Australian Government
Department of Health

Commonwealth Home Support Programme

Programme Manual 2017

The Ageing and Aged Care Group has been subject to a Machinery of Government decision to move from the Department of Social Services to the Department of Health effective from 5 November 2015. Users of this manual should note that references and links to web-based material and resources are correct as at the time of publishing. The document will be updated to reflect changes as resources are transferred to the Department of Health environment.

The Department reserves the right to review and amend this Manual as deemed necessary and will provide reasonable notice of any amendments.

Foreword

As part of broader changes to aged care that will offer frail, older people and their carers more choice, easier access and better care, the Australian Government launched the Commonwealth Home Support Programme (CHSP) on 1 July 2015.

The CHSP builds on the strengths of home support programmes which came before it and from 1 July 2015 consolidates the following programmes to create a streamlined source of support for frail, older people living in the community and their carers:

- The Commonwealth Home and Community Care (HACC) Program
- Planned respite services under the National Respite for Carers Program (NRCP)
- The Day Therapy Centres (DTC) Program
- The Assistance with Care and Housing for the Aged (ACHA) Program.

The CHSP will deliver the entry-level tier of support in an increasingly responsive, integrated and client-centred aged care service system, delivering a relatively small amount of care and support to a large number of frail, older people to help them to remain living at home.

CHSP services and support will be delivered with a strong focus on wellness, reablement and restorative care.

The amalgamation of programs is supported by My Aged Care through:

- A central client record to allow client information to be appropriately shared with assessors and service providers
- A consistent, streamlined assessment process
- Better access to relevant and accurate information (for clients, carers and family members, service providers and assessors)
- Appropriate referrals for assessments and services.

These supports will improve client outcomes by providing more consistent and integrated care.

This Programme Manual does not apply to HACC services in Western Australia.

From 1 July 2018, HACC services for older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) in Western Australia will transition to the Commonwealth. The Western Australian Government will continue to fund and manage HACC services for older people in line with existing arrangements until the transition of these services from 1 July 2018.

Older people in Western Australia are able to access services under the CHSP that were previously delivered through the NRCP (planned respite services), DTC and ACHA programmes.

Table of contents

Part A – The Programme

Chapter 1 – Overview of the Programme

1.1   Introduction

What is the purpose of this Programme Manual?

This Manual outlines the requirements supporting the delivery and management of the Commonwealth Home Support Programme (CHSP), which commenced on 1 July 2015.

It is primarily for use by service providers and forms part of their Grant Agreement.

Operational and administrative requirements for service providers are outlined in this Manual at:

- Part A – The Programme (and Appendices) – detailing the delivery of CHSP services including operational requirements
- Part B – Administration of the Programme (and Appendices) – detailing service provider and Departmental obligations for administration of the CHSP, including funding and reporting arrangements.

The CHSP Manual 2017 replaces:

- The Commonwealth HACC Program Manual 2012
- The National Respite for Carers Program (NRCP) – (for planned respite service providers) - Respite Service Providers' Program Manual July 2014
- The Assistance with Care and Housing for the Aged (ACHA) Program – Program Manual July 2014
- The Day Therapy Centre (DTC) Program – Program Manual 2012.

The ongoing implementation of the CHSP will be reviewed and monitored. This Programme Manual may be updated or varied in the future from time to time.

Consultation

The CHSP was established through a comprehensive consultation process, which included advice from the National Aged Care Alliance, its CHSP Advisory Group and feedback received from peak groups, organisations and individuals in early 2015.

The outcomes of the consultation process included five core documents for the CHSP consisting of this Programme Manual, the CHSP Guidelines, the Living well at home: CHSP Good Practice Guide, the CHSP Client Contribution Framework and the National Guide to the CHSP Client Contribution Framework.

1.1.2 Terminology

In this Programme Manual, the term 'service provider' refers to service providers or organisations funded to provide services under the CHSP.

A glossary of terms is provided at the back of this Programme Manual.

1.1.3   Scenarios

A range of scenarios have been provided within the Programme Manual to demonstrate how the CHSP may be implemented and the interface between this and other programmes. In addition, Appendix A provides a diagram of the service provider interactions with My Aged Care and Appendix B provides a diagram of Client interactions with My Aged Care.

1.1.4   More information

This Programme Manual is available on the [Department of Health](#) website.

Inquiries about individual services or funding matters must be referred to the CHSP Grant Agreement Manager in the respective State or Territory.

The community can access information about CHSP services from the [My Aged Care](#) website and by calling the My Aged Care contact centre on 1800 200 422.

1.2 Overview of the Commonwealth Home Support Programme

1.2.1 Vision

The CHSP will help frail, older people living in the community to maximise their independence.

Through the delivery of timely, high quality entry-level support services taking into account each person's individual goals, preferences and choices – and underpinned by a strong emphasis on wellness and reablement – the CHSP will help frail older people stay living in their own homes for as long as they can and wish to do so.

In recognition of the vital role that carers play, the CHSP also supports care relationships through providing planned respite care services for frail, older people which allows regular carers to take a break from their usual caring responsibilities.

1.2.2 Definition of entry-level support

The CHSP provides a strategy for delivering small amounts of timely low level home support services to large numbers of frail, older people.

The term 'entry-level' refers to home support services provided at a low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term or episodic basis.

The defining feature of the entry tier is that services delivered to a client are, in total, generally lower than the cost or volume provided in a home care package per annum. Clients who require higher intensity levels of ongoing care and support may be eligible for a home care package.

Another characteristic of entry-level support relates to the case management needs of the client. Where ongoing case management is required to provide a package of care and services, this can signal that the client may need a home care package.

CHSP entry level support is underpinned by a 'wellness approach' which focuses on maximising a client's independence. A wellness approach is about building on older people's strengths, capacity and goals to help them remain independent and to live safely at home. From a client's perspective, a wellness approach means the client can expect service providers to offer to do more 'with them' rather than just 'for them'. While a client might be experiencing some challenges in their overall functioning, a wellness approach starts from the point of view that the client continues to have goals to achieve, have roles that have meaning, continue to make a contribution to society and have a life to live. A wellness approach means listening to what the client wants to do, looking at what they can do (their abilities) and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day to day life. It supports clients to be independent in their homes and to continue to actively participate in their communities.

Whilst the CHSP is essentially an entry level home care program, clients are likely to benefit from a short term or time limited intervention approach to service delivery. These services should be delivered with the aim of getting a client "back on their feet" and able to resume previous activities without the need for on-going service delivery. These time-limited 'restorative-type' interventions are targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or to regain confidence and capacity to resume activities. This may involve a multidisciplinary approach with assessors and services working in an integrated way.

Additional information about wellness, reablement and restorative approaches in delivering entry level support under the CHSP is located in section 1.2.10 Programme philosophies.

Client scenario – Entry-level support

JOYCE

Joyce's son comes to visit her and notices that she is not eating well and seems low in spirits. When they talk about it, Joyce reveals that her closest friend has moved interstate to live with family. Joyce misses her friend's company and is feeling lonely. Since she no longer drives, she has not been to see her other friends at the local seniors' centre.

Joyce and her son call the My Aged Care contact centre and she consents to register as a client and create a client record. The contact centre organises for Joyce to receive a face-to-face Regional Assessment Services (RAS) assessment.

The RAS assessor talks to Joyce about her needs and goals and establishes a support plan that includes:

- appointments with a CHSP funded accredited dietician on a short-term basis (to address nutrition issues)
- community transport to the local seniors' centre where Joyce will see her friends again.

This entry-level support helps Joyce to re-connect with her community, improve her physical and emotional health and continue living in her own home.

1.2.3   Position in the Australian Government's end-to-end aged care system

My Aged Care was introduced on 1 July 2013 and assists older people, their families and carers to access information about aged care via the My Aged Care website and the My Aged Care contact centre.

Since 1 July 2015, entry and assessment for the CHSP is through My Aged Care, the identifiable entry point to the aged care system for older people, their families and carers. The table below details what has been introduced and why it is was introduced.

What was introduced	Why it was introduced
Central client record.	To facilitate the collection and sharing of client information between the client and their representatives, assessors and service providers. This helps reduce the number of times clients need to tell their story. Advice for service providers on how and when to update the client record is available on the My Aged Care website.
My Aged Care Regional Assessment Service (RAS).	To conduct face-to-face assessments for clients seeking to access CHSP services.
National Screening and Assessment Form (NSAF).	To ensure a nationally consistent and holistic screening and assessment process. The form is used by My Aged Care contact centre staff, the RAS and existing Aged Care Assessment Teams (ACATs).

What was introduced	Why it was introduced
Web-based portals for clients, assessors and service providers.	Client portal – for clients and their representatives to view their client record and update personal details. Assessor portal – to manage referrals, use the NSAF and update the client record. Provider portal – to manage service information, referrals and update the client record. This helps achieve efficient and effective ways for clients, assessors and providers to interact with My Aged Care.
Service providers will self-manage information about the services they deliver.	This information is presented on the service finders via My Aged Care and will support accurate referral of clients to services.
Enhanced service finders that include information about non-Commonwealth funded services.	To enable the provision of information about non-Commonwealth funded aged care services to clients and the public.

This streamlined entry to aged care makes it easier for frail, older people to access information on ageing and aged care, have their needs assessed and be supported to locate and access services available to them, including entry-level support.

The CHSP is designed to provide relatively small amounts of a single service or a few services for frail, older people when this is sufficient in maintaining independent community living and wellbeing; or a higher intensity of episodic or short-term services where improvements in function or capacity can be made, or further deterioration avoided.

The CHSP represents the entry tier of the Commonwealth aged care system. In conjunction with the Home Care Packages Program, residential aged care and other specialised aged care programmes, it forms part of an end-to-end aged care system offering frail, older people a continuum of care options as their care needs change over time.

As people age, they can develop conditions or experience increased frailties which impede their ability to continue living in their own home. Investment in entry-level support can delay the need to move to more intensive forms of care. This benefits older people through increasing their independence and quality of life as well as reducing calls on government outlays for other forms of care, such as residential aged care.

The CHSP complements the Australian Government's Home Care Packages Program which is designed to support older people living in the community whose care needs exceed the level of support which can be provided through the CHSP, and provides consumers with higher intensity, ongoing services as well as an individualised budget that the consumer controls. Frail, older people who require higher levels of ongoing support are also able to access Australian Government subsidised residential aged care places.

The CHSP plays an important role in supporting frail, older people by enabling them to maintain their independence and autonomy within their own home. The CHSP ensures that whole-of-system aged care costs can be kept at a sustainable level as the population ages and the number of people requiring aged care increases.

National and international studies indicate a positive relationship between receiving community services and delay/avoidance of more expensive residential care admissions. Studies have

shown that the earlier older people receive community aged care services, the longer their admission to more complex forms of care can be delayed.

The diagram on the following page represents the aged care system that has been in place from July 2015, noting that an expanded aged care advocacy program will be implemented from 1 July 2017. It is also recognised that the delivery of respite services depicted in the diagram through the Care Relationships and Carer Support service types may also be delivered on an ongoing basis over a longer time period, as well as on a short term and episodic basis.

As part of the May 2015 Budget, the Government announced changes to improve the way that home care services are delivered to older Australians. The changes give older Australians greater choice in deciding who provides their care and will establish a consistent national approach to prioritising access to care.

From 27 February 2017 funding for a home care package including any unspent funds will follow the consumer. This will enable a consumer to choose a provider that is suited to them and to direct the funding to that provider. The consumer will also be able to change their provider if they wish, including if they move to another area to live.

Aged care system as at January 2017

Aged Care Services Guide (as at January 2017)

Guide to Australian Government subsidised aged care services

Entry and Screening

🛈

My Aged Care
Information
Screening
Referral

Assessment

👤 Needs
$ Fees

Home Support Assessment
For Commonwealth Home Support * by the My Aged Care Regional Assessment Service *

Comprehensive Assessment
For Home Care, Transition Care, and Residential Aged Care by Aged Care Assessment Teams

Client Contribution Assessment
For Commonwealth Home Support by the Service Provider

Income Assessment
For Home Care Packages by the Department of Human Services or Department of Veterans' Affairs

Combined Assets and Income Assessment
For Residential Aged Care by the Department of Human Services or Department of Veterans' Affairs

Services

🗺 Australia Wide ● Ongoing Care 🕐 Short Term and Episodic Care ◉ Additional Regional, Rural and Remote Programmes

Entry-level support at home

Commonwealth Home Support *

Community and Home Support
- Nursing
- Allied Health and Therapy Services
- Goods, Equipment and Assistive Technology
- Home Modifications
- Home Maintenance
- Meals
- Other Food Services
- Transport
- Domestic Assistance
- Personal Care
- Social Support – Individual
- Social Support – Group
- Specialised Support Services

Assistance with Care and Housing
Service System Development

Restorative Care
Short term home support services to adapt to functional loss, make functional gain after a loss or avoid preventable injuries

Care Relationships and Carer Support
- Flexible Respite
- Centre Based Respite
- Cottage Respite

Short-Term Restorative Care and Transition Care
Services for situations such as restorative care, transition from hospital or recovery from accident or illness

More complex support for older people who are able to continue living independently in their own homes with assistance

Home Care Packages
Four levels of consumer-directed coordinated packages of services to meet a person's specific care needs, including personal care, support services and nursing, allied health and clinical services

National Aboriginal and Torres Strait Islander Flexible Aged Care
Culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home and community especially in rural and remote areas

Multi Purpose Services
Integrated health and aged care services for small rural and remote communities

A range of care options and accommodation for older people who are unable to continue living independently in their own homes

Residential Aged Care
Personal and nursing care for residents of aged care homes

Residential Respite Care
Short term planned or emergency residential aged care

Aged Care System Enablers

👤 Carer Support
👥 Dementia Support
👤 Consumer Support and Advocacy
✓ Consumer Quality and Safeguard

Commonwealth Respite and Carelink Services
National Carer Counselling Programme

Dementia Support Services

Community Visitors Scheme
For Home Care Packages and Residential Aged Care consumers

Advocacy Services

Aged Care Complaints Commissioner

Australian Aged Care Quality Agency (assessments against the standards)

Aged Care Pricing Commissioner

National Aged Care Quality Indicators

Home and Community Based Services 🏠
Residential Aged Care 🏢

The aged care quality and compliance framework ensures older people receive safe, quality aged care services, through setting and monitoring care standards and provider responsibilities, and administering regulation

Home support services and some home support services may be different in Western Australia. My Aged Care assists older people in these states to access state specific home support assessment and services.

The Department of Veterans' Affairs also provides Australian Government subsidised aged care services.

* Home support assessment and some home support services may be different in Western Australia.

Version 1.3 [241116]

Descriptive text for above diagram

The Australian Government subsidises information services, assessment services, aged care services and related support services.

Aged care is provided in home and community settings and in residential aged care settings. Three levels of subsidised aged care services have been available since 1 July 2015:

- entry-level support at home
- more complex support for older people who are able to continue living independently in their own homes with assistance
- a range of care options and accommodation for older people who are unable to continue living independently in their own home.

Seven aged care programmes operate across the three levels of service:

- The CHSP provides entry-level support for older people who are able to continue living independently in their own homes with assistance.
- Home care packages provide more complex support for older people who are able to continue living independently in their own homes with assistance.
- Residential aged care provides a range of care options and accommodation for older people who are unable to continue living independently in their own home. Residential Respite Care also provides short term planned or emergency residential aged care.
- Transition Care provides short term, goal oriented and therapy-focused care for older people after hospital stays either in a home or community setting or in a residential aged care setting.
- The Multi Purpose Services Program is a joint initiative of the Australian Government and state governments and provides integrated health and aged care services for small rural and remote communities either in a residential, home or community setting.
- National Aboriginal and Torres Strait Islander Flexible Aged Care provides culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home and community and are mainly located in rural and remote areas. The service providers deliver a range of services to meet the needs of the community, which can include residential, home care or community services.
- The Short-Term Restorative Care (STRC) Programme is an early intervention programme that aims to reverse and/or slow 'functional decline' in older people and improve wellbeing through the delivery of a time-limited (up to 56 paid days), goal-oriented, multi-disciplinary and coordinated range of services designed for, and approved by, the client. STRC services may be delivered in a home care setting, a residential care setting, or a combination of both.

Aged care services are underpinned by the aged care quality and compliance framework, which ensures older people receive safe, quality aged care services, through setting and monitoring care standards and provider responsibilities, and administering regulation.

Delivery of aged care services is supported by information services operated by My Aged Care and by assessment services that assess care needs and client care:

- Home Support Assessments for the CHSP are conducted by the My Aged Care RAS. Home support assessment and some home support services may be different in Western Australia. My Aged Care assists older people to access state specific home support assessment and services.
- Comprehensive Assessments for home care packages, Transition Care and Residential aged care are conducted by Aged Care Assessment Teams.
- Service providers may directly assess potential clients for the National Aboriginal and Torres Strait Islander Flexible Aged Care and Multi Purpose Services programmes.

- CHSP clients are advised by their service provider of any client contributions payable. The CHSP Client Contribution Framework outlines the principles for providers to adopt in setting and implementing their own client contribution policy, with a view to ensuring that those who can afford to contribute to the cost of their care do so, whilst protecting those most vulnerable.
- Home care package clients require an Income Assessment by the Department of Human Services and/or the Department of Veterans' Affairs.
- Residential aged care clients require a Combined Assets and Income Assessment by the Department of Human Services and/or the Department of Veterans' Affairs.

Additional support for clients and their carers while care is being received is provided through:

- Carer support, which operates across all three levels of aged care services, including being complemented through Commonwealth Respite and Carelink Centres and the National Carer Counselling Programme.
- The Integrated Plan for Carer Support Services, which is being developed to reflect the Australian Government's priorities for carers, and outlines practical actions to recognise, support and sustain the vital work of unpaid carers.
- Dementia support, which operates across all three levels of aged care services, through various dementia support services.
- Consumer support and advocacy, which operates across all three level of aged care services, through the Community Visitors Scheme, various advocacy services, and the Aged Care Complaints Commissioner.

1.2.4   Objectives

The objectives of the CHSP are to:

1. Provide high-quality support, at a low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term or episodic basis, to frail, older people to maximise their independence at home and in the community for as long as they choose, thereby enhancing their wellbeing and quality of life.
2. Support frail, older clients aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) through the direct service delivery of planned respite services, which will allow regular carers to take a break from their usual caring duties and support care relationships.
3. Support clients to delay, or avoid altogether, the need to move into more complex forms of aged care (such as home care or residential aged care), so that whole-of-system aged care costs can be kept at a sustainable level as the population ages and the number of people requiring care increases.
4. Ensure that all clients, including those with special needs, have equity of access to services that are socially and culturally appropriate and free from discrimination.
5. Ensure through the quality framework, including the Home Care Standards, that clients receive high quality services.
6. Facilitate client choice – to enhance the independence and wellbeing of older people and ensure that services are responsive to the needs of clients.
7. Provide flexible, timely services that are responsive to local needs.

In certain circumstances, services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

1.2.5 Outcomes

The intended outcomes of the CHSP are:

- frail, older people with functional limitations are supported to live in their own homes
- frail, older people have increased social participation and access to the community, including through the use of technology
- frail, older people's psychological, emotional and physical wellbeing and functional status is maintained and/or improved
- frail, older people are supported to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their admission to long-term residential care
- frail, older people are supported in a safe, stable and enabling environment
- carers and care relationships are supported
- sustainability and service innovation is improved
- equitable and affordable access to services is provided.

1.2.6 Key features

The CHSP will:

- Provide streamlined entry-level support services.
- Be supported by My Aged Care in providing access to information and services through:
  - a central client record to allow client information to be appropriately shared with assessors and service providers
  - a consistent, streamlined assessment process
  - better access to relevant and accurate information (for clients, carers and family members, service providers and assessors)
  - appropriate referrals for assessments and services
- Deliver services and support with a strong focus on wellness, reablement and restorative care on a short term basis, or of an ongoing nature, or across a small number of time limited interventions, to maximise a client's independence.
- Provide sector support and development activities.
- Promote equity and sustainability through a nationally consistent client contribution framework.
- Reduce red-tape for service providers through streamlined contractual obligations such as consistent record keeping processes, simplified funding arrangements and reporting requirements.

1.2.7 Service delivery principles

CHSP service providers must implement the service delivery principles below when developing, delivering or evaluating services directed to clients:

- Promote each client's opportunity to maximise their capacity and quality of life through:
  - being client-centred and providing opportunities for each client to be actively involved in addressing their goals
  - focusing on retaining or regaining each client's functional and psychosocial independence
  - building on the strengths, capacity and goals of individuals
- Provide services tailored to the unique circumstances and cultural preference of each client, their family and carers.

- Ensure choice and flexibility is optimised for each client, their carers and families.
- Ensure services are delivered in line with a client's support plan to ensure their needs are being met.
- Emphasise responsive service provision for an agreed time period and with agreed review points.
- Support community and social participation that provide valued roles, a sense of purpose and personal confidence.
- Develop and promote strong partnerships and collaborative working relationships between the person, their carers and family, support workers and Regional Assessment Services.
- Develop and promote local collaborative partnerships and alliances to facilitate clients' access to responsive service provision.

1.2.8   Target groups

All new CHSP clients will access services through My Aged Care. Target groups for the CHSP are:

- Frail, older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) who need assistance with daily living to remain living independently at home and in the community.
- Frail, older Commonwealth Home Support clients aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) who receive planned respite services, will allow regular carers to take a break from their usual caring duties.
- Frail, older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation.
- Service providers funded under the CHSP and their service delivery client base.

In certain circumstances, CHSP services may be provided to people who do not meet the target group criteria and who need assistance with daily living to remain living independently at home and in the community.

These circumstances include:

- The client is receiving a certain level of care under a programme that was consolidated under the CHSP and should therefore expect to retain this service level until other suitable care options become available.
- Specific arrangements have been agreed to by the respective state or territory governments and the Commonwealth.
- It is required to give effect to transition arrangements necessary to support the consolidation of the Commonwealth HACC, NRCP (planned respite), DTC and ACHA programmes within the CHSP.
- The Commonwealth determines that other circumstances justify the delivery of services to a younger person.

The CHSP is structured around the target groups identified above. Specific eligibility will apply for each Sub-Programme that targets these groups. Chapter 2 of this Programme Manual provides more detail on Sub-Programmes and eligibility.

Carers

Carers are integral to ensuring the quality of life and independence of frail, older people.

In recognition of the vital role that carers play in supporting frail, older people to remain living at home and in the community, the CHSP will support the care relationship through contributing funding towards a range of planned respite services delivered to frail, older people. These services are provided under the Care Relationships and Carer Support Sub-Programme.

The CHSP is complemented by access to emergency respite services provided through the Commonwealth Respite and Carelink Centres and services provided through the National Carer Counselling Program and Carer Information Support Service, Dementia, Education and Training Program, Counselling, Support, Information and Advocacy – carer support programs.

The Commonwealth, through the Department of Social Services, is developing options for future carer support in the context of and in alignment with, the aged care and disability reforms, working towards a more integrated response for carer services.

An Integrated Plan for Carers Support Services (the Plan) is being developed to reflect the Australian Government's priorities for carers, and outlines actions to recognise, support and sustain the vital work of unpaid carers. The Plan includes the Carer Gateway which commenced in December 2016. More information on the Plan and the Carer Gateway can be located on the Department of Social Services website.

1.2.9 Special needs groups

The CHSP will recognise people with cultural or other special needs with appropriate services which reflect the diversity of the population.

The CHSP recognises the following special needs groups, which align with those identified under the *Aged Care Act 1997:*

- people from Aboriginal and Torres Strait Islander communities
- people from culturally and linguistically diverse backgrounds
- people who live in rural and remote areas
- people who are financially or socially disadvantaged
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
- people who are homeless, or at risk of becoming homeless
- people who are lesbian, gay, bisexual, transgender and intersex
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- parents separated from children by forced adoption or removal.

The concept of special needs within the CHSP is not intended as a principle for generally prioritising access to services for an individual client over another. Rather, the identification of particular groups recognises that each person is unique and has different beliefs, values, preferences and life experiences and that for some people these differences may result in barriers to accessing or using services.

The CHSP will:

- ensure that all clients have equity of access to services and that support is accessible, appropriate and free from discrimination
- ensure that services are delivered in a way that is culturally safe and appropriate for older people from diverse backgrounds

- ensure through the quality framework, including the Home Care Standards, that service providers consider the requirements of special needs groups
- support access by service providers to translation and interpreting services
- consider equity of access for special needs groups in the allocation of new funding.

These principles support the goals identified in the Australian Government's 'National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds' and 'National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy'.

Information on how service providers and clients can access interpreting services is available at [Translating and Interpreting Service (TIS National)](). Victorian CHSP providers are also able to continue to access the Victorian Interpreting and Translation Service (VITS) until 30 June 2018.

Victorian service providers who transitioned to the CHSP from 1 July 2016 are to continue to undertake diversity planning and practice reviews from 1 July 2016 to 30 June 2019 agreed throughout transition.

People with Dementia

The Australian Government considers the provision of appropriate care and support of people with dementia, their families and carers to be core business for all providers of aged care, given its prevalence amongst older people.

The Australian Government funds a range of advisory services, education and training, support programmes and other services for people with dementia, their families and carers.

CHSP clients may access these supports if appropriate to their needs.

1.2.10 Programme philosophies

Maximising Independence

A fundamental objective of the CHSP is to maximise clients' independence and to emphasise an increased focus on ways of working aimed at maximising client autonomy (known in the aged care literature as wellness, reablement and restorative care).

Wellness, reablement and restorative approaches are emerging as powerful ways to help older people improve their function, independence and quality of life, although they are not new concepts in aged care. In Australia, Victoria and Western Australia are already operating with a wellness focus embedded in their programs and services. Other states and territories have also taken significant steps to introduce a wellness approach and some individual organisations in those jurisdictions are using well developed wellness practices.

The *Living well at home: CHSP Good Practice Guide* seeks to build on existing examples of good practice and draw on the communications, capacity-building and training products that have been developed over a number of years in all jurisdictions and overseas.

The design of the CHSP is founded on a wellness approach that is to be embedded at all levels of the programme, including assessment, support planning and service delivery. The provision of reablement and restorative care services are complementary methods of interventions.

Wellness can be applied across all service outcomes with the aim to promote independence and autonomy. The terms reablement and restorative care may be used to describe specific and time limited interventions and supports, with reablement aimed at adaption to changed circumstances and restorative care aimed at measurable improvements in an individual's capacity or function.

Wellness is a philosophy based on the premise that even with frailty, chronic illness or disability; people generally have the desire and capacity to make gains in their physical, social and emotional wellbeing and to live autonomously and as independently as possible.

A wellness approach involves assessment, planning and delivery of supports that build on the strengths, capacity and goals of individuals, and encourages actions that promote a level of independence in daily living tasks, as well as reducing risks affecting the ability to live safely at home. It avoids 'doing for' when a 'doing with' approach can assist individuals to undertake a task or activity themselves, or with less assistance, and to increase satisfaction with any gains made.

The wellness approach underpins all assessment and service provision and applies even when the need for assistance is episodic, fluctuates in intensity or type over time, or is of an ongoing nature.

Like wellness, reablement aims to assist people to reach their goals and maximise their independence and autonomy. However, reablement involves time-limited interventions that are more targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities. Supports could include training in a new skill, modification to a person's home environment or having access to equipment or assistive technology.

In the CHSP, reablement is being embedded within the My Aged Care assessment, referral and service pathway. It will be supported by the My Aged Care RAS that will identify opportunities for clients to be as independent as is practical, potentially reducing the need for ongoing and/or higher levels of service delivery.

Client scenario — applying a wellness and reablement approach

HARRY

Harry is a 70 year old man and lives alone. Harry had a RAS assessment which identified the need for some home care assistance with clothes-washing and cooking. At first the CHSP service provider visited Harry's home three times a week to wash and hang out the clothes for him and cook basic meals for him.

After applying a wellness approach to Harry's situation, the provider identified what Harry could do, what he needed assistance with, and what his goals were. This resulted in the provider only coming once a week to help hang out his bigger, heavier items and encouraging him to hang smaller items by using a trolley and an easy-to-reach drying rack inside.

At the same time, the provider identified that Harry loves cooking, but had lost his enthusiasm after his wife passed away. For a number of weeks the provider stayed and cooked with Harry to help him to prepare several meals that will last over the week. With his confidence back, Harry has continued to do things for himself and has remained independent in his own home.

For a smaller sub-set of older people, restorative care may also be appropriate, where assessment indicates that the client has potential to make a functional gain.

Restorative care involves evidence based interventions led by an allied health worker or professional that allows a person to make a functional gain or improvement after a setback, or in order to avoid a preventable injury.

Restorative care interventions implemented through the CHSP will be coordinated by providers of allied health and therapy services that will help clients set (functional) goals and review their progress after a defined period.

Service providers will be expected to adopt a wellness approach in their service delivery practices and:

- Interpret the support plan with a wellness approach in mind and in consultation with the client.
- Work with individuals and their carers, as they seek to maximise their independence and autonomy.
- Build on the strengths, capacity and wishes of individuals, and encourage actions that promote self-sufficiency.
- Apply a short term or time limited intervention approach that supports full independence.
- Embed a cultural shift from 'doing for' to 'doing with' across service delivery.
- Be alert to changing circumstances and goals of the client and consult with the My Aged Care RAS where appropriate to review the client's support plan.
- Consult the *Living well at home: CHSP Good Practice Guide* to assist in the development of good practices within a wellness approach.

Client scenario – restoring the client to greater independence and functioning

BILL

Bill is a 75 year old man. He lives with his wife Irene. Bill has not previously had a need for aged care services since he and Irene had maintained relatively good health.

Recently Bill had a fall which resulted in him spending time in hospital. Although Bill recovered well from his fall, it has left him feeling anxious about leaving the house. Also, his hospital stay and inactivity reduced his physical fitness, preventing Bill from doing as much around the house and garden as he had done before.

Bill's wife Irene contacted My Aged Care and Bill is referred for a RAS assessment. Bill's RAS assessor works with him to identify what he could do to regain some of his physical capacity and confidence so he can remain at home.

The RAS assessor identifies Bill's strengths – the things he likes to do and what he no longer feels comfortable doing. From this information, the assessor put together a support plan that includes a small number of time-limited interventions with a restorative care focus, including:

- physiotherapy (to help Bill increase strength, balance and endurance)
- occupational therapy (to support him with suitable equipment, such as bath stool and grab rail)
- some home maintenance and domestic assistance.

Following this time-limited support, Bill feels more confident living at home and feels he has regained much of his former capacity to undertake the home maintenance and domestic chores that he used to do.

Applying this short term intervention approach has enabled Bill to regain his strength and confidence and prevented a possible longer term dependence on ongoing support services.

Consumer Direction

In partnership with a wellness approach, consumer direction under the CHSP will drive a model of service delivery that focuses on a client's life goals and strengths. It will empower individuals to take charge of, and participate in, informed decision-making about the care and services they receive. Clients will:

- Have access to detailed information on aged care options provided through My Aged Care.
- Actively participate in assessment of their needs through a two-way conversation with My Aged Care assessors.

- Identify any special needs, life goals, strengths and service delivery preferences.
- Have their carer's needs recognised and assessed with assessors from My Aged Care.
- Have access to free, independent and confidential advocacy services.
- Have options on how to select their preferred service provider (if they choose to) from information available through My Aged Care.
- Have access to client feedback mechanisms including the Aged Care Complaints Commissioner.

CHSP service providers must:
- Establish client consent to receive services as a prerequisite for all service delivery.
- Ensure opportunities for client choice and flexibility are provided for each client, their representatives, carers and families.
- Invite clients to identify their preferences in service delivery and where possible honour that request.
- Deliver services tailored to the unique circumstances and cultural preferences identified by each client, their family, representatives and carers where possible.
- Comply with the Charter of Care Recipients' Rights and Responsibilities for Home Care (excluding the rights expressed at 3A) (see link at Appendix D of this Programme Manual).
- Provide clients with a copy of the Charter of Rights and Responsibilities for Home Care.
- Manage their service information via the My Aged Care provider portal to ensure accurate information is presented publicly through the My Aged Care service finders and to support appropriate referrals to services by the My Aged Care contact centre and assessors.
- Manage client referrals via the My Aged Care provider portal by accepting, rejecting or waitlisting a client for service.
- Manage a central client waitlist within the My Aged Care provider portal – accepting clients from this list for service as services become available.
- Where a client is accepted for service, update the client record through the My Aged Care provider portal with service delivery information, including frequency and intensity of services.
- Have a client contribution policy in place which must be publicly available.

The CHSP does not provide individual budgets like the Home Care Packages Program However, its approach to consumer direction complements the high-level principles for the Home Care Packages Program These include consumer choice and flexibility, consumer rights and participation.

Client scenario — accommodating client choice and cultural preference

INKA

Originally from Finland, Inka is 76 years old and lives alone. Though generally capable, she is suffering from increasing osteoarthritis and is finding that some domestic tasks are becoming painful.

A RAS assessment identifies that what Inka most needs is regular help keeping her house clean. A local CHSP service provider accepts the referral and sends a cleaner to Inka's home once a week. The cleaner usually spends about an hour vacuuming, dusting, mopping and cleaning the bathroom. Inka is pleased with the arrangement and the worker.

In summer, Inka asks if her hand-woven rag mats could be taken outdoors for cleaning. It's a Finnish tradition Inka has done all her life: hang the mats over the clothesline and whack them repeatedly with a rug-beater to remove dust and dirt. This job involves shifting furniture, rolling up the long mats and carrying them downstairs to the clothesline in the back garden. It's a vigorous process, and beyond the cleaner's ability.

Inka speaks to her service provider. An arrangement is made for another worker to visit Inka's home to clean the mats twice a year, replacing the regular cleaner for just those two visits.

1.2.11 What services are funded under the Commonwealth Home Support Programme?

The following service types, including the activities or sub-types under each, are available under the CHSP:

Sub-programme	Service type	Service sub-type
Community and Home Support	Domestic Assistance	General House Cleaning
		Unaccompanied Shopping (delivered to home)
		Linen services
	Personal Care	Assistance with Self-Care
		Assistance with Client Self-administration of Medicine
	Social Support Individual	Visiting
		Telephone/Web Contact
		Accompanied Activities, e.g. Shopping
	Other Food Services	Food Advice, Lessons, Training, Food Safety
		Food Preparation in the Home
	Nursing	N/A
	Allied Health and Therapy Services	Podiatry
		Occupational Therapy
		Physiotherapy
		Social Work
		Speech Pathology
		Accredited Practising Dietitian or Nutritionist
		Aboriginal and Torres Strait Islander Health Worker
		Psychologist
		Ongoing Allied Health and Therapy Services
		Restorative Care Services

		Diversional Therapy
		Exercise Physiologist
		Other Allied Health and Therapy Services
		Hydrotherapy
	Social Support Group	N/A
	Home Modifications	N/A
	Home Maintenance	Minor Home Maintenance and Repairs
		Major Home Maintenance and Repairs
		Garden Maintenance
	Goods, Equipment and Assistive Technology	Self-care Aids
		Support and Mobility aids
		Medical Care Aids
		Communication Aids
		Other Goods and Equipment
		Reading Aids
		Car Modifications
	Meals	At Home
		At Centre
	Transport	Direct (driver is volunteer or worker)
		Indirect (through vouchers or subsidies)
	Specialised Support Services	Continence Advisory Services
		Dementia Advisory Services
		Vision Services
		Hearing Services
		Other Support Services

		Client Advocacy
Assistance with Care and Housing	Assistance with Care and Housing	Assessment - Referrals
		Advocacy – Financial, Legal
		Hoarding and Squalor
Care Relationships and Carer Support	Flexible Respite	In-home Day Respite
		In-home Overnight Respite
		Host Family Day Respite
		Host Family Overnight Respite
		Community Access – Individual respite
		Other Planned Respite
		Mobile Respite
	Cottage Respite	Overnight Community Respite
	Centre-based Respite	Centre Based Day Respite
		Community Access – Group
		Residential Day Respite
Service System Development	Sector Support and Development	Sector Support and Development

These services are funded under specific Sub-Programmes based on the CHSP target groups (Section 1.2.8). Details of each Sub-Programme, including eligibility and service types, are provided in Chapter 2 of this Programme Manual.

Other support services

As part of the transition into the CHSP, in certain circumstances funding is being used for the provision of activities in addition to those listed in the above table. This must be agreed between the Department of Health and the service provider and refers to some services previously funded under the Commonwealth HACC, ACHA, DTC and NRCP programs.

1.2.12 What services must not be purchased using Commonwealth Home Support Programme funding?

- purchase of land
- coverage of retrospective costs
- costs incurred in the preparation of a grant application or related documentation
- major construction/capital works
- overseas travel
- activities that are already funded under other Commonwealth, state, territory or local Government programs because it is their responsibility to fund them (except where grandfathering arrangements are operating)
- activities that could bring the Australian Government into disrepute
- client accommodation expenses, as these are provided for within the social security system (note: Assistance with Care and Housing Sub-Programme services deliver assistance with accessing appropriate support)
- direct treatment for acute illness, including convalescent or post-acute care
- medical aids, appliances and devices which are to be provided as a result of a medical diagnosis or surgical intervention and which would be covered under a Health Care system, such as oxygen tanks or continence pads
- household items which are not related to the functional impairment (i.e. general household or furniture or appliances)
- items which are likely to cause harm to the participant or pose a risk to others
- other activities as outlined in this Programme Manual and updated from time-to-time.

The following are former Commonwealth HACC Program services now delivered under My Aged Care:

- Assessment – undertaken via initial phone-based screening by the My Aged Care contact centre and face-to-face assessments conducted by the RAS.
- Case Management – short-term case management services will be available for vulnerable CHSP clients through My Aged Care linking services delivered by the RAS.

Client Care Coordination is not funded as a separate service type under the CHSP as this function is considered intrinsic to ongoing service delivery.

1.2.13 Where will Commonwealth Home Support Programme services not be provided?

CHSP services will not be offered:

- To permanent residents of residential aged care facilities (except under grandfathering arrangements or on a full-cost recovery basis).
- Where a resident's accommodation contract provides for similar services to those under the CHSP.

Services can be offered to people in retirement villages and independent living units, where a resident's accommodation contract does not include CHSP-like services.

The My Aged Care screening process will help identify what existing services a client is receiving including accommodation services subsidised by Government.

1.2.14 Policy context

Broader aged care changes

In addition to combining existing home support programmes under a single CHSP, the broader aged care agenda includes:

- My Aged Care as the key entry point to Australia's aged care system, which makes it easier for older people, their families and carers to access the aged care services that best meet their needs. From 1 July 2015, My Aged Care introduced nationally:
  - a central client record to allow client information to be appropriately shared with representatives, assessors and service providers
  - a consistent, streamlined assessment process
  - better access to relevant and accurate information (for clients, carers and family members, service providers and assessors)
  - appropriate referrals for assessments and services
- From 1 July 2015, all home care packages were required to be delivered on a consumer directed care (CDC) basis with a strong focus on choice. CDC is a model of service delivery that gives consumers more choice and flexibility about the types of care and services they access, how the care is delivered and who delivers it to them
- The introduction of a more consistent and sustainable client contribution framework
- Work is being undertaken with the aged care sector to develop a single quality framework across aged care. This includes developing a single set of aged care standards, streamlining quality assessments, and improving information about quality to inform consumer choice. Information updates will be provided to service providers and is available on the Department's website.

The *Aged Care (Living Longer Living Better) Act 2013* provides for an independent review of the reforms to commence as soon as practicable after 1 August 2016 with a written report of the review to be given to the Minister by 1 August 2017.

Carers

Carers make a significant contribution to the lives of the older people they care for and an important economic contribution to the community. The CHSP reflects priorities and principles identified within the National Carer Recognition Framework and *The Carer Recognition Act (Commonwealth) 2010*.

CHSP service provision is expected to embody the principles incorporated in the *Statement for Australia's Carers* under the *Carer Recognition Act 2010*, including the following:

1. All carers should have the same rights, choices and opportunities as other Australians, regardless of age, race, sex, disability, sexuality, religious or political beliefs, Aboriginal or Torres Strait Islander heritage, cultural or linguistic differences, socioeconomic status or locality.

2. Children and young people who are carers should have the same rights as all children and young people and should be supported to reach their full potential.

3. Carers should be acknowledged as individuals with their own needs within and beyond the caring role.

4. The relationship between carers and the persons for whom they care should be recognised and respected.

5. Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.

6. Carers should be treated with dignity and respect.

7. Carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education.

8. Support for carers should be timely, responsive, appropriate and accessible.

All CHSP service providers are to take all practicable measures to ensure that:

(a) their officers, employees and agents have an awareness and understanding of the Statement for Australia's Carers; and

(b) they, and their officers, employees and agents, take action to reflect the principles of the Statement in developing, implementing, providing or evaluating care supports.

Further information:

Further information on carers is available on the Department of Social Services website.

Detail on the CHSP is available on the Department of Health website.

Information on My Aged Care for service providers is available on the Department of Health website.

Chapter 2 – Sub-Programmes: Eligibility and Services

2.1 Programme framework – Commonwealth Home Support Programme

The CHSP is structured to include four distinct Sub-Programmes based on the Programme's four target groups as outlined in Section 1.2.8 of this manual:

- Community and Home Support;
- Care Relationships and Carer Support;
- Assistance with Care and Housing; and
- Service Systems Development.

Each Sub-Programme has its own objective, eligibility criteria and service types. This approach helps to target services and supports service providers to respond more flexibly to clients' needs.

Under the Comprehensive Grant Agreement, service providers receive funding to deliver specified outputs against one or a combination of service types under each Sub-Programme. Details on these funding arrangements, including flexibility provisions, reporting requirements and recording CHSP data in the Data Exchange for service providers are set out in Chapter 5 of this Programme Manual.

The Programme Framework of the CHSP, including Sub-Programmes is provided on the following page in Table 1. Details on each Sub-Programme are provided in Section 2.2.

In certain circumstances services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

Programme Framework – Commonwealth Home Support Programme

Sub-Programme	Community and Home Support	Care Relationships and Carer Support	Assistance with Care and Housing	Service System Development
Objective	To provide entry-level support services to assist frail, older people to live independently at home and in the community	To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so that regular carers can take a break	To support those who are homeless or at risk of homelessness, to access appropriate and sustainable housing as well as community care and other support services, specifically targeted at avoiding homelessness or reducing the impact of homelessness.	To support the development of the community aged care service system in a way that meets the aims of the CHSP and broader aged care system
Target Group	Frail, older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) who need assistance with daily living to remain living independently at home and in the community	Frail, older clients aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) will be the recipients of planned respite services	Frail, older people or prematurely aged people aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander peoples) who are on a low income and are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation	Service providers funded under the CHSP and their client base
Service types funded	- Meals - Other Food Services - Transport - Domestic Assistance - Personal Care - Home Maintenance - Home Modifications - Social Support-Individual - Social Support-Group (formerly Centre-Based Day Care) - Nursing - Allied Health and Therapy Services - Goods, Equipment and Assistive Technology	**Flexible Respite**: ○ In-home day respite ○ In-home overnight respite ○ Community access – individual respite ○ Host family day respite ○ Host family overnight respite ○ Mobile respite ○ Other planned respite. **Centre-based respite:** ○ Centre based day respite ○ Residential day respite ○ Community access-group respite	Assistance with Care and Housing	Sector Support and Development activities

Sub-Programme	Community and Home Support	Care Relationships and Carer Support	Assistance with Care and Housing	Service System Development
	• Specialised Support Services	• **Cottage respite** (Overnight community)		

2.2 Sub-Programme – objective, target population, eligibility and services

2.2.1 Community and Home Support Sub-Programme

Objective

To provide entry-level support services to frail, older people to assist them to live independently at home and in the community.

Target population

Frail, older people aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people) who need assistance with daily living to remain living independently at home and in the community.

In certain circumstances services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

Eligibility

Frail, older person who:

- is aged 65 years and over (or 50 years and over for Aboriginal and Torres Strait Islander people)
- has difficulty performing activities of daily living without help due to functional limitations (for example communications, social interaction, mobility or self-care) and
- lives in the community.

Funded Services

Sub-programme	Service type	Service sub type
Community and Home Support	Meals	At Home
		At Centre
	Other Food Services	Food Advice, Lessons, Training, Food Safety
		Food Preparation in the Home
	Transport	Direct (driver is volunteer or worker)
		Indirect (through vouchers or subsidies)
	Domestic Assistance	General House Cleaning
		Unaccompanied Shopping (delivered to home)
		Linen Services
	Personal Care	Assistance with Self-Care
		Assistance with Client Self-administration of Medicine
	Home Maintenance	Minor Home Maintenance and Repairs
		Major Home Maintenance and Repairs
		Garden Maintenance
	Home Modifications	N/A
	Social Support-Individual	Visiting
		Telephone/Web Contact
		Accompanied Activities, e.g. shopping
	Social Support-Group (formerly Centre-Based Day Care)	N/A
	Nursing	N/A

	Allied Health and Therapy Services	Podiatry
		Occupational Therapy
		Physiotherapy
		Social Work
		Speech Pathology
		Accredited Practising Dietitian or Nutritionist
		Aboriginal and Torres Strait Islander Health Worker
		Psychologist
		Diversional Therapy
		Exercise Physiologist
		Other Allied Health and Therapy Services
		Ongoing Allied Health and Therapy Services
		Restorative Care Services
		Hydrotherapy
	Goods, Equipment and Assistive Technology	Self-care aids
		Support and mobility aids
		Medical care aids
		Communication aids
		Other goods and equipment
		Reading aids
		Car Modifications
	Specialised Support Services	Continence Advisory Services
		Dementia Advisory Services
		Vision Services
		Hearing Services
		Other Support Services
		Client Advocacy

As at 1 August 2016, only Allied Health and Therapy Services provided through former Day Therapy Centres will be available under this Sub-Programme of the CHSP in Western Australia. Other, similar services are available through the joint Commonwealth-State funded HACC Program in Western Australia.

Client scenario — supporting older people with disability

MABEL

Mabel is 82 years old and lives alone. She has been diagnosed with macular degeneration and is losing her vision. Mabel no longer drives and is finding it increasingly difficult to access activities and services in her community. She wants to remain as independent as possible. Mabel calls the My Aged Care contact centre to see what support is available.

Screening undertaken by the My Aged Care contact centre identifies that she would benefit from a RAS face-to-face assessment. Mabel is also provided with information on how to arrange a specialist disability assessment and a mobility and orientation instructor to help her manage the functional impacts of her vision loss.

The RAS assessor discusses Mabel's care needs and goals and develops a support plan which includes:

- referral to CHSP-funded specialised support services for advice on living independently with vision loss
- weekly community transport to services and activities in her community.

The community transport provider sends drivers who have experience with vision-loss clients.

Ultimately, the support provided to Mabel addresses the challenges facing her, while also helping her to retain as much independence as possible.

Detail about the service types is provided in the following tables, including service type definitions, service sub-types and service settings.

Service type: Meals

Objective	To provide frail, older people with access to meals.
Service type description	This service type refers to: • meals prepared and delivered to the client's home • meals provided at a Centre or other setting. Providing meals to frail, older people at home, a centre or in another setting may deliver a range of benefits. These include informal health monitoring of clients and supporting social participation e.g. time spent with the older person when delivering the meal and social interactions enjoyed by the older person at a centre or other setting. The term 'Meals' recognises and includes all varieties of service models in operation, including the provision of main meals such as two and three course lunches and dinners and complementary meal options such as breakfast and snack packs. The carers of older people accessing CHSP meal services may receive a meal where they are accompanying those clients where required.
Out-of-scope activities under this service type (i.e. must not be purchased using CHSP funding)	This service type does not include meals prepared in the client's home.
Service delivery setting e.g. home/centre/clinic/community	Delivered to the client's home or provided at a centre or other setting. Centres may include, but are not limited to Senior Citizen Centres and other community-based venues.
Use of funds including any target areas	For meals delivered to the client at home, funds must assist in paying for the production and distribution of the meal. Funding for meals at a centre or other setting must assist in paying for the production of the meal. Funding may be used to access dietetic advice from an Accredited Practising Dietitian where required. Because social security payments provide for the cost of living of recipients it is expected that the cost of the ingredients of the meal will be covered by the client (through their personal income, pension etc..).
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example relevant state and territory safe food handling practices.
Output measure	Number of meals provided. Meals provided to a carer accompanying the client should be counted separately. If meals are provided as part of the main service being delivered (e.g. meals provided as part of a Social Support – Group social

Objective	To provide frail, older people with access to meals.
	excursion) this should not be counted or reported separately within the Data Exchange.
Staff qualifications	All paid staff and volunteers involved in preparation and handling of food must adhere to safe food handling practices including personal hygiene and cleanliness and must be provided with information regarding safe food handling as it relates to their activities.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Other Food Services

Objective	To educate, train and re-skill frail, older people in preparing and cooking a meal in their own home to promote their independence.
Service type description	Other Food Services refers to: • assistance with preparing and cooking a meal in a client's home to promote knowledge, skills, independence, confidence and safety • advice on food including food preparation and nutrition, lessons, training and food storage and safety.
Out-of-scope activities under this service type	This does not cover the delivery of a meal prepared elsewhere or providing shopping services for clients.
Service delivery setting e.g. home/centre/clinic/community	The client's home is the primary setting. Some group-based education activities, however, may occur at centres such as education classes about nutrition.
Use of funds including any target areas	Funding must be used for activities that directly involve the client and promote their independence through education and re-skilling activities.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example safe food handling practices.
Output measure	Time (recorded in hours and minutes as appropriate).
Staff qualifications	All paid staff and volunteers involved in the preparation and handling of food must be provided with information regarding safe food handling as it relates to their activities. Service providers are required to comply with state and territory based references and guidelines relevant to safe food handling practices. Advice on nutrition must be provided by an Accredited Practising Dietitian, a Certificate IV Nutrition and Dietetics Assistant under the guidance of an Accredited Practising Dietitian, or a qualified nutritionist.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Transport

Objective	To provide frail, older people with access to transport services that supports their access to the community.
Service type description	Transport refers to the provision of a structure or network that delivers accessible transport to eligible clients and includes: • direct transport services which are those where the trip is provided by a worker or a volunteer • indirect transport services including trips provided through vouchers. Consistent with the findings of the Review of Community Transport, the Department has commenced work to develop a revised definition for transport services in partnership with states and territories and the sector. This Programme Manual will be updated once this work is complete. Service providers should operate on the definition provided in this Programme Manual until this work is completed.
Service delivery setting e.g. home/centre/clinic/community	Includes, but is not limited to, transport services provided to or from facilities or the client's home.
Use of funds including any target areas	Funding must be used for non-assisted/assisted transport and planned (group) and on-demand (individual) services. The carers of older people accessing CHSP transport services may accompany those clients when using those services where required.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example holding appropriate licenses, meeting state accreditation standards and meeting any legislated access requirements. As per Section 3.2 of this Programme Manual, all CHSP services must be able to offer accessible service options to people with physical or sensory disabilities.
Output measure	Number of one-way trips. Service providers are to count clients and carers separately when reporting outputs within the Data Exchange. If transport is funded under CHSP and provided as a related, but still separate service (e.g. transport of clients attending a Day Therapy Centre) this should be counted as a separate service for each trip, in addition to the attendance at the Day Therapy Centre, when recording in the Data Exchange. Where transport forms part of the main service being delivered (e.g. a bus trip as part of a Social Support – Group social excursion) this should not be counted or reported separately within the Data Exchange.
Staff qualifications	Drivers of transport services must hold an appropriate licence.

Objective	To provide frail, older people with access to transport services that supports their access to the community.
	Service providers must also take reasonable care to ensure the safety of all concerned where paid staff or volunteers are providing transport services. It is the responsibility of the service provider to ensure they are meeting their Work Health and Safety responsibilities for safe driving and client transport practices.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Domestic Assistance

Objective	To provide frail, older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment.
Service type description	Domestic Assistance is normally provided in the home and refers to: • general house cleaning • unaccompanied shopping (delivered to home) • linen services. It can include: • dishwashing • house cleaning • clothes washing and ironing • shopping (unaccompanied) • bill paying (unaccompanied) • collection of firewood (in remote areas) • help with meal preparation (where this is not the primary focus of service delivery) • washing of household linen or provision and laundering of linen, usually by a separate laundry facility. Services may also include demonstrating and encouraging the use of techniques to improve the person's capacity for self-management and building confidence. The use of domestic assistance equipment or aids, such as the available range of emerging technologies or modification of work practices to support client participation in chosen domestic tasks is supported where appropriate.
Out-of-scope activities under this service type	CHSP service providers do not give financial advice or offer to assist with managing a person's finances. Accompanied shopping, bill paying and attendance at appointments are not included under Domestic Assistance but are included under Social Support Individual.
Service delivery setting e.g. home/centre/clinic/community	Normally provided in the home, however in special situations domestic assistance may be delivered at a centre because it is not feasible to deliver the service in the client's home. For example, a day centre may provide washing facilities so that domestic assistance can be delivered to an individual client.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations, for example relating to safe food handling and laundering practices.
Output measure	Time (recorded in hours and minutes as appropriate).
Staff qualifications	Where additional services are performed, such as personal care, in conjunction with domestic assistance, requirements relating to that additional service apply.

Objective	To provide frail, older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Personal Care

Objective	To provide frail, older people with support in activities of daily living that help them maintain appropriate standards of hygiene and grooming.
Service type description	Personal care provides assistance with activities of daily living self-care tasks in order to help a client maintain appropriate standards of hygiene and grooming, including: • assistance with self-care • assistance with client self-administration of medicine. Activities can include support with: • eating • bathing • toileting • dressing • grooming • getting in and out of bed • moving about the house • assistance with client self-administration of medicine (including from dose-administration aids and reporting of failure to take medicines). Services may also include demonstrating and encouraging the use of techniques to improve the person's capacity for self-management and building confidence in the use of equipment or aids, such as a bath seat or handheld shower hose.
Service delivery setting e.g. home/centre/clinic/community	Personal care is normally provided in the home. In special situations personal care assistance may be delivered at a centre or other community setting because it is not feasible to deliver the service in the client's home. This may be because the client is homeless, itinerant or living in a temporary shelter and the centre is able to provide the shower and washing facilities required for client care.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations. State and territory legislation governs medication management. Service providers must take into account all relevant legislation and guidelines in developing policies and procedures around assistance with client self-administration of medicine (including from dose-administration aids and reporting of failure to take medicines) provided under the CHSP.
Output measure	Time (recorded in hours and minutes as appropriate).

Objective	To provide frail, older people with support in activities of daily living that help them maintain appropriate standards of hygiene and grooming.
Staff qualifications	For personal care, including assistance with client self-administration of medicine, a Certificate III in aged/community care or equivalent is desirable. This includes any circumstances where nursing-related tasks are delegated to personal care workers which is permitted under the CHSP (see the Nursing service type in this Programme Manual for more information).
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Home Maintenance

Objective	To provide home maintenance services that assist clients to maintain their home in a safe and habitable condition. Maintenance services provided must be linked to assisting clients to maintain their independence, safety, accessibility and health and wellbeing within the home environment. Maintenance services can also assist in creating a home environment that facilitates a client's reablement goals.
Service type description	Home maintenance services provided to clients must focus on repairs or maintenance of the home and garden to improve safety, accessibility and independence within the home environment for the client, by minimising environmental health and safety hazards. This includes home and yard maintenance and repairs that mitigate or remove identified risks to a client's health and safety and/or services targeted at maintaining a home environment which supports a client's wellness goals. Services refer to: • major home maintenance and repairs • minor home maintenance and repairs • garden maintenance. A home based assessment by a RAS is important for developing initial home and yard maintenance plans. Activities funded can include a range of maintenance or repair tasks such as: • Repair of internal flooring and external access pathways to address slip and trip hazards • Minor plumbing, electrical & carpentry repairs where client safety is an issue • Working-at-height related repairs or cleaning for client health and safety –i.e. gutters, roofs, windows, ceilings, smoke alarms • Secure access issues for clients' personal safety • Accessible, low maintenance garden redesign to support wellness and reablement goals • Yard maintenance – pruning, yard clearance or lawn mowing where there are issues for client safety and access.* * The provision and frequency of on-going home maintenance services (lawn mowing and garden pruning) must directly relate to assessed client need in terms of maintaining accessibility, safety, independence or health and wellbeing and be subject to regular review. They are basic services primarily for function and safety rather than for aesthetic effect.
Out-of-scope activities under this service type	General renovations of the home must not be purchased using CHSP funding. The programme does not provide services that are the responsibility of other parties e.g. private rental landlords,

Objective	**To provide home maintenance services that assist clients to maintain their home in a safe and habitable condition. Maintenance services provided must be linked to assisting clients to maintain their independence, safety, accessibility and health and wellbeing within the home environment. Maintenance services can also assist in creating a home environment that facilitates a client's reablement goals.**
	government housing or where damage to a property is covered by insurance.
Service delivery setting e.g. home/centre/clinic/community	The client's home and/or yard where the client holds responsibility for the maintenance or repair of same.
	As per Section 1.2.13 of this Programme Manual, services will not be delivered where another entity holds responsibility for maintenance or repair to the home; similar Government support is already provided or where it is a state or territory government responsibility to provide this type of support (Section 1.2.12) e.g. clients living in social housing would receive home maintenance and repair support through their state or territory government but may still hold responsibility for the maintenance of their yard.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and local Council Authority regulations e.g. where the work is undertaken by licensed or registered tradespeople.
Output measure	Time (recorded in hours and minutes as appropriate). Cost in dollars – Cost of service provided (amount service provider spends).
Staff qualifications	Service providers must adhere to any legislative or regulatory requirements where the work is undertaken by licensed or registered tradespeople.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Home Modifications

Objective	**To provide home modifications that increase or maintain levels of independence, safety, accessibility and wellbeing. Modification services can also assist in creating a home environment that supports reablement and restorative practices.**
Service type description	Services are provided to assist eligible clients with the organisation and cost of simple home modifications and where clinically justified, more complex modifications. Home modifications provide changes to a client's home that may include structural changes to increase or maintain the person's functional independence so that they can continue to live and move safely about the house. Examples of home modification activities could include: • grab rails in the shower • ramps (permanent and temporary) • step modifications • access and egress pathways through a property • appropriate lever tap sets or lever door handles • internal and external hand rails next to steps • installation and fitting of emergency alarms and other safety aids and assistive technology • client engagement and support. In some clinically justified circumstances home modifications could also include: • bathroom redesign (e.g. lowering or removal of shower hobs, changes to design lay out to improve accessibility) • kitchen redesign (e.g. lowering kitchen bench tops, changes to design layout to improve accessibility) • widening doorways and passages (e.g. to allow wheelchair access). Home modifications are provided to improve safety and accessibility and independence within the home environment for the client. Simple modifications can be installed by the service provider, in line with the Building Code of Australia and include: • hand-held showers, sliding shower rails • removal of shower screens/doors – installation of weighted shower curtains • doorway wedges <35 mm rise • slip resistant flooring/step treatments including highlighter strips • lowering or removal of shower hobs • lever taps and door handles • repositioning of clotheslines, letterboxes • widening of pathways. More complex home modifications require a specialised functional assessment of the client to be undertaken by an Occupational Therapist who will assess the need for home modification, as well as consider alternative solutions that may be more suitable (for example assistive technology and equipment).

Objective	To provide home modifications that increase or maintain levels of independence, safety, accessibility and wellbeing. Modification services can also assist in creating a home environment that supports reablement and restorative practices.
Out-of-scope activities under this service type	General renovations of the home are not in the scope of the CHSP. The intent of the CHSP is to primarily fund simple home modifications (i.e. modifications that would incur a cost of less than $1,000 to the Commonwealth). Modifications that would incur a cost of over $10,000 to the Commonwealth are not supported under the CHSP. The $10,000 cap is the Government contribution and applies per client per financial year. Service providers must record the amount spent in the 'Notes' section of the My Aged Care central client record. .
Service delivery setting e.g. home/centre/clinic/community	Client's home. As per Section 1.2.13 of this Programme Manual, services will not be delivered where another entity holds responsibility for structural changes to the home; similar Government support is already provided or where it is a state or territory government responsibility to provide this type of support (Section 1.2.12) e.g. clients living in social housing would receive home modification support through their state or territory government. It is the responsibility of the client to investigate and gain any permission necessary before modifications are undertaken, for example permission to modify a private property the client is renting, strata scheme permission or local Council authority where applicable. Support to the client to undertake this process may form part of the project management activities undertaken by a service provider.
Use of funds including any target areas	Funds must be targeted towards lower cost modifications that meet client needs. No modification must be undertaken that would incur a cost of over $10,000 to the Commonwealth. Providers can use their home modification funds flexibly to obtain appropriate services for clients where clinically justifiable to increase independence within the home. Providers may consider using the flexibility provisions to purchase Occupational Therapy assessments for clients requiring complex home modifications or small goods and equipment that may be prescribed through the Occupational Therapy assessment that may either support the installation or, where clinically appropriate, may mitigate/negate the need for more complex home modification installations. These hours must be reported as Allied Health and Therapy Services hours if they were delivered by an Allied Health professional.

Objective	To provide home modifications that increase or maintain levels of independence, safety, accessibility and wellbeing. Modification services can also assist in creating a home environment that supports reablement and restorative practices.
Specific funding advice	Funding can be used to cover both the labour costs and the materials cost or only some part of this, for example the initial work including measurement of the home, planning processes and for project management of the modification.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and local Council Authority regulations. This includes holding appropriate licences and insurances, where required. For example, service providers are required to be aware of their obligations to comply with state and territory based laws and regulations relevant to the safe handling and removal of asbestos when undertaking home modifications in the homes of clients.
Output measure	Cost in dollars. Types of modification activity provided. **Note:** Hours of Allied Health and Therapy Services delivered as part of the overall service to the client must also be reported (but under the Allied Health area in the Data Exchange).
Staff qualifications	Providers must comply with Commonwealth and state and territory legislation regarding who can undertake home modifications.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Social Support-individual

Objective	To assist frail, older people to participate in community life and feel socially included through meeting their need for social contact and company.
Service type description	Social support-individual is assistance provided by a companion (paid worker or volunteer) to an individual, either within the home environment or while accessing community services, which is primarily directed towards meeting the person's need for social contact and/or company in order to participate in community life. Services funded include: • visiting services • telephone and web-based monitoring services (including other technologies that help connect older people to their community e.g. to assist people with sensory impairments or those living in geographically isolated areas) • accompanied activities (such as assisting the person through accompanied shopping, bill-paying, attendance at appointments and other related activities). Social support is usually provided one-on-one but may also be provided to more than one person, for example, where social support is provided to an aged couple.
Out-of-scope activities under this service type	Unaccompanied activities such as bill-paying and shopping, which are considered Domestic Assistance. Social Support provided to the client in a group-based environment at, or from a fixed base facility away from their residence, which is considered Social Support-Group.
Service delivery setting e.g. home/centre/clinic/community	Client's home or community setting.
Use of funds including any target areas	Funding must be targeted at supporting older people to participate in community life.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate).
Staff qualifications	Where staff or volunteers are involved in other activities as part of Social Support-Individual, they must have relevant qualifications, for example any food handling and meal preparation must adhere to safe food handling practices including personal hygiene and cleanliness.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Social Support-group

Objective	To assist frail, older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.
Service type description	Social support-group (formerly known as Centre-Based Day Care) provides an opportunity for clients to attend and participate in social interactions which are conducted away from the client's home and in, or from, a fixed base facility or community based settings. These structured activities are provided in a group-based environment and designed to develop, maintain and support social interaction and independent living. Activities may take the form of: • group-based activities held in or from a facility/centre (e.g. pre-set or individually tailored activities promoting physical activity, cognitive stimulation and emotional wellbeing) • group excursions conducted by centre staff but held away from the centre. Services may include light refreshments and associated transport and personal assistance (e.g. help with toileting) involved in attendance at the centre.
Out-of-scope activities under this service type	Social gatherings that do not specifically aim to support older people's social inclusion and independence.
Service delivery setting e.g. home/centre/clinic/community	Usually centres or fixed-base facilities but can include community settings away from the centre (e.g. group excursions).
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate). If a service provider provides transport to/from a centre they will record the transport assistance separately to the Social Support-Group assistance. Any transport provided as part of an excursion or activity within the centre's programme will not be counted as a separate transport service. Any meals provided as part of an excursion or activity within the centre's programme will not be counted as a separate meal service. Where transport is provided (separate to any excursion) to a carer accompanying the older client this should be counted separately within the Data Exchange.
Staff qualifications	Appropriately qualified staff must be used to conduct activities of a specific nature, such as allied health activities or exercise programs. Where staff or volunteers are involved in other activities as part of Social Support-Group, they must have relevant qualifications, for example any food handling and meal preparation must adhere to

Objective	**To assist frail, older people to participate in community life and feel socially included through structured, group-based activities that develop, maintain or support independent living and social interaction.**
	safe food handling practices including personal hygiene and cleanliness.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Nursing

Objective	To provide short-term or episodic treatment and monitoring of medically diagnosed clinical conditions to support frail, older people to remain living at home.
Service type description	Nursing care is the clinical care provided by a registered or enrolled nurse. This care is directed to treatment and monitoring of medically diagnosed clinical conditions and can include use of telehealth technologies to support nursing care and recording client observations.
	Nursing services also play a role in education of clients in maintenance of good health practices and the delivery of treatments and care that improve a client's capacity to self-manage.
	Nursing care includes and allows the delegation of nursing-related tasks to other workers, including personal care workers. Where nursing tasks are delegated to a personal care worker and the service provider does not have personal care workers on staff, the provider should contact My Aged Care to facilitate the client's access to that support.
	CHSP nursing services are not intended to replace or fund support services more appropriately provided under another system, such as the health system or palliative care services.
Out-of-scope activities under this service type	Palliative care and nursing services that would otherwise be undertaken by the health system are not funded under the CHSP.
	These (complementary) services are considered out-of-scope because government funding is already provided for them through other government programmes. For example, where only post-acute care is required, this is considered out-of-scope for the CHSP.
	However, a client can receive non-health related CHSP services in conjunction with post-acute services, for example following a hospital stay. After this, support services must be reviewed to determine whether the client's current needs are being met.
Service delivery setting e.g. home/centre/clinic/community	Nursing care can be delivered in the client's home, a centre, clinic or other location. It is expected they will be primarily delivered in the client's home.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate). Where nursing is provided, including training of a personal care worker to undertake delegated tasks, this should be recorded as nursing hours. Where personal care tasks are provided this should be recorded as personal care hours.
Staff qualifications	Nursing care must be provided by a Registered Nurse or an Enrolled Nurse. Nursing-related tasks may be overseen by a Registered Nurse or Enrolled Nurse. Nursing care allows the

Objective	**To provide short-term or episodic treatment and monitoring of medically diagnosed clinical conditions to support frail, older people to remain living at home.**
	delegation of nursing-related tasks to other workers, including personal care workers.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Allied Health and Therapy Services

Objective	To provide services that restore, improve or maintain frail, older people's health, wellbeing and independence.
Service type description	Allied health and therapy services focus on restoring, improving, or maintaining older people's independent functioning and wellbeing. This is done through providing a range of clinical interventions, expertise, care and treatment, education including techniques for self-management, technologies including telehealth technology, advice and supervision to improve people's capacity.
	The focus of these services is assisting older people to regain or maintain physical, functional and cognitive abilities which support them to either maintain or recover a level of independence, allowing them to remain living in the community. Non-clinical services, including some diversional and preventative therapies, may be provided to clients under this service type, however, these must be complementary supports for the client and not delivered in isolation from the focus of this service delivery.
	Allied Health and Therapy Services funded under the CHSP include (but are not limited to):
	- podiatry - occupational therapy - physiotherapy - social work - formal counselling from a qualified social worker or psychologist - speech pathology - exercise physiology - nutritional advice from an Accredited Practising Dietitian or a qualified nutritionist - Aboriginal and Torres Strait Islander Health worker - diversional therapy - hydrotherapy - other allied health and therapy services.
	This list of services is not exclusive and service providers are not expected to provide all the activities listed.
	There are two models of service provision for this service type available depending on intensity. These are additional service sub-types to those listed above.
	Service providers must indicate which (or both) of the models they are able to deliver, and which specific allied health or therapy they will provide under that model.
	It is anticipated that service providers will be able to deliver both models.
	1) Ongoing Allied Health and Therapy services
	Service providers can deliver one or more of the services in the list above (exactly which services are delivered by the provider will need to be identified). These services are of an ongoing or episodic nature, are delivered on an individual or group basis and provided at a low intensity or frequency, with a maintenance or preventative

Objective	To provide services that restore, improve or maintain frail, older people's health, wellbeing and independence.
	focus, for example regular podiatry for a client with diabetes and group exercise classes. 2) Restorative Care services Service providers can deliver a time-limited, allied-health led approach to service delivery that focuses on older clients who can make a functional gain after a setback. These may be one to one or group services that are delivered on a short-term basis which are delivered by, or under the guidance of an allied health professional. Their goal will to be to increase the independence of clients. They will target people who can make a functional gain after a setback, who are at risk of a preventable injury, or who need other allied health led services to maintain independence. In implementing restorative care services, service providers must: • Conduct an initial assessment of the client to establish a baseline from which progress or maintenance of function can be evaluated. This assessment must identify goals and must include the development of an individual plan for each client. • Use measurable, objective, quantitative and qualitative indicators and record results associated with therapeutic goals or desired outcomes which include the client's functional ability: on entry, at review and at discharge. • Complete an outcome assessment documenting achievement or progress made against identified client goals prior to discharge for each client.
Out-of-scope activities under this service type	Specialist post-acute care and rehabilitation services are out-of-scope and must not be purchased using CHSP funding.
Service delivery setting e.g. home/centre/clinic/community	Services may be delivered in a client's home, a clinic, at a day centre, a group environment or other community setting.
Legislation	Service providers must adhere to any relevant Commonwealth and/or state/territory legislation or regulations.
Output measure	Time (recorded in hours and minutes as appropriate). Type of care (identify which model/s will be delivered i.e. Ongoing Allied Health and Therapy Services and/or Restorative Care Services).
Staff qualifications	Allied health providers must meet their respective accreditation and registration requirements and operate within the scope of practice of their particular regulated or self-regulated body. For example, speech pathologists funded under the CHSP must hold the Speech Pathology Australia Certified Practising Speech Pathologist credential. Depending on the respective accreditation and registration requirements, this may permit activities being undertaken by assistant allied health professionals or less qualified staff.

Objective	To provide services that restore, improve or maintain frail, older people's health, wellbeing and independence.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Goods, Equipment and Assistive Technology

Objective	To provide access to goods, equipment or assistive technology which enables the client to perform tasks they would otherwise be unable to do or promote the older person's safety and independence.
Service type description	Goods, equipment and assistive technology are provided to assist a client to cope with a functional limitation and maintain their independence. Items include those that provide short-term and ongoing support and assist with mobility, communication, reading and personal care. These can be provided through loan or purchase. Goods, equipment and assistive technologies that can be purchased under the CHSP fall under the following service sub-types: • self-care aids • support and mobility aids • medical care aids • communication aids • reading aids • car modifications • other goods and equipment. and include a wide range of items such as: • assistive technologies such as robotic vacuum cleaners • dressing aids • shower chairs • sensor mats • over-toilet frames • walking frames • adapted utensils • low vision aids such as binoculars, electronic magnifiers and magnifying/reading software. Older people need a range of items, from smaller inexpensive 'off the shelf' items to customised equipment and technology which requires assessment and prescription by professionals with specialised skills and knowledge. In general it is expected that clients who are unable to purchase the item/s independently will be able to access up to $500 in total support per financial year under this service type. This cap applies in total per client, regardless of how many items are loaned or purchased. It is not a cap applied per item. For example, a client may lease a walking frame and shower chair in the same financial year for a total combined cost of $450. These items include those which pose a low risk to the client or worker.

Objective	To provide access to goods, equipment or assistive technology which enables the client to perform tasks they would otherwise be unable to do or promote the older person's safety and independence.
	Where a provider assesses it to be necessary, however, the provider has the discretion to increase the cap to $1,000 per client per financial year. **Note**: Service providers must record the amount spent in the 'Notes' section of the My Aged Care central client record.
Out-of-scope activities under this service type	• Items that are not related to the functional impairment (e.g. general household or furniture or appliances) • Items that are likely to cause harm to the participant or pose a risk to others.
Service delivery setting e.g. home/centre/clinic/community	Varied settings.
Use of funds including any target areas	Providers can use goods, equipment and assistive technology funds to provide services that may be necessary to providing equipment for a client, such as specialised assessment for goods and equipment, providing training or support using the item, and maintaining or repairing the item. These hours must be reported as Allied Health and Therapy Services hours if they were delivered by an Allied Health professional.
Specific funding advice	The CHSP is not designed to replace existing state managed schemes which provide medical aids and equipment (e.g. Medical Aids Subsidy Scheme). CHSP service providers are encouraged to access these state and territory aids and equipment programs where appropriate. Access to informed, independent information on the types of equipment available, and which equipment best meets the client's needs, is an important part of the service delivery system. Providers are encouraged to seek advice from their state or territory Independent Living Centre which can assist.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Number of items purchased or loaned. Cost in dollars – of the amount service provider spent. Hours of Allied Health and Therapy Services delivered must also be recorded if appropriate.
Staff qualifications	Training for clients in the use of goods, equipment and assistive technology should be provided by people with appropriate knowledge and skills. For example, speech pathology assessment

Objective	To provide access to goods, equipment or assistive technology which enables the client to perform tasks they would otherwise be unable to do or promote the older person's safety and independence.
	is required to assess clients for communication aids and equipment.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Specialised Support Services

Objective	To provide services that meet the specialised needs of older people living at home.
Service type description	This service type refers to specialised or tailored services for older people who are living at home with a particular condition such as dementia or vision impairment.
	These services help clients, and their carers and families, to manage these conditions and maximise client independence to enable them to remain living in their own homes.
	They comprise a mix of direct service delivery, tailored support and expert advice.
	They also provide support to other service providers to meet the specialised needs of those clients through awareness raising, information sharing and education.
	Specific service sub-types delivered include:
	• continence advisory services • dementia advisory services • vision support services • hearing support services • other support services.
	Other service sub-types that can be provided under this service type on a transitional basis including client advocacy.
Out-of-scope activities under this service type	Specialised support services that would otherwise be undertaken by the health system are not within scope.
	Services that are already funded under other Commonwealth, state, territory or local government programs are not within scope.
Service delivery setting e.g. home/centre/clinic/community	Varied settings.
Use of funds including any target areas	Providers can use funds to support clients with specific needs such as those with dementia, incontinence, vision impairment, hearing loss or other conditions.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate).
	Outputs recorded should include delivery of all advice and support.
Staff qualifications	Appropriately qualified staff must be used to conduct activities.
	Allied health providers must meet their respective accreditation and registration requirements and operate within the scope of practice of their particular regulated or self-regulated body. Depending on the respective accreditation and registration requirements, this may permit activities being undertaken by assistant allied health professionals or less qualified staff.

Objective	**To provide services that meet the specialised needs of older people living at home.**
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

2.2.2 Care Relationships and Carer Support Sub-Programme

Objective

To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so that regular carers can take a break.

Target population

Frail, older CHSP clients will be the recipients of planned respite services, providing their carers with a break from their usual caring duties.

In certain circumstances services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

Eligibility

CHSP clients who require respite services to continue the caring relationship.

Funded Services

Sub-programme	Service type	Service sub type
Care Relationships and Carer Support	Flexible Respite	In-home Day Respite
		In-home Overnight Respite
		Host Family Day Respite
		Host Family Overnight Respite
		Community Access – Individual respite
		Mobile Respite
		Other planned respite
	Cottage Respite	Overnight Community Respite
	Centre-Based Respite	Centre Based Day Respite
		Community Access – Group
		Residential Day Respite

Planned respite services delivered under this Sub-Programme will remain within the CHSP.

Service providers should give consideration to models of respite care that support CHSP clients with carers in employment, training or study. This may include for example, the availability of

respite services outside of current standard operating hours, to assist carers to balance work and caring responsibilities.

Detail on the planned respite service types funded under this Sub-Programme is provided in the table following the client scenario, including a service type definition and service settings.

Client scenario — helping carers continue caring: nurturing the care relationship

KERRY

Kerry is 75 years old. She is the carer for her 83 year old husband, Ronald, who has incontinence and mobility problems due to muscle weakness. Kerry assists him with his personal care, drives him to appointments, and takes him on short outings.

In the last six months Kerry has noticed her health beginning to suffer from concern about her husband and poor sleep. She is also finding it increasingly difficult to balance providing for his needs and continuing the activities she used to enjoy, such as line dancing at the local club with her friends.

Her sister suggests that Kerry calls the My Aged Care contact centre to see what support she and Ronald may be eligible for. Kerry and Ronald both consent for the contact centre to register them as clients and create client records. After screening by the My Aged Care contact centre they are both referred for a RAS assessment.

During the assessment process, both of their care needs and goals are identified: including what help is needed to support Kerry (as carer) and the care relationship she has with her husband.

As a result of the assessment, an individual support plan for both Kerry and Ronald is agreed, and CHSP services are organised to meet their needs. For Ronald, this includes continence aids and fortnightly physiotherapy to address his muscle weakness.

Two hours per fortnight of ongoing, flexible (in-home) respite care is also arranged. Over the coming weeks Ronald becomes comfortable with the respite worker and requests that the same staff member provides the respite services each time. The respite is scheduled at a time that allows Kerry to return to line dancing.

These CHSP services benefit Ronald and give Kerry more balance in her life.

Service type: Flexible Respite

Objective	To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so that regular carers can take a break.
Service type description	Respite care benefits the carer through providing supervision and assistance to the older client. The carer may or may not be present during the delivery of the service. Flexible respite care includes: • **In-home day respite** – provides a daytime support service for carers of clients needing assisted support in the carer's or the client's home. • **In-home overnight respite** – provides overnight support service for carers of clients needing assisted support in the carer's or client's home. • **Community access–individual** – provides one-on-one structured activities to give clients a social experience to develop, maintain or support independent living and social interaction and offer respite to their carer. • **Host family day respite** – day care received by a client in another person's home. • **Host family overnight respite** – overnight care received by a client while in the care of a host family. • **Mobile respite** – provides Respite Care from a mobile setting • **Other** – innovative types of service delivery to clients. Service providers are required to structure services in such a way that allows them to be as responsive as possible to requests from carers for short-term or non-ongoing respite. This includes respite or services in the event of an emergency where the carer is sick or not available and cannot provide the care or support as usual.
Out-of-scope activities under this service type	Residential respite that is delivered under the *Aged Care Act 1997*. (see Glossary). Group based respite.
Service delivery setting e.g. home/centre/clinic/community	Varied settings including the client's home, a host family's home, other suitable accommodation in the community and respite delivered as an outing etc.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate).
Staff qualifications	Where additional services are performed e.g. personal care, in conjunction with respite – requirements relating to that additional service apply.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Cottage Respite

Objective	To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so that regular carers can take a break.
Service type description	Respite care benefits the carer through providing supervision and assistance to the older client. The carer may or may not be present during the delivery of the service. **Cottage respite** (overnight community respite) provides overnight care delivered in a cottage-style respite facility or community setting other than in the home of the carer, care recipient or host family. Service providers are required to structure services in such a way that allows them to be as responsive as possible to requests from carers for short-term or non-ongoing respite. This includes respite or services in the event of an emergency where the carer is sick or not available and cannot provide the care or support as usual.
Out-of-scope activities under this service type	Residential respite that is delivered under the *Aged Care Act 1997.* (see Glossary).
Service delivery setting e.g. home/centre/clinic/community	Cottage settings.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in nights as appropriate).
Staff qualifications	Overnight respite can have unique risks for service providers and clients. Service providers need to identify and manage risk through consistent use of the Home Care Standards, the Comprehensive Grant Agreement and relevant state and territory legislation. Where additional services are performed e.g. personal care, in conjunction with respite – requirements relating to that additional service apply.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

Service type: Centre-based respite

Objective	To support and maintain care relationships between carers and clients, through providing good quality respite care for frail, older people so that regular carers can take a break.
Service type description	Respite care benefits the carer through providing supervision and assistance to the older client. The carer may or may not be present during the delivery of the service. Centre-based respite care includes: • **centre based day respite –** provides structured group activities to clients to develop, maintain or support independent living and social interaction conducted in a community setting. • **residential day respite –** provides day respite in a residential facility to the client. • **community access group –** provides small group day outings to give clients a social experience and offer respite to their carer. Service providers are required to structure services in such a way that allows them to be as responsive as possible to requests from carers for short-term or non-ongoing respite. This includes respite or services in the event of an emergency where the carer is sick or not available and cannot provide the care or support as usual. Residential day respite is defined as day respite in a residential facility (where the booking made is not for consecutive days and nights).
Out-of-scope activities under this service type	Residential respite that is delivered under the *Aged Care Act 1997* (see Glossary).
Service delivery setting e.g. home/centre/clinic/community	Varied group-based settings including a centre and respite delivered as an outing etc.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate). Any transport provided as part of the main service of centre-based respite being delivered within the centre's programme should not be counted as a separate transport service. Any meals provided as part of centre-based respite within the centre's programme should not be counted as a separate meal service.
Staff qualifications	Where additional services are performed e.g. personal care, in conjunction with respite – requirements relating to that additional service apply.
Fees	Client contribution amount recorded in the Data Exchange (in Fees field).

2.2.3   Assistance with Care and Housing Sub-Programme

Objective

To support those who are homeless or at risk of homelessness, to access appropriate and sustainable housing as well as community care and other support services, specifically targeted at avoiding homelessness or reducing the impact of homelessness.

Target population and eligibility

The target group is frail, older people or prematurely aged people aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation.

The person being assessed for assistance under the Sub-Programme, and who must meet the above eligibility requirement is regarded as the Principal Client (see Glossary). The Principal Client may have dependants and these are regarded as co-habiting clients.

Co-habiting clients do not need to meet the eligibility requirements and are entitled to receive the same range of Assistance with Care and Housing support as Principal Clients. This is because the stability of the client household is important to the long term viability of future accommodation arrangements.

In certain circumstances services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

Funded Services

Sub-programme	Service type	Service sub type
Assistance with Care and Housing	Assistance with Care and Housing	Assessment - Referrals etc. Advocacy – Financial, Legal Hoarding and Squalor

Service considerations

To ensure older people are supported in being housed appropriately and to receive the care they need to continue living in the community, service providers funded to deliver Assistance with Care and Housing must follow the principles below.

Assistance with Care and Housing services:

- Will coordinate and link support for clients in a goal focussed client management relationship.
- Provide opportunities for all associated services and programmes to work cooperatively to meet the essential housing, social support and community care needs of extremely vulnerable and disadvantaged members of the community.
- Coordinate a service response that is directed to ensuring appropriate housing is secured for the older person and that their care needs are met so they can continue to live in the community.
- Interact and work with multiple services across a range of sectors.
- Ensure a rapid response to older people who are homeless or at risk of homelessness through one-on-one contact.
- Ensure a flexible and individualised service delivery response within the requirements of the broader CHSP.

- Must have strong links with the community, housing services and all aspects of the aged care sector.
- Will have access to translation and interpreting services under the CHSP to support clients.

Client scenario — accommodation and linking to community support

Pete

Pete is 55 years old and has been sleeping rough for several years. His latest accommodation is a boarding house, where his bedroom is unable to be locked and he is exposed to harassment from other boarders. Pete feels increasingly isolated and fearful for his safety and his health is starting to be impacted.

He has been receiving some help from a local charity which suggests that Pete contact a CHSP service that provides Assistance with Care and Housing support. He visits the CHSP provider and they call the My Aged Care contact centre together and establish he is eligible to receive support.

With Pete's consent, he is registered as a client. The contact centre refers him to the My Aged Care RAS and notes on the client record that the Assistance with Care and Housing provider can be contacted to assist in arranging an assessment with Pete. Upon contact, the RAS and Assistance with Care and Housing provider organise a time to meet with him at his boarding house. They work together during the assessment and develop a support plan with Pete. The RAS records this information on the client record.

Pete's support plan includes finding better accommodation and other community care and support services to prevent a relapse into homelessness

He gives his consent to receive these linking services through the Assistance with Care and Housing provider and a formal referral for service is sent by the RAS to the provider. The Assistance with Care and Housing provider helps Pete find more secure accommodation in his local area. The small bedsit is self-contained and private, and he feels safer and begins to invite his friends to visit him again which helps him feel connected. The accommodation is also located close to public transport and shops so he can maintain his links with the community, such as continuing to visit the charity which first assisted him.

Regular follow-up visits by the Assistance with Care and Housing provider to check on Pete's progress shows that his physical and emotional wellbeing has improved with secure accommodation, support for his health and continuing links to the community through social support.

This gives him a renewed sense of optimism and control.

Service type: Assistance with Care and Housing

Objective	To support frail, older people or prematurely aged people aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless or at risk of homelessness, to remain in the community through linking them to appropriate and sustainable housing, community care and other support services.
Service type description	Assistance with Care and Housing services do not provide direct care or ongoing support, but do link clients to the most appropriate range of housing and care services in order to meet their immediate and ongoing needs. Service sub-types are:
	• Assessment – Referrals
	• Advocacy – Financial, Legal
	• Hoarding and Squalor
	In practice, Assistance with Care and Housing provider engagement with the client and the gradual development of trust, leading to a supportive professional relationship, may take numerous interactions.
	This requires persistence and a specialised capacity of the worker to manage challenging behaviour. When linking clients into services, clients may require a period of continued support and advocacy to assist them to remain linked with those services.
	Assistance with Care and Housing support may also be required at times after linkages have been established to conduct early intervention and prevent relapse into homelessness or estrangement from support services and a resultant decline in the person's welfare.
	Hoarding and Squalor Hoarding Disorder can be associated with health risks and can impact on an individual's friends and family. People experiencing Hoarding Disorder can be assisted by specialist intervention.
	CHSP Hoarding and Squalor services can be offered to clients experiencing symptoms of Hoarding Disorder or who are living in severe domestic squalor. The range of Hoarding and Squalor services may include: developing a client plan; one-off clean-ups; review care plans and linking clients to specialist support services.
	Service providers are required to develop links with other local care services and provide a referral service for clients to those agencies that offer care and support services. Examples of linkages to be made include but are not limited to:
	• CHSP service providers
	• the RAS as part of My Aged Care
	• Aged Care Assessment Program/Team
	• residential aged care where appropriate
	• Home Care Packages
	• state and territory programmes and resources
	• veteran's home care services
	• health services
	• local government services
	• other services appropriate to the needs of the client, such as community care and other support services.

Objective	To support frail, older people or prematurely aged people aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless or at risk of homelessness, to remain in the community through linking them to appropriate and sustainable housing, community care and other support services.
	Requirements for service providers funded under this Sub-Programme in relation to interacting with My Aged Care are outlined at Section 3.4.1 of this Programme Manual.
Out-of-scope activities under this service type	Permanent support and/or direct care provision are out-of-scope. Funding to purchase accommodation for clients.
Service delivery setting	Varied – including a client's home, at a centre or clinic, in the community.
Use of funds including any target areas	Service providers are funded to link clients to appropriate specific services in their area. They may provide clients with direct contact details for these services, or where judged necessary, provide active liaison and representation on behalf of clients. Service providers are also funded to assist the Principal Client to locate, apply for, and relocate to housing in an area suitable to the needs of the Principal and co-habiting Client.
Legislation	Service providers must comply with relevant Commonwealth and/or state/territory legislation and regulations.
Output measure	Time (recorded in hours and minutes as appropriate).
Staff qualifications	Staff must possess an appropriate level of knowledge and skills in relation to socially isolated and/or disadvantaged people.

2.2.4   Service System Development Sub-Programme

Objective

To support the development of the community aged care service system in a way that meets the aims of the CHSP and broader aged care system.

Target population

CHSP service providers and their client base.

In certain circumstances services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

Service type funded

Sector Support and Development

Service type: Sector Support and Development

Objective	To support the development of the community aged care service system in a way that meets the aims of the programme and broader aged care system.
Service type description	The service sub-type is sector support and development. The CHSP will support a range of activities that are designed to support, develop and strengthen the service system and the sector. The types of activities may include: • Supporting the sector by disseminating information on the CHSP and aged care reforms. • Supporting the sector to embed a nationally consistent wellness, reablement and restorative care approach into their service delivery. • Strengthening the CHSP service infrastructure to deliver quality services which respond to client needs, including special needs groups. • Promoting better practice in the delivery of the CHSP. • Brokering, coordinating and delivering training and education to the CHSP workforce.
Out-of-scope activities under this service type	This service type does not include provision of direct service delivery to clients or advocacy.
Service delivery setting e.g. home/centre/clinic/community	Activities can be across a range of settings as appropriate.
Use of funds including any target areas	'Funding must be used to meet objectives and key deliverables as outlined in the Grant Agreement Activity Work Plan.
Measure	Funds expended and reports provided in accordance with activity described in Grant Agreement Activity work plan.

Chapter 3 – Access and interactions

3.1 Interaction between the Commonwealth Home Support Programme and other programs

It is permissible for clients of other programs to access services and support under the CHSP in certain circumstances. The following principles will apply to the interface between the CHSP and other services.

3.1.1 General principles defining access to more than one program

Generally:

- CHSP services must not be provided to people who are already receiving other government-subsidised services that are similar to service types funded through the CHSP.

- Any exceptions to these arrangements must not unfairly disadvantage other members of the CHSP target population.

3.1.2 Interaction with specific programs and services

Home Care Packages

The care needs of a person receiving a home care package should be addressed through their home care package, and any CHSP services delivered to them would generally be paid on a full cost-recovery basis from the home care package client's individualised budget.

This is intended to ensure that the CHSP is able to provide entry-level support services to as broad a population as possible (given that in most cases this will be the only form of support that people receiving CHSP services access), and recognises that home care package clients already receive an individualised budget that they control, with which they can purchase the services offered under the CHSP.

In defined circumstances, however, a home care package client may access CHSP services in addition to the services they are receiving from their home care package budget (that is, the additional CHSP services will not be charged to the client's individualised budget). These circumstances include:

- Where the home care package client's budget is already fully allocated, a Level 1 or 2 home care package client can access additional, short-term or episodic Allied Health and Therapy services or Nursing services from the CHSP.

- Where the home care package client's budget is already fully allocated, and a carer requires it, a home care package client can access additional planned respite services under the CHSP.

- In an emergency (such as when a carer is not able to maintain their caring role), where a home care package client's budget is already fully allocated, additional services under the broader CHSP can be obtained on an emergency or short term basis.

These instances should be time limited, monitored and reviewed.

As with other clients accessing CHSP funded services, except in Western Australia, My Aged Care will be responsible for assessing and referring clients on home care packages to CHSP services where appropriate. All home care package clients must be assessed by My Aged Care (through a RAS) to receive these additional CHSP services.

In addition, CHSP providers should only supply additional CHSP services to home care package clients where they have capacity to do so without disadvantaging other current or potential CHSP clients - that is, CHSP services should prioritise people who need CHSP support but do not have access to other support services over people who are already in receipt of a home care package.

Where a new client has been assessed and approved as eligible for a home care package but is waiting to receive that Package, the client will be able to receive services under the CHSP as an interim arrangement, but only to an entry-level of support consistent with the CHSP, not at the level of support of the Package they are eligible for.

Residential Care

Residential care clients will not be able to access CHSP services unless on a full cost recovery basis.

National Disability Insurance Scheme (NDIS) and other disability supports

The NDIS is not intended to replace the health or aged care systems. The *National Disability Insurance Scheme Act 2013* specifies that a person is eligible for the NDIS if they meet its age, residential and disability requirements. The age eligibility requirements mean that a person needs to have acquired their disability and made their access request before the age of 65 to be an NDIS participant.

People who are not able to access the NDIS but have a disability and are aged 65 or over will be able to access the CHSP if they are eligible, but within its scope as the entry tier of aged care (see the Scenario at Section 2.2.1 of this Programme Manual as an example).

CHSP service providers will be required to make reasonable provisions to accommodate the specific needs of clients with disabilities to enable them to access services that are within scope, such as providing services that are responsive to the client's specific needs.

Continuity of Support

The Commonwealth has developed Continuity of Support (CoS) arrangements to meet the Council of Australian Government's commitment to provide continuity of support to older people aged 65 and over (and Aboriginal and Torres Strait Islander people aged 50 years and over) who are accessing state-administered, specialist disability services and who will be ineligible for the National Disability Insurance Scheme (NDIS) at the time of NDIS implementation in a region.

The arrangements will see a closed cohort of around 8,500 older people who are currently receiving state-administered specialist disability services receive ongoing support, either through the new CoS Programme or an existing aged care programme such as the CHSP.

The CoS Programme will ensure that older people with disability continue to be supported to achieve similar outcomes to those they were achieving prior to the transition.

The CoS Programme has clients transitioning to the new arrangements from 1 December 2016 in some states and territories and will be phased across regions, with full client transition by 30 June 2019. Until the CoS Programme is implemented in a region, clients will continue to access the current state-managed disability system. This staged approach will see minimum disruption to care and services for both older people with disability and their service providers.

Further information on the CoS Programme may be found on the Department of Health website by searching 'Continuity of Support'. More detail on interactions between the CoS and CHSP Programmes will be available in the coming months on the CoS website and in the CoS Programme Manual.

Health system

CHSP services are not intended to replace or fund supports funded and provided for under other systems including the health system. For example, the CHSP aims to maximise independence and autonomy for older people but is not a substitute for early intervention or rehabilitation/subacute/transition programmes provided under the health system.

Post-acute care is also not funded under the CHSP. Where a client is already eligible for CHSP funded assistance or was receiving it prior to hospitalisation, additional support services can be provided following a hospital stay, for a short period of time. After this, support services must be reviewed to determine whether the client's current needs are being met.

Short-Term Restorative Care as a form of Flexible Care

The May 2016 Budget, provided for additional short-term restorative care places to support older people to improve their capacity to stay independent and living in their homes longer, rather than prematurely entering residential aged care. The new care type will build on the success of the existing Transition Care Programme that assists older people to return home after a hospital stay. However, unlike transition care, short-term restorative care will be available to people without the need for a hospital stay.

People receiving CHSP services may be eligible for STRC services. The STRC service provider is expected to liaise with the STRC recipient's current supports (including CHSP providers where applicable) to ensure care is coordinated with existing support/services.

Palliative care

State and territory governments are responsible for the provision and delivery of palliative care and hospice services as part of state health and community service provision responsibilities. As such, decisions on the funding and delivery of palliative care and hospice services in each jurisdiction, are the responsibility of individual state and territory governments.

CHSP clients are able to receive palliative care services from their local health system in addition to their home support services, but this needs to be arranged by the person's GP, or treating hospital. As with any palliative care arrangement, the palliative care team would coordinate the skills and disciplines of many service providers to ensure appropriate care services. This would include working with the client's CHSP service provider(s).

Veterans

Veterans are able to access CHSP services in order to support them to remain independent in their own home in the same way as the general population. This access is determined by their eligibility, assessed need, and any service being provided by other government programmes.

A person's eligibility for Department of Veterans' Affairs-funded services such as the Veterans' Home Care Program, community nursing, transport or respite does not preclude that person from accessing services under the CHSP, so long as the client is eligible for services, the support required from the CHSP is entry-level, and there is no duplication in the specific services/assistance being provided.

For example, a person may access Veterans' Home Care for low-level domestic assistance and personal care, but also be receiving transport and delivered meals through the CHSP.

3.1.3   Transition arrangements for existing clients

Existing clients are considered to be those clients with a current booking for service or currently accessing a service as at 1 July 2015 and including Victorian clients as at 1 July 2016; who accessed services (perhaps intermittently) at least three times over the previous financial year (e.g. three episodes of receiving meals); or who received care for a continuous period of six months or more in the previous financial year (see Glossary).

Under the CHSP, efforts are made to ensure that there is continuity of care for existing clients. This includes:

- Existing clients of previous programmes (Commonwealth HACC; planned respite services under the NRCP; DTC and ACHA programs) who would otherwise not be eligible for similar CHSP services. These clients will be supported during a transfer to other appropriate services or grandfathered until suitable services become available.
- Existing clients who are eligible under the CHSP.
- Existing home care package clients who have been referred by the Department.

It is expected that grandfathering arrangements would occur within the life of the CHSP Grant Agreement. In the interim, service providers are expected to transition clients to more appropriate services in a timely manner.

Where an existing client's needs change significantly so they would need additional levels of services or new service types, the client must be referred to My Aged Care for reassessment and based on the outcome of this assessment, will be supported to move to more appropriate care, such as a home care package.

Grandfathering arrangements for existing clients aged under 65 years is necessary until other more appropriate care is available.

In certain circumstances services may be provided to people outside the identified target groups for the CHSP as noted in Section 1.2.8 of this Programme Manual.

Residential Care

Prior to 1 July 2015, services funded under the DTC Program were available to residents with an Aged Care Funding Instrument (ACFI) 'low' score in Australian Government funded residential care facilities. These existing DTC clients will be grandfathered under the CHSP.

Clients needing services that are over the level of 'entry-level support'

Existing clients receiving services prior to 1 July 2015 will continue to receive CHSP support from the current service providers at the current service level until they are transitioned to other forms of more appropriate care. This includes consideration of their eligibility for a home care package or residential care.

The service provider's approach to transition these clients to other programmes must be underpinned by the principle of consumer direction.

Existing clients receiving services over 'entry-level support' as they wait for a home care package

Existing clients receiving services over 'entry-level' support prior to 1 July 2015 and waiting for a home care package will continue to receive CHSP services at current level until the home care package becomes available.

Clients aged under 65 years

Clients aged under 65 years who were accessing services under the NRCP or DTC Program prior to 1 July 2015, will be allowed to continue to receive services under the CHSP until:

- a more appropriate service becomes available, such as the NDIS
- they no longer require the service
- the expiration of the Grant Agreement for the CHSP.

This is necessary to ensure this group of clients has access to services until they can access more appropriate care.

Clients who are homeless or at risk of homelessness and aged under 50 years

A small number of Principal Clients aged under 50 years accessed linkage services provided by the former ACHA Program. These clients may retain access to equivalent services under the CHSP until other suitable services become available.

Carers of clients under the age of 65

Prior to 1 July 2015, there was a small group of carers of clients under the age of 65 receiving services under the former NRCP. Grandfathering arrangements will apply for existing respite arrangements to ensure continuity of care for these clients. These clients may retain access to equivalent services under the CHSP until other suitable services become available.

3.2 Equity of access

Service providers must ensure that all their clients have equitable access to services. To achieve equitable access, service providers must consider the following key principles:

- Physical access – all CHSP services must be able to offer accessible service options to people with physical or sensory disabilities.
- All eligible people assessed as needing a service must have equal access to CHSP services whether they are an Aboriginal and/or Torres Strait Islander person; from a diverse cultural and linguistic background; or on the grounds of location, marital status, religion and spirituality, gender identity, sexual orientation and intersex status, disability or whether they have the ability to pay for services.

In addition:

- The CHSP does not have any exclusion from services based on citizenship, residency status or eligibility for Medicare support. However there may be provisions in the *Migration Act 1958* that require a person, who has given an assurance of support, to repay a visa holder's aged care or medical costs. The Department of Immigration and Border Protection should be contacted in relation to this matter if an assurance of support has been given.
- Eligibility does not translate to having an entitlement to services. Services may not be able to be provided due to other people being assessed as a higher priority or resources not being immediately available.

3.3 Prioritisation of referral

Priority of the referral will be determined by My Aged Care based on evidence based approaches using standardised factors including carer availability, cognition and function. This will be provided with the referral through the My Aged Care provider portal. The priority timeframes are referenced in the *My Aged Care Guidance for Providers* document available on the My Aged Care website.

Service providers are to take this rating into account along with their own capacity to respond with existing resources before accepting a client.

3.4 Assessment for entry to the Commonwealth Home Support Programme

3.4.1 Assessment functions undertaken by My Aged Care

Since 1 July 2015, entry and assessment for the CHSP has been through My Aged Care. Detailed information for service providers on interacting with My Aged Care and using the My Aged Care provider portal is available on the Department of Health website.

My Aged Care incorporates a website and contact centre. The My Aged Care contact centre registers clients and provides a preliminary assessment of the client's circumstances via a phone-based screening process.

My Aged Care also incorporates a Regional Assessment Service (RAS). The RAS operates in all states and territories across Australia (except Western Australia) and assesses a client's needs and eligibility for CHSP services via a face-to-face assessment.

Both levels of assessment will be supported by a standardised national assessment process (using the National Screening and Assessment Form (NSAF)) and a central client record.

The My Aged Care assessment process

The My Aged Care contact centre registers the client (as appropriate), conducts a screening process over the phone (where possible) and will then do one of the following:

- refer the client for a face-to-face home support assessment to be conducted by a RAS, if the client can be supported by the CHSP
- refer the client for a face-to-face comprehensive assessment to be conducted by an Aged Care Assessment Team (ACAT), if the client's needs indicate a higher level of care could be required under the *Aged Care Act 1997*
- refer the client directly to CHSP service(s), in exceptional circumstances only, as well as for a face-to-face home support assessment to be conducted by a RAS
- provide information about non-Commonwealth funded services.

Assessment processes Western Australia

Western Australia will continue to hold separate responsibility for the provision of face-to-face assessment services. Clients living in Western Australia can still call My Aged Care, but there will be differences in the assessment and delivery of services.

My Aged Care will direct clients to the existing Western Australia intake point if they are seeking services under the CHSP. Face-to-face assessments for CHSP services will be undertaken by the existing HACC Assessment Service which does not use the same assessment framework as My Aged Care.

Western Australian CHSP providers are able to accept clients directly as well as receive referrals through their existing referral pathways.

Comprehensive assessments in Western Australia continue to be undertaken by ACATs who transitioned to using all functions of My Aged Care in December 2015.

Core functions delivered by the Regional Assessment Service

Once clients have undertaken a preliminary assessment of their circumstances via a phone-based screening with the My Aged Care contact centre, they will then be further assessed by a RAS for access to CHSP services. The RAS is responsible for:

- assessment of new clients, with a holistic, goal oriented, wellness and reablement focus
- matching and referral of assessed clients to appropriate CHSP services and other appropriate support services
- review or reassessment of existing clients where there may be a significant change in the client's circumstances or needs
- linking service support to assist vulnerable clients with complex care needs to access a range of aged care and other services e.g. health, housing, disability, financial and aged care services
- the provision of information regarding client contributions for CHSP Services.

The RAS are required to have local knowledge of CHSP Services.

Comprehensive assessments for aged care services (such as home care packages) under the *Aged Care Act 1997* continue to be undertaken by ACATs. The RAS can refer clients to ACATs (when required).

NOTE: As part of the assessment process in Victoria, HACC Assessment Services participate in Victoria's emergency management practices to identify and protect vulnerable people who live in high risk areas. Victorian HACC Assessment Services and service providers are encouraged to continue to participate in these procedures and practices.

Clients approaching service providers directly

Since July 2015, people seeking access to aged care services for the first time need to contact the My Aged Care contact centre to discuss their aged care needs and have a client record created. New clients will need to follow the My Aged Care assessment process.

New clients (and existing clients seeking new service types) should not access CHSP services directly by approaching a service provider unless the client has an urgent need for a health or safety intervention that can be delivered by a service provider.

Where it is clear that urgent care is required, for example the delivery of meals due to the unplanned absence of a carer, service delivery may be provided before a client has contacted My Aged Care to ensure the safety of the client. In all other circumstances, services should not commence before an assessment.

GPs and hospitals should use their existing processes and networks to refer patients who need urgent CHSP services. My Aged Care should not be used for referrals for services that should be provided to older people through the health system.

If a service provider is approached before the client has contacted My Aged Care, they can assist clients with the My Aged Care registration process by:

- Calling the My Aged Care contact centre with the person to help them register and be screened. This is the quickest method to registering a client.
- Recording client details in an inbound referral form, accessed from My Aged Care that is sent to the My Aged Care contact centre for actioning.
- Sending a fax with information about the person to the My Aged Care contact centre for actioning.

Direct referral by My Aged Care to CHSP service delivery including urgent circumstances

The client can be referred by My Aged Care directly to a CHSP service, only:

- If the client has a need for an immediate health or safety intervention that is unsupported through other means

The services referred to should be:

- For a one-off intervention (such as transport to a GP appointment)
- For a direct health or safety intervention that needs to occur before a face-to-face assessment can take place (such as for Nursing, Personal Care or Meals).

Any clients that are referred by the My Aged Care contact centre directly to service providers, before the completion of a face-to-face assessment, will be time-limited.

The following describes circumstances where service delivery could commence prior to completion of the My Aged Care face-to-face assessment by either a RAS or ACAT:

- Where a client calls the My Aged Care contact centre and identifies an urgent need for service because they require a health or safety intervention that cannot be supported by any other means. In these cases, a client will be referred to both a face-to face assessor and a service provider (with time limited approvals) to begin receiving services whilst they wait for a face-to-face assessment to be completed.
- Where a client approaches a service provider directly and it is clear that urgent care is required, for example the delivery of meals due to the unplanned absence of a carer. In these cases, service provision can occur, however clients will still need to be registered with My Aged Care, and have their broader needs considered via a face-to-face assessment.

This recognises situations where urgent delivery of services is required while maintaining the commitment to a more thorough analysis of the client's needs by the RAS when possible.

There are established performance indicators including timeframes for RAS in managing referrals, conducting an assessment and making referrals.

Face-to-face assessment

Where face-to-face assessment is required, this will be conducted in the client's home or other appropriate location by the RAS (using the NSAF), building on the information collected by the My Aged Care contact centre during the screening process. Unless unavoidable, the assessment must not take place over the phone.

This may include referring clients to more specialised assessments undertaken under the CHSP where required, such as allied health professionals. The central client record will ensure clients do not need to unnecessarily repeat their story as Commonwealth-funded service providers will have access to this information.

The assessment will focus on the strengths and needs of the individual client, rather than be specific to a particular programme or care type. RAS assessors are appropriately skilled, and trained to undertake assessments and identify services appropriate for a diverse range of clients. The national training resources for staff conducting screening and assessment includes consideration of the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander people and the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community. The screening and assessment process, facilitated through the NSAF, ensures diverse needs groups are appropriately considered and provided with culturally appropriate support.

My Aged Care RAS assessors will approach assessment in a way that maximises client independence and autonomy, supporting their desire and capacity to make gains in their

physical, social and emotional wellbeing by optimising physical function and active participation in the community.

Where a client may benefit from a short course of more intensive supports, as part of a reablement approach recommended by a My Aged Care RAS assessor, the CHSP will be able to deliver a goal orientated support service for a time-limited period. The nature of these services should be identified in the referral sent to providers.

Review of client needs

Changes in a client's circumstances may result in reviews or new assessments being completed over time.

A review refers to a check of the effectiveness and on-going appropriateness of the services the client is receiving. A review of a client may take place where:

- a client has received restorative care interventions under CHSP and has made a functional gain or improvement to remain independent
- the My Aged Care assessor sets a review date in the support plan for a short term service. For example, where the client is referred for time limited support under the CHSP whilst a client is waiting for access to a home care package
- a service provider identifies a change in the client's needs or circumstances that affects the existing support plan
- a client identifies a change in their needs or circumstances, or seeks assistance to access new services or change their service provider.

CHSP service providers have an on-going responsibility to monitor and review the services they provide to their clients to ensure that the client's needs are being met. Where there is no recommended review date included in the support plan, it is expected that the service provider will undertake a review of services they are delivering, at least every 12 months. The outcome of the review is to be recorded on the client record.

Where the client requires a different service or where the review highlights needs or goals not identified on the client's support plan, the service provider must refer the client to the RAS for a review. A client completing a restorative care programme may also be referred to the RAS, for identification of any on-going services needed following the end of the programme. The outcomes of a review may include:

- no change
- an increase or decrease in services
- a new assessment to be conducted by the RAS
- a referral to an ACAT for a comprehensive review for services accessed under the *Aged Care Act 1997*.

If there is a significant change in the client's needs and/or circumstances that affect the scope of the support plan, a new assessment may be undertaken by the RAS. This may be initiated by an assessor's review following a request for review by a service provider or by a client. Clients will be referred to the RAS that last undertook the face-to-face assessment.

Assistance with Care and Housing Sub-Programme service providers

It is recognised that a specialised approach is required for Assistance with Care and Housing clients due to their particular circumstances. For these clients, Assistance with Care and Housing service providers may be a point of entry and assessment in addition to My Aged Care.

Assistance with Care and Housing providers can help clients contact the My Aged Care contact centre and work with the My Aged Care RAS, particularly during the assessment process.

Providers can also update the client service plans. Where there are significant changes in need or additional services needed, service providers can request a review, which may lead to a new assessment for the client.

Implementing a reablement approach

The My Aged Care RAS assessors meet face to face with potential clients to determine eligibility for Commonwealth subsidised aged care services, and work with the client to identify areas of concern and set goals as part of developing the client's support plan. Where appropriate, they can refer clients to available service providers.

Service providers then interpret the support plan with a wellness approach in mind and in consultation with the client by translating each identified goal into smaller steps to enable clients to progress their goals.

The My Aged Care RAS assessors will be responsible for developing support plans with the client that may result in referral to services that will provide a reablement intervention. Such a plan might include some of the following:

- need for assistive devices or equipment
- in-home or community linked exercise and daily activity program
- strategies to reduce falls
- improved awareness and understanding of the use of medication
- ways of managing chronic disease, including improved ways of self-management.

Because of the nature of reablement services, it is possible there will be several items in the support plan that need to be delivered in a coordinated way over a limited time period. In these circumstances, the assessor could refer a client to a lead provider, the organisation or individual provider who will deliver the key services in the support plan.

The assessor might also need to take on a coordination role to ensure that all services in the support plan are linked to a provider and that they will all be delivered in the time frame of the overall reablement service.

More detail on implementing a wellness approach, including reablement, under the CHSP is available in the publication *Living well at home: CHSP Good Practice Guide.*

3.4.2 Service provider requirements for interacting with My Aged Care

CHSP service providers must:

- provide and update their service data via the My Aged Care online provider portal
- accept/reject client referrals via the My Aged Care online provider portal
- refer or help clients to access My Aged Care where clients have approached them directly
- enter service information and update client details on the client record
- participate in assessment, referral and client record processes.

The *My Aged Care Guidance for Providers* and *My Aged Care Provider Portal User Guide* are available on the [Department of Health](#) website. These documents provide service providers with detailed information on the My Aged Care system.

3.4.3 Assessment functions undertaken by Commonwealth Home Support Programme service providers

From 1 July 2015 CHSP funding for assessment, case management and client care coordination was transferred to the My Aged Care RAS to perform these functions.

The RAS conducts face-to-face home support assessments by determining a client's needs and their goals using the National Screening and Assessment Form (NSAF). The RAS also offers a linking service which provides short-term case management and care coordination for vulnerable older people with complex needs and undertakes reassessments where client's needs change.

The above separation of assessment from service provision allows for the application of a nationally consistent and standardised approach to assessment delivery.

However, a small number of assessment functions will continue to be undertaken as integral parts of service delivery by CHSP service providers, where they are intrinsic to the service being delivered.

These include:

- Service level assessment activities relating to the service provider, such as undertaking Work Health and Safety assessments (for both the care worker and client). As noted earlier, service providers also need to undertake a review of services every 12 months (these may be done over the phone or face to face with the client).
- Specialised assessment based on professional expertise (e.g. Nursing, Allied Health and Therapy Services; and face-to-face malnutrition risk assessments by Meals providers where organisations have this knowledge and capacity).
- On-going monitoring of the client, the home environment; and appropriateness of service arrangements.
- Referral to My Aged Care if the client's care needs change significantly (e.g. high levels of additional services are required or new service types are needed). This will likely lead to a new assessment.

In addition, service providers must follow requirements identified at Section 3.4.2 of this Programme Manual.

3.4.4 Assessment principles

CHSP service providers must adhere to the following principles when undertaking the functions outlined in Section 3.4.3 of this Programme Manual and in interacting with My Aged Care as per Section 3.4.2.

Review and refer

Where a client's circumstances have altered (e.g. carer status has changed) and/or the client's needs are changing to a point where new service types may be required or current levels of service are escalating significantly, service providers must refer clients to My Aged Care. This may lead to adjustment of the support plan and a new assessment.

Avenues for client complaint about assessment

If a client has a complaint about the assessment process or outcome, the client should contact the RAS in the first instance. The RAS will document the complaint and attempt to resolve the complaint within their internal complaints system. (RAS providers are required to develop and

document their own internal complaints system, which aligns with the Deed of Arrangement). If a client is not satisfied that their complaint has been resolved by the RAS, they can escalate the complaint by contacting the My Aged Care contact centre.

My Aged Care

The publications My Aged Care Guidance for Providers and My Aged Care Provider Portal User Guide are available on the Department of Health website and provide CHSP service providers with detailed information on the My Aged Care system.

Service level assessment

All review and assessment functions undertaken for the CHSP must incorporate the eligibility and service information and Work Health and Safety requirements outlined in this Programme Manual.

Privacy and confidentiality

Assessment practices must be in accordance with processes to protect client privacy and confidentiality.

Chapter 4 – Client Contribution Framework

4.1 Operation of the Framework

In October 2015, a principles-based Client Contribution Framework (the Framework) was introduced for the CHSP. CHSP providers will be governed by this principles-based approach to the charging, collecting and reporting of client contributions to at least 30 June 2018.

The Framework outlines the principles service providers can adopt in setting and implementing their own client contribution policy with a view to ensuring that those who can afford to contribute to the cost of their care do so, whilst protecting those most vulnerable. It is designed to support the financial sustainability of the CHSP whilst creating fairness and consistency in the way both new and existing clients contribute to the cost of their care.

4.2 Exclusions from the Framework

Some CHSP activities and services are specifically excluded from this Framework:

- Assistance with Care and Housing sub-programme
- Sector support and development activities
- HACC services administered by the Western Australian Government which operates under separate, state-based arrangements.

4.3 Framework Objectives

For all other services provided under the CHSP, it is expected that contributions towards the cost of care will move towards a nationally consistent approach over time. The first step to this transition is to have in place, a documented and publicly available client contribution policy that aligns to this Framework and balances the following objectives:

- **To move towards national fairness and consistency in client contributions**
  Providers should move towards collecting contributions if they are not already doing so. Providers will need to disclose their contribution policy across their range of services and agree contribution levels with clients in advance of care being provided. The creation and application of a client contribution framework for the provision of CHSP services provides an opportunity to address a number of inconsistencies and financial anomalies inherent in the existing fees and charges for services provided to assist older people to remain in their own homes.

- **Improve the sustainability of the CHSP**
  Over time those providers who have not previously required clients to make a contribution for the services they receive can introduce a contribution policy with a view to supporting ongoing service delivery and utilising the additional revenue to expand their services. Currently around 10 per cent of program revenue comes from client contributions - this is expected to grow over time. Client contributions collected should gradually increase to a minimum of 15 per cent of the service provider's grant revenue.

- **Provide appropriate safeguards for financially disadvantaged clients**
  Client contributions policy should ensure that those least able to contribute towards the cost of their care are protected.

4.4 Client Contribution Principles

Contribution policies for the provision of CHSP services should incorporate the principles below. Further explanation and case studies are provided in the separate *National Guide to the Client Contribution Framework*.

1. **Consistency:** All clients who can afford to contribute to the cost of their care should do so. Client contributions should not exceed the actual cost of service provision.
2. **Transparency:** Client contribution policies should include information in an accessible format and be publicly available, given to, and explained to, all new and existing clients.
3. **Hardship:** Individual policies should include arrangements for those who are unable to pay the requested contribution.
4. **Reporting:** Grant agreement obligations include a requirement for providers to report the dollar amount collected from client contributions.
5. **Fairness:** The Client Contribution Framework should take into account the client's capacity to pay and should not exceed the actual cost to deliver the services. In administering this, providers need to take into account partnered clients, clients in receipt of compensation payments and bundling of services.
6. **Sustainability:** Revenue from client contributions should be used to support ongoing service delivery and expand the services providers are currently funded to deliver.

4.5 Guide to the Framework

The National Guide to the CHSP Client Contribution Framework (the Guide) was also introduced in October 2015. The Guide complements the Framework and has been developed for providers to assist with the establishment of flexible options for client contribution arrangements.

The Guide is available through the Department's website.

Part B—Administration of the Commonwealth Home Support Programme

Chapter 5 - Service provider and Departmental Responsibilities

5.1 Service provider responsibilities

In entering into a Grant Agreement with the Department, the service provider must comply with all requirements outlined in the suite of documents that comprise the Agreement, including:

- the CHSP Guidelines
- the Comprehensive Grant Agreement Terms and Conditions (Terms and Conditions)
- any Supplementary Conditions
- the Schedule (including any annexures or attachments to the Schedule)
- this Programme Manual
- the Home Care Standards (the Standards)
- other documents incorporated by reference into the above documents.

Service providers are responsible for ensuring:

- the Terms and Conditions of the Grant Agreement are met
- service provision is effective, efficient and appropriately targeted
- wellness, reablement and restorative approaches support older people improve their function, independence and quality of life
- highest standards of duty of care are applied
- services are operated in line with, and comply with, the requirements as set out within all state and territory and Commonwealth legislation and regulations
- special needs groups have equal and equitable access to services
- they work collaboratively with stakeholders to deliver services
- they contribute to the overall development and improvement of service delivery such as sharing best practice
- they manage and keep up-to-date their service information via the My Aged Care web-based provider portal.

This chapter outlines service provider and Departmental responsibilities relating to the administration of the CHSP, including:

- Quality arrangements (Section 5.1).
- Funding arrangements (Section 5.2).
- Reporting requirements (Section 5.3).

5.1.1 Quality arrangements for service delivery

All CHSP service providers must operate in line with the Home Care Standards (the Standards) and have appropriate procedures in place to meet these. The Standards relate to quality of care and quality of life for the provision of aged care in the community. A link to the Standards is provided in Appendix C of this Programme Manual. The Standards require service providers to demonstrate effective management processes based on a continuous improvement approach to service management, planning and delivery.

This includes policies for managing staff and volunteers, regulatory compliance with funded programme guidelines, relevant legislation including work health and safety legislation and professional standards and having complaint mechanisms in place. Some of the Standards relate to service access and assessment and referral practices.

My Aged Care undertakes the registration, screening and assessment of clients requiring aged care services. Although the responsibility of assessments for services under the CHSP resides with the My Aged Care and RAS, service providers are expected to continue to monitor and review the client's circumstances to ensure the service delivery is appropriate for the client in meeting their care needs. Service providers must comply with all requirements relating to access and assessment as outlined in Chapter 3 of this Programme Manual.

Service providers must report through the Data Exchange that they have a client contribution policy in place that is consistent with the Client Contribution Framework as detailed in Chapter 4 of this Programme Manual.

Quality reviews

The Australian Aged Care Quality Agency (the Quality Agency) undertakes all quality reviews of aged care services provided in the community, including the CHSP service providers. Under clause 5.9(a) of the Grant Agreement, service providers are obliged to provide the Quality Agency with access to a service delivery site or service outlet, for the purpose of undertaking a quality reporting site visit.

The Standards will support service providers to maintain the high quality of service delivery expected by all providers of aged care. Only the CHSP Sub-Programmes which deliver direct care to clients will be subject to Quality Reporting by the Quality Agency. Service providers must follow the Timeframe For Improvement (TFI) requirements and actions as stipulated by the Quality Agency. The Quality Agency will conduct reviews of CHSP providers every three years or on demand. The Agency assesses provider's compliance against the expected outcomes of the Standards. Further information about the Quality Review process is available at the Australian Aged Care Quality Agency website. Service providers must address any non-compliance and return to compliance as quickly as possible. **Note:** the Sub-Programmes Assistance with Care and Housing and the Service System Development are not subject to Quality Reporting.

5.1.2 Client Rights and Responsibilities

Service providers must comply with the *Charter of Care Recipients' Rights and Responsibilities - Home Care* (the Charter) (excluding the rights expressed at 3a) within the *User Rights Principles 2014* under the *Aged Care Act 1997*, and provide their clients with a copy of the Charter of Care Recipients' Rights and Responsibilities for Home Care.

Service providers must:

- develop and maintain internal policies and practices that support clients' rights and responsibilities in accordance with the Charter and the Standards
- ensure these policies support and explain their responsibilities to clients
- make this information available to clients and assist with clients' understanding of the policies

- respond to the needs of each individual client
- involve each individual when determining the support to be provided.

Respect for, and promotion of, the rights of clients is integral to the consumer direction philosophy that underpins the CHSP.

5.1.3 Police checks

Service providers have a responsibility to ensure staff members working with vulnerable people, volunteers and executive decision makers undergo police (or relevant) checks.

Service providers have a responsibility to ensure that all staff, volunteers and executive decision makers working in CHSP services are suitable for the roles they are performing. Service providers must ensure that staff involved in service delivery, including sub-contractor staff meets the *Commonwealth Home Support Programme Police Certificate* requirements at Appendix F of this Programme Manual.

The CHSP Police Certificate Guidelines have been developed to assist service providers with the management of police check requirements under the CHSP (Appendix F).

The payment of the cost of obtaining a police certificate is a matter for negotiation between the service provider and the individual. Individuals may be able to claim the cost of the police certificate as a work-related expense for tax purposes. Further advice on this issue is available on the [Australian Taxation Office](#) website.

Volunteers may be eligible to obtain a police certificate at a reduced cost whether the certificate is requested by an individual or by a service provider on behalf of a volunteer. This must be confirmed with the agency issuing the police certificate.

5.1.4 Staffing and training

Service providers are required to meet staffing and training requirements under the Standards. Examples of desirable staff qualifications under the CHSP are outlined in the 'Staff Qualifications' sections in Chapter 2 of this Programme Manual.

With the recent transition on 1 July 2016, the Department encourages Victorian service providers to continue to maintain their skilled and qualified workforce.

5.1.5 Work Health and Safety

Legislation relating to Occupational Health and Safety (OH&S) is being replaced by legislation referring to Work Health and Safety (WHS) following the passage of the *Work Health and Safety Act 2011 Commonwealth*.

The Australian Government, Northern Territory, Queensland, New South Wales, Tasmania, South Australia and the Australian Capital Territory have implemented the new legislation. Victoria and Western Australia have not yet introduced the WHS legislation. It is intended that the term OH&S will be incrementally replaced with WHS in all Australian Government, state and territory documents.

Providing a safe and healthy workplace

CHSP service providers must provide a safe and healthy workplace for their employees and volunteers in accordance with relevant Commonwealth, and state or territory governments WHS or OH&S legislation, as well as relevant codes and standards.

In many cases, the workplace will be the client's home. Service providers are responsible for addressing the safety of employees and volunteers delivering services to a client or carer in their home.

Service providers are required to be aware of their obligations to comply with state and territory based laws and regulations relevant to the safe handling and removal of asbestos when undertaking home modifications to the homes of clients. For detailed information on laws applying to the workplace, service providers must contact the relevant work health and safety regulator in their state or territory.

Service providers must also consider and assess WHS, or OH&S, Australian Building Standards and other local requirements, as these relate to their own offices and facilities, vehicles, and other physical resources used by their staff and volunteers.

5.1.6   Client not responding to a scheduled visit or service

Service providers should refer to the *Guide for Community Care service providers on how to respond when a client does not respond to a scheduled visit* (the Guide) published in September 2009 as a set of nationally consistent protocols to deal with non-response from a client who was scheduled to receive a service.

Service providers may use the Guide when developing their own policies and procedures on the issue of clients not responding to scheduled visits.

5.1.7   Complaints mechanism

Dealing with complaints about services

CHSP clients and their carers must be actively encouraged to provide feedback about the services they receive. A client has the right to call an advocate of their choice to present any complaints and to assist them through the complaints management process.

Clients (or their representative) can raise a complaint in the following ways:

- Directly with the service provider through their publicly available complaints system (see clause 3.4 of the Grant Agreement for further detail).

- With the Aged Care Complaints Commissioner (Complaints Commissioner) on an open, confidential or anonymous basis by phoning 1800 550 552 or by visiting the website www.agedcarecomplaints.gov.au.

The Complaints Commissioner provides a free service for anyone to raise concerns about the quality of care or services delivered by Australian Government funded aged care services. The Complaints Commissioner is independent of the Department of Health.

The Complaints Commissioner takes all complaints seriously and will work with the client (and/or their representative) and the provider to resolve the concerns.

The Complaints Commissioner's process for handling complaints is outlined on the Complaints Commissioner's website, specifically in the *Aged Care Complaints Guidelines* (previously known as the *Guidelines for the Aged Care Complaints Scheme*).

This includes the capacity for the Complaints Commissioner to issue a direction to a CHSP provider where they fail to meet their responsibilities under the Comprehensive Grant Agreement. In these circumstances, the direction will be issued through a Notice under the Terms and Conditions of the Agreement. The provider is obliged to comply with any direction issued.

Failure to comply with a direction issued through a Notice is considered an Event of Default under the Comprehensive Grant Agreement.

Service providers are also responsible for the services provided by subcontractors, including resolving any complaints made about that organisation. Should a complaint regarding a subcontractor be made, the service provider retains responsibility for liaison with the Complaints Commissioner and ensuring the subcontractor complies with all reasonable requests, directions and monitoring requirements requested.

In recognition that many service providers also deliver multiple services through other Australian Government and/or state and territory government programmes, the Complaints Commissioner will, from time-to-time, share information with other relevant parties to ensure clients continue to receive appropriate services.

Dealing with complaints about the assessment process is covered in Section 3.4.4 of this Programme Manual.

5.1.8   Service Continuity

Service providers must develop Activity Continuity Plans that address any risks associated with being unable to continue to deliver services and have systems, internal policies and processes in place to appropriately manage, monitor and report incidents. The Activity Continuity Plan should include:

- Management of serious incidents such as natural disasters and emergency events (e.g. how to provide service delivery in the event of flood or fire).
- Transitioning-out of service provision (e.g. transferring services to another service provider or where the CHSP Grant Agreement has expired or is terminated).

Compliance with the Home Care Standards

In line with the Home Care Standards, service providers are required to have systems and processes in place to identify, manage and respond to risks in relation to service continuity, serious incidents and other events. More information about practices and processes relating to incident reporting can be found in Home Care Standard 1: Effective Management.

Transition out

The 'transition-out' component of Activity Continuity Plans ensures that the standard and delivery of services do not suffer. Plans should cover: specific requirements for different service types; the service provider's individual arrangements; and the outcome of any negotiations with other service providers.

This component should also include the following:

- service details
- subcontracting arrangements

organisational information

- timeframe with activities to undertake for transition
- staffing arrangements
- assets
- information and records (including authority of release from the clients)
- communication strategy
- telephones.

Service providers must notify the Department in writing of their proposal to transfer all or part of their services.The service provider must negotiate with the Department on a suitable transition date with the replacement organisation.

The service provider must assist the Department and new service provider/s in the transition of goods and/or services to achieve an effective transition. Including, client care continuum with the provision of the goods and/or services from your organisation to the new provider.

5.1.9 Acknowledging the funding

Service providers must acknowledge Commonwealth financial and other support in all applicable Grant Agreement Material that they publish. The following wording must be used:

"Funded by the Australian Government Department of Health". Or

"Supported by the Australian Government Department of Health".

Visit the [Department of Health](#) website for more information.

Disclaimer

Publications and published advertising and promotional materials that acknowledge the CHSP funding must also include the following disclaimer:

"Although funding for this [insert service/activity] has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government."

Other options for acknowledging the funding

If for any reason service providers wish to acknowledge the funding in a different manner to the options set out in this Programme Manual, they must obtain the Department's prior written consent.

Questions on acknowledging funding

Service providers who are unsure whether they need to acknowledge the CHSP funding or have any queries relating to acknowledgement of funding should contact their Grant Agreement Manager.

Monitoring of the use of acknowledgements

Service providers are responsible for ensuring they and their subcontractors comply with the requirements for acknowledging the funding which are set out in this section.

The Department will notify service providers in writing if it considers that a service provider or their subcontractor has failed to comply with the Comprehensive Grant Agreement. In certain circumstances, the Department may, by notice in writing, revoke its permission for any person to use this wording (for example, if the service provider or subcontractor has not complied with all the requirements of this Programme Manual).

Service providers should inform the Department if they become aware of any unauthorised use of the due recognition branding by any person.

5.1.10 Subcontracting

Service Providers may use subcontractors in accordance with the Grant Agreement Clause 28 and Schedule Item I.

5.2 Funding

5.2.1 Spending the grant

Service providers must spend the funds in accordance with their Grant Agreement.

For information on availability of CHSP funding, please refer to the CHSP Guidelines Overview, and the [CHSP website](#).

5.2.2 Assets

Assets are defined in Clause 40.2 of the Comprehensive Grant Agreement as any item of personal, real or intangible property, with a price or value of $10,000 or more, inclusive of GST, and which has been created, acquired or leased wholly or in part with the Grant.

Service providers must refer to Clause 13 and Schedule Item H of the Grant Agreement and comply with the requirements for acquiring Assets with the funds.

5.3 Service provider reporting

5.3.1 Overview

Reporting elements and timing of reports

Under the CHSP, service providers will be required to submit reports relating to the Activity described in Item B of the Grant Agreement.

This includes:

- Financial reporting – reports to facilitate acquittal of funds expended, providing assurance and evidence that public funds have been spent, as specified in the Grant Agreement.
- Performance reporting – reports on service delivery activities and outcomes.

The type and frequency of Activity reports due are outlined in Items E and F of the service provider's Grant Agreement.

In an effort to reduce the reporting burden for service providers, the frequency of submitting financial reports has been confined to annual reporting (unless otherwise stated in the Grant Agreement). **Note**: the Data Exchange requires biannual reporting and a summary of when key Activity reports and Data Exchange reports are due is provided in Table 2.

Table 2 – Key Reports – CHSP

REPORT	REPORTING PERIOD	DUE DATE TO THE DEPARTMENT	DESCRIPTION
Performance Report (for service delivery) via the Data Exchange data collection system **Note: this report is not applicable for Sector Support and Development Activities.**	1 July to 31 December 1 January to 30 June	30 January 30 July (data submission date defined in the DSS Data Exchange protocols).	Client level data, service delivery information and outcomes reported via the Data Exchange data collection system. Refer to the Grant Agreement clause 5 and Schedule Item E.1.
Performance Report for Sector Support and Development Activities only	As specified in the Agreement.	As specified in the Agreement.	If applicable, a written progress or final report in accordance with the Grant Agreement and Activity Work Plan. Refer to the Grant Agreement clause 5 and Schedule Item E.1.
Activity Work Plan	As specified in the Agreement	As specified in the Agreement	Refer to the Grant Agreement clause 5 and Schedule Item E.2.
Financial Acquittal Report	1 July to 30 June	31 October	A Financial Acquittal Report in accordance with the Grant Agreement. Refer to the Grant Agreement clause 5 and Schedule Item E.4 for the type of financial report required. This may include a: • Financial Acquittal Declaration Report (part of the Service Stocktake Report) OR If requested, an audited or Non-Audited Financial Report.
Service Stocktake Report	1 July to 30 June	31 October	A report with performance against the Activity Work Plan, compliance or other reporting as set out in the Grant Agreement clause 5 and Schedule E.5.

Note: Service providers not meeting the reporting requirements identified in the above table could be subject to non-compliance actions.

5.3.2 Accounting for the grant

Under clause 9 of the Terms and Conditions, service providers must spend the Grant:

- Only on carrying out the Activity.
- In accordance with the Grant Agreement (including in accordance with the Budget for the Activity specified in the Grant Agreement in the Schedule and any Activity Work Plan).

All financial information provided by service providers should relate to the relevant financial year that is being acquitted. Financial reports are to be provided separately for each Activity (in this case, at the Sub-Programme level – refer to Section 2.1 of this Programme Manual for information on Sub-Programmes) for which funding is received.

The financial reporting process

Service providers must account for the Grant under clause 10 of the Terms and Conditions. The Department requires service providers to provide assurance and evidence that grant funds have been spent for their intended purpose. This is in the form of financial reporting which is used to determine:

- that funding provided by the Department has been spent by the service provider in accordance with the Grant Agreement (financial).
- expenditure only related to CHSP service delivery in accordance with the Activity Work Plan and Grant Agreement (expenses related to other funded programs or expenses related to fees collected, donations or other contributions **must not** be included in the service provides financial reports).

For multi-year grant agreements the Department acquits funding annually. Annual acquittals allow the Department to assess whether the service provider is on target with their expenditure and performance.

Service providers should refer to their Grant Agreement regarding their reporting periods.

Identified underspend through the acquittal process

Unspent funds identified through the acquittal process for a financial year and within the term of the funding agreement must be returned to the Department. Only in exceptional circumstances, the Department may consider the carry over of unspent funds where there is evidence of reasonable costs being incurred by the service provider. Proposals to carry over funds will need to be submitted in writing to the Department.

Service providers will not be allowed to retain unspent funds once the CHSP Grant Agreement has terminated. At the end of the CHSP Grant Agreement, service providers must repay any unspent funds identified through the acquittal process. The Department will issue the service provider with a debt collect form to return any unspent funds.

Types of financial reports

Service providers must provide financial acquittal reports in the form provided by the Department and at the times set out in E.4 Accounting for the Grant in the Grant Agreement, or otherwise notified in writing.

Service providers should only acquit the funds that the Department has provided the organisation through the CHSP Grant Agreement within a particular financial year. Service providers must not include their own funds in the Financial Acquittal Declaration.

Client contributions

Client contributions, are defined in Chapter 4 of this Programme Manual. The Data Exchange requires CHSP service providers to record all client contributions collected over the financial

year. **Note**: the Client contribution is a mandatory field in the Data Exchange. For details on the Data Exchange refer to 5.3.4 Activity Reporting.

5.3.3   Managing performance

The CHSP Grant Agreement requires service providers to deliver the service outputs specified in the Agreement. However, if a client's needs are changing significantly or an additional, new service type is needed, the service provider must refer the client to My Aged Care for review. This helps ensure any new services are recorded on the client record. This is outlined in Section 3.4.1 of this Programme Manual,

Flexibility Provisions

The flexibility provision under the CHSP is available to accommodate the changing needs of the local community and is designed to enable the service provider to meet short-term changes in the needs of clients; it is not intended to change the funding arrangements in the longer term.

However, where service providers have special conditions identified in their Grant Agreement, service providers are required to deliver the services as stipulated in the special conditions prior to applying the flexibility provision. Special conditions take precedence over the flexibility provisions.

The flexibility provision applies only within the Community and Home Support Sub-Programme and Care Relationships and Carer Support Sub-Programme. The CHSP Sub-Programmes and service types are outlined in Chapter 2 of this Programme Manual. Funded service types are set out in the service provider's Grant Agreement

Under flexibility provisions, service providers may deliver additional needed services within the same Sub-Programme using up to 20 per cent of funds (from activities they are currently funded for), provided they can demonstrate they are delivering value for money and there is client demand for these services.

For example, where a service provider receives a large volume of referrals from My Aged Care for clients requiring Social Support, but less than the level of referrals expected for Personal Care, then a provider may use the flexibility provision. The provider can use up to 20 per cent of the funding it receives for Personal Care to deliver Social Support for a short period of time to meet the demand for Social Support services, noting that service providers must record their actual service delivery in the Data exchange in order to provide the department with visibility that they are utilising the flexibility provisions

In such cases, within the Community and Home Support Sub-Programme and Care Relationships and Carer Support Sub-Programme:

- Service providers must deliver 100 per cent of their agreed outputs; OR
- Service providers must deliver 80 per cent of agreed outputs and deliver the remaining 20 per cent to another service type within the same Sub-Programme

Where service providers wish to use greater than 20 per cent flexibility, to manage an increased demand for services they are funded for, they must seek the Department's prior approval. It may be necessary to vary the Grant Agreement.

In circumstances where short term flexibility provisions changes to a more long term arrangement due to:

- a change in the clients' needs ;and /or
- delivering services in a region that is not identified in a Grant Agreement

Service providers must provide evidence of these changes through their output reporting in the Data Exchange or financial acquittal declaration, of the longer term changes to their Grant Agreement Manager in order to vary their Grant Agreement by means of a new Activity Work Plan. The revised Grant Agreement will allow service providers to receive referrals through My Aged Care to better match their CHSP client profile. **Note**: providers are only able to receive referrals from My Aged Care for services they are funded for.

Service providers must also report all service delivery changes in the Data Exchange.

Case Studies

In scope:

Example 1 – (with a CHSP Sub-Programme)

A service provider is funded to deliver Domestic Assistance and Personal Care. Through receiving referrals from My Aged Care the demand in the region is greater for Domestic Assistance than Personal Care. The service provider delivers Domestic Assistance to meet the demand and through their output reporting in the Data Exchange it is highlighted that they have exceeded their funded outputs for Domestic Assistance by 20 per cent.

In this instance the service provider may use up to 20 per cent of the funding allocated to Personal Care for Domestic Assistance, provided they are still meeting the service demand for Personal Care in the region.

If the service provider identifies the increased demand for Domestic Assistance will be long term, they must advise their Grant Agreement Manager of the changed circumstances. If the Grant Agreement Manager deems these changes are within the scope of the CHSP guidelines, the Grant Agreement will be varied and a new Activity Work Plan will be developed to reflect the changed circumstances i,e. higher need for Domestic Assistance and reduced need for Personal Care. If demand for Personal Care does not reduce, then discussions regarding how the increased need for Domestic Assistance can be met within the scope of CHSP guidelines and existing Grant Agreement provisions.

Example 2 (value for money)

A service provider is funded to deliver Nursing and Personal Care. Through receiving referrals from My Aged Care the demand in the region is greater for Nursing than Personal Care. The provider utilises the flexibility provision and 20 per cent of Personal funding is used to meet the increased service demand in Nursing. In using the flexibility provision the provider must demonstrate they have achieved value for money by reporting the service delivery outputs in the Data Exchange and including the use of the flexibility provision in their financial report.

The department will consider the indicative unit cost of Personal Care delivered by the provider in that region (i.e. 100 hours for $1,000 is $10 per hour) and of Nursing (100 hours for $2,000 is $20 per hour). The provider has $200 available from Personal Care to use for Nursing, equating to an extra 10 hours of Nursing. The provider enters their service delivery outputs into the Data Exchange, 80 hours of Personal Care and 110 hours of Nursing, demonstrating value for money has been achieved.

The service providers indicate their capacity to provide these additional services on My Aged Care to ensure they can receive referrals for clients. Service providers must also ensure they meet the requirements of that service type as described in Chapter 2 of this Programme Manual including any staff qualification requirements.

Out of scope:

Example 1 (new services not funded for)

A provider wants to use the flexibility provisions to establish transport services that they are not currently funded for under their Grant Agreement. The provider cannot use the flexibility provision to deliver transport services in this instance.

Establishing services would need to be considered by the department in accordance with the CHSP Guidelines.

Example 2 (across CHSP Sub-Programmes)

A provider is funded to deliver Nursing and Centre Based Respite. The demand for Centre Based Respite exceeds the activity's allocated funding in their Agreement. The provider identifies there are unused funds in Nursing and wants to use the flexibility provision to meet the increased demand in services for Centre Based Respite. Flexibility provisions do not apply across the CHSP Sub-Programmes, funds from Community and Home Support services cannot be used for Care Relationships and Carer Support services. In this instance the provider cannot use the flexibility provision to meet increased service demand.

5.3.4 Activity Reporting

CHSP service providers must provide activity and performance data in line with their Grant Agreement details.

The Data Exchange is an approach to programme reporting that has been designed to reduce red tape for organisations by streamlining the data and providing simple and easy ways to submit data.

Data requirements are divided into two parts: a small set of priority requirements that all service providers must report, and a voluntary extended data set that providers can choose to share with the Department in return for relevant and meaningful reports, known as the partnership approach. This will help build the evidence base regarding the effectiveness of Department of Health programs and service delivery approaches. Participation in the partnership approach is voluntary and there will be no negative consequences if a service provider chooses not to provide their extended data set.

There are a number of options available for service providers to report through the Data Exchange. If organisations do not currently use a client management system the Data Exchange has a web-based portal that they can access as free client management system to support service delivery. If however, service providers already have their own client management system then they can choose to submit data to the Department of Social Services (DSS) through a system-to-system transfer or bulk upload.

The Data Exchange Technical Specifications are available on the DSS grants website to support organisations that may want to use system-to-system transfers or bulk uploads. The Technical Specifications outline the initial coding changes required to meet the Department's data formats.

Additionally, there is a range of other training and support material on the DSS website to help organisations using the *Data Exchange*. The Data Exchange Protocols have been designed as a practical support manual to guide managers and frontline staff. A set of task cards are also available as well as video training modules that provide a visual demonstration of the web-based portal.

A dedicated Data Exchange Helpdesk is available if organisations have general questions about this aspect of reporting or require specialist technical support.

Organisations can email dssdataexchange.helpdesk@dss.gov.au for general *Data Exchange* enquiries or phone 1800 020 283.

For specialist technical support please email dataexchange.developersupport@dss.gov.au

Reporting flexibility provision through the Data Exchange

Service providers are required to record service delivery at the client level. The Data Exchange captures service provider's information at the activity level and all funded services outputs are categorised as primary service output data. The Data Exchange is also designed to manage data from providers using the Flexibility Provision. The Data Exchange automatically records all service output data that is not funded in the CHSP Grant Agreement and categorises this as secondary service output data. The Data Exchange automatically distinguishes between the primary service output data and the secondary service output data. This provides evidence where service demands have changed and allows for concise discussion between the provider and Grant Agreement Managers to negotiate possible grant agreement changes.

Service Stocktake Reporting

The Schedule (Grant Funding Agreement) requires service providers to provide a written report on:

- service delivery challenges and successes
- explanation on differences between Activity Work Plan outputs and actual outputs
- internal or external environmental changes and impact on the delivery of services
- description and implementation of client contributions
- links or attachment to Annual Report.

This reporting is required to be done using the template provided by the department. The template will include compliance reporting requirements and may include the option for a financial declaration under the relevant Activity. It will also include any progress reporting requirements against any agreed Activity Work Plan for the period.

Service System Development – reporting

Service provider's with grant funding for Service System Development must provide a progress report in accordance with the Activity Work Plan.

Grant administration

Refer to Appendix E of this Programme Manual for Grant Agreement Manager contact details.

5.3.5 Aged Care Workforce Census

If a service provider receives an aged care workforce census form sent by, or on behalf of, the Department then the service provider must complete the form and return it to the Department, or another address as directed, by the date specified in the form.

If a service provider for a community aged care service was not responsible for the operations of a service during all or some of a period covered by an aged care workforce census, then the service provider is taken to have complied with the census.

If a service provider's funding is less than $35,000 per annum and it receives an aged care workforce census form, the form is to be completed and returned on a voluntary basis and is not a mandatory condition of funding.

5.4 IT and system requirements

As noted in the CHSP Guidelines, service providers must have systems in place to allow them to meet their service delivery, data collection and reporting obligations outlined in their Grant Agreement.

5.4.1 System requirements

My Aged Care

CHSP service providers will need a computer with an internet connection and a standard internet browser that supports AUSkey, (a secure login to government online services) to access the My Aged Care provider portal and the Data Exchange reporting system to meet their activity and reporting requirements.

The My Aged Care provider portal is the key tool for CHSP providers to interact with My Aged Care regarding the services they deliver, managing referrals and updating client information.

Information about the My Aged provider portal (including, factsheets, videos and frequently asked questions) is available on the Department of Health website. For technical support contact the My Aged Care service provider and assessor helpline on 1800 836 799.

Data Exchange reporting system

Information about the Data Exchange reporting system requirements is located on the Department of Social Services website. For IT systems access and technical enquiries, contact the Developer Support Helpdesk via email at dataexchange.developersupport@dss.gov.au.

5.5 Government Responsibilities

5.5.1 Planning Framework

The CHSP planning framework is based on Aged Care Planning Regions. The CHSP planning framework takes into account existing services available in a given region, projected growth in the target population and other factors influencing service delivery supply and demand.

Planning processes for the CHSP will also consider parallel planning cycles and processes in other related sectors, including aged care more broadly and the disability care sector.

This will ensure that the needs of various clients are considered and the funding is allocated so that growth in home support services complement and enhance services already being delivered.

5.5.2 Government reporting

As with all Government funding arrangements, the Australian Government has a responsibility to report on the planning, implementation and evaluation of the CHSP.

CHSP service providers are required to submit specific reports. The information provided through these is utilised by the Australian Government to report on the continued development, implementation and on-going evaluation of the Programme.

Appendix A – Useful resources

Publications

[Productivity Commission inquiry – Caring for Older Australians](#)

[http://www.pc/inquiries/completed/aged-care/report](#)

Websites

[Australian Taxation Office](#)

https://www.ato.gov.au/

[Australian Privacy Principles](#)

http://www.oaic.gov.au/privacy/privacy-act/australian-privacy-principles

CHSP Interpreting support for service providers <u>Translating and Interpreting Service (TIS National)</u>.

https://agedcare.govcms.gov.au/ageing-and-aged-care-publications-and-articles-fact-sheets/chsp-interpreting-support-for-service-providers.

<u>National Auslan Interpreter Booking & Payment Service</u>

http://www.nabs.org.au/

[Commonwealth Department of Health](#)

http://www.health/

[Dementia Services and Support](#)

https://agedcare.health/older-people-their-families-and-carers/dementia.

[Dementia Behaviour Management Advisory Services](#)

http://dbmas.org.au/

Dementia Care Essentials

Dementia Training Study Centres.

[http://dtsc.com.au/](#)

[Western Australia/ South Australia](#)

https://wa.fightdementia.org.au/

[New South Wales/ACT](#)

http://www.dementiacentre.com.au/education/dce

[Victoria](#)

https://vic.fightdementia.org.au/vic/education-and-consulting/for-health-professionals/accredited-programs

[Northern Territory](#)

https://nt.fightdementia.org.au/

[Tasmania](https://tas.fightdementia.org.au/)

https://tas.fightdementia.org.au/

[South Australia](https://sa.fightdementia.org.au/)

https://sa.fightdementia.org.au/

[Queensland](https://fightdementia.org.au/)

Alzheimer's Australia Helpline and Counselling Services

https://fightdementia.org.au/

Resources relating to quality.

[Home Care Standards](https://agedcare.health/home-care-standards-and-quality-reporting-documentation)

https://agedcare.health/home-care-standards-and-quality-reporting-documentation

Resources relating to My Aged Care

[My Aged Care](#)

My Aged Care includes the My Aged Care contact centre (1800 200 422) and the website. Together, they provide consumers with information on aged care, whether for the client, their family or carer.

The My Aged Care contact centre can be phoned on 1800 200 422 between 8.00am and 8.00pm on weekdays and between 10.00am and 2.00pm on Saturdays, local time. The My Aged Care contact centre is closed on Sundays and national public holidays.

[My Aged Care provider portal](http://www.myagedcare.gov.au/updating-service-provider-details)

http://www.myagedcare.gov.au/updating-service-provider-details

The My Aged Care provider portal will be the key tool for managing referrals and updating client information.

Further information to support the use of the provider portal (including fact sheets, videos, FAQs) is available on the [Department of Health](#)(www.agedcare.health.gov.au/programs/my-aged-care) website.

The My Aged Care service provider and assessor helpline is available on:

1800 836 799 to assist providers with technical support.

National Guide to the CHSP Client Contribution Framework (The Guide)

https://agedcare.health.gov.au/programs-services/commonwealth-home-support-programme/national-guide-to-the-chsp-client-contribution-framework-the-guide

Resources relating to support for people with disability

[Guide Dogs Australia](http://www.guidedogsaustralia.com/)

http://www.guidedogsaustralia.com/

[National Disability Services](http://www.nds.org.au/)

http://www.nds.org.au/

[Optometry Australia](http://www.optometry.org.au/your-eyes/your-eye-health/vision-and-ageing)

http://www.optometry.org.au/your-eyes/your-eye-health/vision-and-ageing

[Perkins Scout](http://www.perkinselearning.org/scout/tips-working-seniors-vision-loss)

http://www.perkinselearning.org/scout/tips-working-seniors-vision-loss

[Royal Society for the Blind](http://www.rsb.org.au/)

http://www.rsb.org.au/

[Vision Australia](www.visionaustralia.org)

www.visionaustralia.org

Appendix B – Policies and Guidelines

[Aged Care Planning Regions](#)

http://webarchive.nla.gov.au/gov/20060827215006/http://health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-acar2004-Regions-australia.htm

[Aged Care Complaints Commissioner](#)

https://www.agedcarecomplaints/

[APS Code of Conduct](#)

http://www.apsc/publications-and-media/current-publications/aps-values-and-code-of-conduct-in-practice

[Australian Government's 'National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds](#)

https://agedcare.health/older-people-their-families-and-carers/people-from-diverse-backgrounds/national-ageing-and-aged-care-strategy-for-people-from-culturally-and-linguistically-diverse-cald-backgrounds

[Carer Recognition Act 2010](#)

www.comlaw/Details/C2010A00123

[Charter of Care Recipients' Rights and Responsibilities for Home Care](#)

https://agedcare.health/publications-and-articles/guides-advice-and-policies/charter-of-care-recipients-rights-and-responsibilities-home-care

[CrimTrac](#)

www.crimtrac.gov.au/links/index.html

[DSS Data Exchange Protocols](#)

https://dex.dss/policy-guidance/dex_data_exchange_protocols/

[Home Care Standards Guide](#)

https://agedcare.health/ageing-and-aged-care-publications-and-articles-guides-advice-and-policies/home-care-standards-guide

[National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy](#)

https://agedcare.health/older-people-their-families-and-carers/people-from-diverse-backgrounds/national-lesbian-gay-bisexual-transgender-and-intersex-lgbti-ageing-and-aged-care-strategy

[My Aged Care Concept of Operations](#)

https://agedcare.health/programs-services/my-aged-care/my-aged-care-concept-of-operations

[My Aged Care Guidance of Providers](#)

http://www.myagedcare/https://agedcare.health/programs-services/quality-indicators-for-aged-care/information-for-service-providers/my-aged-care-guidance-for-providers

[My Aged Care Provider Portal User Guide](http://www.myagedcare/https://agedcare.health/my-aged-care-provider-portal-user-guide-part-one-administrator-functions)

http://www.myagedcare/https://agedcare.health/my-aged-care-provider-portal-user-guide-part-one-administrator-functions

https://agedcare.health/programs-services/quality-indicators-for-aged-care/information-for-assessors/my-aged-care-provider-portal-user-guide-part-two-team-leader-and-staff-member-functions

[On the record – Guidelines for the prevention of discrimination in employment on the basis of criminal record](http://www.humanrights.gov.au/human_rights/criminalrecord/on_the_record/index.html)
http://www.humanrights.gov.au/human_rights/criminalrecord/on_the_record/index.html

Appendix C – Contacts

Queensland

QLD.Aged.Care.Programmes@health.gov.au

Queries - 07 3360 2841

South Australia

SA.CHSP@health.gov.au

Queries: 08 8237 8032

Tasmania

TAS.Agedcare@health.gov.au

Queries: 03 6221 1589

New South Wales/ACT

NSWACT.CHSP@health.gov.au

Queries 02 9263 3853

Northern Territory

ntchsp@health.gov.au

Switchboard: 08 8919 3421

Victoria

CHSP.HACC.VIC@health.gov.au

Queries – 1800 900 554

Please note: Service providers funded under the Victorian HACC Program who have questions regarding their HACC funding or Service Agreement, should contact their Victorian Department of Health and Human Services Program and Service Advisor.

Western Australia

CHSPWA@health.gov.au

Appendix D – Commonwealth Home Support Programme Police Certificate Guidelines

Commonwealth Home Support Programme - Police Certificate Guidelines- July 2015

1   Introduction

The Comprehensive Grant Agreement sets out the conditions under which service providers are funded by the Commonwealth Government for activities under the CHSP.

The Police Certificate Guidelines form part of the CHSP Manual. The Guidelines have been developed to assist service providers with the management of police check requirements under the CHSP.

Police checks are intended to complement robust recruitment practices and are part of a service provider's responsibility to ensure all staff, volunteers and executive decision makers are suitable to provide services to clients of the CHSP.

2   Your obligations

Service providers must ensure that all staff, volunteers and executive decision makers working in CHSP services are suitable for the roles they are performing. They must undertake thorough background checks to select staff in accordance with the requirements under the Comprehensive Grant Agreement and the Home Care Standards (the Standards).

As part of this, Service providers must ensure national criminal history record checks, not more than three years old, are held by:

- staff who are reasonably likely to interact with clients
- volunteers who have unsupervised interaction with clients
- executive decision makers.

Service providers must ensure they have policies and procedures in place to assess police certificates. A service provider's decision to employ or retain the services of a person with any relevant recorded convictions will need to be rigorous, defensible and transparent.
For information about assessing police certificates for staff, volunteers and executive decision makers see: 5 Assessing a Police Certificate in these Guidelines.

3   Police certificates

3.1   Police certificates and police checks

A police certificate is a report of a person's criminal history; a police check is the process of checking a person's criminal history. The two terms are often used interchangeably in aged care.

3.2   Police certificate requirements

A police certificate that satisfies requirements under the Comprehensive Grant Agreement and CHSP Manual is a nation-wide assessment of a person's criminal history (also called a

"National Criminal History Record Check" or a "National Police Certificate") prepared by the Australian Federal Police, a state or territory police service, or a CrimTrac accredited agency.

In place of a national criminal history record check, service providers may accept staff members and volunteers who hold a card issued by a state or territory authority following a vetting process that enables the card holder to work with vulnerable people. Executive decision makers are required to have a national criminal history record check see: 5.5 Assessing information obtained from a police certificate for executive decision makers.

 For more information about assessing police certificates, including the different types, please see: Section 5 Assessing a Police Certificate.

3.3   CrimTrac certificates

Police certificates or reports prepared by CrimTrac accredited agencies are considered by the Department as being prepared on behalf of the police services and therefore meet the Department's requirements. More information about CrimTrac is available at: Crimtrac.

3.4   Statutory declarations

Statutory declarations are generally only required in addition to police checks in two instances:

- For essential new staff, volunteers and executive decision makers who have applied for, but not yet received, a police certificate
- For any staff, volunteers or executive decision makers who have been a citizen or permanent resident of a country other than Australia after the age of 16.

In these two instances, a staff member, volunteer or executive decision maker can sign a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence. Note that a person is entitled to sign a statutory declaration stating that they have not been convicted of an offence if they have been convicted of an offence but the conviction is a 'spent' conviction (see 5.8 Spent convictions).

Statutory declarations relating to police certificate requirements must be made on the form prescribed under the *Commonwealth Statutory Declarations Act 1959* (the Declarations Act). Anyone who makes a false statement in a statutory declaration is guilty of an offence under the Declarations Act.

A link to the statutory declaration template is provided at Appendix 3b of these Police Certificate Guidelines. More information about statutory declarations is available at: Statutory Declarations.

4   Staff, Volunteers and Executive Decision Makers

4.1   Staff, volunteers and executive decision makers

Police certificates, not more than three years old, must be held by:

- staff who are reasonably likely to interact with clients
- volunteers who have unsupervised interaction with clients
- executive decision makers.

4.2   Definition of a staff member

A staff member is defined, for the purposes of the Guidelines, as a person who:

- has turned 16 years of age
- is employed, hired, retained or contracted by the service provider (whether directly or through an employment or recruitment agency) to provide care or other services under the control of the service provider

- interacts, or is reasonably likely to interact, with clients.

Examples of individuals who are staff members include:

- employees and subcontractors of the service provider who provide services to clients (this includes all staff employed, hired, retained or contracted to provide services under the control of the service provider whether in a community setting or in the client's own home)
- employees and subcontractors who contact the client by phone.

4.3   Definition of non-staff members

Individuals, who are not considered to be staff members, for the purposes of the Guidelines, include:

- employees who, for example, prepare the payroll, but do not interact with clients
- independent contractors.

Generally, an independent contractor is a person:

- who is paid for results achieved
- provides all or most of the necessary materials and equipment to complete the work
- is free to delegate work to others
- has freedom in the way that they work
- does not provide services exclusively to the service provider
- is free to accept or refuse work
- is in a position to make a profit or loss.

For the purposes of these Guidelines, a subcontractor who has an ongoing contractual relationship with the service provider is not taken to be an independent contractor but is regarded as a staff member. A person who is contracted to perform a specific task on an ad-hoc basis may fall within the definition of an independent contractor.

Having an Australian Business Number does not automatically make a person an independent contractor.

4.4   Definition of a volunteer

- A volunteer is defined, for the purposes of these Guidelines, as a person who:
- is not a staff member
- offers his or her services to the service provider
- provides care or other services on the invitation of the service provider and not solely on the express or implied invitation of a client
- has, or is reasonably likely to have, unsupervised interaction with clients.

A student undertaking a clinical placement in the community who is over 18 years and has, or is reasonably likely to have, unsupervised interaction with clients would be a volunteer.

Examples of persons who are not volunteers under this definition include:

- persons volunteering who are under the age of 16 (except where they are a full-time student, then under the age of 18)
- persons who are expressly or impliedly invited into the client's home by a client (for example, family and friends of the client)
- persons who only have supervised interaction with clients.

4.5 Definition of unsupervised interaction

Unsupervised interaction is defined as interaction with a client where a volunteer is unaccompanied by another volunteer or staff member.

In regard to volunteers, if volunteers are visiting a client in pairs it is not a requirement for either of those volunteers to have a police certificate.

4.6 Definition of an executive decision maker

An executive decision maker is:

- a member of the group of persons who is responsible for the executive decisions of the entity at that time
- any other person who has responsibility for (or significant influence over) planning, directing or controlling the activities of the entity at that time
- any person who is responsible for the day-to-day operations of the service, whether or not the person is employed by the entity.

In determining who are executive decision makers, service providers need to consider the functional role individuals perform rather than their job title.

4.7 New staff

While service providers must aim to ensure all new staff members, volunteers and executive decision makers have obtained a police certificate before they start work, there are exceptional circumstances where new staff, volunteers and executive decision makers can commence work prior to receipt of a police certificate.

A person can start work prior to obtaining a police certificate if:

- the care or other service to be provided by the person is essential
- an application for a police certificate has been made before the date on which the person first becomes a staff member or volunteer
- until the police certificate is obtained, the person will be subject to appropriate supervision during periods when the person interacts with clients
- the person makes a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

In such cases, the service provider must have policies and procedures in place to demonstrate:

- that an application for a police certificate has been made
- the care and other service to be provided is essential
- the way in which the person would be appropriately accompanied
- how a person will be appropriately accompanied in a range of working conditions, e.g. during holiday periods when staff numbers may be limited.

4.8 Staff, volunteers and executive decision makers who have resided overseas

Staff members, volunteers and executive decision makers who have been citizens or permanent residents of a country other than Australia since turning 16 years of age must make a statutory declaration before starting work with any CHSP service provider, stating either that they have never, in a country other than Australia, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

This statutory declaration is in addition to a current national police certificate, as this reports only those convictions recorded in Australian jurisdictions.

5 Assessing a Police Certificate

5.1 Police certificate format

Police certificates may have different formats, including printed certificates or electronic reports. Every police certificate or report must record:

- the person's full name and date of birth
- the date of issue
- a reference number or similar.

A service provider must be satisfied that a certificate is genuine and has been prepared by a police service or a CrimTrac accredited agency. An original police certificate or a certified copy must be provided rather than an uncertified photocopy.

It is up to the service provider to be satisfied that a certificate meets the requirements, and enables them to assess a person's criminal history. Any police certificate decision must be documented by the service provider. For more information on record keeping, and the sighting and storing of police certificates, see: 6 Police Check Administration.

5.2 Purpose of a police certificate

A police certificate that best satisfies requirements under the CHSP police check regime is one obtained for the purposes of aged care. However, a national criminal history record check undertaken for another purpose will generally also satisfy the requirements. It is best practice to specify the purpose of the police check to the police service or CrimTrac agency issuing the certificate.

5.3 Police certificate disclosure

A police certificate discloses whether a person:

- has been convicted of an offence
- has been charged with and found guilty of an offence but discharged without conviction
- is the subject of any criminal charge still pending before a Court.

The information on the certificate is drawn from all Australian jurisdictions and is subject to relevant state and territory spent conviction schemes. For more information about spent convictions, see: 5.8 Spent convictions.

5.4 Assessing information obtained from a police certificate for staff and volunteers

CHSP service providers may use discretion when assessing a person's criminal history to determine whether recorded offences are relevant to the job. The principle that service providers must apply is to determine the risk of harm to clients.

Service providers must ensure they have policies and procedures in place to assess police certificates. A service provider's decision to employ or retain the services of a person with any relevant recorded convictions will need to be rigorous, defensible and transparent.

For more information see: 5.7 Refusing or terminating employment on the basis of a criminal record.

A risk assessment approach

The following considerations are intended as a guide to assist service providers to assess a person's police certificate for their suitability to be either a staff member or volunteer for a CHSP service provider:

- Access: the degree of access to clients, their belongings, and their personal information. Considerations include whether the individual will work alone or as part of a team, the level and quality of direct supervision, the location of the work, i.e. community or home based settings

- Relevance: the type of conviction and sentence imposed for the offence in relation to the duties a person is, or may be undertaking. A service provider must only have regard to any criminal record information indicating that the person is unable to perform the inherent requirements of the particular job

- Proportionality: whether excluding a person from employment is proportional to the type of conviction

- Timing: when the conviction occurred

- Age: the ages of the person and of any victim at the time the person committed the offence. The service provider may place less weight on offences committed when the person is younger, and particularly under the age of 18 years. The service provider may place more weight on offences involving vulnerable persons

- Decriminalised offence: whether or not the conduct that constituted the offence or to which the charge relates has been decriminalized since the person committed the offence

- Employment history: whether an individual has been employed since the conviction and the outcome of referee checks with any such employers

- Individual's information: the findings of any assessment reports following attendance at treatment or intervention programs, or other references; and the individual's attitude to the offending behaviour

- Pattern: whether the conviction represents an isolated incident or a pattern of criminality

- Likelihood: the probability of an incident occurring if the person continues with, or is employed for, particular duties

- Consequences: the impact of a prospective incident if the person continues, or commences, particular duties

- Treatment strategies: procedures that will assist in reducing the likelihood of an incident occurring including, for example, modification of duties.

5.5 Assessing information obtained from a police certificate for executive decision makers

CHSP service providers may use limited discretion when assessing a person's criminal history to determine whether any recorded offences are relevant to performing the functions and duties of an executive decision maker.

A CHSP service provider must not allow a person whose police certificate records a precluding offence to perform the functions and duties of an executive decision maker.

The offences that preclude a person under the CHSP police check regime from performing the functions and duties of an executive decision maker are:

- a conviction for murder or sexual assault

- a conviction and sentence to imprisonment for any other form of assault

- a conviction for an indictable offence within the past 10 years.

Whether or not an offence is an indictable offence will depend on legislation within the jurisdiction. Service providers might need to seek legal advice if there is any doubt. If a conviction for what would otherwise be a precluding offence is considered 'spent' under the law of the relevant jurisdiction (see: 5.8 Spent convictions), the conviction does not preclude the person from performing the functions and duties of an executive decision maker.

While a service provider may not use discretion to allow a person whose police certificate records a conviction for a precluding offence to perform the functions and duties of an executive decision maker, service providers may use discretion in determining whether any other recorded convictions are relevant to performing those functions and duties. The risk assessment approach set out in 5.4 may be used as a guide to assist service providers to assess the relevance of any non-precluding offences to performing the functions and duties of an executive decision maker.

A service provider's decision to allow a person with any recorded convictions to perform the functions and duties of an executive decision maker must be rigorous, defensible and transparent. The overriding principle that service providers must bear in mind is to minimise the risk of harm to clients.

5.6 Committing an offence during the three year police certificate expiry period

Service providers must take reasonable measures to require each of their staff members, volunteers and executive decision makers to notify them if they are convicted of an offence in the three year period between obtaining and renewing their police check. If an executive decision maker has been convicted of a precluding offence they must not be allowed to continue as an executive decision maker.

5.7 Refusing or terminating employment on the basis of a criminal record

If a service provider refuses or terminates employment on the basis of a person's conviction for an offence, the conviction must be considered relevant to the inherent requirements of the position. If in any doubt, service providers must seek legal advice regarding the refusal or termination of a person's employment on the basis of their criminal record.

Under the *Fair Work Act 2009* there are provisions relating to unfair dismissal and unlawful termination by employers. More information about the *Fair Work Act 2009* is available at: Fair Work Commission. In addition, under the *Human Rights and Equal Opportunity Act 1986*, the Australian Human Rights Commission has the power to inquire into discrimination in employment on the ground of criminal record.

If a person feels they have been discriminated against based on their criminal record in an employment decision of a service provider, they may make a complaint to the Australian Human Rights Commission. Further information on discrimination on the basis of criminal record is available at: Australian Human Rights Commission.

5.8 Spent convictions

Convictions that are considered 'spent' under state, territory and Commonwealth legislation will not be disclosed on a police certificate unless the purpose for the application (for example, working with children) is exempt from the relevant spent conviction scheme. If a conviction has been 'spent' the person is not required to disclose the conviction. The aim of the scheme is to prevent discrimination on the basis of old minor convictions, once a waiting period (usually 10 years) has passed and provided the individual has not re-offended during this period.

Spent conviction legislation varies from jurisdiction to jurisdiction. In some circumstances or jurisdictions certain offences cannot be spent.

Further Information on spent convictions can be found at: Spent Conviction Scheme

6 Police Check Administration

6.1 Record keeping responsibilities

Service providers must keep records that can demonstrate that:

- there is a police certificate, which is not more than three years old, for each staff member, volunteer and executive decision maker
- an application has been made for a police certificate where a new staff member, volunteer or executive decision maker does not have a police certificate
- a statutory declaration has been provided by any staff member, volunteer or executive decision maker who has not yet obtained a police certificate or was a citizen or permanent resident of a country other than Australia.

How a service provider demonstrates their compliance with record keeping requirements is a decision for their organisation to make based on their circumstances.

In recognition of the transition of the Victorian HACC program to the CHSP, Victorian service providers have 12 months, until 30 June 2017, to ensure compliance with national criminal history record checks for all relevant person/s. In the interim, service providers should ensure that the relevant person/s provides an appropriate statutory declaration.

6.2 Sighting and storing police certificates

The collection, use, storage and disclosure of personal information about staff members and volunteers must be in accordance with the *Privacy Act 1988* (Commonwealth). State and territory privacy laws can also impact on the handling of personal information such as a police certificate. Further information about privacy is available at: Office of the Australian Information Commissioner.

When individuals undertake to obtain their own police certificate, or employment agencies hold police certificates, service providers must sight an original or a certified copy of the police certificate and the information and reference number must be recorded on file.

If it is impossible to assess a person's police certificate for any reason, the individual may be required to obtain a new police certificate in order for the service provider to meet their responsibilities under the CHSP police check regime.

6.3 Cost of police certificates

Service providers have a responsibility to ensure all staff members, volunteers and executive decision makers undergo police checks. However, the payment of the cost of obtaining a police certificate is a matter for negotiation between the service provider and the individual.

Individuals may be able to claim the cost of the police certificate as a work-related expense for tax purposes. Further advice on this issue is available from the Australian Taxation Office through their website at: Australian Taxation Office .

Volunteers may be eligible to obtain a police certificate at a reduced cost whether the certificate is requested by an individual or by a service provider on behalf of a volunteer. This must be confirmed with the agency issuing the police certificate.

6.4 Obtaining certificates on behalf of staff, volunteers or executive decision makers

A person may provide a police certificate to the service provider or give consent for the service provider to obtain a police certificate on their behalf.

Service providers can obtain consent forms from the relevant police services or a CrimTrac accredited agency. In some jurisdictions, parental consent may be required to request a police certificate for an individual under the age of 18 years.

6.5 Police certificate expiry

Police certificates for all staff, volunteers and executive decision makers must remain current and need to be renewed every three years before they expire. If a police certificate expires while a staff member is on leave, the new certificate must be obtained before the staff member can resume working at the service. Service providers must note that the application or renewal process can take longer than eight weeks.

6.6 Documenting decisions

Any decision taken by a service provider must be documented in a way that can demonstrate to an auditor the date the decision was made, the reasons for the decision, and the people involved in the decision i.e. the service provider, the individual, a legal representative, board members etc.

6.7 Monitoring compliance with police check requirements

Service providers must have policies and procedures in place to demonstrate suitable management and monitoring of the police certificate requirements for all staff members, volunteers and executive decision makers. This includes, for example:

- three-year police check renewal procedures
- appropriate storage, security and access requirements for information recorded on a police certificate
- evidence of a service provider's decisions in respect of all individuals, or where staff are contracted through another agency, evidence of contractual arrangements with the agency that demonstrates the police certificate requirements.

For more information see: 6.1 Record keeping responsibilities.

Attachment 3a – Police service contact details

Australian Federal Police (for ACT)	Phone: (02) 6202 3333 National Police Checks (www.afpgov.au/what-we-do/police-checks/national-police-checks.aspx)
New South Wales Police Service	Phone: (02) 8835 7888 NSW Police Force (www.police.nsw.gov.au/about_us/structure/specialist_operations/forensic_services/criminal_records_section)
Victoria Police	Phone: 1300 881 596 Victoria Police (www.police.vic.gov.au/content.asp?Document_ID=274)
Queensland Police Service	Phone: (07) 3364 6705 Queensland Police (www.police.qld.gov.au/corporatedocs/purchase/Police-Certificate-(Australia-Wide-Criminal-History).htm)
Western Australia Police Service	Phone: (08) 9268 7645 Western Australia Police (www.police.wa.gov.au/ABOUTUS/OurServices/ClearanceCertificates/tabid/1202/Default.aspx)
South Australia Police	Phone: (08) 8204 2455 South Australia Police (www.police.sa.gov.au/services-and-events/apply-for-a-police-record-check)
Tasmania Police	Phone (03) 6230 2928 Tasmania Police (http://www.police.tas.gov.au/services-online/police-history-record-checks/)
Northern Territory Police	Phone: 1800 723 368 Northern Territory Police (www.pfes.nt.gov.au/Police/Publications-and-forms.aspx)

Attachment 3b - Statutory declaration template

Commonwealth of Australia

The statutory declaration template can be found on the Attorney General's website on:

https://www.ag.gov.au/Publications/Statutory-declarations/Pages/default.aspx

Glossary

Term	Definition
Advocacy	The process of speaking out on behalf of an individual or group to protect and promote their rights and interests.
Aged Care Assessment Team (ACAT)	The assessment team that will determine the care needs and eligibility for a home care package or residential care (referred to as Aged Care Assessment Services in Victoria).
Aged Care Complaints Commissioner	The Aged Care Complaints Commissioner provides a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Australian Government, including residential care, home care packages and CHSP services.
Aged Care Funding Instrument (ACFI)	The ACFI is a tool to assess the level of care needed for residents of residential aged care services. The classification primarily determines the level of care funding payable for that resident. This tool consists of questions and collects information about mental and behavioural disorders, medical conditions, and other care needs. The information is used to categorise residents as having nil, low, medium or high needs in each of the three care domains.
Assistance with Care and Housing for the Aged (ACHA)	The former ACHA Program supported older people who were older or prematurely aged people on a low income who were homeless (at the time) or may have been at risk of becoming homeless as a result of experiencing housing stress, or not having secure accommodation.
Australian Aged Care Quality Agency	The agency to administer the Australian Government's Quality Reporting Programme including conducting quality reviews of home care services from 1 July 2014.
Care Leaver	A person who was in institutional care or other form of out-of-home care, including foster care, as a child or youth (or both) at some time during the 20th century. Care-leavers include Forgotten Australians, former child migrants and people from the Stolen Generation.
Carer	A person such as a family member, friend or neighbour, who provides regular care and assistance to another person without payment for their caring role. The definition of carer excludes formal care services such as care or assistance provided by paid workers or volunteers arranged by formal services.
Charter of Rights and Responsibilities for Home Care (the Charter)	A Charter that specifies the rights and responsibilities of people in receipt of Australian Government funded community aged care services. CHSP service providers must comply with the Charter (excluding the rights expressed at 3A).
Client	A person who is receiving care and services under the CHSP funded by the Australian Government.
Client's home	The client's home is considered to be where the older person is currently living. This may be the home of both the older person and their carer, in cases where the client and carer share a residence. See 1.2.13 of this

Term	Definition
	Programme Manual for settings where CHSP services will not be delivered.
Co-habiting Clients	Co-habiting Clients means spouses, children and other dependants who share the housing situation of the Principal Client and whose relationship with the Principal Client requires continuation of co-habitation.
Commonwealth Respite and Carelink Centres (CRCC)	Commonwealth Respite and Carelink Centres provide a link to carer support services and assist carers with options to take a break through short-term and emergency respite, based on assessed need. CRCC services target carers of frail older people, people with dementia and younger people with moderate, severe or profound disabilities who are living at home.
Culturally and Linguistically Diverse (CALD)	Clients may be defined as Culturally and Linguistically Diverse where they have particular cultural or linguistic affiliations due to their: • place of birth or ethnic origin • main language other than English spoken at home • proficiency in spoken English.
Day Therapy Centres (DTC) Program	The former DTC Program provided a range of therapies and services including allied health support.
Department	The Australian Government Department of Health (DoH).
Existing client	Existing clients are considered to be those clients with a current booking for service or currently accessing a service as at 1 July 2015, who accessed services (perhaps intermittently) at least three times over the previous financial year or who received care for a continuous period of six months or more in the previous financial year (i.e. from 1 July 2014 - 1 July 2015).
Financially or Socially Disadvantaged	Individuals who, for whatever reason, are without on-going financial support as a result of incurred debt, unemployment, age or a disability. These individuals may also be socially vulnerable as a result of perception or inaccessibility, or have a tendency for self-isolation.
Frail	For the purposes of the CHSP, frail refers to older people who have difficulty performing activities of daily living without help due to functional limitations (for example communications, social interaction, mobility or self-care).
Full cost recovery	Where access to a service is at full cost recovery, this means that the CHSP provider would charge the provider the full cost to the service provider of service provision.
Grant Agreement	Grant agreements are performance based, legally enforceable agreements between two or more parties that set out the terms and conditions governing a business relationship. The standard departmental grant agreement includes the Terms and Conditions of aged care funding and the Grant Schedule.
Home and Community Care Program (HACC)	The Commonwealth HACC Program and the (joint Commonwealth-State) HACC Program in Victoria was consolidated into the CHSP. It provided 19 basic maintenance, support and care services to assist

Term	Definition
	people to remain in the community. The (joint Commonwealth-State) HACC Program continues to operate in Western Australia
Home Care Packages	A home care package is an Australian Government-funded co-ordinated package of services tailored to meet the person's specific care needs, with eligibility determined by an Aged Care Assessment Team. There are four levels of packages.
Home Care Standards Guide	A guide that has been developed to assist service providers to prepare and participate in a quality review using the Home Care Standards for ensuring quality in community care.
Homeless	Homeless means people who are: • without any acceptable roof over their head e.g. living on the streets, under bridges, in deserted buildings etc. (absolute homelessness or sleeping rough) • moving between various forms of temporary or medium term shelter such as hostels, refuges, boarding houses or friends • constrained to living permanently in single rooms in private boarding houses • housed without conditions of home e.g. security, safety, or adequate standards (includes squatting).
Housing Stress	The Australian Institute of Health and Welfare defines housing stress as households which spend more than 30 per cent of their household income on housing costs. Low-income households in housing stress are of particular concern since the burden of high housing costs reduces their ability to meet their other living expenses.
Lesbian, gay, bisexual, transgender and intersex people (LGBTI)	People who are lesbian, gay, bisexual, transgender and intersex.
Low Income	Low Income is equivalent to: • incomes in the bottom two-fifths of the population • the maximum gross income or less necessary to qualify for or retain a Low Income Health Care Card, as issued by Centrelink • whichever amount is greater.
My Aged Care	My Aged Care was introduced on 1 July 2013 and assists older people, their families and carers to access aged care information and services via the My Aged Care website and My Aged Care contact centre (1800 200 422).
National Aged Care Advocacy Program (NACAP)	The National Aged Care Advocacy Programme is funded by the Australian Government and provides individual advocacy support and promotes the rights of people who are seeking or are receiving Australian Government funded residential aged care or home care packages.
National Aged Care Alliance (NACA)	The National Aged Care Alliance (NACA) is a representative body of peak national organisations in aged care, including consumer groups,

Term	Definition
	providers, unions and health professionals, working together to determine a more positive future for aged care in Australia.
National Disability Insurance Scheme (NDIS)	The National Disability Insurance Scheme provides community linking and individualised support for people with permanent and significant disability, their families and carers.
National Respite for Carers Program (NRCP)	The National Respite for Carers Program contributes to the support and maintenance of caring relationships between carers and care recipients by facilitating access to information, respite care and other support appropriate to the carer's individual needs and circumstances, and those of the care recipient.
National Screening and Assessment Form (NSAF)	To ensure a nationally consistent and holistic screening and assessment process, the NSAF will be used by My Aged Care contact centre staff, the RAS and existing ACATs.
Not having secure accommodation	Not having secure accommodation refers to accommodation where the person's tenure is precarious or there is a likelihood that they will have to move on because of an escalation in rental cost, exploitation or unsuitability of the accommodation for their needs. This may include boarding and lodging arrangements, public housing and staying with friends or relatives. It may also include accommodation owned by the client from which they are in immediate circumstances of losing ownership and accommodation rights.
Older people	For the purposes of the CHSP, older people are people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over.
Out-of-scope	Services and items that must not be purchased using CHSP funding.
Planned Respite	Planned respite is about receiving services on a short term or time-limited bases and planned in advance. Planned respite can be provided in a client's home or temporarily in another setting such as a day centre or in the community.
Planning Framework	Approach used to plan for funding and ongoing programme management of aged care service delivery at a regional level. The CHSP uses Aged Care Planning Regions.
Prematurely aged people	People aged 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.
Principal Clients	Principal Client means the sole client or the older client in a household.
Quality review	The process of reviewing the quality of services delivered against the Home Care Standards that can include notification; self-assessment; an on-site visit and a quality review report.
Reablement	Like wellness, reablement aims to assist people to maximise their independence and autonomy. However, reablement supports are more targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities. Supports could include training in a new skill, modification to a

Term	Definition
	person's home environment or having access to equipment or assistive technology.
Reassessment	Reassessment is undertaken by the My Aged Care RAS and focuses on the strengths and needs of the individual client. RAS assessors are appropriately skilled, and trained to undertake assessments (and reassessments) and identify services appropriate for a diverse range of clients.
Regional Assessment Services (RAS)	The My Aged Care RAS is responsible for assessing the home support needs of older people. The service will provide timely support for locating and accessing suitable services based on the preferences of older people. Assessors will be appropriately skilled, and trained by *My Aged Care*, to undertake assessments and identify services appropriate to a diverse range of clients.
Residential day respite	Residential day respite provided under the CHSP is defined as *day* respite provided in a residential facility – it does not include consecutive days or nights.
Residential respite	Residential respite that is delivered under the *Aged Care Act 1997* is defined as residential care or flexible care (as the case requires) provided as an alternative care arrangement with the primary purpose of giving a carer or care recipient a short-term break from their usual care arrangement.
Restorative Care	For a smaller sub-set of older people, restorative care may be appropriate, where assessment indicates that the client has potential to make a functional gain. Restorative care involves evidence based interventions that allow a person to make a functional gain or improvement in health after a setback, or in order to avoid a preventable injury. Interventions are provided or are led by allied health workers based on clinical assessment of the individual. These interventions may be one to one or group services that are delivered on a short-term basis which are delivered by, or under guidance of an allied health professional.
Review	A review is undertaken by the service provider and refers to a check of the effectiveness and on-going appropriateness of the services the client is receiving. A review of a client may take place where: • The assessor sets a review date in the support plan for a short term service. • A service provider identifies a change in the client's needs or circumstances that affects the existing support plan. • A client identifies a change in their needs or circumstances, or seeks assistance to access new services or change their service provider.
Sector Support and Development	Activities that support and improve service delivery to clients and build the capacity of service providers and the sector.
Serious Incident	Serious incidents are defined as those which may: • have an adverse impact on the health, safety or wellbeing of a client

Term	Definition
	• seriously affect public confidence in the CHSP.
Service provider	Service provider refers to service providers or organisations funded to provide services under the CHSP.
Special Needs Groups	Under the CHSP Special Needs groups are: • people from Aboriginal and Torres Strait Islander communities • people from culturally and linguistically diverse backgrounds • people who live in rural and remote areas • people who are financially or socially disadvantaged • veterans • people who are homeless, or at risk of becoming homeless • people who are lesbian, gay men, bisexual, transgender and intersex • people who are care leavers • parents separated from children by forced adoption or removal.
Veterans' Home Care (VHC)	The Veterans' Home Care program provides low level home care services to eligible veterans and war widows and widowers.
Volunteers	A volunteer is defined, for the purposes of this Programme Manual, as a person who: • is not a staff member • offers his or her services to the service provider • provides care or other services on the invitation of the service provider and not solely on the express or implied invitation of a client • has, or is reasonably likely to have, unsupervised interaction with clients.
Wellness	Wellness is a philosophy based on the premise that even with frailty, chronic illness or disability, people generally have the desire and capacity to make gains in their physical, social and emotional wellbeing and to live autonomously and as independently as possible. A wellness approach in aged care services therefore aims to work with individuals and their carers, as they seek to maximise their independence and autonomy.
Work Health and Safety	Work Health and Safety.