

Home Care Packages Program Annual Assurance Plan 2021-22

Protecting the integrity of Home Care Packages Program funding through evidence-based assurance reviews of the HCP Program's design, delivery and administration

Overview

This HCP Program Annual Assurance Plan (Plan) guides the conduct of the HCP Program Assurance Activities for the FY2021-22.

This Plan is the first HCP Program Annual Assurance Plan under the **amended Aged Care Act 1997**. Refinements to future HCP Program Annual Assurance Plans will be informed by findings and feedback from the delivery of this Plan.

Risks in Program Assurance Scope

- 1** HCP care recipients cannot exercise adequate choice due to HCP Provider processes or a lack of transparency or accuracy in pricing information/arrangements.
- 2** The HCP Program does not achieve value for money for Australian taxpayers or HCP care recipients.
- 3** HCP Program funds are inappropriately or inadvertently used by a HCP Provider or HCP care recipient.
- 4** HCP Program funds are fraudulently used by a HCP Provider or a HCP care recipient.

HCP Provider experience

The Department will:

- Formally notify selected HCP Providers in writing, outlining required information and documentation and timeframes for response.
- Conduct an entry meeting with HCP Providers to discuss the Scope of the Assurance Review.
- Liaise with HCP Providers throughout the review.
- Where relevant, issue a report to each HCP Provider, which may recommend areas for action/improvement. This will be discussed in an exit meeting (optional).
- Where relevant, publish a summary report that may identify providers where appropriate.
- Conduct targeted PA review related education sessions and engage with HCP Providers through the Community of Practice.
- Provide natural justice and objective complaints handling for reviewed HCP Providers and strive to align review activity to relevant standards.

Areas of Focus 2021-22

Following an environmental scan of the HCP Program conducted in line with the Assurance Framework, the Department has identified the two below key Areas of Focus for Assurance Activities in FY2021-22. Throughout the year, and in response to the changing HCP Program environment, this plan may be updated to include additional Areas of Focus.

Indirect and care management charges

The Department wants to assure that the maximum possible amount of the HCP Program funding is going towards direct support for older Australians to remain in their own homes for as long as possible. Feedback from some HCP care recipients indicates that the proportion of indirect and care management charges, compared with direct care and support service charges, may be of concern in some instances. Relevant assurance risks for this review are: consumers cannot exercise adequate choice (risk 1); and value for money (risk 2) in the HCP Program.

This review will examine the charges applied by HCP Providers for care management and indirect charges, including, but not limited to: package management, care management, staff travel charges, sub-contracting and brokerage charges.

Using a sample-based approach, this review will be used to understand what providers are charging, why (verifiable information) and consistency of the application of charges.

Information requests were sent in **Oct 2021** and final provider reports issued in **June 2022**, in addition to the Review Summary Report being published in July/August 2022. This may remain be an ongoing area of review activity in 2022-23.

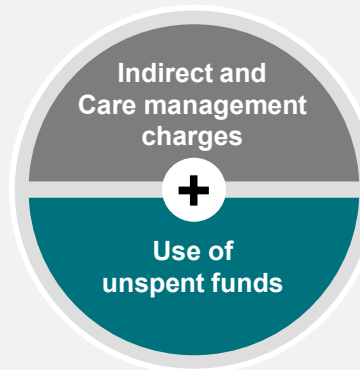
Use of unspent funds

The Department will enhance program integrity through assuring the appropriate use of HCP Program funds. There are concerns that some HCP providers are not accurately recording and returning unspent funds.

Assuring accurate reporting and return of unspent funds will enhance value for Australian tax-payers, by allowing returned funds to be utilised for more HCPs or other approved purposes/programs.

Relevant assurance risks for these reviews are: reduced value for money in the HCP Program (risk 2); program funds not returned as required (risk 3); and HCP Providers reporting incorrect unspent amounts (risk 4).

Using a risk-based sample approach, this review will examine the magnitude of the risk to HCP Program integrity/funding due to inaccurately reported or inappropriately used unspent amounts. Information requests are expected to be sent in **August 2022** to selected providers. Review reports will be issued to participating providers in addition to the Review Summary Report being published.



The Department may conduct other risk-based reviews in 2022-23 informed by findings from planned reviews and/or other emerging priorities/risks.