# Commonwealth Home Support Programme (CHSP), Sector Support and Development (SSD) Provider webinar – 17 August 2022 – Questions and Answers

August 2022

## Introduction

On 17 August 2022, the Department of Health and Aged Care (department) hosted an SSD Provider webinar to discuss the SSD requirements for 2022-23. The webinar was attended by 883 people and over 70 questions were submitted before or during the webinar. We removed duplicate questions where needed. The department would like to thank all attendees for their engagement.

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

## Future of SSD

1. **With the Support at Home program delayed until mid-2024, will SSD funding be extended until June 2024?**

**Answer:**

* The Australian Government is returning to the time frame put forward by the Royal Commission to deliver a reformed and improved in-home aged care program by 1 July 2024.
* The specific details on how these changes will impact the CHSP will be provided in the coming months. The in-home aged care webinar is scheduled for 31 August 2022. So please make sure you [register](https://healthevents-au.webex.com/webappng/sites/healthevents-au/meeting/register/5b641de237a94bd18d7723df94204573?ticket=4832534b000000053721960dc04b2e2ce6c607e99256b312427b983dd91cc4f39b3fd19528a9b4ac&timestamp=1661164197650&RGID=r7d63a5ecf715136f20e7b5750fe874ad) by visiting the department’s website.

## Connecting with SSD providers

1. **How many SSD providers are there across Australia­?**

**Answer:**

* In 2022-23 there are 231 SSD providers funded to deliver services to help CHSP providers.
1. **How will an SSD provider be made aware of other SSD providers in their regions, so they can work together?**

**Answer:**

* The department cannot publish a list of other SSD providers, however SSD providers will be able to use the SSD Community of Practice to connect with other SSD providers in their region and state. The SSD Community of Practice will be a national platform available to all SSD providers and participation will be mandatory.
* SSD providers won’t be added to the My Aged Care provider look up tool ([myagedcare.gov.au/find-a-provider/](https://www.myagedcare.gov.au/find-a-provider/)) as this tool is for providers that deliver direct services to older Australians. The CHSP providers listed in the look up tool deliver direct services to older Australians.
* A group of SSD officers have formed a group called the National SSD Network which has about 65 participants. They are now using survey monkey to get expressions of interest from other SSD providers to join the network. To register your interest, please visit [surveymonkey.com/r/CNQR3BW](https://www.surveymonkey.com/r/CNQR3BW).

## Contact lists and connecting with SSD providers

1. **Can SSD providers have a contact list for CHSP providers in their region?**

**Answer:**

* The department cannot give the contact details for CHSP providers, however you can use the My Aged Care provider look up tool. You can search for CHSP providers based on postcode or suburb, please visit [myagedcare.gov.au/find-a-provider/](https://www.myagedcare.gov.au/find-a-provider/).
* The department will also take several steps to help alert CHSP providers of the services SSD providers may deliver. The department can look at publishing a newsletter article in the [My Aged Care newsletter](https://www.health.gov.au/using-our-websites/subscriptions/subscribe-to-the-aged-care-sector-newsletters-and-alerts) and work with the Community Grants Hub to encourage Funding Arrangement Managers to help connect CHSP providers with SSD providers in their region.

## Extra funding to deliver activities

1. **Will there be extra grant funding provided to SSD providers to enable them to engage experts to support CHSP providers with business transformation?**

**Answer:**

* At this time no additional funding will be available in 2022-23. All SSD services must fit within an organisation’s 2022-23 funding allocation. The department encourages providers to explore partnerships with other SSD providers to deliver cost effective activities.
* SSD providers can use brokerage arrangements to engage specialists and/or subject matter experts to support the delivery of training and educational materials for CHSP service providers.

## Completing Activity Work Plans (AWP)

1. **When completing the partnership section of the 2022-23 AWP template, do SSD providers need to nominate the 'stakeholder name' or is ‘SSD Training Provider’ enough detail?**

**Answer:**

* When drafting their 2022-23 AWP SSD providers don’t need to know the providers they intend to partner with. This is because providers may not yet know the SSD provider(s) they will be partnering with.
* Information such as trading name and ABN of the other SSD provider(s) that were partnered with should be provided when completing the January 2023 and July 2023 performance reports.
1. **For the performance indicator column in the AWP, do we need to give specific numbers? ­**

**Answer:**

* It is important to give as much detail you can, however we recognise some providers will not be able to give the specific performance indicator details now.
1. **If an SSD provider was funded in 2021-22 but is no longer funded in 2022-23, do they still need to compete a 2022-23 AWP?**

**Answer:**

* No, only providers that are funded for the 2022-23 financial year will be required to complete a 2022-23 AWP.
* However, you will still need to complete the performance report for services delivered between January and June 2022. The performance report is due 31 October 2022.

## Activity related – 75 per cent activities

1. **Does the new 2022-23 SSD requirement of allocating 75 per cent of funding towards reform related activities apply to all SSD providers?**

**Answer:**

* Yes, in 2022-23 all SSD providers will be required to allocate at least 75 per cent of their SSD funding towards delivering reform focused SSD activities. This requirement applies to all funded SSD providers, irrespective of their funding amount.
* These changes will support CHSP providers navigate the reforms to the CHSP, in preparation for a new in-home aged care program. The activities will help CHSP provider to improve their business processes and assist with the transition to the new program.
* SSD providers can allocate up to 25 per cent of their remaining SSD funding towards delivering other non-reform focused SSD activities. These activities could relate to strengthening the capacity of CHSP providers, supporting the volunteer workforce and mainstream navigation services.
1. **How can SSD providers allocate 75 per cent of their SSD funding towards delivering reform focused SSD activities when we do not have clarity on what we are transitioning to under the new in-home aged care program?**

**Answer:**

* It is important to remember the preparatory reforms to CHSP, such as the transition to payment in arrears, will help CHSP providers to transition to the new in-home aged care program.
* From the [2021 CHSP extension readiness survey](https://www.health.gov.au/sites/default/files/documents/2021/09/commonwealth-home-support-programme-extension-readiness-survey-results.pdf), we heard some CHSP providers have immature IT systems, double handle information, and are unable to track individual consumer services and the amount spent on each individual client.
* SSD providers should focus on how they can help CHSP providers to improve their business processes ahead of the commencement of the new in-home care program as the specific details about the reforms are not required.
* As outlined in the CHSP manual SSD providers may be able to support CHSP providers to improve business processes and service delivery by:
	+ Streamlining processes to gather and record information e.g., transitioning paper-based systems to digital systems.
	+ Developing financial plans and budgets e.g., operating within nationally consistent unit prices, managing fluctuations in service demand etc.
	+ Assisting providers to utilise service delivery information and data to improve business practices and to inform forward year financial planning.
	+ Increasing reporting and data literacy e.g., understanding how to report correctly in DEX.
	+ Forward year workforce and organisation planning.
	+ Evaluating organisation workforce culture e.g., strategies to attract and retain workforce.
	+ Embedding wellness and reablement and restorative care approaches into service delivery e.g., supporting providers to embed practices into service delivery now to enable a seamless transition to the new in-home care program.
	+ Embedding diversity practices and inclusivity within provider service delivery e.g., support providers to develop a 5-year diversity action plan to enable a seamless transition to the new in-home care program
	+ Streamlining the onboarding process for new aged care consumer
	+ Help providers to track individual costs related to service delivery.
* The department will work closely with the Community Grants Hub to support SSD providers to define the activities to be included in their AWPs.
1. **Will there be any oversight of the content and quality of business advice provided to CHSP providers to ensure accuracy and consistency? Additionally, what party/parties would be liable if said advice were to be associated with adverse business outcomes for CHSP providers? ­**

**Answer:**

* SSD providers have a responsibility to ensure the activities they deliver are in-scope of SSD as per the [2022-23 CHSP Manual](https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-chsp-manual) and that these meet the needs of CHSP providers.
* We encourage SSD providers to explore procuring specialist advice to inform technical activities. This will assist in minimising the potential for any associated adverse outcomes for SSD providers and CHSP providers.
* SSD providers are encouraged to liaise with other SSD providers and consult CHSP providers to identify the specific areas where CHSP providers need assistance. These consultations may assist SSD providers decide the specialist advice needed by CHSP providers to assist them transition through the reforms to the CHSP, in preparation for a new in-home aged care program.
* In 2022-23 we encourage SSD providers to engage with other SSD providers to explore partnerships, reduce duplication of effort and drive consistency. The SSD Community of Practice will assist SSD providers to connect and facilitate these engagements.
1. **Will SSD funded providers be able to support providers prepare for the implementation of Serious Incident Response Scheme in home care?­**

**Answer:**

* Yes, in 2022-23 SSD providers can support CHSP providers prepare for implementation of the [Serious Incident Response Scheme](https://www.health.gov.au/initiatives-and-programs/serious-incident-response-scheme-sirs#extending-the-sirs-to-inhome-aged-care-services) (SIRS) to in-home aged care services.
* Activities may initially involve SSD providers advising and or assisting CHSP providers to review the provider’s Incident Management System, to ensure it is appropriately implemented and effective.
* The department will be communicating to the sector and providing more information on SIRS in home care settings once a start date is finalised
* Activities which support CHSP providers implement a SIRS are reform focused and can be funded under the 75 per cent funding allocation.
* Implementation of a SIRS sits alongside, and compliments, other legislative requirements that aged care providers must meet, such as the Aged Care Quality Standards, particularly Standard 8: Organisational governance and Standard 6: Feedback and complaints.
1. **Assuming that CHSP providers are registered and accredited services, do they need support with financial planning advice/training? ­**

**Answer:**

* From the [2021 CHSP extension readiness survey](https://www.health.gov.au/sites/default/files/documents/2021/09/commonwealth-home-support-programme-extension-readiness-survey-results.pdf), we heard some CHSP providers have immature IT systems, double handle information, and are unable to track individual consumer services and the amount spent on each individual client.
* We also know that the change from quarterly upfront payments to monthly payments in arrears is a big shift for many CHSP providers. This change to cash flow will require effective financial planning into the future to ensure service delivery is not interrupted.
* We encourage SSD providers to liaise with other SSD providers and consult with CHSP providers to better understand the areas of CHSP provider need so that activities can be targeted.
1. **The example provided about disseminating information around reforms for CALD communities, who will be developing these resources given there is no real understanding of the reforms­?**

**Answer:**

* As the reforms progress information may be published on the department’s website. SSD providers can use this information to inform CALD communities about the reforms.
* The department will use the Community of Practice to alert SSD providers when resources become available.

## Activity related – general

1. **Workforce issues are a major barrier across aged care. Can SSD funding be used collaboratively to address these issues­?**

**Answer:**

* Yes, SSD providers can work with CHSP providers to identify reasons for difficulty with retaining staff. They may also be able to help providers find strategies to attract and retain workforce.
1. **Given many Local Governments are no longer direct service providers but undertake Community Development and Community Capacity Building within the community and the community sector, what is their role in this funding context? ­**

**Answer:**

* All SSD providers must meet the new requirements of SSD in 2022-23. We encourage Local Governments to work with CHSP providers within their municipal boundary to support them through the reforms to CHSP, in preparation for a new in-home aged care program.
* Although Local Governments may be restricted to delivering activities within their municipal boundaries, where possible SSD activities should be available to all CHSP providers across Australia, such as through a website.
1. **Can SSD funding be used for screening and training volunteers?**

**Answer:**

* Yes, SSD funding can be used for supporting and maintaining the volunteer workforce for CHSP service providers, this includes screening and training volunteers. This activity would be funded under the 25 per cent funding allocation.
* SSD providers should be aware that SSD funding cannot be used on an SSD provider’s own volunteer workforce.
1. **What training will an SSD provider need in 2022-23?**

**Answer:**

* SSD providers will not be required to upskill or receive training to deliver SSD activities in 2022-23.
* SSD providers are encouraged to engage specialists and/or subject matter experts to inform or develop resources where technical expertise or specialist advice is needed to deliver activities.
* The department is not expecting SSD providers to deliver every SSD activity listed in the 2022-23 CHSP Manual. SSD providers may wish to focus or specialise in one or two activities.
* Once the SSD Community of Practice is established SSD providers will be able to connect, collaborate, and share best practice and learnings.
1. **Are there specific SSD activities that the department would prefer prioritised?**

**Answer:**

* The department acknowledges every CHSP provider is different, and the prioritisation of activities will be based on the needs of those providers in your region. Activities should increase the capacity of CHSP providers to support them through reforms to the CHSP, in preparation for a new in-home aged care program.
* We encourage SSD providers to consult with each other and with CHSP providers to understand the areas in which CHSP providers need support, training and/or education.
* The online SSD Community of Practice will be a useful forum for SSD providers to share sector sentiment including areas that CHSP providers are indicating they need help and/or support.

## Business transformation

1. **What does business transform mean, and who specifically do we get help from?**

**Answer:**

* Business transformation relates to the improvement of CHSP provider business processes and service delivery.
* SSD providers may seek specialist advice to assist with the delivery of these activities. The department encourages providers to explore partnerships with other SSD providers to deliver cost effective activities.
* SSD providers should focus on how they can help CHSP providers to improve their business processes ahead of the commencement of the new in-home care program, the specific details about the reforms are not required.
* As outlined in the CHSP manual SSD providers may be able to support CHSP providers to improve business processes and service delivery by:
	+ Streamlining processes to gather and record information for example, transitioning paper-based systems to digital systems.
	+ Developing financial plans and budgets for example, operating within nationally consistent unit prices, managing fluctuations in service demand etc.
	+ Assisting providers to utilise service delivery information and data to improve business practices and to inform forward year financial planning.
	+ Increasing reporting and data literacy for example, understanding how to report correctly in DEX.
	+ Forward year workforce and organisation planning.
	+ Evaluating organisation workforce culture for example, strategies to attract and retain workforce.
	+ Embedding wellness and reablement and restorative care approaches into service delivery for example, supporting providers to embed practices into service delivery now to enable a seamless transition to the new in-home care program.
	+ Embedding diversity practices and inclusivity within provider service delivery for example, support providers to develop a 5-year diversity action plan to enable a seamless transition to the new in-home care program
	+ Streamlining the onboarding process for new aged care consumer
	+ Help providers to track individual costs related to service delivery.
1. **To support business transformation, SSDs need to be appropriately informed by the department in a timely way about upcoming changes / improvement. How will you ensure this will happen and what processes will be put in place to enable SSD providers to access knowledge to inform their work with the sector ­**

**Answer:**

* The department endeavours to communicate all updates and changes to CHSP through its [website](https://www.health.gov.au/initiatives-and-programs/commonwealth-home-support-programme-chsp).
* In 2022-23 the establishment of the SSD Community of Practice will facilitate regular ongoing sharing of information and resources to SSD providers. The Community of Practice will also allow SSD providers to talk to one another and with representatives of the department.
* In addition, as information about the new program becomes available, the department may update the CHSP manual to include additional priority areas.

## SSD Community of Practice (CoP)

1. **Should the budget allocation for the CoP be estimated pro rata for part time and full time?**

**Answer:**

* Providers should estimate their budget after considering the staff they anticipate are most likely to participate in the CoP. If there is likely to be part time and full-time staff participating in the CoP then estimating the budget on a pro rata basis is recommended.
* The performance indicators for participation in the CoP are modest and it is expected that by late March 2023 all SSD providers will have achieved the ‘**Active Participant**’ badge. The ‘**Active Participant**’ badge is achieved once a provider has:
* Visited the SSD CoP site at least 26 days, not sequentially
* Entered at least 20 topics
* Read at least 40 posts
* Spent a total 200 minutes reading posts.
* SSD providers who have their AWP approved by the end of September 2022 will have six months to work through the criteria above to achieve their **Active Participant** badge by March 2023. By using the SSD CoP a provider will naturally progress through the different badges and the criteria above reflects this.
* It is estimated providers will only need to allocate about 1-2 hours per week.
1. **Will SSD providers automatically receive a log on for the CoP?­**

**Answer:**

* No, all SSD providers will be required to register for the SSD CoP. It is recommended providers use a group mailbox to sign up for the CoP. This will ensure a provider retains their progress in the CoP and meets the expected performance indicators.
* If multiple staff within an organisation intend on logging on to the SSD CoP throughout 2022-23, staff must ensure they are using the same log on details.
1. **Can more than one person per organisation participate in the CoP?­**

**Answer:**

* Yes, however we recommend organisations use a group mailbox to sign up for the CoP. This will create a single log on that can be used by multiple staff ensuring providers retain their progress in the CoP and meet the expected performance indicators.
* The single log on through a group mailbox will also make it easier when reporting against this activity.
1. **Will the log on be for the individual representing the SSD provider?­**

**Answer:**

* Yes, the log on for the CoP will be for the staff member(s) representing the SSD provider.
1. **Can the time we spend on the CoP portal be included in AWP / budget?­**

**Answer:**

* Yes, the time staff spend in the SSD CoP will be budgeted for by providers and included in the 2022-23 AWP. Active participation in the CoP is already included as an activity in the 2022-23 AWP template.
* SSD providers will be required to complete the deliverable, time frame, and budget sections for this activity. SSD providers must determine the hours (should be at least an hour per week) and funding allocated towards this activity. As a starting point the funding amount could be:

$$Funding =\left(hours per week×the number of weeks\right)× the SSD officers hourly rate$$

1. **Will the establishment of a CoP duplicate the work of the National SSD Network?­**

**Answer:**

* No, the ongoing work of the National SSD Network will be complimentary to the SSD CoP. The SSD CoP will include all SSD providers and will involve regular participation from representatives of the department.
1. **Will CoP meetings be led or facilitated by a representative from the department? ­**

**Answer:**

* The SSD CoP is intended to be for SSD providers with discussions driven by these providers. However, the department will play a role in the facilitating discussions and sharing resources and information.
1. **If there is a delay in implementation of the CoP will the requirement of participation be reduced?­**

**Answer:**

* No, the performance indicators for participation of the CoP will remain as is. However, if there are extenuating circumstances then this will be taken into account. Implementation of the CoP remains on track for September 2022.
* The performance indicators for participation in the CoP are modest and it is expected that by late March 2023 all SSD providers will have achieved the ‘**Active Participant**’ badge. The ‘**Active Participant**’ badge is achieved once a provider has:
* Visited the SSD CoP site at least 26 days, not sequentially
* Entered at least 20 topics
* Read at least 40 posts
* Spent a total 200 minutes reading posts.
* SSD providers who have their AWP approved by the end of September 2022 will have six months to work through the criteria above to achieve their **Active Participant** badge by late March 2023. By using the SSD CoP a provider will naturally progress through the different badges and the criteria above reflects this.
1. **If there is a change in staffing during the term of the AWP, will both staff need to meet the minimum performance indicators, or can it be a combined total for the SSD provider?**

**Answer:**

* To avoid this issue, we recommend that organisations use a group mailbox when registering for the CoP, this will create the one log on for the CoP which multiple staff members will be able to use.
* This single log on will help ensure a provider’s progress in the CoP is accurately tracked so performance indicators are met.

## Subject matter experts

1. **Does the department have a list of subject matter experts?­**

**Answer:**

* Relevant subject matter experts within the department will be leveraged when providing advice into the CoP.
* We encourage SSD providers to engage with each other and consult across the aged care sector to identify suitable subject matter experts.
* SSD providers may also use the CoP to open discussions on suitable subject matter expertise identified.

## SSD budget

1. **Are you expecting the final figure to equate to the total SSD budget as there is no allowance for on costs or corporate overheads?­**

**Answer:**

* Yes, all costs associated with delivering an activity should be included in the budget.
1. **Should activity costs in the SSD AWP include any program administration costs associated with that activity?­**

**Answer:**

* Yes, the budget should include all administration costs, such as staff costs associated with the SSD activity the provider is planning to deliver.
1. **Are you able to share the calculations used for budget - how are on costs calculated­?**

**Answer:**

* The budget for the activities shown in the example 2022-23 AWP as part of the webinar were for the purpose of an example only and may not represent the actual costs of service delivery.
* SSD providers will need calculate their own budgets based on their experience, research, and planning.
1. **If an SSD provider’s SSD funding has largely been repurposed to other CHSP type activity, leaving a small amount of SSD funding remaining, should the provider only focus on one activity?**

**Answer:**

* All SSD providers, irrespective of funding amount, should focus on expending their 2022-23 SSD funding in a cost-effective way.
* Providers with a small funding allocation may find that the most effective use of funds will be to focus on specialising in the delivery of one or two activities. They should also investigate if a partnership arrangement will help drive cost efficiencies.
1. **Can SSD providers sub-contract to other organisations to deliver­ planned SSD activities?**

**Answer:**

* Yes, SSD providers can subcontract to other organisations.
* SSD providers will still be required to report on the activities delivered in the
bi-annual performance report.

## Delivery of activities - local, state, or national level

1. **Are Local Government limited to using SSD funding in their municipality or is it for our funding region?**

**Answer:**

* The department acknowledges Local Governments may be restricted to delivering activities within their municipal boundaries.
* However, where possible SSD activities should be available to all CHSP providers across Australia, such as through a website.
1. **Can SSD providers operate outside of their state to work with another SSD provider? For example, through use of the CoP, two SSD providers from different states collaborate to develop a training package for CHSP providers­**

**Answer:**

* Yes, we encourage SSD providers to deliver activities outside of their region, where practicable. Collaborative activities and partnerships are encouraged as these may assist in delivering cost effective activities a reduce duplication.
* As mentioned above, the department acknowledges some providers such as Local Governments may be restricted to delivering activities within their municipal boundaries. However, where possible we encourage SSD activities to be made available to all CHSP providers across Australia, such as through a website.

## Activity related – diversity

1. **Does the department have any further updates around the Specialisation Verification Framework?**

**Answer:**

* The department has engaged Australian Healthcare Associates (AHA) to carry out assessments of applications under the My Aged Care Provider Specialisation Verification initiative, and aged care providers can apply from 27 June 2022.
* SSD providers are encouraged to direct CHSP providers to seek information from the department’s website or contact AHA directly, by phoning 1300 242 111.
1. **Will providers be required to complete a Diversity Action Plan?**

**Answer:**

* The department encourages diversity officers to continue to help CHSP service providers embed diversity planning into their organisational plans. These activities can be funded under the 25 per cent funding allocation.
* Implementation of a Diversity Action Plan may be necessary to ensure an organisation is meeting the Aged Care Quality Standards. Activities that support CHSP providers implement a Diversity Action Plan may also be funded under the 75 per cent funding allocation.
* CHSP service providers are required to comply with the standards which outlines that each consumer must be treated with dignity and respect, with their identity, culture and diversity valued.
1. **For diversity activities, what has changed in 2022-23?**

**Answer:**

* As a general rule, SSD providers can continue to deliver all diversity and/or wellness and reablement activities that were delivered in 2021-22.
* This means that if an SSD provider has been delivering diversity related activities such as providing advice on, and/or assisting providers with, embedding diversity principles and requirements as outlined in the Aged Care Quality Standards, Aged Care Diversity Framework, and the Aged Care Diversity Framework action plans they can continue to do so.
1. **­Can you provide information for diversity focused organisations (LGBTIQA+) such as allowable activities? Our previous focus has been on training, resource development - interpretation assistance required.**

**Answer:**

* Activities that support the embedding of diversity practices into CHSP provider service delivery can be funded under the 25 per cent or 75 per cent funding allocation.
* The department encourages diversity focused SSD providers to continue to help CHSP service providers embed diversity planning into their organisational plans. For example, if diversity activities were delivered in 2021-22 and remain in scope of SSD as per the CHSP Manual, then providers can continue to deliver these in 2022-23. These activities would come under the 25 per cent funding allocation.
* For the 75 per cent funding allocation, diversity focused SSD providers may consider assisting CHSP providers with the implementation of a diversity action plan to support providers meet the requirements of the Aged Care Quality Standards.
* CHSP service providers are required to comply with the standards which outlines that each consumer must be treated with dignity and respect, with their identity, culture and diversity valued.

## Activities - Navigation

1. **Between now and Care Finders in January 2023, what is the support for older people to understand and navigate the My Aged Care System?**

**Answer:**

* The care finder program begins 1 January 2023. Care finders will target senior Australians who need intensive support who could otherwise fall through the cracks. There are other supports for people who do not need intensive support, such as the My Aged Care phone line, including the case-co-ordination team, Aged Care Specialist Officers in Services Australia offices, advocates, National Dementia Helpline and Carer Gateway.
* SDD providers may identify these people and refer them to the care finder organisation in their area or other suitable supports. For more information, please visit the [policy guidance for PHNs](https://www.health.gov.au/resources/publications/care-finder-policy-guidance-for-phns).
* The department is also developing referral pathways to assist with guiding clients to the best services in their area. This is something we will share with SSDs when available.
* Navigation services will continue to be funded under SSD and Specialised Support Services for the remainder of the financial year. With further advice to be provided in the coming months.
* SSD providers will be able to allocate up to 25 per cent of their 2022-23 SSD funding towards delivering mainstream navigation services.
1. **Are care finders going to be auspiced by a service provider?­**

**Answer:**

* The number and type of organisations delivering care finder services in each region will be determined by a PHN commissioning process and will reflect local needs in relation to care finder support.
* It is expected that many care finder organisations will be community-based organisations, but this is not a commissioning requirement for PHNs.
* PHNs will establish and maintain a network of care finders to provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community. PHNs will:
	+ commission care finder services based on local needs in relation to care finder support
	+ support a transition of the Assistance with Care and Housing (ACH) service type (with the exception of hoarding and squalor services) to the Care Finder Program
	+ develop, implement and maintain processes to meet data collection and reporting requirements
	+ support the integration of the care finder network into the local aged care system
	+ support continuous improvement of the Care Finder Program
	+ identify and address opportunities to enhance integration between the health, aged care and other systems at the local level.
* For more information, please visit the [policy guidance for PHNs](https://www.health.gov.au/resources/publications/care-finder-policy-guidance-for-phns).

## Activities – Wellness and Reablement

1. **Can you provide an example of a wellness and reablement activity that has a reform focus?­**

**Answer:**

* Implementation of wellness and reablement practices may be needed to ensure an organisation is meeting the Aged Care Quality Standards, particularly Standard 4: Services and Supports for daily living.
* CHSP service providers are required to comply with the standards which outlines that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.
* An example wellness and reablement activity with a reform focus, eligible for the 75 per cent funding allocation, could involve:

*Assisting CHSP providers embed the principles of wellness and reablement into service delivery, ahead of the new program, to ensure providers are meeting the requirements of the Aged Care Quality Standards, particularly Standard 4: Services and supports for daily living.*

1. **Wellness and reablement is listed as 75 per cent and 25 per cent funding allocations, does that mean an SSD provider can choose to allocate 100 per cent funding towards delivering wellness and reablement activities?­**

**Answer:**

* Yes, provided the SSD provider allocates a minimum of 75 per cent of their SSD funding towards delivering wellness and reablement activities that have a reform focus.
	+ For this funding allocation, providers must ensure wellness and reablement activities support CHSP providers through reforms or prepare them for the new in-home aged care program.
* Activities that support providers meet the Aged Care Quality Standards are considered reform focused and can be funded under the 75 per cent funding allocation. An example of a reform focused wellness and reablement activity is provided at Question 59.

## Reporting

1. **What are the upcoming performance reporting dates?**

**Answer:**

* The performance reporting dates are outlined in the table below.

|  |  |  |
| --- | --- | --- |
| Report | Reporting Period | Due date to the department |
| SSD performance report | 1 January to 31 June 2022 | **31 October 2022** |
| SSD performance report | 1 July to 31 December 2022 | **New: 31 January 2023** |
| SSD performance report | 1 January to 30 June 2023 | **New: 31 July 2023** |

1. **Where funding and reporting covers multiple regions does the department want a breakdown of activities by regions?**

**Answer:**

* We’ll consider this suggestion when we review the periodic online performance report. Any changes to the performance report will be communicated to SSD providers.
* Only minor changes will be made to the next performance report which will cover 1 January to 31 June 2022 will be released in September 2022 and is due 31 October 2022.
1. **How and when will SSD providers be required to report on the 2021-22 financial year?**

**Answer:**

* Periodic performance reports will continue to be completed online. The next performance report which will cover 1 January to 31 June 2022 will be released in September 2022 and is due 31 October 2022.
* This report will not capture activities delivered in 2022-23.
1. **To inform data collection planning can providers be made aware of the questions that will be asked in the performance report? ­**

**Answer:**

* The 31 October 2022 performance report will not have any substantial changes from previous reports so the reporting fields will remain the same.
* The department will be updating the 31 January 2023 and 31 July 2023 performance reports to include new fields for the reporting of activities delivered in 2022-23, such as those which may be delivered in partnership or collaboration with other SSD providers. SSD providers will be made aware of the key changes by the end of 2022.

## Regional teams

1. **What is the difference between the new regional teams and SSDs­?**

**Answer:**

* Regional teams were established following the strengthening regional stewardship of aged care [2021-22 budget measure](https://www.health.gov.au/sites/default/files/documents/2021/05/governance-pillar-5-of-the-royal-commission-response-strengthening-regional-stewardship-of-aged-care.pdf).
* While regional teams are involved in building the capacity and capability of providers, similar to SSD providers, their role is much broader and involves analysing local needs, supporting workforce planning, monitoring the effectiveness of the new care finders and single assessment workforce, and supporting best-practice and innovation.