



Australian Government

Department of Health and Aged Care

HCP Program Assurance Reviews

Explanatory notes (Version 1.1 July 2022)



Assurance Reviews – General Information

The first assurance review commenced in October 2021, with 100 HCP Providers selected.

Further reviews will commence from August 2022. HCP Program assurance reviews are an ongoing activity for the Department.

We have a specialist team within the Department of Health and Aged Care with accredited training in program assurance and the expertise to undertake the reviews (AS/NZS ISO 19011:2019 standard auditing quality management systems).

The focus of the first review

The first review focussed on indirect charges and care management charges. The purpose of the review was to understand what providers are charging, why (using verifiable information) and how (the consistency of the application of such charges).

The review sought to assure that the maximum amount possible of a HCP is going to supporting older Australians to remain safe and supported in their homes.

Value for money in relation to the Home Care Packages Program

The HCP Program Assurance Framework is focussed on whether care recipients, taxpayers and the Government are receiving value for money for the HCP Program. That is, the majority of the funding is going to direct service delivery and funding is being used for the purposes it was approved for by Parliament/Government.

The Framework uses the following three components for determining value for money:

- Efficient: the achievement of the maximum value for the resources used.
- Effective: the extent to which intended outcomes or results are achieved.
- Justified: providers are able to justify (through verifiable information provided to the review team) their charges to care recipients.

Review frequency

While the aim is to not review a HCP provider more than once in a 12-month period for the same reason, where review findings or risks before the Department require a HCP provider to be picked up again within a 12-month period for the same risk, then this may occur. Where the Department is reviewing for a different risk/purpose within a 12 month period, if required for program integrity reasons, then a provider already reviewed will be scoped in.

Care recipients and other interested persons

Care recipients may be approached to provide input as needed for reviews that are underway.

A HCP Program Assurance Provider and Consumer Reference Group has been established with representatives from HCP Provider peak bodies and consumer bodies. This group is providing practical advice to the Department on the assurance reviews.

A post-review community of practice will also offer opportunities for consumer bodies to participate to understand the overarching review findings.

Continuous improvement to review process

The Review team is committed to continuous improvement of its review processes. A provider survey is to be issued post each review to seek feedback from participating providers. In addition, the Community of Practice will support the team to also engage with providers and the broader sector for such purposes.

Internally, the team regularly self-reflects to continuously improve its processes, including, where appropriate, during a review process.

A fuller lessons learnt-led refinement of the approach will inform the planning for the second review cycle, which will commence from August 2022.

The Aged Care Quality and Safety Commission's (the ACQSC) role vs Program Assurance Reviews

The HCP program assurance reviews undertaken by the Department are separate to the ACQSC's role as the national regulator of Home Care Providers. The Department is responsible for HCP Program funding and for assuring that these funds are being spent for the purposes they were approved by Parliament/Government.

The program assurance reviews are focused on reviewing program-wide risks and determining how these can be addressed at a program-level. Ultimately assurance reviews by the Department are for the purposes of assuring HCP Program integrity. Further rationale is available in the Framework document, originally published on 7 October 2021 and updated in July 2022.

Referrals to the ACQSC as a result of an assurance review

A provider may be referred to the ACQSC, where the review team identifies issues that are relevant to the ACQSC's role as the national regulator of aged care. The Department may also share review information as appropriate with the ACQSC.

Impact on HCP providers

The *Aged Care and Other Legislation Amendment (Royal Commission Response No. 1) Act 2021* came into effect on 1 July 2021. New Part 6.8 of the amended *Aged Care Act 1997* relates to program assurance of HCPs. It allows the Secretary of the Department of Health and Aged Care or their delegate to compel incorporated HCP providers to participate, publish names of any incorporated providers who refuse to participate and publish findings.

For further information see: [Program assurance of the Home Care Packages Program | Australian Government Department of Health and Aged Care](#)

Selection for a review

Selection of HCP Providers for a review will be informed by the nature of the review and, where relevant, what risks are being addressed in each review.

Notification of selection for a review

All HCP Providers selected for a review will receive a notification letter from the Department. This notice will provide details on the terms of reference for the review, what information is required and contact details for an assigned Review Officer. An entry meeting will be held soon after the notice is issued to answer any questions.

This notice will be sent to the registered contact details in the National Approved Provider System. As such, HCP Providers should make sure these details are kept up to date (as per current requirements) to avoid delays in receiving notification. Delays due to such factors will result in less time for providers to

respond to the request for information in the notice. As a general principle, the Department will not consider incorrect NAPS details as a reason for seeking an extension.

Timeframes to provide information

Selected HCP providers will be required to provide their documentation within the stipulated number of days in the formally issued review notice. Extensions are only granted for extenuating circumstances. Review Officers will work with providers on extension requests in good faith - the published Framework provides further details on how these will be handled.

Providers must take care and engage in a timely manner, noting that review notices are legally binding. The Department can publicly name providers for non-cooperation.

HCP Providers should discuss timeframes with their assigned Review Officer. The Department will offer entry meetings to all selected providers to respond to any queries. Entry meetings may be 1:1 or via a webinar approach, depending on the nature of the review. Regardless of the form the entry meeting takes, dedicated Review Officers will also be available on an ongoing basis for their allocated provider.

Information to be provided

At a broad level, HCP Providers will need to provide information and documents relating to how they manage the delivery and administration of Home Care Packages. Specific information requirements will depend on the scope for that particular review. Given that the focus on review activity overall is on delivery and administration of HCPs, it is expected that most of the information requested should already exist for approved providers.

Depending on the review focus, information may include (but not be limited to):

- verifiable information on what providers are charging care recipients (for example common services, care management, package management, staff travel and other in-direct charges)
- internal policies, guidance or processes for determining HCP charges (business process documents)
- selected care recipient care agreements, budgets and monthly invoices
- evidence verifying that services were delivered, and
- any relevant and verifiable documentation offered by the provider.

Care will be taken to streamline the collection of such information where possible and, where advised by the provider, to use information already collected by the Department, provided this meets review, legal/privacy and procedural fairness (and other such) requirements.

HCP Provider refusal to participate

An incorporated HCP Provider who doesn't participate in a review – by not providing information or failing to answer questions despite good faith efforts by the Department to support participation - may be fined as per the new legislative powers in the amended *Aged Care Act*. (30 penalty units, subsection 95BA-5(4)).

In addition, the Department may also publish on its website the names of any providers who do not participate in a review.

Submission of documents for a review

Documents requested by the Department are to be submitted to the Health Data Portal at <https://dataportal.health.gov.au/>. Guidance on how to upload documents to this portal will be provided with the Notice to Provider.

Contact during a review

HCP Providers who have been selected for a review will be assigned a contact officer who should be the first point of contact for any questions.

Any other questions should be sent to HCPAssuranceReviews@health.gov.au.

Completion of a review

Depending on the review topic, a report will be provided to participating providers. This may include the scope, key findings, better practices identified, and any identified areas for improvement.

The report will also note whether any matters will be referred to the Aged Care Quality and Safety Commission or, where relevant, for departmental program assurance compliance action. Any matters referred for fraud or misuse of funds consideration cannot be advised through such reports. HCP Providers will have the opportunity to comment on findings in the draft report prior to its finalisation, including, where they choose to have one, via an exit meeting. The comments and feedback provided will be included at the Department's discretion in the published report and/or finalised individual provider reports.

Providers should note that not all review reports may look the same or have the same content. For example, some might be lengthier than others, have a different structure and purpose – it ultimately depends on what best meets the needs of that particular program assurance review/activity.

Public reporting

For most reviews, an overarching review summary report will be published at the end of the review. This report may include a summary of the findings (including any positive case studies/findings) and, where required, may include attributable (that is, providers may be named where appropriate) observations/findings (including any better practices) as appropriate in relation to particular providers. The report will not include any personal details of care recipients or staff of HCP Providers. The report will also not include any commercial-in-confidence findings.

Disagreement with outcomes of a review

Where a HCP provider disagrees with the outcomes and findings of the assurance activities, the HCP provider will be able to raise their initial concerns directly with their assigned Review Officers, and, if still dissatisfied, subsequently with the Executive within the Quality and Assurance Division. The published Framework provides further details.

The exit meeting will also offer an opportunity for the provider to raise any concerns, noting that the Department will follow a “no surprises” approach to its review activities.

Community of Practice

The Community of Practice (CoP) will use a web-based platform to share findings of the Program Reviews with the HCP sector. The CoP will support HCP providers and, if interested, care recipient representative bodies, to discuss sector implications of review findings, share best practices, provide feedback on the review process and/or program settings. It will also serve as an opportunity for HCP Providers to review information, develop and discuss new ideas, share resources and build a sense of community with other Providers.

Access to the Community of Practice

The platform will go live in August 2022 around the time of the first program assurance review activity concluding.

Community of Practice supporting HCP Providers with continuous improvement

The CoP will be an opportunity for providers to continuously improve, using review findings as an opportunity to:

- discuss (with each other and the Department) and understand program requirements, and, thus, help uplift provider performance in relevant aspects
- promote consistency of practice across the HCP provider sector, and
- where appropriate, help the sector to improve and/or innovate existing practices and approaches.

To be successful in supporting continuous improvement of the sector, the CoP will require active and good-faith participation from HCP providers and departmental representatives.

Getting involved with the Community of Practice

When the platform is live, HCP Providers will be invited to set up an account and participate. A participant will be able to start a discussion or interact with an active discussion, participate in Department of Health and Aged Care run forums/information sessions and contribute to or access resources, among other activities.

Care recipient representative bodies can also request to participate.