Q&As for Home Care Packages (HCP) Program Assurance Reviews – Webinar session 25 August 2021

Q: Legislation has not yet changed? If it has, no one has notified us.

A: The *Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021* came into effect on 1 July 2021. See *Part 6.8 of the Aged Care Act 1997*.

This was publicly presented and scrutinised through the Parliamentary and Senate Committee processes – for further details please go to: Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Bill 2021 – Parliament of Australia (aph.gov.au).

For further information see: Program assurance of the Home Care Packages Program | Australian Government Department of Health

---

Q: How much notice will a provider receive when they are selected for a review? Will providers be able to negotiate times due to accommodating leave of key personnel?

A: Providers will be notified in writing that they have been selected for an assurance review, including the scope of the review and what information needs to be provided to the review team. Providers will be requested to provide their documentation within 14 days of notice, and Assurance Officers will work with providers to negotiate additional timeframes where justified.

Q: Just wanted to confirm the last comment *"it will take 3 months to do"*?

A: We expect that each review will take around three months to complete. This includes the scoping of the review, request for documentation, analysis of information, and preparing the review report. For providers, the impact is likely to be initially in providing the information requested by the Department, and then in relation to any follow up inquiries. As such, the three month impact will not be on providers, but is rather the timeframe required for the Department to conclude each review.

Q: What mechanisms are being considered for dispute resolution? This has sometimes been an issue for AQSC quality reviews.

A: As the HCP assurance reviews are not a reviewable decision under the *Aged Care Act 1997*, there is no mechanism to apply to the Administrative Appeals Tribunal (AAT).

However, the Department is keen to establish a fair dispute resolution process where providers that wish to contest any relevant aspects of the process/findings can. Providers participating in an assurance review will have a 'right of reply' prior to reports being published/finalised. In addition, a dispute resolution process that is independent of the review team will be articulated in the publicly released Framework document.

Q: What are some examples of such evidence needed?

A: The Department will collect information relating to the delivery and administration of home care; in particular, to assure approved providers are providing value for money against Government funding and not misusing funds and/or deliberately defrauding the Commonwealth. As such, the onus will be on providers to provide evidence of what they are charging and why. The Department will most likely also seek some standard responses from all providers.

A sample of documentation that may be requested by the Department as part of an assurance review may include, but is not limited to, monthly client invoices, financial reports, care agreements and business process documents.

Q: Is there a provider checklist available in regards to the types of documents that may be requested, and is there additional information to help us prepare for the Reviews commencing in October?

The Department is cognisant to avoid overburdening providers.

The Home Care Packages (HCP) Program Assurance Reviews framework is currently being developed. The framework will articulate key risks, as well as the purpose and methodology for reviews.

As the scope of a review can change from review to review, based on risks, providers therefore will be notified in writing that they have been selected for an assurance review, including the scope of the review, and what information needs to be provided to the review team. This information would include information required by the Department (eg a table/template response to be completed and any other documentation relevant to all providers included in a particular review) and any evidence/documentation the providers wish to provide to support the Department to assure officers that the charges are justified.

Q: How often will each provider be reviewed?

A: The Department aims to complete up to 500 assurance reviews every 12 months. While the aim is to not review a provider more than once in a 12 month period, where review findings or risks before the Department require a provider to be picked up again within a 12 month period, then this may occur.

An annual risk-based review plan will underpin 12 month review activity, although review priorities will also be informed as needed by any emerging risks during that 12 month period.

Providers can be confident that the Department will run reviews in a naturally just manner. The Department aims to run reviews that are transparent, with clear scope and

methodology up front, and findings will be evidence-based and allow providers a right of response before being published (where responses are provided within required timeframes).

Q: Do you have a definition of *"Value for money"*?

A: As evident from the *Part 6.8 of the amended Aged Care Act 1997,* for the purposes of an assurance review, value for money is defined as measuring justified costs, efficiency, and effectiveness in accordance with the recipients' Home Care Agreement.

Q: When will reviews be starting? Q: When can we expect the assurance reviews to commence?

A: Assurance reviews will commence in October 2021.