Resources and training
- Wellness and reablement.

#### **Navigation activity primary focus areas (25%):**

- Aged care consumer events
- Mainstream navigation - 1:1 navigation
- Mainstream navigation - Group navigation
- Translation/interpreting.

#### **Out-of-scope activities under this service type**

- Activities that do not relate to CHSP service delivery.
- Delivery of services directly to clients (except where noted above).
- Activities that do not support building capability of CHSP providers to improve quality of CHSP service delivery.
- Activities that exclusively build the capacity of the funded organisation, rather than the capacity of the CHSP sector in general, including:
  - the review and development of internal policies and procedures.
  - assessment and compliance with internal or external policies, procedures, guidelines and laws.
  - website maintenance, marketing and promoting other CHSP and/or non-CHSP services delivered by the funded organisation.
  - support for in-house training and induction for staff recruited for delivery of other CHSP service types of the funded organisation.
  - exclusively supporting the funded organisation's own volunteer workforce.
- The provision of advocacy services.
- Capital works and building maintenance, repairs and refurbishments (e.g. renovations, refitting buildings, installing of gardens, solar panels and blinds etc.).
- Developing training or information that duplicates existing resources.
- Supporting researchers to recruit older people to participate in studies and research projects.
- Facilitation of home share arrangements.
- Operating and/or funding Senior Citizen Centres.
- Supporting CHSP clients with reassessment of their aged care services.
- Services already provided under other Department of Health, Disability and Ageing, Commonwealth or state/territory programs.
- SSD is exempt from client contributions. See **Appendix E** for more information about the Guide to the National CHSP Client Contribution Framework.

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

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

## Use of funds including any target areas

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

## Output measure

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

## 3.6 Duplicate service referrals

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

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

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

## 3.7 What not to use CHSP funding for

CHSP registered providers can only use grant funding for the purpose of delivering funded aged care services to clients who are approved to access those services, as outlined in the CHSP 2025-27 extension grant opportunity guidelines (**GO7466**).

CHSP registered providers must **not** use any grant funds for the following:

- purchase of land
- purchase of vehicles without departmental approval
- paying ransom for ransomware, cyber-attack or any other type of cybercrime
- coverage of retrospective costs (e.g. costs incurred before the client was approved for services)
- major capital expenditure

- wholesale upgrade or replacement of an organisation's information technology infrastructure
- costs for the preparation of a grant application or related documentation
- costs related to international travel
- client accommodation expenses
- direct treatment for acute illness, including convalescent or post-acute care
- medical aids, appliances, and devices provided because of a medical diagnosis or surgical intervention, and which would be covered by the health care system, such as oxygen tanks or continence pads
- household items not related to functional impairment (e.g. general household items, furniture, or appliances)
- activities which could bring the Australian Government into disrepute
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility
- major construction or capital works, acquisition or capital infrastructure (for the purposes of the CHSP, capital infrastructure is considered to be real property of a non-expendable nature, specifically major renovations, buildings and land).

## Chapter 4: Wellness and reablement

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

### 4.1 About wellness and reablement

CHSP registered providers are required to demonstrate the capability for and commitment to continuous improvement towards the delivery of 'high quality care'. 'High quality care' is defined in the Act (section 20) and includes delivering services in a way that puts the individual first, upholds their rights under the Statement of Rights and prioritises a number of important matters. Those matters include delivering funded aged care services in a way that prioritises their mental health and wellbeing (section 20(c)(i)) and supports the improvement of their wellbeing, independence, autonomy and physical and cognitive capacity through reablement approaches (section 20(c)(v)).

To underpin the delivery of care in this way, providers should aim to adopt wellness and reablement approaches that ultimately aim to support the improvement of the individual's wellbeing.

Under the Strengthened Aged Care Quality Standards, providers of funded aged care services are required to ensure individuals access aged care that meets their needs, goals and preferences and optimises their quality of life, reablement and maintenance of function (Outcome 3.2).

In this context, CHSP registered providers should embed person-centred wellness and reablement approaches in service delivery. Providers should support clients to maximise their wellbeing, independence, autonomy and capacity. These approaches should focus on individual client strengths and goals and recognise the importance of partnering with the individual.

Wellness and reablement are closely related and often implemented together. They are grounded in the principle that older people, including those with frailty, chronic illness or disability, can maintain or improve their independence, and physical, social and emotional functioning. These approaches support older people to live with purpose, make autonomous choices, and participate in meaningful activities which supports their wellbeing.

By focusing on capacity-building and restoring or maintaining function, wellness and reablement approaches directly contribute to the wellbeing outcomes described in the Aged Care Act and Strengthened Aged Care Quality Standards. These support older people to live safely, independently, and with a sustained sense of meaning and connection in their own homes and communities.

## Wellness

A wellness approach involves the assessment, planning and delivery of support that builds on individual's strengths, capabilities, and goals. It encourages actions that promote independence in tasks of daily living, and reduce risks associated with living independently at home. Wellness avoids 'doing for' when a 'doing with' approach can help the client in undertaking a task or activity themselves or with less assistance. This acknowledges what the client can do and builds on their strengths and skills.

It also aims to empower individuals to take charge of, and participate in, informed decision-making about the funded aged care services they access. It's about listening to what the client wants to do, looking at what they can do, and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day-to-day life.

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

## Reablement

Reablement services are short-term or time-limited interventions, usually delivered within a 12-week period, that target a person's specific goal or desired outcome. This approach to service delivery allows clients to address a specific barrier to independence, adapt to functional loss, regain confidence and enhance their capability to resume activities.

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

## 4.2 Service delivery responsibilities

As part of applying wellness and reablement approaches to service delivery, CHSP registered providers should:

- Ensure their services focus on helping clients to achieve their agreed goals as outlined in the client's Support Plan and the associated care and services plan.
  - Aged care assessors develop a Support Plan with the client to accurately reflect the client's needs and goals.
  - The client's Support Plan is saved to the client record on My Aged Care and can be viewed by the client's provider.

- Providers work with clients to develop a person-centred and outcomes focused care and services plan to support the client to achieve their goals, based on their assessed needs in a way that upholds their rights.
- Apply a 'doing with', rather than 'doing for or to', approach across service delivery.
- Offer time-limited interventions where appropriate.
- Monitor changes in client needs and regularly review support services.
- Comply with wellness and reablement reporting requirements.
- Have an implementation plan outlining their approach to embedding wellness and reablement in service delivery.

### 4.3 Embedding wellness and reablement

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

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

In line with the Statement of Rights, ways to apply wellness and reablement approaches include:

- **Promote independence:** People value their independence. Providers should work in partnership with older people, actively promote client independence and connection to community so they can continue to live fulfilled, autonomous and confident lives.
- **Identify the client's goals:** Service delivery should focus on supporting the client to set, plan, and actively work towards their goals and improved independence wherever possible.
- **Consider physical and psychosocial needs:** Independence is not limited to physical function. It includes both social and psychological function. Support should be tailored to the individual and aim to improve their physical, social and emotional wellbeing.
- **Encourage client participation:** Being an active participant, rather than a passive recipient of services, is an important part of being physically and emotionally healthy. Providers should focus on helping the client complete tasks where possible and not taking over tasks they can do for themselves.
- **Focus on strengths:** The focus should be on what a client can do, rather than what they cannot. Wherever possible, services should aim to retain, regain, or teach skills, and avoid creating dependencies.
- **Support clients to reach their potential:** Providers should play an active role in helping clients maintain and extend their activities in line with their capabilities, choices and preferences.

- **Individualised support:** Service delivery should be tailored according to the client's goals, aspirations, capabilities, and needs.
- **Regular review:** Client assessment should be ongoing, not one-off. It should focus on progress towards client goals and consider the support and duration of services required to meet these goals.

## 4.4 Time-limited support

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

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

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

Providers may deliver these interventions as one-to-one or group services and may also involve a multi-disciplinary approach. For example, this may include using support available through other programs or local organisations. Other time-limited reablement support could include:

- training in a new skill, or activity/function, or actively working to regain or maintain an existing skill, ability or activity/function
- modification to a person's home environment
- having access to equipment or assistive technology.

## 4.5 CHSP registered provider resources

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

### Wellness and reablement initiative

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

### CHSP Good Practice Guide

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

### Further information

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

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## Client scenarios – wellness and reablement

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### **Albert**

Albert is a 70-year-old man who lives alone. After contacting My Aged Care, an aged care needs assessment was done which identified that Albert needed some assistance with laundry and meals and recommended a period of CHSP reablement. A CHSP support worker initially visited Albert's home three times a week to wash and hang out his clothes and prepare his meals.

The support worker also worked with Albert to identify what he could do for himself and what he needed assistance with. The support worker encouraged Albert to continue to wash and hang out smaller items by using a trolley and an easy-to-reach drying rack inside, whilst they continued to come once a week to help hang out his bigger, heavier items.

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

### **Elsa**

Elsa is a 72-year-old woman with osteoarthritis. She has been referred for CHSP domestic assistance.

A support worker visited Elsa once a week for 2 hours to help with general housework and laundry. Elsa required no other help.

After applying a wellness and reablement approach to Elsa's support needs, the provider identified that Elsa could still do some household chores such as light dusting, wiping over surfaces and washing her dishes.

Over a 2-month period, instead of solely 'doing for' Elsa, the support worker took a 'doing with' approach and encouraged and supported Elsa to undertake additional tasks by herself whilst the support worker continued to do more physically challenging tasks such as vacuuming or cleaning the floors.

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



## Part B: Eligibility and Delivery Requirements

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### This section covers:

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

# Chapter 5: Access to the CHSP

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

## 5.1 Access to CHSP services

All new and returning clients seeking access to funded aged care services must enter the CHSP through My Aged Care. The process for a new or returning client wishing to access CHSP services is detailed below.

1. **Contact:** The potential client contacts My Aged Care to apply for access to funded aged care services (section 56 of the Act). My Aged Care is the entry point for Australian Government-funded aged care services, including the CHSP. This contact can be made over the phone, online or face-to-face.
2. **Register:** The potential client is registered in My Aged Care by contact centre staff, creating a client record and identification number. Contact centre staff may note age eligibility requirements, if applicable. If the client would like to apply to register a supporter in accordance with section 37 of the Act, the prospective supporter's information will be recorded as well. The supporter cannot be registered without their consent (see section 37(6)(b)(i) of the Act).
3. **Referral:** Contact centre staff will send a referral to an aged care assessment organisation. The organisation will confirm eligibility for an assessment (section 57 of the Act) and, if found eligible, assign an assessor to the client.
4. **Assess:** The aged care assessor will conduct an aged care needs assessment using the Integrated Assessment Tool (section 61 of the Act). They will prepare a report detailing the funded aged care services they assess the client needs (section 63 of the Act) and make a classification assessment (section 75 of the Act). The aged care needs assessor delegate approves the client's access to funded aged care services through the CHSP (section 65 of the Act). The client will then be notified of the approval for services by a Notice of Decision letter (section 70 of the Act).
5. **Referral code:** The aged care assessor will provide the client with a referral code for each service they are approved for, which the client uses with CHSP funded providers. The client can also ask for the code to be sent directly to the provider or to be broadcast to several local providers to find availability. The referral will include a recommended priority category (section 87 of the Act). Providers must take the recommended priority of the referral into account, along with their own capacity to deliver services, before accepting a client.

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

## Client navigation

CHSP clients can find information about the CHSP:

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

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

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

Whether you are an older person, or you support someone from a diverse background or with vision, interpreting or language needs, additional support is available on the [Accessible for all](#) page of the [My Aged Care website](#).

## 5.2 CHSP approvals

### Age eligibility

To be eligible for funded aged care services under section 58 the Act, a person must have care needs and be:

- aged 65 years and over, or
- an Aboriginal and Torres Strait Islander person aged 50 years and over, or
- be homeless, or at risk of homelessness, and aged 50 years and over.

If the person is aged under 65, the person must have elected to be provided with funded aged care services before they turn 65 and must have been informed of any other services that may be available to meet their care needs.

Clients who were found eligible for CHSP before 1 November 2025, including Aboriginal and Torres Strait Islander persons who were homeless or at risk of homelessness aged 45-49, may continue to access CHSP services under the Act.

### Service approval

To be approved for a service delivered through CHSP, if the person is not an Aboriginal and Torres Strait Islander person, the service must be any one of the following:

- i. be an in-home or community support service that is necessary to **support the person to live and be included in the community** and **prevent them from being isolated or segregated** from their community,
- ii. a service that will **facilitate personal mobility** of the person in a way that the individual chooses,
- iii. be a service that will **facilitate personal mobility** involving a **mobility aid or device, or assistive technology**
- iv. be a **health service** that the person needs because of their impairment or because of the impairment and the interaction with various barriers,
- v. be a **habilitation or rehabilitation service**,
- vi. be a **service that will assist the person to access any of the services they need** because of any of the reasons above,
- vii. be a service that will **minimise the prospects** of the person, **or prevent** the person from, **acquiring a further impairment**, (subsection 67(1) of the Act) or
- viii. be a **medical service** required by the person because of **sickness** (subsection 67(2) of the Act).

## **Citizenship and residence requirements**

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

## **Notice of Decision**

The Notice of Decision outlines the client's approval for CHSP, once the support plan has been approved by the Assessment delegate.

The Notice of Decision includes an approval for each recommended service.

Eligible clients must only access services and supports in line with their assessed needs from their Notice of Decision letter and support plan. The client's support plan will include referral codes for the services that have been approved and listed through the Notice of Decision.

## 5.3 Access to urgent CHSP services

There are limited circumstances where a person can access CHSP services prior to their aged care needs assessment (section 71(4)).

Circumstance	Can be referred by
The individual urgently needs access to CHSP services and there is a significant risk of harm if those services are not delivered before approval is given.	Assessment organisation My Aged Care Contact Centre
The individual is an Aboriginal or Torres Strait Islander person and at the time the individual is seeking to access CHSP services there is a lack of availability of an approved needs assessor to undertake a culturally safe aged care needs assessment.	Assessment organisation
The individual commenced accessing CHSP services and at the time the individual was seeking to access CHSP services and there was significant delay in the availability of an assessor to undertake an aged care needs assessment.	Assessment organisation

My Aged Care should not be used for referrals for services that should be provided to older people through the health system, such as post-acute care services.

In all circumstances a client must be screened for eligibility and have a service referral before accessing urgent services. The client will need to complete an aged care needs assessment and be approved for urgent services, even if the services are no longer required.

### Urgent services where there is a significant risk of harm

The My Aged Care contact centre can refer a client directly to a CHSP registered provider if there is an immediate risk to the older person's health or safety and services are not available through other means.

The circumstances where there is an urgent need for services to start immediately will vary. Referrers will make judgments on a case-by-case basis on whether a client is at significant risk of harm if services are not commenced immediately.

Examples of CHSP services which may be appropriate include:

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

## 5.4 Unassessed existing clients at 1 November 2025

Clients must be approved to access aged care services under the Act. Clients need to be registered with My Aged Care and have an assessment to ensure that they can continue to access services from 1 November 2025. This includes clients who were grandfathered that have not been assessed since being transitioned to the CHSP.

## 5.5 Reassessment of aged care needs

Section 64 of the Act provides for aged care needs reassessments. A reassessment may be required when an individual's circumstances have changed.

Where a client's circumstances have changed significantly and their care needs become beyond what CHSP can provide, they must be referred to My Aged Care for a reassessment of their care needs.

All reassessment requests begin through a Support Plan Review (SPR), which may be scheduled annually but can also be specifically requested by the client, registered supporter, provider or a health professional on an ad-hoc basis. If the client's needs or circumstances have changed significantly (i.e. they need a higher level of care or different types of care), they will require a new full assessment.

## 5.6 Waitlists

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

Where a CHSP registered provider chooses to accept clients to a waitlist, this is an internal business decision. It is recommended that providers maintain regular contact with their waitlisted clients until they start accessing services.

## Chapter 6: Interaction with other programs

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

### 6.1 Overview

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

As the CHSP aims to support as many people as possible who need entry-level aged care, older people receiving other aged care supports can only access CHSP services when it would not unfairly disadvantage other CHSP clients. There are important details for how each program or circumstance interacts with getting CHSP services.

#### Interactions between the CHSP and other programs

Program or circumstance	Can receive CHSP services?
Support at Home participants (Including participants who have accepted a Minimum Service Offer)	<p>There are five circumstances where a Support at Home participant can access additional services through the CHSP:</p> <ol style="list-style-type: none"> <li>1. Pre-existing CHSP social support group</li> <li>2. Hoarding and Squalor (excluding Restorative Care Pathway participants)</li> <li>3. Cottage respite, Community and centre-based respite and Flexible respite</li> <li>4. Urgent services (this does not include equipment and product services or home adjustments services)</li> <li>5. Specialised support services (Vision advisory services).</li> </ol> <p>(Refer to Section 6.3 below for further detail)</p>
Waiting for a Support at Home budget	<p>A <b>current CHSP client</b> can keep using their CHSP services, including equipment and products and home adjustments, while they wait for ongoing Support at Home funding (including Minimum Service Offers) or AT-HM scheme funding. Once <b>AT-HM scheme</b> services begin, the individual will no longer be able to access CHSP equipment and products or home adjustments.</p>

Program or circumstance	Can receive CHSP services?
	<p>However, they may continue using their other CHSP services until Support at Home ongoing funding is accepted.</p> <p><b>For new clients</b> who are waiting for ongoing Support at Home funding or AT-HM scheme funding and were <b>not</b> approved for CHSP services, they cannot access equipment and products or home adjustment services through the CHSP. CHSP equipment and products and home adjustment services are not available through the <b>Urgent Services pathway</b> for people approved for Support at Home AT-HM and waiting for funding.</p>
Residential Aged Care	Approved residents of residential aged care facilities cannot access subsidised CHSP services
National Disability Insurance Scheme (NDIS)	Yes, but there must not be duplication of services
Disability Support for Older Australians	Yes, but there must not be duplication of services
Transition Care Program (TCP)	Yes, but there must not be duplication of services
NATSIFAC Program	Yes, but there must not be duplication of services
Palliative care services	Yes, when arranged by a GP or treating hospital (noting that CHSP does not fund or provide palliative care services)
Veterans' Home Care Program	Yes, but there must not be duplication of services
Correctional centres and detention facilities	Yes, but there must not be duplication of services

Note: The table above assumes the person meets the CHSP eligibility requirements. Clients can also investigate their eligibility for other state and territory funded programs for relevant services.

## 6.2 Health system

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

Where a client is already eligible for CHSP funded assistance or was accessing CHSP services prior to hospitalisation, additional support services can be provided following a hospital stay, for a short period of time following a re-assessment of their care needs.

## 6.3 Support at Home participant access to CHSP services

### Circumstances where a Support at Home participant can access CHSP services concurrently

Circumstance	Description	Time-limited
1. Pre-existing CHSP social support group	Support at Home participants who have transitioned from the CHSP may <b>continue to access their pre-existing CHSP social support group</b> through the social support and community engagement service type on an ongoing basis to allow the continuity of social relationships. This only applies to participants attending a pre-existing CHSP social support group service.	No
2. Hoarding and Squalor	Support at Home participants (excluding Restorative Care Pathway participants) who are living with hoarding behaviour or in a squalid environment who are at risk of homelessness or unable to receive the aged care supports they need, can access <b>Hoarding and Squalor services through the CHSP</b> (in addition to their Support at Home funding) via reassessment.	Yes
3. Community and centre-based respite, Flexible respite and Cottage respite	Support at Home participants may access additional planned <b>respite services</b> through the Home or community general respite service or Community cottage respite.	No
4. Emergency access	In emergency situations, where a Support at Home participant has an <b>urgent and immediate health or safety need</b> , and their individualised budget has been fully allocated or they are waiting for their budget allocation, some additional CHSP services can be accessed on a short-term basis. These instances must be time limited, monitored and reviewed.	Yes

Circumstance	Description	Time-limited
	This <b>does not include</b> CHSP equipment and products services or home adjustments services.	
5. Specialised support services (Vision advisory services)	Support at Home participants may access <b>Vision advisory services under Specialised support services</b> on an ongoing basis to receive the aged care supports they need.	No

## Guidance for providing services to Support at Home participants

CHSP registered providers should only provide services to Support at Home participants where they have capacity to do so without disadvantaging current or potential CHSP clients.

### Client contributions

Support at Home participants must pay CHSP client contribution fees like other CHSP clients. Support at Home participants cannot use their budget to pay the CHSP client contribution.

### Time-limited definition

- What short term or time limited means depends on the specific circumstances and needs of each individual client. As a guide, up to 2 months would be considered short-term services.
- CHSP registered providers have a responsibility to regularly review a client's progress against their individual goals
- If needs change, a Support Plan Review request will be referred to the assessment organisation that undertook the most recent assessment. A new assessment will be requested if required.

When providing services to Support at Home participants, CHSP service delivery requirements and the process for getting services apply. This means:

- All Support at Home participants must be assessed through My Aged Care to access these additional CHSP services including Urgent services.
  - Clients who have previously been assessed for pre-existing CHSP social support group activities do not need to be reassessed.
- Their assessment should be undertaken by the Support at Home participant's most recent assessment organisation.
- The CHSP registered provider must accurately report the services delivered in DEX as they would with any other client.

## Other CHSP services can be accessed at full cost recovery

Support at Home participants can choose to pay for additional CHSP services out of their quarterly Support at Home budget.

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

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

## 6.4 Residential aged care

Individuals accessing funded aged care services through an approved residential care home cannot access subsidised CHSP services as the intent of the program is entry level aged care services. This includes people accessing Multi-Purpose Services (MPS) in regional and remote areas and NATSIFAC recipients accessing residential services.

## 6.5 National Disability Insurance Scheme (NDIS)

NDIS participants can access CHSP services when:

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

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

For more information on the NDIS, see the [NDIS website](#).

## 6.6 Disability Support for Older Australians (DSOA)

DSOA is a closed program, which means it is not available to new clients.

DSOA supports clients who:

- were 65 years or over when the NDIS commenced in their region, or
- were an Aboriginal or Torres Strait Islander person aged 50-64 years when the NDIS commenced in their region, and
- were assessed as ineligible for the NDIS, and
- were an existing client of state or territory government specialist disability services at the time the NDIS commenced in their region.

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

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

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

Further information on the [DSOA Program](#).

## 6.7 Transition Care Program (TCP)

The TCP provides short-term care for older people to help them recover after a hospital stay, including social work, nursing support, personal care and allied health care. Services can last up to 18 weeks and take place in a person's home, an aged care home or both.

People may access CHSP and TCP services at the same time when:

- the person meets eligibility requirements for both programs
- there is no duplication between the services they access from the CHSP and TCP.

For more information on [transition care](#).

## 6.8 NATSIFAC Program

The NATSIFAC Program funds service providers to provide flexible, culturally safe aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community. Service providers deliver a mix of residential and home care services in accordance with the needs of the community which are located mainly in rural and remote areas

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

- the person meets eligibility requirements for both programs
- there is no duplication between the services they access from the CHSP and NATSIFAC.

CHSP services are not available to NATSIFAC recipients accessing residential services.

For more information on [NATSIFAC](#).

## 6.9 Palliative care services

Whilst the CHSP does not fund or provide palliative care services, CHSP clients can receive support through palliative care services in addition to their CHSP services

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

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

Under Support at Home, the End-of-Life Pathway is intended to provide higher levels of funding for in-home aged care services (such as personal care, domestic assistance and general nursing care) to complement services available under state and territory-based palliative care schemes. The End-of-Life Pathway provides participants with 3 months or less to live access to more funding for in-home aged care services for 12 weeks. This aims to help older people remain at home if that is their preference.

CHSP clients approved for the End-of-Life Pathway would access services through Support at Home instead.

Further information is available under [Support at Home short-term pathways](#).

## 6.10 Veterans

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

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

For more information on [DVA services](#).

# Chapter 7: Provider grant funding and client contributions

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

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

- The grant funding as per the **National Unit Price Ranges (Appendix E)** and set out in the grant agreement between the provider and the Commonwealth.
- The **client contribution**, which is determined by each provider based on the National CHSP Client Contribution Framework (**Appendix E**) and paid by the client (section 286 of the Act).

## 7.1 CHSP client contributions

A provider delivering funded aged care services through a service group under the CHSP may charge an individual an amount for or in connection with those services (the CHSP contribution), in accordance with section 286 of the Act. The amount must be agreed in writing between the client and the provider. Providers must have a publicly available financial hardship policy that covers how clients can apply for a waiver or reduction of the CHSP contribution.

The CHSP contribution must be agreed with the client in writing, including how and when it is to be paid and outlined in the client's Service Agreement.

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

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

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

All CHSP registered providers must have a publicly available client contribution policy, which outlines what their CHSP contribution fees are and how they are determined.

## The National CHSP Client Contribution Framework

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

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

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

**Transparency:** Policies should be in an accessible format and publicly available. CHSP registered providers should give a copy of and explain their policy to all new and existing clients, including as part of the Service Agreement (section 148-70 of the Rules).

**Hardship:** Providers must have a publicly available financial hardship policy that covers how clients can apply for a waiver or reduction of the CHSP contribution. This policy must include what evidence of financial hardship must be submitted for provider consideration, and the principles/calculations the provider will use to determine the amount and duration of the waiver or reduction of CHSP contribution fee.

**Reporting:** Providers must report the dollar amount of CHSP contributions collected from clients, as per the CHSP Grant Agreement.

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

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

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

- Sector support and development
- Hoarding and squalor assistance.

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

## 7.2 CHSP National Unit Price Ranges

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

CHSP National Unit Price Ranges include all provider costs in delivering CHSP services including wages, rent, insurances, and other associated costs. The grant

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

Indexation will be applied to the funding amounts for the 2025-26 and 2026-27 financial years to provider grant agreements. Indexation is automatically applied to CHSP grant agreements.

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

## Exceptions

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

- Sector support and development
- Hoarding and squalor assistance
- Home adjustments - cost in dollars and is capped at \$15,000 per client per financial year.
- Equipment and products - cost in dollars and quantity of items (purchased or loaned) capped at \$1,000 per client per financial year.

## 7.3 Aged Care Work Value Case

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

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

The Australian Government also supported the Fair Work Commission's 6 December 2024 decision in the Aged Care Work Value Case for further increases to award wages for registered and enrolled nurses working in aged care. CHSP providers funded in 2025-27 for nursing will receive a Notice of Change to their grant agreement from 1 October 2025 and 1 August 2026. This is in addition to their indexation boost from 1 March 2025.

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

For the latest information about how the Australian Government is funding the aged care award wage increases, see [Better and fairer wages for aged care workers](#).

## 7.4 Modified Monash Model (MMM) adjustment

Providers delivering 50% or more of a service type in defined areas may request an adjustment of their grant agreement up to 40%, depending on the remoteness of the area.

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

The MMM 5 loading came into effect from July 2025 and MMM 6 and 7 adjustments came into effect from July 2022.

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

# Chapter 8: Flexibility provisions

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

## 8.1 Changes to flexibility provisions

The flexibility provisions remain for most service types. Providers cannot move funds *out of or into* these service types without written approval from the department:

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

## 8.2 About flexibility provisions

The flexibility provision enables CHSP registered providers to re-allocate their funded service types as per their registration category between their funded Aged Care Planning Regions (ACPR) as outlined in their Activity Work Plan.

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

For example, where a CHSP registered provider receives a large volume of referrals from My Aged Care for clients requiring domestic assistance, but fewer referrals than expected for personal care, the provider may use the flexibility provision (providing it is funded to deliver both activities under its CHSP Grant Agreement).

The provider can use funding it receives for personal care to deliver domestic assistance to meet the demand for those services. However, the provider must retain up to 50% of service delivery against their outputs as outlined in the Activity Work Plan. This is to ensure funded services remain within ACPRs.

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

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

- use funds from exempted service types as described below for other services they provide.

### **Flexibility Provisions – SSD**

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

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

## **8.3 Administering flexibility provisions**

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

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

## **8.4 Monitoring flexibility provisions**

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

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

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

Where CHSP registered providers have special conditions identified in their CHSP Grant Agreement, providers are required to deliver the services as stipulated in the special conditions prior to applying the flexibility provision. Special conditions take precedence over the flexibility provision.

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

# Flexibility provisions – examples

### Example 1 – moving funds across services within one ACPR

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

Before using flexibility provisions		After using flexibility provisions	
<b>Region 1</b>		<b>Region 1</b>	
\$ Domestic assistance \$ \$120k (100% of funding)	→	\$ Domestic assistance \$ \$170k (100% of original funding plus \$ 50% of personal care funding)	
\$ Personal care \$ \$100k (100% of funding)		\$ Personal care \$ \$50k (50% of original funding)	

### Example 2 – moving funds across ACPRs

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

Before using flexibility provisions		After using flexibility provisions	
<b>Region 1</b>		<b>Region 1</b>	
\$ Domestic assistance \$ \$120k (100% of funding)	→	\$ Domestic assistance \$ \$60k (50% of funding)	
\$ Personal care \$ \$100k (100% of funding)		\$ Personal care \$ \$100k (100% of original funding)	
<b>Region 2</b>		<b>Region 2</b>	
\$ Personal care \$ \$100k (100% of funding)		\$ Domestic assistance \$ \$60k (50% of funding from Region 1)	
		\$ Personal care \$ \$100k (100% of original funding)	

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## Provider scenarios – flexibility provisions

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### **Example 1 (within a CHSP sub-program)**

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

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

### **Example 2 (value for money)**

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

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

### **Example 3 (across funded ACPRs)**

A CHSP provider is funded to deliver domestic assistance in Region 1 and personal care in Regions 1 and 2. In this case, the provider can use the flexibility provision to deliver domestic assistance in Region 2. Providers should discuss this arrangement with their Funding Arrangement Manager for a potential grant agreement variation.

## Provider scenario – out of scope of flexibility provisions

### **Example 1 (new services not funded for)**

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

Establishing new services in a region would need to be considered by the department in accordance with the CHSP Planning Framework and providers from 1 November 2025 would need to be deemed to be able to deliver any new services not in their CHSP agreement.

### **Example 2 (ACPRs not funded for)**

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



## **Part C: Administration and Provider Responsibilities**

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### **This section covers:**

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

# Chapter 9: Quality arrangements and client rights

This chapter outlines provider responsibilities relating to delivery of high quality and safe aged care services to meet the needs of CHSP clients in line with upholding the Statement of Rights. This includes important information on how CHSP registered providers conform with the strengthened Aged Care Quality Standards, monitor client needs, and handle complaints.

## 9.1 CHSP grant agreements

In entering into a grant agreement with the department, CHSP registered providers must comply with all requirements outlined in the:

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

CHSP registered providers must also comply with:

- all obligations related to the registration category/ies they are registered in under the Act and associated Rules, including the Aged Care Code of Conduct
- for CHSP providers registered in categories 4 or 5 this includes the strengthened Aged Care Quality Standards that apply to their registration category/ies (section 15 of the Act) and the service types they deliver within those categories – see the [Commission's website](#) for more details
- the obligations related to their registration category/ies.

This CHSP Manual is a guide to the obligations CHSP registered providers must comply with.

## 9.2 Strengthened Aged Care Quality Standards

The strengthened Aged Care Quality Standards (Quality Standards) will apply to CHSP providers as per their registration category (categories 4 and 5) and services delivered within their registration categories (section 15 of the Act). It is condition of registration that a registered provider conforms with the Aged Care Quality Standards (section 146 of the Act).

There are 7 Quality Standards detailed in the Rules that apply to aged care services in registration categories 4, 5 and 6:

- The individual
- The organisation
- The care and services
- The environment
- Clinical care
- Food and nutrition
- The residential community.

Each of the Quality Standards include:

- an intent statement to add context
- an expectation statement to outline, in first person, what older people can expect
- an outcome statement which is enforceable through legislation
- actions that demonstrate how providers can meet the outcome.

The Quality Standards have been structured so that aged care providers will only have to meet the Quality Standards that are relevant to the type of care and services they provide and the environment in which services are delivered. Some of the Quality Standards relate to service access and assessment and referral practices.

CHSP providers registered in category 4 (personal and care support in the home or community) and category 5 (nursing and transition care) must operate in line with the relevant Quality Standards. They must have appropriate procedures in place to meet the quality of care and quality of life for the provision of aged care in the community.

Further information is available under [aged care regulation](#).

A suite of guidance materials, tools and other resources are also available on the [ACQSC's website](#).

CHSP registered providers must also ensure services are operated in line with, and comply with, the requirements as set out within all relevant state and territory and Commonwealth legislation and regulations (section 185 of the Act).

### **Continuous improvement**

All CHSP registered providers must demonstrate capability for and commitment to continuous improvement for the delivery of high-quality care. Providers in both the personal and care support in the home or community and the nursing and transition care registration categories must have continuous improvement plans (section 147).

Quality Standard 2 requires CHSP providers registered in categories 4 and 5 to engage in meaningful and active partnerships with clients to inform organisation priorities and continuous improvement. The provider must demonstrate effective management processes based on a continuous improvement approach to service

management, planning and delivery of funded aged care services. This is consistent with the requirement for these providers to have a continuous improvement plan (section 147 of the Act).

If requested, CHSP providers registered in categories 4 and 5 must provide their plan for continuous improvement to the department or the ACQSC. The plan should include policies for:

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

### **9.3 CHSP registered provider obligations**

The Act maintains and creates a variety of obligations for CHSP registered providers in how they deliver aged care services, manage their operations and deal with individuals seeking or accessing funded aged care services.

These obligations include requirements on both the provider and individuals to take (or not take) certain actions, prohibitions on conduct, conformance with set standards and conditions on their registration.

All CHSP registered providers will be subject to conditions on their registration when providing funded aged care services. Certain conditions will only apply to select registration categories, such as conditions relating to the delivery of residential services or clinical care.

Other conditions will apply to all registered providers, regardless of the registration category or the type of service delivery.

#### **The Statement of Rights**

The Act includes a Statement of Rights (section 23 of the Act). The Statement of Rights details the rights that older people should expect when accessing aged care services. The rights outlined in the Act will help to ensure that older people and their needs are at the centre of the new aged care system.

The Statement of Rights includes the right to:

- independence, autonomy, empowerment and freedom of choice
- equitable access
- quality and safe funded aged care services
- respect for privacy and information
- person-centred communication and ability to raise issues without reprisal
- advocates, significant persons and social connections.

The new Statement of Rights is central to how the ACQSC will regulate the aged care sector and is intended to place individuals at the centre of care delivery. It will be a condition of registration for all providers to understand the Statement of Rights, and to have in place policies and practices to ensure they act compatibly with the rights.

CHSP registered providers will have to ensure that their actions are consistent with the Statement of Rights.

It is a condition of registration for providers to demonstrate an understanding of the rights of individuals under the [Statement of Rights](#) and have practices in place to ensure the delivery of aged care services that are compatible with those rights (section 144 of the Act).

## **The Aged Care Code of Conduct**

Under section 145 of the Act and associated rules, it is a condition of registration that a registered provider must:

- (a) comply with the Aged Care Code of Conduct (the Code); and
- (b) take reasonable steps to ensure that the aged care workers, and the responsible persons, of the registered provider comply with the Code.

The Code places obligations on providers, responsible persons and aged care workers alike, including the CHSP. Providers and responsible person will be obligated to ensure that they comply with the Code and to ensure that aged care workers also comply.

Aged care workers themselves will be required comply with the Code at all times during the delivery of care services (section 173 of the Act).

The ACQSC will monitor and enforce compliance with the Code, as well as provide training and development of educational materials.

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

More information about CHSP registered provider obligations can be found on the [ACQSC's website](#) and in the [Regulatory model guidance for CHSP providers](#).

## **Preventing damage to property**

CHSP registered providers must take reasonable steps to prevent damage to a client's property by the provider or an aged care worker when delivering CHSP services to clients (section 148-15 of the Rules).

## **Meal requirements**

CHSP providers registered in category 1 (home and community services) providing meal delivery services and in category 4 (personal care and support in the home or

community) who deliver community and centre-based respite and cottage respite are required to meet meal requirements under the Act (section 148-20 of the Rules).

These CHSP registered providers must:

- ensure any meals, snacks and refreshments delivered to clients are nutritious and appetising, having regard to older people’s abilities and preferences.
- ensure the menu (meals, snacks and refreshments) has been assessed at least annually by an Accredited Practising Dietitian to ensure the menu is:
  - appetising; and
  - appropriate for the needs of older people accessing the funded aged care services, including clients with specialised dietary needs; and
  - reflect contemporary and evidence-based practice.
- implement a quality assurance framework to continuously improve the meals and refreshments delivered to clients by taking into account:
  - the satisfaction of clients with the meals, snacks and refreshments they are provided; and
  - the assessments undertaken by the Accredited Practising Dietitian.

Further information on meal requirements can be found under [aged care regulation](#).

## **Service delivery equipment requirements**

CHSP providers registered in category 1 (home and community services), category 2 (assistive technology and home modifications) or category 3 (advisory and support services) that use equipment in delivering funded aged care services or that source/supply/provide equipment to their clients must ensure that the equipment is safe and meets the need of the client (section 148-25 of the Rules).

## **Personal protective equipment (PPE), infection prevention and control requirements**

CHSP providers registered in category 1 (home and community services), category 2 (assistive technology and home modifications) or category 3 (advisory and support services) must ensure that personal protective equipment (PPE) is available to their client, their aged care workers and that they are supported to correctly use the PPE (section 148-30 of the Rules). In addition, the provider must:

- have an appropriate infection prevention and control system in place for the delivery of funded aged care services, and
- ensure that aged care workers use hygienic practices and take appropriate infection prevention and control measures when delivering services to clients.

## **Complaints, feedback and whistleblowers**

Under section 165 of the Act, it is a condition of registration that a registered provider implements and maintains a complaints and feedback management system in accordance with any requirements as prescribed in the Rules.

Providers must have a complaint and feedback system and manage complaints and feedback with that system. Providers must not victimise or discriminate against anyone for making a complaint or giving feedback.

Under the new Act there will be increased protection for whistleblowers – people who call out or report issues or concerns. These changes are to ensure that aged care workers, as well as older people, their families and carers can raise concerns or report information without fear of unfair treatment or reprisal.

Providers must have a whistleblower system and maintain a whistleblower policy. Providers must manage:

- disclosures that qualify for (whistleblower) protections
- complaints and feedback that qualify for protections

In accordance with section 166-210 of the Rules, CHSP registered providers who are registered in category 4 (personal and care support in the home and community) and/or category 5 (nursing and transition care) are required to submit a report about the management of complaints and feedback to the Aged Care Quality and Safety Commission. The complaints and feedback management report is required within 4 months after the end of the reporting period for the registered provider.

## **Obligation to notify**

CHSP registered providers will be required to report specific changes and include specified information to the Commissioner (not just the department), as outlined in section 167 of the Rules (Part 3 – Provider obligation – notifying of change in circumstances).

## **Financial position of the provider**

A per section 155-70 of the Rules, clients must be notified in writing that if they make a request, the provider must give them the following information and documents within 7 days:

- (a) A clear and simple presentation of the provider's financial position
- (b) A copy of the most recent statement of the audited accounts of the service delivery branch or the organisation that includes the service delivery branch.

A registered provider that is not required to prepare annual financial reports under Part 2M.3 of Chapter 2M of the Corporations Act 2001 is not required to comply with paragraph (2)(b) of s 155-70(2).

## 9.4 My Aged Care provider responsibilities

CHSP registered providers must:

- accept/reject client referrals via the My Aged Care Service and Support Portal as per the referral priority, where they have capacity to provide the services in a timely manner
- refer clients to My Aged Care where clients have approached them directly, as all clients who receive CHSP services must be registered with My Aged Care and assessed as approved to access services
- enter and regularly update service information (including commencement date and frequency/volume of services, waitlist availability) and update client details on the client record
- undertake a review of services being delivered, at least every 12 months with the outcome of the review recorded on the client record
- manage and keep up-to-date their client records and service information via the [My Aged Care Service and Support Portal](#)
- refer clients back to My Aged Care when their needs have changed through a Support Plan Review request functionality.

CHSP registered providers can refer to the [My Aged Care Service and Support Portal](#) resources on the department's website.

### Recording deceased clients

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

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

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

## 9.5 Service Agreements, Provision of Information and Care and Services Plans

Section 155 of the Act prescribes the requirements for the records and information that a registered provider must provide and explain to individuals accessing, or seeking to access, funded aged care services.

Section 148 (subdivision C) of the Rules prescribes the requirements for Service Agreements. CHSP providers should ensure that:

- they work in partnership with clients and their registered supporter to plan and deliver services as per the Statement of Rights
- services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in the Service Agreement and Care and Services Plan (section 148 Subdivisions C and D of the Rules)
- they deliver services within the scope of the service recommendations specified on the Care and Services Plan
- they discharge clients whose needs and goals specified on the Care and Services Plan have been met and who no longer require care and services
- they facilitate a reassessment for clients whose needs are no longer met by the CHSP.

Both the CHSP client and the provider must mutually enter into a Service Agreement and the client should be given a copy of the signed Service Agreement.

In the event that a client cannot sign the Service Agreement, providers should keep detailed records of the client's consent and agreement to the Service Agreement.

Proof may include:

- a copy of the Service Agreement document the provider offered to the client
- a file note of the discussion with the client about the basis of the Service Agreement (including the date the discussion took place).

CHSP registered provider resources, including templates and user guides are available under [CHSP Reforms](#).

## 9.6 Client monitoring

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

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

- Service level assessment activities relating to the provider, such as undertaking a Work Health and Safety assessment for both the aged care worker and the client.

- Specialised assessments based on professional expertise, such as:
  - Nursing, and Allied Health and Therapy providers.
  - face-to-face malnutrition risk assessments by Meals providers, if providers have this knowledge and capacity.
  - ongoing monitoring of the client and their home environment.
  - ongoing monitoring of the appropriateness of service arrangements.
- Where the client is receiving ongoing funded aged care services, the CHSP registered provider must undertake a formal review of the Service Agreement at least once every 12 months, or upon client request (section 148-65 of the Rules). This review must consider whether any updates need to be made to the Service Agreement through a variation (that must be mutually agreed with the client and their registered supporter or authorised decision maker).
  - These may be done over the phone or face to face with the client.
  - The outcome of these reviews must be recorded in the My Aged Care client record.
- If the client's care needs change significantly, CHSP registered providers on behalf of the client must send a Support Plan Review request to an assessor through the My Aged Care Service and Support Portal. This will likely lead to an aged care needs reassessment in accordance with section 64 of the Act.

## **Scheduling appointments**

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

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

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

Where a client cancels their appointment providers should not record this as a service because it was not delivered. Providers should have a clear cancellation policy as part of their publicly available client contribution policy (section 286-25 of the Rules) and clients should be made aware of this as part of their Service Agreement and Care and Services Plan discussions.

## 9.7 Support Plan Reviews

Providers should request a Support Plan Review (SPR) through the portal when required by the client. SPRs are conducted by an aged care assessor.

A SPR may be required when:

- a provider identifies a change in the client's needs or circumstances that affects the existing Care and Services Plan (e.g. a client's informal carer is no longer available to help)
- a client has a change in their needs or circumstances or seeks help to access new services or changes their provider (e.g. client has a new mobility problem)
- a client has received restorative care interventions through the CHSP and has made a functional gain or improvement to remain independent
- the short-term or time-limited support and coordination period has been completed.

### Outcomes of the review

The outcomes of the SPR may include:

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

### Requesting a SPR

A SPR request will be referred to the assessment organisation that undertook the most recent assessment. A SPR may be requested by:

- the older person/registered supporter (through the My Aged Care Contact Centre or ACSO)
- a service provider (through the My Aged Care Service and Support portal)
- a GP, hospital, or community health professional through the My Aged Care contact centre or a My Aged Care web referral. **Note:** If a web referral is received by the My Aged Care Contact Centre, they will create a SPR request.
- If a reablement or linking support period is open, the team leader will ask the assessor to finalise the support period so the SPR request can be issued
- the assessor may initiate a SPR without requiring a request or scheduled SPR.

**Note:** A SPR may be requested when an older person is undergoing reablement and/or linking support. If the older person is undergoing reablement or linking support, the team leader will not be able to assign the SPR until the support period is marked as completed. To allow continuity of the support period, the assessor can re-add the support period during the SPR.

CHSP registered providers should include clear and detailed information on the request to justify the reason for the review request and outline the urgency for the review (if needed).

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

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

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

## 9.8 Information and access

### Protection of personal information

Under section 168 of the Act CHSP registered providers must ensure the protection of personal information relating to their clients.

### Registered supporters

From 1 November 2025, older people can have [registered supporters](#) who can support them to make decisions, if they want or need this support. Registered supporters help older people to make and communicate their own decisions about their aged care services and needs. This may include speaking to My Aged Care, aged care assessors, aged care providers, and the Aged Care Quality and Safety Commission.

Supporters may, with the consent of the individual, request, access and receive information about the older person they support (section 27 of the Act). Some registered supported must be given information and documents regardless of whether the individual consents (section 29 of the Act).

An older person's ability to make decisions and communicate their will and preferences may change from day to day, or over time, so understanding who their registered supporters are and the role they can perform is essential in respecting the older person's rights.

All registered supporters have duties under the Act that they must comply with. These duties are intended to protect an older person's safety, will, preferences and rights. From 1 November 2025, aged care providers can check whether an older person who they provide care and services to has registered supporters by accessing information from the My Aged Care Service and Support Portal.

CHSP registered providers must:

- Understand that the role of a registered supporter is to assist an older person to make or communicate information, including their decisions, will, and preferences. The role of a registered supporter is not to make decisions for an older person.
- Provide information and documents to registered supporters as required by the Act and Rules. This includes that information that may or must be provided to the older person must also be given to the older person's registered supporters, where the registered supporter is covered by section 28(2) of the Act or the older person consented to information sharing with their registered supporter.
- In accordance with the Act and the Rules, allow and facilitate access to the older person by the older person's registered supporters, at any time requested, or consented to, by the older person. This may be physically, by visual link, or other reasonable means requested by the older person. If a CHSP registered provider delivers services in a home or community setting, this requirement only applies in relation to the times during which the provider delivers those services.
- Raise a concern or make a complaint about a registered supporter, including if they consider a registered supporter is not complying with their duties.

The role of a registered supporter is intended to operate in parallel with existing Commonwealth, state and territory substitute decision-making arrangements.

### **Active, appointed decision makers**

Some registered supporters also have guardianship, enduring power of attorney or similar legal authority for the older person. These people are appointed decision makers for the older person and can make decisions on their behalf under Commonwealth, state or territory arrangements. They can only make decisions on the older person's behalf in line with their legal authority and if that legal authority is active.

Aged care providers will need to be aware if an older person in their care has registered supporters, and if the status of this registration changes.

From 1 November 2025, providers can check whether an older person who they provide care and services to has registered supporters by accessing information from the My Aged Care Service and Support Portal. Whilst all aged care providers should check the portal to establish a foundational understanding of who is supporting an older person, they should also engage in ongoing discussions with the older person and their registered supporters as there may be changes at any time in who an older person is supported by and how. My Aged Care will not automatically notify aged care providers if an older person has a registered supporter, or if there are changes to the status of a registered supporter.

Additionally, the Service and Support Portal will not provide visibility of a registered supporter's legal documentation demonstrating they are an appointed decision maker. It will also not provide visibility of any medical evidence about the older person's decision-making ability used to demonstrate that the appointed decision maker's legal authority is active. Providers must confirm the legal authority of persons who seek to make decisions for an older person, regardless of whether they are a registered supporter. This necessitates that before actioning a decision made by a person on behalf of the older person, aged care providers must check the scope of that person's legal authority and whether that legal authority is active.

Wherever possible, providers must continue to ask the older person to make decisions about their aged care services and needs, even when there is a registered supporter.

## 9.9 Regulation of CHSP registered providers

The [ACQSC](#) is the national end-to-end regulator of aged care. The ACQSC registers all new aged care providers, including CHSP registered providers, and considers applications for renewal and variation of registration. This will include assessing providers' ongoing suitability to deliver aged care and compliance with their obligations.

The ACQSC collects information about providers' performance from individuals, workers, regulatory activity, compulsory reporting and from providers themselves. The ACQSC and the department utilises this information to determine the most appropriate regulatory action for the sector and for individual providers, as well as for encouraging continuous improvement and highlighting high quality care.

The actions that the ACQSC takes in response to regulatory intelligence is always risk-led and proportionate. Focus is placed on preventing high risks of harm and improving provider performance to minimise risks to the health, safety and wellbeing of individuals. The ACQSC will always communicate with individual providers when risks are identified to determine the scope of potential harm and the most appropriate actions that can be taken by both the provider and the ACQSC.

Please see the [ACQSC's website](#) for further information and resources.

**1. Registration/Renewal Audits:** CHSP providers registered in category 4 (personal and care support in the home or community) and category 5 (nursing and transition care) can be audited against the applicable Quality Standards as part of their registration, renewal or variation applications (section 110 of the Act).

**2. Serious Incident Response Scheme (SIRS):** CHSP registered providers are required to notify the Aged Care Quality Safety Commission of any reportable incidents as a condition of their registration. The implementation of the SIRS reporting obligations for care and services delivered in home and community settings has been achieved through changes made to both the aged care legislation (section 16 of the Act) and to Commonwealth grant agreements.

Registered provider conditions relating to the management of incidents are included at section 164 of the Act and associated rules.

**3. Continuous improvement plan:** A registered provider delivering services in categories 4 and 5 must have a continuous improvement plan that demonstrates their capability for, and commitment to, continuous improvement towards the delivery of high-quality care (section 147 of the Act).

**4. Complaints:** The ACQSC will continue to manage and resolve complaints about service delivery of registered providers. Registered provider conditions relating to implementing and managing complaints and feedback are included at section 165 of the Act and associated rules.

**5. Cooperation and compliance:** A registered provider must cooperate with any person who is performing functions, or exercising powers, under section 177 of the Act. This includes allowing the ACQSC access to a service delivery site or service outlet. CHSP registered providers must address any non-compliance as quickly as possible to uphold older peoples' rights and prevent harms from occurring or reoccurring and deliver safe, quality care

The [ACQSC website](#) provides information and resources for providers on their provider obligations and responsibilities in delivering safe, quality aged care. Contact the ACQSC on 1800 951 822. More information about the [quality review process](#) can be found on the ACQSC website.

## 9.10 Provider and responsible person duties

As a registered provider, CHSP providers must ensure, as far as reasonably practicable, that the conduct of the provider does not cause adverse effects to the health and safety of their clients they deliver services to (section 179 of the Act).

Similarly, a responsible person of a CHSP registered provider must exercise due diligence to ensure that the provider complies with its duty (section 180 of the Act).

## 9.11 Banning orders

The Act includes powers for the Aged Care Quality and Safety Commissioner to impose banning orders on current and former registered providers (section 497 of the Act), and on individuals as aged care workers and responsible persons (section 498 of the Act). This will have the effect of prohibiting or restricting them from being involved in the delivery of funded aged care services generally or specified types of services or activities as a registered provider, or as an aged care worker or responsible person of a registered provider.

The CHSP registered provider will be made aware when the ACQSC records a banning order on the register.

Civil penalties may apply for breaching a banning order.

Further information is available on the [ACQSC website](#).

## 9.12 Grantee Code of Conduct

The Grantee Code of Conduct (section 268 of the Act) sets out the expectations on how grantees (or their key personnel or anyone else who is employed or engaged by the grantee) should conduct themselves when acting in accordance with the grant agreement.

Complying with the Grantee Code of Conduct is a condition on all grantees who receive a grant of financial assistance under section 265 of the Act (i.e. general grants). The Grantee Code of Conduct requires grantees to:

- undertake the activity in a safe and competent manner, with care and skill; and
- promptly take steps to raise and act on concerns about matters that may affect the quality and safety of the activity; and
- promptly disclose to the department, and avoid or manage, any actual, perceived or potential conflicts of interest; and
- act with integrity, honesty and transparency; and
- treat everyone with dignity and respect, and without bullying or harassment, including by valuing diversity; and
- not provide false or misleading information.

The Grantee Code of Conduct operates alongside other obligations and duties that may apply to grantees, such as the Aged Care Code of Conduct and other conditions on registered providers in the Act.

## 9.13 Feedback and complaints mechanisms

Under section 165 of the Act, it is a condition of registration that a registered provider implements and maintains a complaints and feedback management system in accordance with any requirements as prescribed in the Rules.

Providers must actively encourage their clients and their carers, registered supporters, advocates or authorised decision makers to provide feedback and complaints about the services they receive to the provider or the ACQSC.

Providers must facilitate access to independent aged care advocates to support complaints resolution processes.

A client has the right to call an advocate or another person of their choosing, including their registered supporter, to present any complaints and to help them through the complaints management process.

Clients (or their advocates, registered supporter or anyone else supporting the client) can raise a complaint or provide feedback in the following ways:

- contact My Aged Care to discuss concerns about access to aged care services and raise a complaint if needed on 1800 200 422 or write to:  
*My Aged Care Complaints*  
*PO Box 1237*  
*Runaway Bay QLD 4216*
- contact their aged care assessor to raise a complaint about the aged care assessment through their complaints process
- contact the CHSP registered provider directly to raise a complaint about service delivery through their publicly available complaints system
- contact the Older Persons Advocacy Network (OPAN) Aged Care Advocacy Line on 1800 700 600 to be connected with an aged care advocate for free, confidential, and independent information and support, or by visiting the [OPAN website](#).
- contact ACQSC on an open, confidential or anonymous basis by calling 1800 951 822 (free call) or by visiting the [ACQSC website](#).

Further information on [making complaints](#) is available on the My Aged Care website.

## **ACQSC complaints process**

The independent Complaints Commissioner provides a free service for anyone to raise concerns about the quality of care or services delivered by Australian Government funded aged care services. This includes an avenue for aged care workers to raise a complaint or feedback where a provider is not meeting their obligations.

The Complaints Commissioner and ACQSC is independent of the department.

The ACQSC takes all complaints seriously and will work with the client (and/or their registered supporter, authorised decision maker, carer or family member) and the provider to resolve their concerns (see section 361 of the Act).

The ACQSC will sometimes share information with other relevant parties (where authorised to do so under the Act) to ensure clients continue to receive appropriate services. This is because many providers also deliver services through other Australian Government and/or state and territory government programs.

The ACQSC may issue a notice requiring action under the Act where a CHSP registered provider fails to meet their responsibilities as a registered provider and under the CHSP Grant Agreement. The CHSP registered provider is obliged to comply with any regulatory notices issued by the ACQSC.

More information about [making complaints to the ACQSC](#).

## Associated providers

CHSP registered providers and clients receiving aged care services may select and use subcontractors in accordance with Condition 6 [Subcontracting] of Schedule 1 of the CHSP Grant Agreement.

Under the Act, subcontractors who are directly involved in the provision of funded aged care services will be known as associated providers (section 11 of the Act). An associated provider is an entity that delivers services on behalf of a registered provider. CHSP providers, as the registered provider, are responsible for the services provided by associated providers, including resolving any complaints made about that organisation or client.

An associated provider can be a registered provider who provides specific services on behalf of another registered provider or may operate solely as a subcontractor and remain unregistered.

Registered providers are responsible for liaising with the ACQSC and ensuring any associated providers comply with all reasonable requests, directions and monitoring requirements requested. They will also be required to provide the ACQSC with a full list of the associated providers delivering aged care services on their behalf, both at registration and renewal.

## 9.14 Advocacy

The Older Persons Advocacy Network (OPAN) is funded to deliver the National Aged Care Advocacy Program across Australia. The program provides free, confidential and independent information and support to older people seeking or receiving government-funded aged care as well as their families of choice or other supporters.

OPAN's aged care advocates can help CHSP clients to understand and exercise their aged care rights, find aged care services that meet their needs, and resolve issues they are experiencing with their aged care provider.

CHSP clients can speak to an aged care advocate by calling the Aged Care Advocacy Line on 1800 700 600 to be connected with the aged care advocacy organisation in their state or territory, or alternatively they can visit the [OPAN website](#).

## 9.15 Elder Abuse

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

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

# Chapter 10: CHSP service continuity and provider selection

## 10.1 Service continuity

CHSP providers must have systems, internal policies and processes in place to appropriately manage, monitor and report incidents that effect continuity.

This should include plans to manage serious incidents such as natural disasters and emergency events (e.g. how to provide service delivery in the event of an emergency such as flood, fire or during a heatwave).

## 10.2 CHSP Selections Framework

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

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

As a registered provider, there are also separate obligations under section 149 of the Act and associated Rules. Section 149 of the Act requires outgoing providers to transfer client records to incoming providers on request within 28 days as part of the relinquishment process. For more information, see **Appendix G**.

## 10.3 Providers transitioning out

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

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

Except in extreme extenuating circumstances, providers can only request to relinquish their services and funding with an effective date of either **30 June or 31 December** in a financial year. This is to ensure all requests for relinquishments are actioned in a timely manner and service disruption for clients and incoming providers is limited.

If a CHSP registered provider intends to transition out they must:

1. Notify their Funding Arrangement Manager and the department in writing of their proposal to transfer all or part of their services and provide a 'draft' transition out plan with the following conditions:
  - The proposed withdrawal date must be either 30 June or 31 December in the financial year.
  - The provider must give a **minimum of 5 months'** notice from the date of the first 'draft' transition out plan being provided to their Funding Arrangement Manager and the department via email.
2. Help the department and new provider/s in the transition of goods and/or services to achieve an effective transition and providing continuity of care.
3. Submit a request for the revocation of their approval status as a registered provider to the ACQSC. Providers can only be revoked when the ACQSC is satisfied they have met certain requirements.
4. Update their My Aged Care information relating to service provision and/or making outlets inactive.

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

## 10.4 Transition out plans

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

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

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

Transition out plans should include, but not be limited to, the following information:

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

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

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

# Chapter 11: Incident management and staffing responsibilities

This chapter describes providers' responsibilities around the Serious Incident Response Scheme, staffing, interactions with the Australian Public Service and Work Health and Safety.

## 11.1 Serious Incident Response Scheme (SIRS)

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

The SIRS summarises the responsibilities for all providers under section 164 of the Act, including home and community care providers, to prevent and manage incidents (focusing on the safety and wellbeing of consumers), use incident data to drive quality improvement, and to report serious incidents under section 166 of the Act.

Section 16 of the Act defines the meaning of reportable incidents as any of the following incidents that have occurred, are alleged to have occurred, or are suspected of having occurred, in connection with the delivery of funded aged care services to an individual by a registered provider:

- unreasonable use of force against the individual;
- unlawful sexual contact, or inappropriate sexual conduct, inflicted on the individual;
- psychological or emotional abuse of the individual;
- unexpected death of the individual;
- stealing from, or financial coercion of, the individual by an aged care worker of the provider;
- neglect of the individual;
- use of a restrictive practice in relation to the individual (other than in accordance with any requirements prescribed by the rules);
- unexplained absence of the individual in the course of the delivery of funded aged care services to the individual.

Providers must use the My Aged Care Service and Support Portal to notify the ACQSC if a reportable incident occurs (in accordance with section 166 of the Act and associated Rules).

Providers must comply with the incident management and reporting requirements under sections 164 and 166 of the Act and related Rules.

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

- calling 1800 081 549
- emailing [sirs@agedcarequality.gov.au](mailto:sirs@agedcarequality.gov.au).

## 11.2 National or state emergencies

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

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

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

### Emergency and disaster management planning

The Quality Standard 2 (2.10: Emergency and disaster management) states providers in registration categories 4 (personal and care support in the home or community) and 5 (nursing and transition care) must demonstrate that emergency and disaster management planning is considered and the risks to the health, safety and wellbeing of individuals and aged care workers is managed (section 15-15 of the Rules). For more information, see [Strengthened Quality Standards](#).

## 11.3 Respiratory infectious diseases

The Quality Standard 4 (section 15-25 of the Rules) requires CHSP providers in registration categories 4 (personal and care support in the home or community) and 5 (nursing and transition care) to:

- have an appropriate infection prevention and control system; and
- ensure that aged care workers use hygienic practices and take appropriate infection prevention and control precautions when delivering funded aged care services.

Providers should regularly assess the risk of infectious diseases, including but not limited to COVID-19, Influenza, Respiratory Syncytial Virus (RSV) and Gastroenteritis, to their clients and staff.

Providers must take steps to minimise the risk of transmission through infection prevention and control (IPC) measures, including standard and transmission-based precautions, ensuring staff have been appropriately trained in IPC and have access to appropriate PPE.

The [ACQSC](#) has resources to support providers with clinical care obligations. The [Australian Commission on Safety and Quality in Health Care](#) has specific advice and resources available in relation to infection prevention and control in aged care.

## 11.4 Staff qualifications and training

It is a condition of registration that a registered provider of a kind must ensure that aged care workers meet any qualifications and training requirements as prescribed by the rules (section 152(c) of the Act and section 152-35 of the Rules). CHSP registered providers must also ensure that aged care workers are given opportunities to develop their capability to provide funded aged care services (section 152(d) of the Act).

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

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

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

### Additional service-specific requirements

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

<p><b>Meals</b></p>	<p>All workers (including paid staff and volunteers) volunteers involved in food preparation and handling must undertake relevant training to adhere to safe food handling practices including personal hygiene and cleanliness and must be provided with information regarding safe food handling as it relates to their activities.</p> <p>CHSP registered providers must ensure that they meet their statutory obligations in regard to food safety through the Australia and New Zealand Food Standards Code as indicated in section 148-20 of the Rules.</p> <p>When advice on nutrition is required, it must be provided by an Accredited Practising Dietitian, a Certificate IV Nutrition and</p>
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	Dietetics Assistant under the guidance of an Accredited Practising Dietitian, or a qualified nutritionist.
<b>Transport</b>	<p>CHSP Transport providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example holding appropriate licenses, meeting state accreditation standards and meeting any legislated access requirements. All CHSP services should be able to offer accessible service options to people with physical or sensory disabilities.</p> <p>Drivers of transport services must hold an appropriate licence.</p> <p>CHSP registered providers must also take reasonable care to ensure the safety of all concerned where paid staff or volunteers are providing transport services. It is the responsibility of the provider to ensure they are meeting their work health and safety responsibilities for safe driving and client transport practices.</p>
<b>Personal care</b>	For personal care, including assistance with client self-administration of medicine, a Certificate III in aged/community care or equivalent is desirable. This includes any circumstances where nursing-related tasks are delegated to personal care workers which is permitted under the CHSP.
<b>Nursing</b>	Nursing care must be provided by a Registered Nurse or an Enrolled Nurse. Nursing-related tasks may be overseen by a Registered Nurse or Enrolled Nurse. Nursing care allows the delegation of nursing-related tasks to other workers, including personal care workers.
<b>Home adjustments</b>	CHSP registered providers must adhere to any national or state and territory building regulations. The work must be undertaken by appropriately qualified workers.
<b>Home maintenance and repairs</b>	CHSP registered providers must adhere to any legislative or regulatory requirements where the work is undertaken by licensed or registered tradespeople.

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

## 11.5 First Aid training

CHSP registered providers should ensure that aged care workers in direct care roles receive and maintain accredited first aid training and certification as soon as practical.

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

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

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

## **11.6 Worker screening requirements**

CHSP registered providers must ensure all aged care workers and responsible persons, including those of any associated providers, meet the CHSP worker screening requirements as outlined in **Appendix D**.

## **11.7 Work Health and Safety**

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

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

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

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

## **11.8 Asbestos**

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

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

## 11.9 Interacting with the Australian Public Service

Delivering CHSP related services for the most part consists of interaction between the registered provider and the clients they provide funded aged care services to.

Registered providers and Australian Public Service (APS) employees will also interact from time to time during the course of providing CHSP services. In this interaction, everyone has the right to a safe, respectful, agreeable and collaborative experience.

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

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

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

## 11.10 Aged Care Provider Workforce Survey

CHSP registered providers may be asked to complete and return the Aged Care Provider Workforce Survey.

The department, or another organisation on behalf of the department, will send the aged care survey to select CHSP registered providers who have been randomly chosen to participate in the survey.

Providers are to submit the survey by the date specified on the form.

If a CHSP registered provider was not in operation during the reference period asked of in the aged care provider workforce survey, then the provider is not required to complete the survey.

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

# Chapter 12: Compliance and financial responsibilities

This chapter includes important information on compliance activities and CHSP registered provider financial responsibilities. This includes responsibility for spending the grant and acknowledging funding.

## 12.1 CHSP Compliance Framework

The CHSP Compliance Framework outlines the performance and regulatory requirements for all CHSP registered providers, including:

- performance against the grant agreement
- submitting financial and reporting information
- auditing conformance against the applicable Quality Standards for those registered in categories 4 and 5
- complying with obligations in the Act and Rules and the CHSP Manual
- escalation of fraud related issues for investigation
- meeting the requirements of My Aged Care.

To monitor and enforce compliance with these obligations the department works with the:

- ACQSC
- National Indigenous Australians Agency
- Community Grants Hub.

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

## 12.2 Spending grant funding

CHSP registered providers must spend their funds in accordance with their CHSP grant agreement and legislative requirements.

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

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

Under the CHSP grant agreement, where a provider has concerns about their financial viability, they are required to contact their Funding Arrangement Manager to identify options to sustainably manage their grant funds and mitigate impacts to client service continuity.

## Payment in arrears

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

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

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

## Assets

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

## 12.3 Acknowledging funding

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

The following wording must be used:

- “Funded by the Australian Government Department of Health, Disability and Ageing”.
- OR
- “Supported by the Australian Government Department of Health, Disability and Ageing”.

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

## Use of Disclaimer

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

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

## Monitoring of the use of acknowledgements

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

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

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

### **Questions on acknowledging funding**

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

## **12.4 CHSP grant opportunities**

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

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

CHSP registered providers can access information about how and when to apply and any application forms on [Grant Connect](#).

## **12.5 CHSP Planning Framework**

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

The CHSP Planning Framework considers:

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

The CHSP Planning Framework ensure the requirements of clients are considered, and funding is allocated so that growth in CHSP complements and enhances services already being delivered.

Information about ACPR and corresponding postcodes is available on the [Gen Aged Care Data website](#).

## **12.6 Government reporting**

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

## Chapter 13: Provider reporting and system responsibilities

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

Provider obligations relating to reporting are generally contained in section 166 of the Act and associated rules.

### 13.1 Requirement to ensure and document client approval under the Act

It is a statutory funding condition that CHSP registered providers deliver funded aged care services to clients who have been assessed and approved to access the services (section 267 of the Act).

Providers must record service provision against individual clients in the Data Exchange (DEX) and record the My Aged Care ID of each client who has received a service (i.e. from 1 July 2025 onwards). Providers are required to record the MAC IDs in their own client management systems until the DEX reporting functionality is available in mid 2025-26.

### 13.2 Key reports under the CHSP

Section 166 of the Act requires CHSP registered providers to provide prescribed information (in the form of) reports. Section 166-600 (Subdivision G – CHSP 600-628) of the Rules prescribes the reporting requirements of CHSP registered providers.

The required reports, and their due dates, are also detailed in Item E of the CHSP Grant Agreement.

This includes:

- **Financial reporting:** facilitates acquittal of funds expended to provide assurance and evidence that public funds have been spent, as specified in the CHSP grant agreement. Inclusion of **statement of compliance** that Commonwealth funds have been spent on eligible assessed clients.
- **Performance reporting:** provides reports on service delivery and/or sector support activities and outcomes.
- **Wellness and reablement reporting:** provides service level information on wellness and reablement approaches used by the provider.
- **Child Safety Compliance Statement:** an annual statement confirming organisations comply with state, territory and commonwealth laws relating to employing, engaging, or instances where there is incidental contact with children.

In addition to these reports the department may request the following reports:

- **Compliance report** (section 166-620 of the Rules) - a report about any matters related to the CHSP registered provider’s management of a grant agreement under section 264 of the Act within 14 days of request.
- **Service delivery report** (section 166-625 of the Rules) - a report about service delivery to be provided within 21 days of request (or longer if specified in the department’s request).

### Key reports under the CHSP

Report	Reporting period	Due date to the department**	Description
Monthly performance report (for service delivery) via DEX Note: this report is not applicable for SSD Activities.	Monthly	14 August 14 September 14 October 14 November 14 December 14 January 14 February 14 March 14 April 14 May 14 June 14 July	Client and service delivery information reported in accordance with section 166-610 of the Rules via DEX in accordance with the DEX Protocols.  Refer to CHSP Grant Agreement Item E [Reporting]
Activity Work Plan for SSD activities only*	1 July to 30 June (once per financial year)	15 July	Activity and deliverable information requiring approval, also used during biannual Performance Reporting.
Performance Report for SSD Activities only (twice per financial year)*	1 July to 31 December	31 January	Refer to CHSP Grant Agreement Item E [Reporting]
	1 January to 30 June	31 July	

Annual wellness and reablement report*	As specified in the Agreement	31 July	A report about the CHSP provider's progress in embedding wellness and reablement in its service delivery in accordance with section 166-615 of the Rules.  Refer to CHSP Grant Agreement Item E [Reporting]
Annual financial declaration statement	1 July to 30 June	31 August	A Financial Acquittal Report and statement of compliance in accordance with the section 166-605 of the Rules.  Refer to CHSP Grant Agreement Item E [Reporting]
Child Safety Compliance Statement	1 January to 31 December	31 March	Requirement in accordance with section 166-628 of the Rules.  Refer to CHSP Grant Agreement Item E [Reporting]

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

### 13.3 Data Exchange (DEX) and performance management

The Department of Social Services administers DEX on behalf of the department to provide a streamlined online grant reporting capability. DEX delivers two-way data sharing between the department and organisations including a wide range of reports to allow CHSP registered providers to provide activity and performance data.

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

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

Further information on DEX reporting, including the most recent factsheets, is available under [CHSP Reforms](#).

## 13.4 Financial reporting

It is a statutory funding condition that CHSP registered providers deliver funded aged care services to clients who have been assessed and approved to access the services (section 267 of the Act). This means that providers must spend the grant:

- only on carrying out the activity
- in accordance with the CHSP Grant Agreement
- on clients with an assessment approval and on services as defined under the service list.

Financial reporting is used to determine that:

- funding provided by the department has been spent by the provider in accordance with the CHSP Grant Agreement and Act
- expenditure only relates to CHSP service delivery in accordance with the Activity Work Plan and CHSP Grant Agreement.

**Note:** The following expenses **must not be included** in a provider's financial reports:

- Expenses related to other funded programs or expenses related to fees collected, donations, or other contributions.
- CHSP client contributions.
- Any funding expensed by the organisation, that is over and above the Grant Agreement value. CHSP registered providers **must not** include their own funds in the financial declaration.

### Annual financial declaration statement

Section 166-605 of the Rules prescribes that a CHSP registered provider must give the department an annual financial declaration statement each financial year by 31 August each year. CHSP registered providers must submit financial declarations on the form provided by the department.

**Note:**

- Providers who do not meet their financial reporting requirements by the due date will be subject to non-compliance actions.

CHSP registered providers should acquit the funds the department has provided the organisation through the CHSP Grant Agreement within a particular financial year.

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

The financial declaration must include a compliance statement that the funding received under the grant was expended only on clients with an assessment approval and services as defined under the service list.

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

### **Identified underspends through the acquittal process**

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

Providers must return unspent funds identified through the acquittal process for a financial year.

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

### **Client contributions**

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

#### **Note:**

- The client contribution is a mandatory field in the Data Exchange. For more information, see the [Data Exchange Protocols](#).
- Client contributions **must not** be included in financial acquittals.

## **13.5 Monthly performance reporting**

Section 166-610 of the Rules prescribes that a CHSP registered provider must provide a report about activity and performance data matters (the monthly performance report) each month.

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

Monthly performance reports are due on the 14<sup>th</sup> day of each month, or next business day. At a minimum, a report must be submitted monthly within the timeframes provided. A provider can choose to submit a report more frequently (e.g. fortnightly).

**Note:**

- Providers who do not meet their performance reporting requirements by the due date will be subject to non-compliance actions.
- Exemptions from compliance action will only be considered in extenuating circumstances.

CHSP registered providers are required to report service delivery at the session level. Service delivery information reported in DEX is used to inform performance management of providers against the performance indicators in their CHSP Grant Agreement. Reported information includes outputs, service types and the location of service delivery (based on the outlet location).

**Reporting time spent on service level assessment**

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

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

**13.6 SSD reporting**

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

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

**13.7 Wellness and reablement reporting**

Section 166-615 of the Rules prescribes that a CHSP registered provider must give the department a report about their progress in embedding wellness and reablement in its service delivery (the annual wellness and reablement report).

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

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

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

[CHSP Wellness and reablement reports](#) are published on the department's website.

## 13.8 Child Safety Compliance Statement

Section 166-628 of the Rules prescribes that a CHSP registered provider must give a report (the child safety compliance statement) to the department each year. CHSP registered providers must submit an annual statement regarding their organisation's compliance with state, territory and commonwealth laws relating to employing, engaging, or instances where there is incidental contact with children, in accordance with the CHSP grant agreement.

This is in accordance with the National Child Safety [Requirement 4](#).

CHSP registered providers must submit the report using the template provided by the department and by 31 March each year.

## 13.9 Other reporting obligations

In addition, CHSP registered providers may also be obliged to provide the following report to the department or the Aged Care Quality and Safety Commission:

### Complaints and feedback management report

CHSP providers in registration category 4 (personal and care support in the home or community) or 5 (nursing and transition care) must provide a report about the management of complaints and feedback to the Aged Care Quality and Safety Commission within 4 months after the reporting period (1 July to 30 June) (section 166-210 of the Rules).

### Complaints and feedback information on request

All CHSP registered providers must provide a report about the management of complaints and feedback **if requested** by the department or Aged Care Quality and Safety Commission.

The report must be provided within 14 days of the request, or longer period if specified in the request (section 166-220 of the Rules).

## 13.10 IT system requirements

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

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

## My Aged Care

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

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

## DEX reporting system

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

- If organisations do not use a client management system, DEX has a [web-based portal](#) they can access as a free system to support service delivery.
- Providers that already have their own client management system can choose to submit data to the Department of Social Services (DSS) through a system-to-system transfer or bulk upload.

To help CHSP registered providers use DEX, there is a range of training and support material available:

- The [CHSP Provider DEX Toolkit](#) and the [DEX Data Dictionary](#) have been published on [CHSP Reforms](#) to guide providers through the changes to DEX reporting for CHSP under the 2025-2027 Funding Agreement.
  - Updates to these tools will be published as new stages of implementation are approaching. to guide managers and frontline staff.
- The [DEX Protocols](#) provides DEX focussed information specific to CHSP.
  - The [CHSP DEX Protocols](#) outlines CHSP-specific provider obligations and reporting guidance.
  - The [CHSP Program Specific Guidance](#) provides information about applying common DEX requirements to CHSP reporting.
  - A set of task cards are also available as well as video training modules that provide a visual demonstration of the web-based portal.
- The [DEX website](#) provides access to a range of other DEX resources that may be useful for providers, including
  - A set of [task cards](#) for step-by-step instructions on using the DEX interface for reporting, including setting up organisations, people and outlets,
  - A [guide](#) for using the [Organisation Overview Report](#) (through the interactive tool Qlik) to view, confirm and analyse organisation data.

- The [DEX Technical Specifications](#) are available to support organisations that may want to use system-to-system transfers or bulk uploads, which provide the initial coding changes required to meet the DEX data formats.

If providers have questions about how to use DEX:

- For general CHSP grant and program enquiries on reporting, contact your Funding Arrangement Manager.
- For technical questions about using DEX reporting, contact the [DEX Helpdesk](#) or email [dssdataexchange.helpdesk@dss.gov.au](mailto:dssdataexchange.helpdesk@dss.gov.au).
- For developer and IT support for DEX application development, please email [dataexchange.developersupport@dss.gov.au](mailto:dataexchange.developersupport@dss.gov.au).

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

The [Government Provider Management System \(GPMS\)](#) is the portal where registered aged care providers will receive information about registration, business and government obligations and requirements under the Act.

CHSP registered providers will be required to maintain information relating to their organisation on this Portal. This includes worker screening information relating to responsible persons and aged care workers of the provider (in accordance with section 154-1140 of the rules).

Further information about the requirements under the Act and GPMS can be found in [The Act: A guide to digital changes for providers](#).

# CHSP Manual Appendices

<b>Appendix A</b>	Inclusions and exclusions for CHSP Service List
<b>Appendix B</b>	Embedding Wellness and Reablement in the CHSP
<b>Appendix C</b>	CHSP contacts, supports and resources for providers and clients
<b>Appendix D</b>	CHSP Worker Screening Guidelines
<b>Appendix E</b>	CHSP National Unit Price Ranges and National Guide to Client Contribution Framework
<b>Appendix F</b>	CHSP Compliance Framework 2025-27
<b>Appendix G</b>	CHSP Selections Framework
<b>Appendix H</b>	Guide for CHSP providers on program changes under the Aged Care Act 2024

# Glossary

Term	Definition
Aboriginal and Torres Strait Islander Health Worker	Aboriginal and Torres Strait Islander Health Workers have completed a Certificate II or higher in Aboriginal and or Torres Strait Islander Primary Health Care. For more information see <a href="#">About the Aboriginal and Torres Strait Islander health workforce</a> and <a href="#">What A&amp;TSI Health Workers and Health Practitioners Do</a> .
Advocacy	Advocacy is the process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
<a href="#">Aged Care Act 2024</a> (the Act)	The new Aged Care Act 2024 puts the rights of older people first. The Australian Parliament passed the <a href="#">Aged Care Act 2024</a> as the new law for government-funded aged care in Australia on 25 November 2024. The new Act commenced from 1 November 2025. More information is <a href="#">here</a> .
Aged care assessor	The aged care assessor is employed by an assessment organisation and is responsible for assessing and approving the home support needs of older people. Aged care assessors are appropriately skilled to undertake assessments and identify services appropriate to a diverse range of clients. Aged care assessors are generally classed as 'non-clinical' or 'clinical'. In most instances, a non-clinical assessor will be assigned to older people with entry-level needs and will typically recommend CHSP services for this cohort.
Aged care assessment organisation	Aged care assessment organisations have the capacity and capability to deliver aged care assessments for the Single Assessment System. More information can be found <a href="#">here</a> .
Aged Care Planning Region (ACPR)	CHSP providers are funded across 73 ACPRs across Australia.

Term	Definition
	The ACPRs are based on Statistical Area Level 2 (SA2) boundaries from the <i>Australian Bureau of Statistics Australian Statistical Geography Standard 2016</i> .
Aged Care Quality and Safety Commission (ACQSC)	The ACQSC is the national regulator of aged care services. It protects and enhances the safety, health, wellbeing and quality of life of people receiving aged care. The ACQSC also administers the Australian Government's Quality Review Program including conducting quality reviews of home care services.
Aged Care Rules 2025 (the Rules)	The Rules provide further detail and instruction on how the new Act works.
Aged Care Specialist Officers (ACSO)	Aged Care Specialist Officers provide face-to-face support so people can access information about aged care, health and social services in one location. ACSOs are available at selected Services Australia service centres. Information is available at <a href="#">Services Australia</a> .
Assistance with Care and Housing for the Aged (ACHA)	<p>The former ACHA Program supported people who:</p> <ul style="list-style-type: none"> <li>• were older or prematurely aged on a low income</li> <li>• who were homeless at the time,</li> <li>• or may have been at risk of becoming homeless as a result of experiencing housing stress, or not having secure accommodation.</li> </ul>
Assistive Technology-Home Modifications (AT-HM) scheme	<p>The AT-HM scheme gives Support at Home participants funding to access assistive technology and/or home modifications without needing to save up funds from their individual budgets. Funding tiers for this support apply.</p> <p>The AT-HM scheme can only be accessed by older people approved for the Support at Home program. See <a href="#">AT-HM scheme</a> for more information.</p>

Term	Definition
Australian National Aged Care Classification (AN-ACC) funding model	The Australian National Aged Care Classification (AN-ACC) funding model is designed to provide equitable funding to approved residential aged care services, by linking subsidy to characteristics of services and residents. AN-ACC replaced the former Aged Care Funding Instrument (ACFI). For more information see <a href="#">AN-ACC</a> .
Care and Services Plan	Care and Services Plans outline the client's needs, goals and preferences and how services will be delivered in line with their assessed needs (see Section 148 of the Act). It is a personalised document used to formalise a client's choice and control over their services. Care and Services Plans are developed in collaboration with the client and the provider. See the <a href="#">Care and Services Plan</a> checklist for more information.
Care finder program	The care finder program provides support for vulnerable older people to interact with My Aged Care, access aged care services and other relevant supports in the community. See <a href="#">care finders</a> for more information.
Care Leaver	<p>A Care Leaver is a person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century.</p> <p>Care Leavers include Forgotten Australians, former child migrants and people from the Stolen Generation.</p>
Carer	A carer is a person such as a family member, friend or neighbour, who provides regular care and assistance to another person without payment for their caring role. The definition of carer excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.

Term	Definition
Carer Gateway	The Carer Gateway provides carer specific supports and services nationally. The Carer Gateway supports and services can be accessed by calling 1800 422 737 or by visiting <a href="#">their website</a> .
Child Safety Annual Statement of Compliance	A statement confirming compliance with all relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered.
Client	A client is a person who is receiving care and services under the CHSP.
Client's home	The client's home is where the client is currently living. This may be the home of both the client and their carer, in cases where the client and carer share a residence.
CHSP Compliance Framework	The CHSP Compliance Framework outlines performance and regulatory requirements for all CHSP registered providers. See <b>Appendix F</b> .
CHSP provider/service provider/provider	Service provider refers to registered providers or organisations funded to deliver services under the CHSP.
Continence Aids Payment Scheme (CAPS)	CAPS provides a payment to help with some of the costs of continence products.
Culturally and Linguistically Diverse (CALD)	<p>Clients may be defined as CALD where they have cultural or linguistic affiliations due to their:</p> <ul style="list-style-type: none"> <li>• place of birth or ethnic origin</li> <li>• main language other than English spoken at home</li> <li>• proficiency in spoken English.</li> </ul>
Data Exchange (DEX)	DEX is the Department of Social Services' IT system that is used for program performance reporting, including the CHSP.

Term	Definition
Day Therapy Centres (DTC) Program	The Day Therapy Centres (DTC) Program is a discontinued program which provided a range of therapies and services including allied health support.
department (the)	Unless otherwise noted, the department refers to the Australian Government Department of Health, Disability and Ageing.
Disability Support for Older Australians (DSOA) Program	<p>DSOA is a closed program with no new client entrants. The DSOA Program provides support to older people with disability who:</p> <ul style="list-style-type: none"> <li>• received specialist disability services from states and territory governments.</li> <li>• were ineligible for the NDIS at the time of its rollout due to their age.</li> </ul>
Diversity Framework	The <a href="#">Aged Care Diversity Framework</a> sets out how our aged care system can meet the diverse needs of all older people. It includes action plans for government, aged care providers and clients. It also provides resources to help providers meet the goals of the framework.
Elder Care Support program	The <a href="#">Elder Care Support program</a> aims to build a workforce to help Aboriginal and Torres Strait Islander elders, their families and carers, to access aged care services to meet their physical and cultural needs.
End-of-Life Pathway	<p>A new End-of-Life Pathway for older people with a diagnosis of 3 months or less to live is available under Support at Home.</p> <p>The End-of-Life Pathway supports participants who have been diagnosed with 3 months or less to live and wish to remain at home by providing an increase in the level of services available.</p> <p>An older person can be referred to a high-priority assessment to access the End-of-Life Pathway.</p>

Term	Definition
	<p>They don't need to be an existing Support at Home participant to be eligible.</p> <p>Funding of up to \$25,000 will be available, with 16 weeks to use the funds.</p> <p>The pathway is intended to provide additional in-home aged care services that will complement services available under state and territory-based specialist palliative care schemes.</p>
Financially or socially disadvantaged	<p>Financially or socially disadvantaged individuals are those who, for whatever reason, are without on-going financial support because of incurred debt, unemployment, age or disability. These individuals may also be socially vulnerable because of perception or inaccessibility or have a tendency for self-isolation.</p>
Funding Arrangement Manager	<p>The Funding Arrangement Managers in the Community Grants Hub, Department of Social Services, manage the providers' CHSP grant agreements on behalf of the department and are located in each state and territory.</p>
Full cost recovery	<p>Full cost recovery means the CHSP registered provider charges the full cost of service delivery to the participant.</p>
Geat2GO	<p>Geat2GO is the national provider of Equipment and products and is managed by Indigo Australia. Geat2GO delivers to all areas across Australia and can be used by clients where there is no other local Equipment and products provider.</p> <p>The Geat2GO pilot aims to remove barriers to accessing equipment and products for CHSP clients, including those in rural and remote areas. The prices of items purchased through Geat2GO include service costs, which cover not only the product itself but also the additional expenses associated with delivering services as a national provider.</p>

Term	Definition
Grant agreement	<p>Grant agreements are performance based, legally enforceable agreements between two or more parties that set out the terms and conditions governing a business relationship.</p> <p>The CHSP Grant Agreement includes the Terms and Conditions of funding, Supplementary Conditions and the Grant Schedule.</p>
Hearing Services Program	<p>The <a href="#">Hearing Services Program</a> provides subsidised high-quality hearing services and devices to eligible Australians with hearing loss.</p>
Home and Community Care Program (HACC)	<p>The former Commonwealth funded HACC program provided home and community care services and was one of the programs that was consolidated into the CHSP from 2015.</p>
Home Care Packages (HCP)	<p>The former HCP Program provided support to older people with complex needs to help them stay at home. From 1 November 2025, the HCP Program became part of the Support at Home program.</p>
Homeless	<p>Homeless means people who are:</p> <ul style="list-style-type: none"> <li>• without any acceptable roof over their head e.g. living on the streets, under bridges, in deserted buildings etc. (absolute homelessness or sleeping rough)</li> <li>• moving between various forms of temporary or medium-term shelter such as hostels, refuges, boarding houses or friends</li> <li>• constrained to living permanently in single rooms in private boarding houses</li> <li>• housed without conditions of home e.g. security, safety, or adequate standards (includes squatting).</li> </ul>
LGBTIQA+	<p>LGBTIQA+ refers to people who are lesbian, gay, bisexual, transgender, intersex, queer or questioning or asexual.</p>

Term	Definition
Low income	<p>Low income is equivalent to:</p> <ul style="list-style-type: none"> <li>• income in the bottom two-fifths of the population</li> <li>• the maximum gross income or less needed to qualify for or retain a Low-Income Health Care Card, as issued by Services Australia</li> <li>• whichever amount is greater.</li> </ul>
My Aged Care	<p><a href="#">My Aged Care</a> is the single-entry point to access Australian Government-funded aged care services and information.</p> <p>The My Aged Care contact centre can be contacted on 1800 200 422 (between 8:00am and 8:00pm on weekdays and between 10:00am and 2:00pm on Saturdays).</p>
National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program	<p>The <a href="#">NATSIFAC program</a> provides flexible, culturally safe aged care services to older Aboriginal and Torres Strait Islander people. These services are offered close to home and community and are mainly located in rural and remote areas.</p>
National Aged Care Advocacy Program (NACAP)	<p>The NACAP provides free, confidential, and independent information and support to older people seeking or receiving government-funded aged care as well as their families of choice and other supporters.</p> <p>It is provided by the Older Persons Advocacy Network (OPAN).</p>
National Continence Program (NCP)	<p>The NCP aims to improve awareness, prevention and management of incontinence so that more Australians and their carers can live and participate in the community with confidence and dignity.</p>
National Disability Insurance Scheme (NDIS)	<p>The NDIS provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.</p>

Term	Definition
National Respite for Carers Program (NRCP)	The NRCP is a former Australian Government funded respite program that was consolidated into the CHSP from 1 July 2015. The NRCP contributed to the support and maintenance of caring relationships between carers and older people.
Not having secure accommodation	<p>Not having secure accommodation refers to:</p> <ul style="list-style-type: none"> <li>• accommodation where the person's tenure is precarious, or</li> <li>• there is a likelihood that they will have to move on because of an escalation in rental cost, exploitation or unsuitability of the accommodation for their needs.</li> </ul> <p>This may include boarding and lodging arrangements, public housing and staying with friends or relatives. It may also include accommodation owned by the client for which they are in immediate circumstances of losing ownership and accommodation rights.</p>
Older people	For the purposes of the CHSP, older people are people aged 65 years and over, and Aboriginal or Torres Strait Islander people aged 50 years and over seeking to access or are accessing Commonwealth funded aged care services.
Out-of-scope	Out-of-scope are services and items that must not be purchased or delivered using CHSP funding.
Planned respite	Planned respite includes a range of respite services delivered on a short-term or time-limited bases and planned in advance. Planned respite can be provided in a client's home or temporarily in another setting such as a day centre or in the community.
Planning Framework	The Planning Framework is an approach used to plan for funding and ongoing program management of aged care service delivery at a regional level. The CHSP uses Aged Care Planning Regions.

Term	Definition
Prematurely aged people	Prematurely aged people are those aged 50 years and over whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.
Primary Health Networks (PHNs)	PHNs are responsible for managing care finder services, using their expertise and understanding of local community needs. See <b>Appendix C</b> .
Principal Client	Principal Client means the sole client or the older client in a household.
Provision of Information	Section 155 of the Act details the requirement for the provision of information that providers are required to give to CHSP clients.
Reablement	<p>Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronic illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible.</p> <p>Reablement offers time-limited interventions and emphasises assisting people to maintain, regain, improve confidence and functional capacity and maximise independence and autonomy. It focuses on specific goals and seeks to enable people to live their lives to the fullest.</p> <p>See <b>Appendix B</b> for more information.</p>
Reassessment	A reassessment takes place where an existing client has received an assessment and care and services plan and there is a significant change in a client's needs or circumstances which affect the objectives or scope of the existing care and services plan or care needs or following a short-term episode of restorative care or reablement service delivery.

Term	Definition
	<p>Providers can request a reassessment through the Support Plan Review process. Aged care assessors are best placed to make the decision as to whether a client requires a reassessment following the review. This decision can be supported by the information provided by the client, the contact centre, providers and health professionals.</p>
Registered provider	<p>Registered providers are responsible for the registration requirements, provider obligations and regulatory requirements according to their relevant registration category and proportionate to the service types being offered. There are 6 registration categories for registered providers to deliver aged care programs. More information is available <a href="#">here</a>.</p>
Registered supporter	<p>Registered supporters help older people to make and communicate their own decisions about their aged care services and needs, including speaking to My Aged Care, aged care assessors, aged care providers, and the ACQSC. Registered supporters can also request, access and receive information about the older person they support. More information is available <a href="#">here</a>.</p>
Residential aged care	<p>Residential aged care is for older people who can no longer live in their own home. It includes accommodation and personal care 24 hours a day, as well as access to nursing and general health care services.</p> <p>Residential aged care homes are subsidised by the Australian Government to provide residential care to eligible people.</p>
Residential respite care	<p>Residential respite care gives an older person or their carer a break from their usual care arrangements. The government pays providers a <a href="#">respite subsidy and supplement</a> for providing respite care to eligible clients.</p>

Term	Definition
Responsible person	A responsible person is any person who is responsible for the executive decisions of the registered provider. Further details can be found in <b>Appendix D</b> CHSP worker screening guidelines.
Restorative care	Restorative care involves the delivery of evidence-based interventions led by an allied health worker or health professional that allows a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury.
Restorative Care Pathway	Eligible people will have access to the Restorative Care Pathway under Support at Home, which focuses on multidisciplinary allied health/nursing interventions to build participants' strengths and capabilities. Support will be available for up to 16 weeks. This is an increase from the 8 weeks available under the former STRC Programme.
Selections Framework	The CHSP Selections Framework outlines the selection process for provider relinquishments. See <b>Appendix G</b> for further information.
Serious incident	Serious incidents are defined as those which may have an adverse impact on the health, safety or wellbeing of a client, or seriously affect public confidence in the CHSP.
Service Agreements	Service Agreements are a written agreement between a client and a provider and outline rights and responsibilities and what services will be provided to the client and how much they contribute towards the cost of the service delivery (section 148 (60-70) of the Act).  See the <a href="#">Service Agreement template and user guide</a> .
Short-term Restorative Care (STRC)	The former STRC offered time-limited restorative care. From 1 November 2025, the Restorative Care Pathway in Support at Home replaced STRC.

Term	Definition
Statement of Rights	<p>The Statement of Rights under the Act 2024 replaces the previous Charter of Aged Care Rights. The Statement of Rights expands on the Charter of Rights to include the right to have quality and safe services delivered consistently with the requirements imposed by the <a href="#">Aged Care Act</a>.</p> <p>The Statement of Rights outlines the rights that older people have when accessing aged care services. For more information, see the <a href="#">ACQSC</a>.</p>
Strengthened Aged Care Quality Standards (Quality Standards)	<p>The strengthened Aged Care Quality Standards ensure the care and services a provider delivers are safe, quality and meet the needs and preferences of the people under their care. There are 7 Standards and CHSP providers registered in categories 4 and 5 must show they meet the relevant Quality Standards for the service types they are registered to deliver. For more information see the <a href="#">ACQSC's website</a>.</p>
Support at Home	<p><a href="#">Support at Home</a> brings together previous in-home aged care programs, ensuring a simpler and more equitable system for older people that helps them to stay at home for longer.</p> <p>Support at Home will ensure improved access to services, equipment and home modifications to help older people remain healthy, active and socially connected to their community.</p>
Support Plan Review	<p>A Support Plan Review of services may be done by the CHSP registered provider to check the effectiveness and on-going appropriateness of the services a client is receiving.</p> <p>A Support Plan Review of client needs is undertaken by an assessor where:</p> <ul style="list-style-type: none"> <li>• the assessor sets a review date in the support plan for a short-term service.</li> <li>• a provider identifies a change in the client's needs or circumstances that affects the existing care and services plan.</li> </ul>

Term	Definition
	<ul style="list-style-type: none"> <li>• a client identifies a change in their needs or circumstances or seeks assistance to access new services or change their provider.</li> </ul>
Transition Care Program	<p>The Transition Care Program provides short-term, goal oriented and therapy-focused care for older people after hospital stays either in a home, community or an approved residential care home. See <a href="#">Transition Care</a> for more information.</p>
Veterans' Home Care Program	<p>The Veterans Home Care Program provides low level home care services to eligible veterans and war widows and widowers.</p>
Volunteers	<p>A volunteer is defined, for the purposes of this program manual, as a person who:</p> <ul style="list-style-type: none"> <li>• is not a staff member</li> <li>• offers their services to the provider without financial gain</li> <li>• provides support or other services on the invitation of the provider and not solely on the express or implied invitation of a client</li> <li>• has, or is reasonably likely to have, unsupervised interaction with clients.</li> </ul>
Wellness	<p>Wellness and reablement are related concepts, often used together to describe an overall approach to service delivery. Wellness and reablement approaches are based on the idea that, even with frailty, chronic illness or disability, most people want and are able to improve their physical, social, and emotional wellbeing, to live autonomously and as independently as possible.</p> <p><b>Wellness</b> is a philosophy that informs how providers are expected to work with clients. It acknowledges and builds on their strengths, abilities and goals, and has a focus on providing services that support greater independence and quality of life.</p> <p>See <b>Appendix B</b> for more information.</p>

Term	Definition
Work Health and Safety	<p>Work Health and Safety (often referred to as occupational health and safety) involves the assessment and mitigation of risks that may impact the health, safety or welfare of those in the workplace. This may include clients, employees, visitors, contractors, volunteers and suppliers. CHSP registered providers must comply with a range of legal requirements to ensure the workplace meets the relevant obligations.</p>

