



Australian Government

Department of Health, Disability and Ageing

Compliance Monitoring and Support Framework

Disability Support for Older Australians (DSOA) Program



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Chapter 1 – Framework overview

The framework

The framework describes the:

- objectives and legislated requirements for compliance monitoring (Chapter 1)
- risk assessment methodology the department uses to determine audit and compliance priorities and approaches (Chapter 2)
- definition of an audit (Chapter 3)
- the types of audits conducted by the department on DSOA Service Coordinators (Chapter 4)
- the audit process (Chapter 5)
- compliance actions (Chapter 6)
- continuous improvement processes (Chapter 7)
- Contact information for the DSOA program (Chapter 8).

Objective and purpose

This document has been developed to support improved compliance monitoring of the Australian Government's [Disability Support for Older Australians \(DSOA\) Program](#).

The DSOA Program supports older people with disability who received specialist disability services through the former Continuity of Support (CoS) Programme but were not eligible for the [National Disability Insurance Scheme](#) (NDIS). The DSOA program replaced the Commonwealth Continuity of Support Programme on 1 July 2021.

The DSOA Program is managed by the [Department of Health, Disability and Ageing](#) (the department) and offers support to:

- older people with disability to remain as independent as possible through consistent, timely, high-quality services
- older people with disability to move into other programs – such as aged care

Disability Support for Older Australians Program – Compliance Monitoring Support Framework.

- when their needs change
- carers through respite services so they can have a break.

The Compliance Monitoring and Support Framework (the framework) aims to provide a practical, transparent and consistent approach to monitoring program compliance.

The objectives of the program's framework and compliance activities are to:

- ensure service delivery to clients aligns with agreed goals and available funding
- assist DSOA Service Coordinators to comply with the program requirements
- maintain program integrity
- ensure appropriate management of the program's government funding
- ensure DSOA Service Coordinators protect the personal information of DSOA clients from misuse, interference, loss, and from unauthorised access, modification or disclosure.
- safeguard Australian Government records including sensitive client personal and health information.

DSOA Service Coordinators are funded through a [grant agreement](#) to deliver services to clients that are high quality and comply with program requirements. The department monitors program compliance in several ways, including through:

- [Individual Support Package](#) (ISP) and [Client Annual Review](#) audits
- Quarterly Provider Verification Statement (QPVS) reviews
- Financial Acquittals submissions and reviews
- Performance Report submissions and reviews
- Financial and compliance auditing.

Legislative requirements

For the purposes of this document, the department refers to these legislative or legal requirements as the program requirements:

- the [DSOA Program Grant Opportunity Guidelines](#)
- the [Disability Support for Older Australians Program Grant Agreement](#) (incorporating Schedule 1 – [Standard Terms and Conditions](#) and the [Supplementary Terms and Conditions](#) documents)
- the [DSOA Program Manual](#)
- documents incorporated by reference in the above documents
- compliance with all relevant state and territory and Commonwealth legislation and regulations.

Legislative authority to monitor risks and compliance

Authority to monitor risk and compliance is established through several instruments including the:

- [Public Governance, Performance and Accountability \(PGPA\) Act 2013](#)
 - Section 16 (a) of the *PGPA Act 2013* requires the department to establish and maintain an appropriate system of risk oversight and management.
- [Disability Support for Older Australians Program – Grant agreement supplementary terms and conditions](#)
 - Clause CB4.1: The Grantee agrees to give the Commonwealth, or any persons authorised in writing by the Commonwealth:
 - (a) access to premises where the Activity is being performed and/or where Material relating to the Activity is kept within the time period specified in a Commonwealth notice; and
 - (b) permission to inspect and take copies of any Material relevant to the Activity.
- [Disability Support for Older Australians Program – Grant agreement standard terms and conditions](#)
 - Clause 12.1: The Grantee agrees to keep financial accounts and other records that:
 - (a) detail and document the conduct and management of the Activity

(b) identify the receipt and expenditure of the Grant [and any Other Contributions] separately within the Grantee's accounts and records so that at all times the Grant is identifiable

(c) enable all receipts and payments related to the Activity to be identified and reported.

- Clause 12.2: The Grantee agrees to keep the records for five years after the Activity Completion Date or such other time specified in the Grant Details and provide copies of the records to the Commonwealth upon request.
- Clause 13.3: If the Commonwealth acting reasonably has concerns regarding the performance of the Activity or the management of the Grant, the Commonwealth may by written notice require the Grantee to provide one or more additional reports, containing the information and by the date(s), specified in the notice.
- Clause 13.4: The Grantee acknowledges that the giving of false or misleading information to the Commonwealth is a serious offence under the *Criminal Code Act 1995* (Cth).

DSOA Program Manual References

The following sections of the [DSOA Program manual](#) further detail requirements under the DSOA program:

- Section 1.5: DSOA Service Coordinators are responsible for responding to the client's disability support needs. This includes:
 - (a) the development and review of the client's [Individual Support Package](#) (ISP) annually,
 - (b) completing a [client annual review](#) yearly,
 - (c) delivering services directly and/or through subcontracting arrangements,
 - (d) making sure special needs groups have equitable access to

services.

- DSOA Service Coordinators are responsible for all quality and safety aspects of service regardless of how it is delivered, or who delivers it. This includes:
 - (a) application of high-level duty of care
 - (b) management of, and timely response to, emergency situations
 - (c) registration with the [NDIS Commission](#) and compliance with their [standards](#)
 - (d) developing and continuously improving service delivery.
- DSOA Service Coordinators are responsible for the administration that supports service delivery. This includes:
 - (a) engaging an appropriately qualified and trained workforce
 - (b) workforce performance, training, safety, assessment, and screening
 - (c) collaborating with staff and sharing best practice
 - (d) maintaining appropriate evidence that supports all service delivery to DSOA clients and the expenditure of your grant.
- DSOA Service Coordinators are responsible for complying with all requirements in the DSOA Grant Agreement and associated documents. This includes:
 - (a) the [DSOA Program Grant Opportunity Guidelines](#)
 - (b) the [Disability Support for Older Australians Program Grant Agreement](#) (incorporating Schedule 1 – [Standard Terms and Conditions](#) and the [Supplementary Terms and Conditions](#) documents)
 - (c) the [DSOA Program Manual](#)
 - (e) documents incorporated by reference into the above documents
 - (f) compliance with all relevant state and territory and Commonwealth

legislation and regulations.

(d) Compliance with the [Quality Standards](#) of the [NDIS Commission \(Code of Conduct\)](#) and [Rules](#)

- DSOA Service Coordinators must respond to and action all compliance related requests from the department within 14 days of being notified.
- DSOA Service Coordinators must keep all records for five years after the Activity Completion Date and provide these records to the department if requested.
- Any organisation that is found to breach DSOA requirements will be subject to further compliance actions.
- If DSOA Service Coordinators deliver services to client's that are out of scope of the DSOA program, the DSOA Service Coordinator may be required to repay these funds back to the department.
- The Department can at any time undertake an audit on a DSOA Service Coordinator. Your organisation will be notified of these audits occurring and you will be required to submit documentation for further analysis as part of this audit process.

Chapter 2 – Risk-based approach to compliance monitoring and actions

To help ensure the department meets its obligations in administering the DSOA Program, we undertake a range of risk-based auditing and profiling activities on DSOA Service Coordinators.

Risk assessment and scheduling of program audits

The department determines the focus of the compliance monitoring activities, including risk identification, to assess and manage which DSOA Service Coordinators are selected for audit by:

- assessing the data and information against the program risks
- assessing the likelihood and consequences of identified risks to determine their severity
- identifying patterns of high-risk behaviour.

The department schedules DSOA Service Coordinator audits based on analysis of risk assessment criteria and available data. Audits are categorised by type, scope and method.

Under this risk-based approach, most audits are triggered by risk profiling and assessment and focus on DSOA Service Coordinators assessed as higher risk. However, to support quality assurance and the integrity of the audit process, the department may also select DSOA Service Coordinators at random for audit when resources allow.

The scope of an individual audit will vary depending on the type of audit being conducted. If the department identifies more serious non-compliance the scope of the audit may be expanded to include more than one of the below audit types or be expanded to review compliance over a longer period of time.

DSOA Program risk assessment

Non-compliance with DSOA Program requirements can affect program objectives, including client outcomes and program integrity.

As the program's resources are limited and most DSOA Service Coordinators are willing to comply with program requirements, the department uses a risk-based approach to monitor compliance. This approach helps the department to:

- identify the main risks to clients and the program
- identify the type and frequency of compliance monitoring that is appropriate for each case, taking into account available resources and an acceptable level of residual risk
- develop and implement action plans to address the highest risks.

Program risk management focuses on 4 key areas:

- **client safety** – risks to client health and wellbeing
- **service delivery** – services not delivered in line with program requirements
- **program integrity** – risks to the integrity and quality of the program
- **financial risk** – risks associated with mismanagement of grant funding.

The department determines the focus of the compliance monitoring activities, including which DSOA Service Coordinators are selected for audit by:

- assessing the data and information against the program risks
- Identifying patterns of high-risk behaviour.

Chapter 3 – Definition of an audit

*An audit is a systematic and documented process for obtaining **audit evidence** and evaluating it objectively to determine the extent to which the **audit criteria** are fulfilled.*

An audit assesses compliance with all, or selected, components of the program requirements. While outcomes may vary for each DSOA Service Coordinator, the audit process is not intended to be punitive.

Audits help identify opportunities to improve an organisation's processes so corrective action can be taken and issues do not recur. By working with the department, most DSOA Service Coordinators can address non-compliance identified through an audit and support ongoing compliance.

Audits allow the department to confirm that a DSOA Service Coordinator has appropriate systems, processes and governance arrangements in place, and is meeting program requirements.

In most cases, DSOA Service Coordinators are given the opportunity to respond to issues identified during an audit and outline a plan to address any non-compliance. This may include reviewing internal processes and systems to support future compliance.

More serious compliance actions will be taken without further notice if there are:

- risks to client safety or program integrity
- evidence of fraud
- evidence of legal or ethical misconduct.

DSOA Service Coordinators should use the outcomes of all compliance checks and audits to review and update their policies, procedures and systems to meet program requirements.

Chapter 4 – Types of audits

General financial and compliance audits

Most audits are general financial and program compliance audits. The department assesses a DSOA Service Coordinator's compliance with all DSOA program requirements, including service management documentation and procedures, audits of client records or files, and reviews of the service coordinator's financial records. These records are reviewed to verify and substantiate expenditure of the DSOA Service Coordinator's grant.

Follow-up audits

Following a previous audit, the department may require DSOA Service Coordinators to participate in a follow-up audit. This typically occurs around 12 months after the initial audit closure and may be general or targeted, depending on the previous issues identified.

Follow-up audits help the department confirm that any previously identified non-compliance has been addressed by the DSOA Service Coordinator.

On-site Audits

The department may conduct an on-site audit in limited circumstances where it considers this necessary. For example, an on-site audit may be undertaken where there are indicators of risk to client safety, or where an off-site audit identifies issues requiring further investigation (such as suspected fraudulent activity). On-site audits involve departmental staff visiting the relevant site(s) to conduct the audit on the premises. Depending on the scope of the audit, this may include reviewing some or all client files. The department expects DSOA Service Coordinators to ensure relevant staff are present to provide requested information during an on-site audit.

Individual Support Package (ISP) audits

DSOA clients receive funded services through an [Individual Support Packages](#) (ISP), which details the client's agreed disability care and services the client should receive.

The ISP provides transparency for clients about their DSOA funding package and allows the client to make informed decisions in managing their package. It provides the client with:

- choice of their services and care
- control over the way their DSOA Service Coordinator or a subcontractor delivers those services
- an outline of their DSOA Service Coordinator's responsibilities.

As part of ongoing compliance activities, the DSOA compliance team reviews ISPs to ensure that:

- they are current and complete
- services and supports being provided to a client are in scope under the DSOA program and align with the client's current DSOA funding package.

The ISP must be reviewed and updated by the DSOA Service Coordinator alongside the client or the client's guardian at least every 12 months. However, additional reviews or updates must occur sooner if the client has had a change in the way their support is delivered, or a change in their DSOA funding level.

The DSOA Service Coordinator is required to ensure an ISP has been completed with the client or the client's appointed guardian before service delivery starts for that period, including where a client has transferred to the organisation.

The client and/or their guardian must sign the reviewed and updated ISP each year to agree with its contents. The completed ISP must then be submitted to dsoacompliance@health.gov.au within 10 days of it being updated and signed.

Quarterly Provider Verification Statement

DSOA Service Coordinators must submit a quarterly provider verification statement (QPVS) to the department each quarter. The statement must confirm each DSOA client's current living circumstances and any changes during the previous quarter, including any significant under-deliveries of services (as required under Section E.4 of the [Disability Support for Older Australians Program Grant Agreement](#)).

The QPVS provides DSOA Service Coordinators with a timely, structured opportunity to:

- review the program requirements
- critically examine internal systems and processes
- take action to address any areas of non-compliance.

The DSOA quarterly provider verification statement is due by **the last day of each quarter (31 January, 30 April, 31 July and 31 October)**.

The department must assess the information provided in the verification statement, and mark this off as completed, prior to the next quarterly milestone payment being released to the DSOA Service Coordinator.

If a DSOA Service Coordinator does not submit this verification statement by the milestone due date, they will be in breach of the DSOA grant agreement and compliance action will be commenced.

Upon receipt and analysis of each service coordinators verification statement the department's compliance team will contact the DSOA Service Coordinator if any further information is required. The primary contact will have 14 days to respond to the compliance request.

Financial acquittals

DSOA Service Coordinators must submit a financial acquittal report by 31 August each year to demonstrate compliance with the requirements of the [Disability Support for Older Australians Program Grant Agreement](#).

DSOA Service Coordinators should review their grant agreement to confirm the relevant reporting period and specific reporting requirements.

Financial acquittal reports must be provided in the format and within the timeframes set out in the DSOA grant agreement, or as otherwise advised in writing.

Financial acquittal reports must capture the following:

- any additional funding received as a result of a Change of Needs application
- any client exits from the DSOA Program and any exits resulting in funding adjustments made
- any funds recovered by the department during the reportable financial period
- any unspent funds.

Unspent funds

Unspent funds are the total amount of DSOA funding the department has paid to a DSOA Service Coordinator in a financial year that has not been spent during the relevant reporting period. This includes any additional funding approved through a [Change of Needs Application](#) or a variation following an independent assessment that remains unspent.

DSOA Service Coordinators are responsible for ensuring that all funding received for each client is used only for in-scope DSOA services, consistent with the funded service type categories. DSOA Service Coordinators must monitor and record any underspent funds held for each client during every reportable period.

DSOA Service Coordinators cannot carry forward (or 'bank') unspent funds from a previous reportable period. Unspent funds must always be returned to the department. This will occur through:

- a deduction from a future DSOA milestone payment, or
- if agreed by the department, repayment via debtor tax invoice (DTI).

Each client's DSOA funding is set out in the DSOA Service Coordinator's Client Funding Breakdown (CFB) against individual service types. Expenditure against each service type must align with the relevant support definitions in the DSOA Program manual, including Appendix A (Service and pricing schedule).

A client's DSOA funding is individualised. This means an underspend from one client cannot be used to offset an overspend for another client. All underspends must be reported in the DSOA Service Coordinator's annual financial acquittal and performance report.

As per clause 13.4 of the [Disability Support for Older Australians Program, Grant Agreement Standard Terms and Conditions](#), the Grantee acknowledges that giving false or misleading information to the Commonwealth is a serious offence under the *Criminal Code Act 1995* (Cth).

It is the DSOA Service Coordinator's responsibility to ensure that all information included in financial declarations is true and correct. DSOA Service Coordinators must hold appropriate evidence to support grant expenditure before signing and submitting declarations for assessment, including evidence to support the declared expenditure of the DSOA Service Coordinator's management fee for the reporting period.

Performance reports

DSOA Service Coordinators must submit an annual performance report using the department's template by 31 August each year, in accordance with the [Disability Support for Older Australians Program Grant Agreement](#).

The report must include details of any Change of Needs funding provided, as well as any variations to outputs funded through any approved temporary or permanent client amendment requests.

Each client's DSOA funding is set out in the DSOA Service Coordinator's CFB against individual service types. Expenditure against each service type must align with the relevant support definitions in the DSOA Program manual, including Appendix A (Service and pricing schedule).

As per clause 13.4 of the [Disability Support for Older Australians Program, Grant Agreement Standard Terms and Conditions](#), the Grantee acknowledges that giving false or misleading information to the Commonwealth is a serious offence under the Criminal Code Act 1995 (Cth).

It is the DSOA Service Coordinator's responsibility to ensure that all information included in each performance report is true and correct. DSOA Service Coordinators must hold appropriate evidence to support grant expenditure before submitting the performance report for assessment.

Chapter 5 – The audit process

Audit method

Usually, audits under the DSOA Program are conducted off-site and completed through a desk-based review of selected files and documents provided to the department by the DSOA Service Coordinator. Each audit reviews all active DSOA clients recorded for the DSOA Service Coordinator during the audit period, as well as key administrative requirements, including registration, workforce screening, qualifications, NDIS compliance, and evidence of appropriate screening for working with vulnerable people.

Auditors

Departmental officers conduct audits of DSOA Service Coordinators. In some circumstances, external auditors may be required under Clause E.3 of the [Disability Support for Older Australians Program Grant Agreement](#). If requested by the department, an organisation must agree to have its annual financial declaration audited by a person who:

- is not a principal, member, shareholder, officer, agent, subcontractor, employee or related entity of the organisation, or of a related body corporate (the terms 'related entity' and 'related body corporate' have the same meaning as in section 9 of the Corporations Act 2001 (Cth))
- is not the accountant who prepared the financial declaration.

Before starting an audit, departmental officers must identify and declare any conflicts of interest and comply with the department's conflict of interest policy. Any material conflict of interest must be declared using a Declaration of Interests form. The compliance officer and their supervisor must document the conflict and the actions taken to manage it. Departmental staff must not conduct an audit where a material conflict of interest exists.

Financial and compliance audit process

Step 1 – Audit preparation

The department will notify the DSOA Service Coordinator's primary contact person by email when an audit has been scheduled. The amount of notice provided will depend on the scope of the audit and the reasons the department has selected the DSOA Service Coordinator for audit. In most cases, DSOA Service Coordinators will receive 14 days' notice. The department may conduct short-notice, on-site audits where identified program risks indicate this is appropriate. In these cases, the minimum notice period is 24 hours.

When the department notifies a DSOA Service Coordinator that an audit will occur, the department will provide information about the audit type, scope and method. The notification letter will also list the documents the DSOA Service Coordinator must submit and the due date for submission. Documents must be uploaded to a secure folder on the department's server. The audit notification letter will include instructions on how to access the server and upload files.

DSOA service coordinators may request a phone call with the departmental officer to ask questions and discuss the audit scope and process. DSOA service coordinators can contact the compliance officer at DSOAcpliance@health.gov.au.

Participating in an audit of the DSOA Service Coordinator is a legal requirement of the grant agreement. Clause 13.4 of the [Disability Support for Older Australians Program, Grant Agreement Standard Terms and Conditions](#) sets out that the Grantee acknowledges that providing false or misleading information to the Commonwealth is a serious offence under the *Criminal Code Act 1995* (Cth).

Step 2: – Conduct audit

Once the department has received the requested files and documentation, a compliance officer will confirm that the documents are complete and legible, prior to starting the audit.

During the audit, the compliance officer will:

- review the client files provided to assess compliance with program requirements
- contact the DSOA Service Coordinator to request additional information or clarification, if needed
- request additional client files or other documents, where required
- provide the DSOA Service Coordinator with a summary of audit findings for review, the primary contact will have 14 days to respond to the summary of findings.

Step 3 – Audit reporting

After each audit is completed, the DSOA Service Coordinator will receive an audit report from the department. Compliance officers aim to provide the report within 20 working days of completing the final audit examination. This timeframe is dependent on the DSOA Service Coordinator providing all requested documentation on time.

The audit report will confirm whether program requirements have been met and identify any areas that need to be addressed.

Step 4 – Program requirements met or not met

If the audit shows that a DSOA Service Coordinator is meeting program requirements, the compliance officer will confirm this in the audit report. The compliance officer will email the audit report to the DSOA Service Coordinator and advise that no further action is required.

If the audit indicates that a DSOA Service Coordinator has not met DSOA program requirements, the audit report will set out the audit findings and identify areas of non-compliance. The report will also advise the DSOA Service Coordinator of the actions required to support future compliance.

After the department issues the audit report, the DSOA Service Coordinator has 10 business days to respond. The DSOA Service Coordinator's response must explain how the issues identified have been addressed, or how they will be addressed, including the relevant timeframes.

Step 5 – Audit closure

Once the department is satisfied with the DSOA Service Coordinator's response and any actions taken, the compliance officer will close the audit. The DSOA Service Coordinator will then receive an audit closure letter by email.

If any non-compliance is not fully addressed, the compliance officer will document the outstanding issues and continue to monitor the service coordinator's compliance actions after the audit is closed.

If the department identifies any risk to client safety or program integrity, or identifies any evidence of fraud, we are obligated to refer these matters to the relevant bodies for further investigation, without further notice to the DSOA Service Coordinator.

ISP review audit process

Step 1:

A department compliance officer will review each client's most recent [Individual Support Package](#) document held on file.

If any documentation is missing or is out of date, the compliance officer will email the DSOA Service Coordinator's primary contact to request current and complete documentation be submitted for review.

Step 2:

The DSOA Service Coordinator's primary contact will receive an email from dsoacompliance@health.gov.au outlining the department's findings and any actions required by the service coordinator to address identified compliance concerns or issues.

The DSOA Service Coordinator will be asked to update the ISP to address any compliance issues noted, and submit this to the department for review, prior to obtaining the client or the client's guardian signature. As per Section 1.5 of the DSOA Program manual, the primary contact will have 14 days to respond to the compliance request.

Step 3:

If no response is received by the department, the DSOA Service Coordinator's primary contact will be issued with a non-responsive notification via email and the DSOA Service Coordinator will be considered in breach of their DSOA grant agreement. If a response is not provided by the date specified in the non-response email, the DSOA Service Coordinator will be issued with a Notice of Breach under their DSOA Grant Agreement.

Step 4:

Once the department confirms that the ISP documentation is satisfactory, the DSOA Service Coordinator must obtain the client's and/or their guardian's agreement to any ISP updates by way of signature. The primary contact will have 14 days to respond to the compliance request.

Step 5:

The department will send a compliance review completion email to the primary contact once the ISP audit has been closed.

Chapter 6 – Compliance actions

Compliance with program requirements is essential to protect client safety, maintain the integrity of the DSOA program, and ensure government funding is used appropriately.

Non-compliance may be identified through audits and other monitoring activities, including reviews of [Individual Support Package](#) (ISP), [client annual review](#), performance reports, financial acquittals, complaints, and data analysis. The compliance response then ensures DSOA Service Coordinators take appropriate action to address issues and reduce risk to the program.

Compliance actions are measures used to ensure DSOA Service Coordinators address identified non-compliance with program requirements. Depending on issues identified through compliance monitoring, DSOA Service Coordinators may be subject to multiple compliance actions at the same time.

Types of compliance action

The types of compliance actions required of DSOA Service Coordinators depend on:

- the nature of the non-compliance
- the severity and frequency of the non-compliance
- the DSOA Service Coordinator's willingness and capacity to comply and address the issues.

Where a DSOA Service Coordinator is willing to comply and requires minimal support, a lower level of compliance monitoring and compliance action is required. Higher levels of monitoring and action may be required where the DSOA Service Coordinator:

- is unwilling to comply
- requires significant support to comply.

Program response to non-compliance

After the department identifies non-compliance, the first step is to provide the DSOA Service Coordinator with an opportunity to respond and outline how they will address the issue. The department will contact the DSOA Service Coordinator by email to document the issues identified and present the options available. This approach can achieve positive outcomes, and no further compliance action may be required where the DSOA Service Coordinator demonstrates:

- an understanding of the issues identified
- a willingness to take action to address the issues.

Common compliance actions the department may require include asking the DSOA Service Coordinator to:

- participate in a compliance action plan
- review and update relevant policies, procedures and templates
- resubmit performance reports and/or financial acquittals.

Compliance action plans

Where the department identifies more serious non-compliance that cannot be readily rectified or requires follow-up, the department will implement a compliance action plan. The plan provides the DSOA Service Coordinator with time to address the issues identified.

A compliance action plan may include more than one compliance action. The plan will:

- outline the compliance actions the DSOA Service Coordinator must undertake to address the identified non-compliance
- set any conditions and timeframes for completing those actions.

Compliance action plans will generally require the DSOA Service Coordinator to outline:

- the steps the DSOA Service Coordinator will take to ensure staff are aware of the non-compliance
- the strategies the DSOA Service Coordinator will implement to prevent non-compliance recurring.

Serious compliance action

The department aims to work with DSOA Service Coordinators to minimise the need for serious compliance action. However, in some circumstances a DSOA Service Coordinator may be unable to meet compliance objectives despite being willing and open to support and education.

In these circumstances, the DSOA Service Coordinator may no longer be suitable to provide DSOA Program services to clients. This may occur where a DSOA Service Coordinator:

- has a history or evidence of systemic non-compliance
- engages in fraudulent conduct
- does not ensure services are delivered by qualified and adequately trained staff
- does not respond, or does not respond appropriately, to support offered by the department to help the DSOA Service Coordinator return to compliance
- is unable to address the non-compliance.

In these circumstances, the department may take additional compliance action against a DSOA Service Coordinator, including

- Terminating the DSOA Service Coordinator's [grant agreement](#) where the DSOA Service Coordinator fails to satisfy the department that they are meeting their obligations under the grant agreement.
 - This will mean the DSOA Service Coordinator can no longer deliver DSOA Program services to clients, and clients will need to transfer to another DSOA Service Coordinator in the area
- Referring the matter to relevant authorities for potential legal action where there are serious breaches of a criminal nature, including fraudulent activity.

Chapter 7 – Monitoring, reviewing and improving this framework

The department continuously reviews this framework and makes improvements to strengthen its effectiveness.

DSOA Service Coordinator feedback

The department welcomes feedback on its compliance, monitoring and management approach. This information is used to refine the framework and improve departmental practice.

DSOA Service Coordinators are encouraged to provide feedback on the program's compliance approach. Feedback can be provided directly to the compliance officer. If a DSOA Service Coordinator prefers to remain anonymous, an online survey link will be provided to the DSOA Service Coordinator after a financial and compliance audit has been finalised and closed.

Chapter 8 - Contact information for the DSOA Program

- For general DSOA program management enquiries, DSOA Service Coordinators can contact the DSOA program at commonwealthdsoa@health.gov.au
- For enquiries about a compliance audit, the quarterly provider verification statement, a clients ISP, or a client annual review, DSOA Service Coordinators can contact the DSOA compliance team at dsoacompliance@health.gov.au
- For enquiries about a Change of Needs application, DSOA Service Coordinators can contact the change of needs team at dsoachangeofneed@health.gov.au
- The [Department of Social Services, Community Grants Hub](#) manages the funding arrangement with each DSOA Service Coordinator and can assist with enquiries about funding agreements.

Each DSOA Service Coordinator is assigned a Funding Arrangement Manager (FAM).

FAMs can be contacted by emailing:

- ACT/NSW: nswact.DSOA@dss.gov.au
- NT: nt.DSOA@dss.gov.au
- QLD: gld.DSOA@dss.gov.au
- SA: sa.DSOA@dss.gov.au
- TAS: tas.DSOA@dss.gov.au
- VIC: vic.DSOA@dss.gov.au
- WA: wa.DSOA@dss.gov.au

The DSOA program regularly releases a community newsletter with program updates. We recommend that all DSOA Service Coordinators subscribe via the link: [Disability Support for Older Australians](#)

Health.gov.au

All information in this publication is correct as at April 2026

