



Questions & Answers – Commonwealth Home Support Programme (CHSP) 2022-23 extension webinar – 17 November 2021

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Introduction

The Department of Health (Health) hosted a CHSP 2022-23 extension webinar on 17 November 2021 to update the sector on payment in arrears, the extension process and unit pricing. The webinar was attended by 1,991 people and 398 questions were submitted. Health would like to thank all attendees for their engagement.

Of the 398 questions, 95 were about technical issues, 76 were on the future support at Home Program and 227 were on the 2022-23 CHSP extension. Questions on the future Support at Home Program will be answered in future communications.

Health has reviewed all 227 questions on the 2022-23 CHSP extension. Duplications were removed and remaining questions have been grouped into themes. The resources table at pages 2-3 includes links to more information and should be read alongside some answers.

If you have extra questions you would like answered or believe your question was not included, please email us at homesupportpolicy@health.gov.au.

Document history

Version	Date	Q&As added	Q&As edited
1.1	December 2021	All	N/A

Acronyms and abbreviations

Acronym / abbreviation	Definition
ACH	Assistance with Care and Housing
ACPR	Aged Care Planning Region
CALD	Culturally and Linguistically Diverse
CGH	Community Grants Hub



CHSP	Commonwealth Home Support Programme
DEX	Data Exchange
FY	Financial Year
HACC	Home and Community Care program
Health	The Department of Health
HCP	Home Care Packages
IT	Information Technology
MMM	Modified Monash Model
NDIS	National Disability Insurance Scheme
SSD	Sector Support and Development
SSS	Specialised Support Services

Resources to reference with Question and Answers

Resource	Description
Commonwealth Home Support Programme 2022-23 extension webinar	The webinar provides CHSP providers with information about the one-year extension from 1 July 2022 to 30 June 2023 and the move to payment in arrears.
CHSP 2020-22 Manual	The CHSP 2020–2022 manual provides an overview of the CHSP, including the service types it funds and requirements for delivering those services. It is for CHSP-funded service providers to use, and forms part of their CHSP grant agreement.
National Guide to the CHSP Client Contribution Framework	We developed this guide to help CHSP service providers establish client contribution agreements that align to the CHSP client contribution framework. Clients can also use the guide to understand the CHSP client contribution arrangements.
CHSP - Negotiations, transition support and MMM loading	This fact sheet provided CHSP providers with details on negotiations, transition support and MMM loadings for the 2022–23 CHSP extension.
CHSP - Payment in Arrears and Unit Pricing - October update	This fact sheet has been developed to provide CHSP providers with details on CHSP reforms and the administrative requirements for the 2022-23 CHSP Extension.
MMM - fact sheet	Information about the MMM geographical classification.



Resource	Description
COVID-19 - changes to CHSP flexibility provisions	Information about the temporary changes to the CHSP flexibility provisions during the COVID-19 pandemic.
Charging for the CHSP	CHSP service providers collect client contributions from people receiving their care. Find out about these contributions and how to collect and report them.
COVID-19 vaccine program for aged care	Information for aged care providers, workers and residents about COVID-19 vaccines

Question and Answers

Payments

1. If our organisation underdelivers outputs in a particular month, will we still receive the standard monthly payment?

Yes. All CHSP providers, excluding providers who only deliver SSD, will be paid a standard monthly payment. The standard monthly payment is the total value of the grant agreement divided by twelve.

Standard monthly payments will be made automatically. They will be released as long as the provider is up to date with their monthly performance reporting through DEX.

Health understands that under delivery in a particular month does not mean a provider is under delivering as a whole. If a trend of under delivery presents over a length of time, the CGH will work with the provider to review and understand these matters.

2. Will we be paid for actual outputs delivered for the month?

No. Please see the Question and Answer above for more detail.

3. For providers who have delivered more than their contractual outputs, will there be any extra funding available?

If a CHSP provider exceeds their contractual outputs they will not receive extra funding.

Under the 2022-23 CHSP extension, all providers will retain grant agreements with a fixed funding amount based on price and outputs, similar to existing arrangements.

4. Will any services remain grant funded with quarterly payments in advance?

Yes. SSD will remain grant funded with quarterly payments in advance.



Reporting

5. What are the new reporting requirements for CHSP providers?

From 1 July 2022 CHSP providers are required to submit monthly performance reports through DEX. This is a change from the six-monthly performance reports that most CHSP providers are familiar with.

Monthly performance reports will be due 10 business days after the end of the month. The submission of a monthly DEX report will be mandatory and may be linked to the release of a provider's next monthly payment.

A provider can choose to submit a report more frequently, such as each fortnight, however at a minimum a report must be submitted monthly.

6. What are the reporting requirements for providers only delivering SSD?

Providers who only deliver SSD will remain at six-monthly reporting. These providers will be required to report in January 2022, July 2022, January 2023 and July 2023.

7. Will late monthly DEX reports be allowed?

Monthly reports will be due 10 business days after the end of the month.

A CHSP provider will be required to report on their service delivery, to the best of their ability, 10-business days after the end of the month. Health acknowledges that because of differing business models not all service delivery information may be available at that time. To overcome this, a provider will be able to retrospectively update and amend service delivery information for a previous month.

It is important that CHSP providers are up to date with their monthly performance reporting through DEX as it may be linked to the automatic release of a monthly payment.

8. Our organisation invoices fortnightly meaning on occasion we may not meet the 10-business day reporting requirement, how can we overcome this?

Please see Question and Answer seven above for more detail.

9. Will there be an opportunity to re-submit a report to pick up retrospective adjustments of service delivery after the monthly reporting?

DEX will have cut-off dates of 30 January 2022/2023 and 30 July 2022/2023. CHSP providers must ensure they adjust their DEX reporting data before these dates.

10. Will Health be providing any administrative funding to help providers with monthly reporting?

No. There will be no extra funding allocated to CHSP providers to help with monthly reporting through DEX.

CHSP providers are already required to submit performance reports through DEX every six months and therefore should be familiar with the process.

However, Health acknowledges monthly performance reporting may lead to more administrative activities for some organisations. To help with this, there will soon be DEX data training available to upskill organisational staff to improve reporting efficiency.



Unit Pricing

11. Are CHSP providers able to negotiate their proposed unit prices?

There is only modest scope for CHSP providers to negotiate their unit prices. Where a CHSP provider is already funded in the 2022-23 National Unit Price Ranges, there will be no option to negotiate, unless:

- They deliver majority of services (51% or more) in MMM 6 or 7.
- They have historically been delivering at a materially different unit price.
- They want to re-categorise a service into another service type to correct historical anomalies. In this instance, if they already deliver this service type, the unit price will match their 2022-23 unit price, and outputs would be calculated such that there is no change to the total value of the contract. Otherwise, if they are adding a new service type to their contract, Health will need to confirm the new unit price and outputs.

12. For the 2022-23 CHSP extension, will all CHSP providers be offered the same unit price?

No. For the 2022-23 CHSP extension CHSP providers may be funded anywhere within the 2022-23 National Unit Price Range for the services they deliver. The unit price that a CHSP provider receives for 2022-23 will depend on their service delivery history and previously funded unit price.

In November 2021, Health sent CHSP providers a letter outlining the indicative service offer and funding being proposed, excluding SSD, ACH and SSS service providers. Providers delivering SSD, ACH and SSS services can expect to receive their indicative letter in early 2022.

13. Do the 2022-23 National Unit Price Ranges factor in fixed and variable costs?

The 2022-23 National Unit Price Ranges were developed by ACIL Allen Consulting. Their analysis considered fixed and variable cost structures in addition to usual corporate overhead costs.

ACIL Allen Consulting also considered historical CHSP funding which is inclusive of:

- Program administration;
- Client management; and
- Costs such as training, quality and safety compliance, information technology or asset replacement.

14. What other government funded programs were used for benchmarking the 2022-23 National Unit Price Ranges?

As part of their analysis ACIL Allen Consulting compared the unit pricing and pricing factors across all applicable service types of:

- The NDIS;
- Veterans' Home Care; and
- HCP.

The 2022-23 National Unit Price Ranges are broadly in line with historical CHSP funding, and in many cases are consistent with unit costs in other programs (for standard weekday delivery during business hours).

ACIL Allen Consulting also reported the proposed 2022-23 National Unit Price Ranges were consistent with preliminary costs of delivery identified via the parallel *HealthConsult* study. This study is helping to inform the funding model of the future Support at Home Program.



15. If a CHSP service provider is receiving a funded unit price above the 2022-23 National Unit Price Ranges for a specific service type, will this unit price be reduced?

Yes. CHSP providers receiving a funded unit price above the 2022-23 National Unit Price Ranges will have this unit price reduced to the top of the 2022-23 range. The CHSP providers outputs will be adjusted to ensure there is no reduction in the overall value of the grant agreement.

16. If a CHSP service provider is receiving a funded unit price below the 2022-23 National Unit Price Ranges for a specific service type, will they receive a funding boost or will their outputs be reduced?

CHSP providers funded at a unit price that is below the 2022-23 National Unit Price Ranges and are underdelivering against contracted outputs will:

- have their funded unit price increased to the bottom of the 2022-23 range; and
- will have their outputs reduced.

CHSP providers funded at a unit price that is below the 2022-23 National Unit Price Ranges and are delivering close to agreed outputs will:

- receive more funding; and
- will have their funded unit price increased to the bottom of the 2022-23 range.

More information on how the number of outputs for activities will be adjusted is available in the CHSP fact sheet on negotiations, transition support and MMM loading.

17. Do the 2022-23 National Unit Price Ranges factor in overhead costs, client contributions and rurality?

Please see Question and Answer 13 for more detail on overhead costs.

The 2022-23 National Unit Price Ranges exclude client contributions. CHSP providers should have a client contribution policy in place. The National Guide to the CHSP Client Contribution Framework is available on the Health website. CHSP providers should read this alongside the chapter on the client contribution framework in the CHSP Manual.

Health acknowledges the cost of service delivery in remote and very remote regions (MMM 6 or 7 regions) may be higher than metropolitan areas. As such, CHSP providers are advised they may be able to negotiate a loading to their unit prices if they deliver the majority of services (51% or more) in MMM 6 or 7 regions.

The MMM is how Health defines whether a location is a city, rural, remote or very remote region.

18. Where a CHSP provider is delivering services across multiple ACPRs (and a range of MMM regions) with different grant amounts and outputs, will only one funded unit price be applied to the providers grant agreement?

Yes. CHSP service providers will have one unit price for each service type they deliver. This unit price will be an average of the unit prices for each ACPR and it will be in the 2022-23 National Unit Price Range.

However, this may change if a provider has a MMM loading applied to a particular ACPR.

19. For CHSP providers who have been paid below the 2022-23 National Unit Price Ranges, will there be scope to claim missed funding?

No.



20. How will the payment in arrears system allow for client cancellations when the CHSP service provider is already out of pocket for arranging the service?

All CHSP providers, excluding providers who only deliver SSD, will be paid a standard monthly payment. The standard monthly payment is the total value of the grant agreement divided by twelve.

The standard monthly payment will provide cashflow certainty for CHSP providers which will assist managing client cancellations.

In addition, CHSP service providers should have a clear cancellation policy. This should outline any late cancellation fees payable by the client, as part of their client contribution policy, and clients should be informed of this as part of their care plan discussions.

21. What is the reason for the variance in lower and higher ranges for the 2022-23 National Unit Price Ranges?

Currently, the unit prices across the different CHSP service types are nationally inconsistent and do not reflect the actual cost of delivering services (net of fees contributed by consumers). In addition, CHSP service types have different outputs (e.g. time in hours) and some service types like Social Support Group and Transport have varying group/client sizes which also affect unit prices.

The CHSP National Unit Pricing Policy, developed by ACIL Allen Consulting, aims to address these inconsistencies, and will support the transition to payment in arrears under the CHSP in advance of the new Support at Home Program.

ACIL Allen Consulting's unit pricing analysis was informed by historical pricing data which included variable factors such as geographical location, client complexity and workforce. This pricing data varied across states and territories.

ACIL Allen Consulting also examined comparable pricing approaches for other programs and considered market implications of funding design.

22. If a CHSP provider is funded at the lower end of the 2022-23 National Unit Price Range, is there scope to negotiate a higher unit price in the 2022-23 range?

Please see Question and Answer 11 for more details.

23. The proposed 2022-23 National Unit Price Ranges are less than what we receive now, what is the reason for this?

Please read Question and Answer 21 for more detail around the variance in lower and higher ranges for the 2022-23 National Unit Price Ranges.

Where providers are currently funded above the 2022-23 National Unit Price Ranges, the funded unit price will be reduced to the top of the 2022-23 National Unit Price Ranges. Outputs will be adjusted to ensure the value of the contract is not reduced.

Health understands localised factors may affect the number of outputs a provider can deliver. That is, the prices being used for contracts are based on a nationally representative footprint, and not necessarily representative of a provider's local footprint. Please read Question and Answer 34 for more detail around service delivery as outlined in the grant agreement.



24. Why are the 2022-23 National Unit Price Ranges based on standard weekday delivery during business hours? Does it acknowledge emergency/unforeseen/out of hours service delivery which is more costly?

The CHSP provides entry-level support to assist older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) to remain living at home and in their community.

The 2022-23 National Unit Price Ranges do not represent the full cost of service delivery and are for entry-level support. Additionally, client contributions are a key feature of the CHSP, helping service delivery to be financially sustainable for a provider.

For most of CHSP service delivery, the Commonwealth funding per unit of output will either not change or will increase (net of indexation).

Any fluctuations or unusual demand resulting in a higher unit price for service delivery needs to be managed on a case by case basis, noting that providers have flexibility to manage their funds within their funded service types.

Negotiations

25. We have received our unit price for 2022-23, is this negotiable or is it set?

Please see Question and Answer 11 for more detail.

26. Is it possible to have the unit price increased if what we receive now is at the lower end of the range?

Please see Question and Answer 11 for more detail.

27. Will we be able to put our case forward that our unit pricing is below what it costs us to deliver our services?

Please see Question and Answer 11 for more detail about negotiating the unit prices.

Health understands localised factors may affect the number of outputs a provider can deliver. That is, the prices being used for contracts are based on a nationally representative footprint, and not necessarily representative of a provider's local footprint. Please read Question and Answer 34 for more detail around service delivery as outlined in the grant agreement.

28. Who do we contact to discuss our new unit prices?

CHSP providers should contact the CGH should they wish to discuss their unit prices.

Payment in arrears

29. Why is payment in arrears needed?

The transition to payment in arrears is needed as it will help prepare CHSP providers for the future Support at Home Program, which is expected to include fee-for-service payments based on actual services delivered. These changes will make the overall transition process easier for providers to navigate.

30. How quickly will payments be made to CHSP providers each month?

Payments will be released automatically on the first day of each month because they are not tied to actual service delivery. Because of processing it may take three-four days before CHSP providers receive their monthly payment. Payments will only be delayed if reporting obligations are not up to date.



31. Will monthly payments need to be spent in full or can funding be rolled over to the next month?

Please see Question and Answer 57 for more details around acquittals under the 2022-23 extension. In addition, please see Question and Answer 60 for more detail on the Rollover Support.

32. How does payment in arrears ensure clients receive services in a timely way?

All CHSP providers, excluding providers who only deliver SSD, will be paid a standard monthly payment. The standard monthly payment is the total value of the grant agreement divided by twelve. Payments are not based on number of services delivered.

The standard monthly payment will provide cashflow certainty and to help manage the transition to payment in arrears and any associated cashflow impacts, providers will be paid the July 2022 monthly payment in advance. The August 2022 payment will then be made at the start of September 2022.

CHSP providers are responsible for sustainably managing their service delivery and number of clients. A part of this will be managing their budget to ensure they have enough funding to support the business to deliver a months worth of services prior to receiving the next monthly payment in arrears.

Contractual arrangements

33. Will CHSP providers have reduced funding under the transition to payment in arrears?

No CHSP provider will have their funding level reduced as part of the transition to payment in arrears under the 2022-23 CHSP extension. Reductions may occur for other reasons, such as compliance actions.

34. Are CHSP providers required to meet the service delivery as outlined in their grant agreement?

CHSP providers are responsible for sustainably managing their service delivery and number of clients. CHSP providers are contracted to deliver a specific number of outputs. Compliance against the contract is taken seriously, however, Health understands localised factors may affect the number of outputs a provider can deliver. That is, the prices being used for contracts are based on a nationally representative footprint, and not necessarily representative of a provider's local footprint.

Compliance mechanisms will consider whether localised factors are an appropriate reason for under delivery against contracted outputs. This may include things such as:

- higher recruitment/wage costs;
- atypical service delivery locations, such as proportionately lower service delivery in urban regions within an ACPR, compared to regional; and
- other events, such as natural disasters and the COVID-19 pandemic.

Cross-subsidisation

35. Our organisation cross-subsidises to deliver CHSP services, is this allowed?

Health recognises some CHSP providers cross-subsidise (e.g. fundraising activities) to supplement their CHSP funding. Whilst, this can continue, cross-subsidisation prevents Health from understanding the true cost of service delivery. Therefore, future consultation will be required to assess the effects of cross subsidisation on unit prices. These consultations will help to inform the future Support at Home Program.



Service delivery and outputs

36. What will happen to CHSP providers where there are peaks and troughs in service delivery across months?

Under the 2022-23 CHSP extension all CHSP providers will keep grant agreements with a fixed funding amount based on price and outputs, similar to current arrangements. This means all CHSP providers will transition from upfront quarterly payments to fixed monthly payments in arrears.

This monthly payment in arrears will be the total value of their grant agreement divided by twelve. Payments are made automatically and will be released as long as the CHSP provider is up to date with their monthly performance reporting through DEX.

Health understands that under delivery in a particular month does not mean a provider is under delivering as a whole.

CHSP providers can utilise unspent funds from the previous month allowing for flexibility in service provision. If, however, a trend of under delivery presents over a length of time, the CGH will work with them to review and understand these matters.

37. Will there be scope to negotiate service delivery into another ACPR?

No. CHSP providers cannot move funds to deliver services in ACPRs which they are not already funded to deliver in. However, the 100% flexibility provisions will be retained for the 2022-23 CHSP extension. Under these flexibility provisions, all CHSP service providers will have full flexibility to move grant funds between their funded service types and ACPRs. This allows CHSP providers to better meet community demand pressures.

More information on flexibility provisions is available in the CHSP flexibility provisions fact sheet.

38. What will happen if a provider overdelivers on outputs?

CHSP providers are funded to deliver the number of outputs as outlined in their grant agreement. If a CHSP provider exceeds their contractual outputs they will not receive extra funding.

If over delivery is a continuing trend, CHSP providers should contact the CGH so they can work with the provider to review and understand these matters.

39. If a CHSP provider has been under delivering for a prolonged period, will their grant agreement be reviewed?

Yes. If a CHSP provider shows a trend of under delivery over a length of time, the CGH will work with the provider to review and understand these matters.

In some cases, it may be necessary for a CHSP provider's grant agreement to be amended. This may include reducing outputs to an appropriate level to better align with the CHSP providers ability to meet agreed outputs.

40. There are recruitment challenges and COVID-19 factors affecting our organisation. Will these factors be considered if we cannot meet targeted outputs?

Yes, these factors will be considered when reviewing the performance of an organisation to meet targeted outputs.

CHSP providers are responsible for sustainably managing their service delivery and number of clients. CHSP providers are contracted to deliver a specific number of outputs. Compliance against the contract is taken seriously, however, Health understands localised factors may affect the number of outputs a provider can deliver, including the impacts of COVID-19. That is, the prices being used for contracts are based on a nationally representative footprint, and not necessarily representative



of a provider's local footprint. Please read Question and Answer 34 for more detail around service delivery as outlined in the grant agreement.

In addition, the Australian Government provided additional funding to CHSP service providers during COVID-19. More information about COVID-19 emergency funding is available on the Health website.

MMM loading

41. Are there eligibility requirements that must be met to apply for the MMM loading?

Yes. To be eligible to apply for the MMM loading to CHSP unit prices a CHSP provider must deliver the majority of their services (51% or more) in MMM 6 or 7 regions.

42. How will the MMM loading be applied?

The CGH and CHSP provider will work together to decide which loading best matches the CHSP provider's service delivery. Once determined, the loading will be applied at the ACPR level where the CHSP provider delivers their MMM 6 or 7 services. An amount of outputs across that ACPR will be reduced to offset the loading.

43. Will the MMM loading be applied to all CHSP services?

No, some service types will be excluded from MMM loading because there is no change to existing pricing. The service types excluded are Assistance with Care and Housing (ACH) and Sector Support and Development (SSD).

44. Is there scope for CALD-targeted CHSP providers to receive a loading to their unit price?

No. The only loading available is the MMM loading. However, Health acknowledges there may be factors that contribute to a higher cost of service delivery.

CHSP providers who believe they have other factors that may contribute to a higher cost of service delivery should contact the CGH to discuss.

45. Is there a loading that can be applied to the unit price of service types that use interpreters?

No. The only loading available is the MMM loading.

46. The averaging of unit pricing will not encourage CHSP providers to deliver in rural and remote areas. Providers need to be funded for the cost of service delivery in these areas otherwise we will end up with reduced services.

Health acknowledges the cost of service delivery in remote and very remote regions (MMM 6 and 7) may be greater than rural, regional and metropolitan areas. CHSP providers who deliver the majority of services (51% or more) in MMM 6 or 7 regions may be eligible to receive a MMM loading to their unit price.

47. Based on demand, can CHSP providers negotiate an increase in total funding as part of their 2022-23 grant agreement?

Please see Question and Answer 11 for more detail.

48. Will CHSP providers have capacity to renegotiate where they want to stop delivering service types they are currently funded for?

If a CHSP provider is planning to exit the program, or stop service delivery for a funded service, they need to contact the CGH as soon as possible to discuss their options and the continuity of care for their CHPS clients.



Flexibility provisions

49. What does 100% flexibility mean?

Flexibility provisions allow for all CHSP service providers to have full flexibility (100%) to move grant funds between their funded service types and funded ACPRs. This allows CHSP providers to better meet community demand pressures.

Flexibility provisions **do not allow** for CHSP providers to:

- Move funds to deliver services in ACPRs they are not funded for; or
- Move funds to deliver services they are not funded for.

Compliance

50. Will there be a manual that CHSP providers need to adhere to?

Yes. The 2020-22 CHSP Manual will be updated for the 2022-23 extension.

51. What is the compliance framework and how will it operate?

Health already has a CHSP compliance framework in place which covers matters such as performance against the grant agreement, submitting financial and reporting information and COVID-19 staff reporting requirements. Health works closely with the CGH to monitor and manage CHSP providers delivery against their grant agreement.

From July 2022 the framework will have a renewed focus on ensuring a CHSP provider is meeting performance against their grant agreement. The first stage of any compliance action will be a discussion between the CHSP provider and the CGH.

52. What will be the performance threshold for compliance action?

Please read the Question and Answer 50 for more details.

In addition, please read Question and Answer 34 as Health understands there are factors that may affect the number of outputs a provider can deliver.

53. Do CHSP providers need to make any IT or system changes for the reporting of service delivery?

Health is not expecting CHSP providers will need to make any major IT or system changes to meet the monthly reporting requirements. CHSP providers will continue to report performance through DEX as they do now. Instead of reporting through DEX every six months CHSP providers will be required to report every month.

Client contributions

54. Will Health be releasing communications on the client contribution policy in the context of the unit pricing changes?

The existing National Guide to the CHSP Client Contribution Framework will continue to apply to the 2022-23 CHSP extension. Whilst client contributions are not mandatory, all CHSP providers should have a client contribution policy in place.

As part of this extension Health asks CHSP providers to do a preliminary review of their existing client contribution fee policy to ensure there is capacity to seek client contributions from clients where they can afford to pay.



55. As the consumer will be funding the gap between prices and actual cost, what work will be done to inform and prepare the sector?

The 2022-23 National Unit Price Ranges do not represent the full cost of service delivery. Client contributions are a key feature of the CHSP, helping service delivery to be financially sustainable. CHSP is not means tested and client contributions are not mandatory. However, the expectation is that clients who can afford to contribute to the cost of their care and services do so.

CHSP providers should work collaboratively with the client to determine a suitable client contribution. Whilst client contributions are not mandatory, all CHSP providers should have a client contribution in place. As part of the 2022-23 CHSP extension, Health asks CHSP providers to do a preliminary review of their existing client contribution fee policy to ensure there is capacity to seek client contributions from clients where they can afford to pay.

56. Will there be hardship provisions for clients who can't afford to contribute?

Yes. CHSP providers should have hardship provisions as part of their client contribution policies. These provisions should include arrangements for those who are unable to pay the requested contribution. Clients will not be denied services if they are unable to pay a client contribution.

57. How will CHSP providers know how much a client can afford to pay?

It is the role of the CHSP provider to decide how much a client should contribute to the cost of their care or service. All CHSP providers are expected to have a client contribution policy which outlines how the provider will manage these discussions and payment arrangements.

The existing National Guide to the CHSP Client Contribution Framework will continue to apply to the 2022-23 CHSP extension. CHSP providers should discuss with their clients to decide a reasonable client contribution.

Acquittals

58. Will there be acquittals as part of the 2022-23 CHSP extension?

Yes. There will be an annual acquittal process. As a condition of the grant agreement all grant funding that is unspent must be returned to Health.

Acquittals for 2021-22 FY

- **CHSP provider requests rollover of funds:** CHSP providers will be able rollover up to a maximum of one month's worth of funding from 2021-22 FY to 2022-23 FY. Any remaining unspent funds for the 2021-22 FY will need to be acquitted.
- **CHSP provider does not request rollover of funds:** CHSP providers who are not eligible or have not requested a rollover of funds will be required to fully acquit unspent 2021-22 FY funds in July 2022.

More information on requesting a rollover of unspent funds can be found in the CHSP fact sheet on negotiations, transition support and MMM loading.

Acquittals for 2022-23 FY

All CHSP providers will be required to acquit all unspent funds at the end of the 2022-23 FY as the CHSP will be transitioning into the future Support at Home Program from July 2023.

Workforce and staffing

59. Recruiting talented staff can be difficult for CHSP providers, for instance against NDIS funded services. How are we meant to attract staff?



The NDIS funding and pricing approach is different from the CHSP. The CHSP provides small amounts of entry-level support to assist older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) to remain living at home and in their community.

The 2022-23 National Unit Price Ranges are broadly in line with historical funding and in many cases consistent with unit costs of other government funded programs (for standard weekday delivery during business hours).

Client contributions should be taken into account when reviewing the 2022-23 National Unit Price Ranges. CHSP providers are encouraged to review their client contribution arrangements. CHSP providers should ensure there is a clear expectation that where a client can afford to contribute to the cost of their services they do so.

Client assessment under CHSP

60. Will there still be an assessment for new clients entering CHSP?

Yes. As an entry-level home support program, all older Australians referred for CHSP services will continue to be assessed by a Regional Assessment Service to determine the person's needs. This will continue under the 2022-23 CHSP extension. Clients are encouraged to contact My Aged Care to arrange an assessment.

Transition support

61. What supports or resources will the Department be providing to help CHSP providers implement payment in arrears?

Health acknowledges some CHSP providers may need support to manage the cashflow impact of transitioning to payment in arrears.

Health will offer targeted support through a staged process:

- **Initial Support** – all providers will receive a one month upfront payment in July 2022.
- **Rollover Support** – on request, providers (excluding providers exclusively funded to deliver SSD) will be allowed to rollover unspent funds up to a maximum of one month's worth of funding from 2021-22 to 2022-23. Requests are due 30 May 2022.
- **Transition Support Funding** – if CHSP providers have minimal or no projected underspends, they may apply through a grant round to receive targeted transition funding to sustain cashflow. Approved grantees will receive funding through a separate, and simplified grant process. The upcoming grant round will be advertised on GrantConnect in early 2022. This funding will be limited to CHSP Providers that receive funding under \$625,000 (GST Excl) per annum.

More information on targeted support can be found in the CHSP fact sheet on negotiations, transition support and MMM loading.

62. How will providing a July payment in advance help with managing the transition and associated cash flow impacts?

All CHSP providers, excluding providers who only deliver SSD, will be paid a standard monthly payment. The standard monthly payment is the total value of the grant agreement divided by twelve.

To help manage the transition to payment in arrears and any associated cashflow impacts, providers will be paid the July 2022 monthly payment in advance. The August 2022 payment will then be made at the start of September 2022. Through receiving the July 2022 monthly payment in advance, providers will not have to wait four months for their next payment, noting the last quarterly upfront



payment will be in April 2022. This means the maximum gap between payments will be three months rather than four months.

63. Will smaller CHSP providers receive grants or other financial means to ensure business viability?

Please see Question and Answer 60 and 61 for more detail.

64. Will there be extra funding to support administration and compliance costs?

No. However, there will be transition support funding available to help providers with the transition to payment in arrears.

Health acknowledges monthly reporting may lead to additional administrative strain on some organisations. To help with this, there will soon be DEX data training available to assist and upskill organisational staff and improve reporting efficiency.

65. Will there be funding available to help providers update their IT systems?

No. Please see Question and Answer 52 for more detail.

Vaccinations

66. Will there be a need for service recipients to be vaccinated prior to receiving service?

Whilst strongly encouraged, there is no broad community mandate for CHSP recipients to have received a COVID-19 vaccination in order to access CHSP services.

The Health website has information on who is required to get a COVID-19 vaccination.

Growth round

67. Will there be growth round funding available for the 2022-23 CHSP extension to increase a provider's outputs?

At this point in time there is no growth round anticipated for the 2022-23 CHSP extension.

Health will update CHSP providers should a growth round become available.

Means testing

68. Are there any plans to means test CHSP?

At this point in time there is no plan for the 2022-23 CHSP extension to be means tested.