



Commonwealth Home Support Programme (CHSP) Sector Support and Development (SSD) Provider Fact sheet – January 2022

Overview

Between October 2019 and May 2020, the Department of Health (Health) engaged KPMG to undertake a [review of SSD](#), which made a number of recommendations for improvement.

The Review identified that more than half of SSD providers appeared to deliver activities or services that did not meet the objective of SSD. In response, Health and the Department of Social Services (DSS) Community Grants Hub (CGH) undertook an activity work plan review and re-categorisation exercise. In addition, bi-annual performance reporting for SSD has been introduced and updates were made to the [CHSP manual](#) to provide clarity on the purpose and intent of SSD.

As part of the activity work plan review and re-categorisation exercise, SSD providers were asked, in August 2021 to complete a 2021-22 activity work plan for Health and the CGH to review. This identified activities that were in-scope, partially-in-scope and out-of-scope of SSD.

For the 2022-23 extension process, Health will be ensuring that only in-scope activities are delivered under SSD, as outlined in the [CHSP manual](#). Providers who have been identified as delivering partially in-scope or out-of-scope activities will be given the opportunity to realign their services to meet the objectives of SSD, or re-categorise the activity to a more appropriate CHSP service type, with changes effective from 1 July 2022. If providers do not wish to re-categorise or realign their activities as part of this process, out of scope activities will cease being funded from 1 July 2022.


In addition, providers will be required to allocate at least 75 per cent of their 2022-23 SSD funding towards delivering activities that support CHSP providers through upcoming reform processes associated with transitioning to the Support at Home program. To support this approach, the Department will consult SSD providers in the coming months to clearly define this requirement in advance of 1 July 2022 and finalise through an amendment to the CHSP Manual by 1 July 2022.

Following this, Health and the CGH will work with SSD providers to finalise new activity work plans for 2022-23 that reflect the 75 per cent requirement.

Finally, unlike other CHSP service types, SSD funding will remain upfront quarterly payments and reporting will remain on a six-monthly schedule. Therefore, SSD activities will not be eligible for a Modified Monash Model (MMM) loading, nor will providers who only deliver SSD activities be able to access cashflow support for transitioning to payment in arrears that will be available for other CHSP service types.

Why did Health conduct the activity work plan review and re-categorisation exercise?

The KPMG Final Report noted 98 organisations appear to be using their SSD funding to support the delivery of aged care services or activities within their own organisation, rather than for capacity building of the sector. Health and the CGH had limited information to



identify where these instances took place. However, it is important that providers are aware of the types of activities that are deemed as out-of-scope of SSD.

Examples include:

- In-house training: Including delivering cultural competency training to staff to support them to effectively communicate and work with consumers from CALD backgrounds.
- Volunteer support: Developing and delivering volunteer induction training.
- Reviewing service delivery and internal practices: Reviewing feedback and complaint systems or conducting reviews of care plans.
- Marketing and communications: Website maintenance and updating the organisational details on the My Aged Care website.

What information was used to determine the outcomes in the CHSP indicative offers?

Your indicative offer is based on a combined analysis of the activity work plan and re-categorisation exercise and the results from the SSD Performance Reports. Your indicative offer represents what has been deemed in-scope for SSD as well as the activities that have been re-categorised into the most appropriate CHSP service types and those activities that will discontinue if they cannot be realigned to meet the scope of SSD.

What do we do if the activities and assessment outcomes outlined in the indicative offer are not accurate?

Your indicative offer is based on the information available to us so far, however, we note that this may not represent a complete picture. Where this is the case, providers can negotiate with FAMs to reach an agreement that best reflects the activities being undertaken. Your FAM will be able to support you to understand your indicative offer and answer any questions you may have.

What happens next if our activities are assessed as partially in scope?

Health's review identified a significant number of activities funded under SSD better align with other CHSP service types, which have been deemed partially in-scope as part of the activity work plan and re-categorisation exercise. These services will continue to be funded however offers will be made by the Department under the appropriate service type.

Where funding is re-categorised, the unit price offered will reflect either the provider's existing unit price (where the provider is already funded to deliver the activity) or calculated based on the total funding amount and associated new outputs being re-categorised into a new activity.


What happens next if activities are assessed as out of scope of SSD and the CHSP?

A small number of CHSP providers were identified as delivering services that were out of scope of both the SSD activity and the CHSP itself. Providers delivering these out of scope services will be given the opportunity to realign their service delivery through the extension process or discontinue the activity. If an activity is discontinued, the funding attached to that activity will also cease from 1 July 2022.

Providers will be required to submit a new activity work plan.

What if we do not want to re-categorise or realign activities from 1 July 2022?

If providers do not wish to re-categorise or realign their activities, the funding allocated to that SSD activity will cease from 1 July 2022.



Why is there a new requirement of at least 75 per cent of activities focussed to support CHSP providers transition to the Support at Home program?

In response to the final report of the Royal Commission into Aged Care Quality and Safety, the Australian Government has committed to establish a new Support at Home program in consultation with older Australians and community stakeholders. The program will address several of the Commission's recommendations about improving the way we support older Australians to remain independent in their own homes for longer.

The new support at home program is part of [the Home Care Pillar](#) in the Government's response to the Royal Commission. The new program would replace the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP) Program, Short-Term Restorative Care (STRC) Programme and residential respite referrals from July 2023. [A Support at Home Overview Paper is now available](#), which provides an overview of the proposed design for the new Program.

The paper outlines that proposals for a new Support at Home Program would reform all aspects of the delivery of in-home aged care including assessment, reablement and restorative care, to individualised support plans, clarity on service inclusions, funding of providers, and regulation of the market. Senior Australians would receive individualised service approvals, based on their assessed aged care needs and personal circumstances, rather than being placed in one of the four broad home care package levels.

From 1 July 2022, the main objective is to prioritise SSD activities that support CHSP providers through these reforms, noting SSD providers will be able to continue to undertake other in-scope activities with the remaining proportion of their funding.

How do we, as SSD providers, meet this new requirement?

In early 2022, Health will begin a consultation process with SSD providers to develop a clear scope for SSD activities that can be considered in scope for the new requirement. It is expected these activities may include:

- Support for business transformation,
- Disseminating information and advice on reforms,
- Training materials, and
- Sector collaborations e.g. forums and workshops.

Importantly, these are likely to align to current in-scope activities under the [CHSP manual](#), however, there will now be a direct requirement to link these activities to the Support at Home Program, which will be reflected in an upcoming change to the [CHSP manual](#). How a provider will deliver on this requirement will also need to be set out in activity work plans.

Providers are encouraged to accept the indicative offer prior to this consultation process if they believe they will be able to meet the 75 per cent requirement. Should this change following the consultation process, the CGH will work with providers and will ensure funding and activity work plans are commensurate with each providers capacity to meet this requirement.

Do SSD providers need to make any changes to their 2021-22 activity work plan?

No. Health recognises providers are already delivering the activities outlined in their 2021-22 activity work plans. The CGH will contact providers shortly to finalise their 2021-22 activity work plans. Providers can continue to deliver existing activities for the remainder of 2021-22.



Do SSD providers need to submit a new activity work plan for 2022-23?

Given the new requirements underpinning SSD for 2022-23, all providers will be required to submit a new activity work plan for 2022-23 that demonstrates how the 75 per cent threshold is being met.

In addition, where a provider is required to realign or re-categorise their activities, their activity work plan for 2022-23 will need to reflect these changes.

The CGH will work with providers to finalise their 2022-23 activity work plans while ensuring their activity work plans focus is on supporting CHSP providers to align with future reforms

What will happen when our contracts end 30 June 2023?

Program design and administrative arrangements for the new Support at Home Program are still being considered by Government.

Will navigation supports delivered under SSD transition to the care finder program from 1 January 2023?

SSD providers delivering navigation supports will not directly transition into the care finder program from 1 January 2023. SSD providers who are delivering navigation supports that are in scope for the care finder program are encouraged to apply for funding under that program. The care finder program will be established through a commissioning process undertaken by Primary Health Networks. Work is currently underway to determine the role of Support at Home providers to complement care finders and Trusted Indigenous Facilitators in the new Support at Home program from 1 July 2023.

If a provider is successful and commissioned as a care finder provider, their CHSP navigation funding will cease from the date of commencement in the care finder program. If a provider is not successful, their funding will continue until 30 June 2023.

This is the most fair and effective way to determine the extent to which the provider meets local population needs and can demonstrate relevant skills and experience to deliver the care finder model.

Next Steps

- In January 2022, all CHSP providers would have received their indicative offers which will include any changes from the activity plan review and re-categorisation exercise.
- In January 2022, SSD providers will also receive advice from the CGH regarding their 2021-22 activity work plans.
- In early 2022, Health will begin a consultation process with SSD providers to develop a clear scope for SSD activities, where at least 75 per cent of a provider's funding must support CHSP providers through upcoming reform processes from 1 July 2022.
- Partially-in-scope SSD activities will be re-categorised into the correct service type commencing 1 July 2022.
- Any out of scope activities that cannot be realigned will discontinue from 1 July 2022.
- Health and the CGH will work with providers to update provider's 2022-23 activity work plans.

Further information

If you require further information, please contact your FAM for assistance.