

## Summary of changes to the Commonwealth Home Support Programme (CHSP) Manual 2022-2023

The table below outlines the changes to the CHSP Program Manual for 2022-23.

CHSP Manual Chapter	Change Type	Content changes (2022-2023)
<b>Chapter 1 Overview of the program</b>	Existing content updated	<p><b>1.2.11 Older people with diverse needs</b></p> <p>The Older people with diverse needs section includes people who are lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQ+).</p>
	Clarification of Existing Policy	<p><b>1.2.14 Where CHSP services will not be provided</b></p> <p>There are a number of exclusions where CHSP services will not be provided. The eligibility for Disability Support for Older Australians Program clients has been simplified to make it clearer when a Disability Support for Older Australians Program (DSOA) client can access services through the CHSP.</p> <p>A DSOA client cannot access CHSP services that are in-scope or already provided for under DSOA eg a DSOA client accessing nursing and personal care cannot access nursing and personal care under the CHSP. Accessing services that are in scope under DSOA may impact a client's DSOA funding package.</p>
<b>Chapter 2 Supporting Independence</b>	Additional Information	<p><b>2.3.4 Empowering older Australians to remain independent for longer</b></p> <p>Wellness and reablement services build on client strengths and goals to encourage greater independence and autonomy. Additional information has been included in this chapter on a new LiveUp website (<a href="http://www.liveup.org.au">www.liveup.org.au</a>) which enables Australians over 65 years of age to check their health and find personalised suggestions for products and services that promote healthy ageing. LiveUp can suggest low-cost assistive products and equipment to help people with everyday living, as well as personalised exercises and services, to help them or a loved one with age-related wellbeing.</p>
	Content deleted	<p><b>2.5.3 Reporting requirements</b></p> <p>Removal of requirement for annual desktop review of wellness and reablement.</p>

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<b>Chapter 3 Sub-Programs Eligibility and Services</b>	Policy Change – New Content	<p><b>3.2 2022-23 CHSP National Unit Price Ranges</b></p> <p>The introduction of new national unit prices will assist CHSP providers transition to payment in arrears and prepare for future in-home aged care reforms. The unit price ranges are broadly in line with historical funding and in many cases consistent with unit costs of other government funded programs (for standard weekday delivery during business hours). These ranges were developed by ACIL Allen consulting after thorough assessment of unit price information, examining comparable pricing approaches for other programs, and considering market implications of funding design.</p> <p>It is important to note these ranges do not include a reasonable client contribution over and above funding from the Australian Government. CHSP service providers should implement their own client contribution policy, with a view that clients who can afford to contribute to the cost of their care should do so. A CHSP reasonable client contribution range for each service type is also included. These ranges were also developed through the work undertaken by ACIL Allen and have been provided as a guide to assist CHSP providers to implement or review their client contribution policy.</p> <p>ACH, GEAT and Home Modifications will not have national unit price ranges:</p> <ul style="list-style-type: none"> <li>• ACH advocacy and assessment services will transition to the Care Finder Program from 1 January 2023. Hoarding and Squalor will continue to be funded through CHSP.</li> <li>• Home Modifications will continue to deliver services based on the cost in dollars and will remain capped at \$10,000 (per client per financial year).</li> <li>• GEAT will continue with the output measures of cost in dollars and quantity of items (purchased or loaned), noting the cap of \$1,000 applies per client per year. GEAT providers will need to report the hours of Allied Health and Therapy services associated with complex GEAT in DEX.</li> </ul> <p>The 2022-23 CHSP national unit price ranges and reasonable client contributions information has been included in this chapter.</p>
	Policy Change – New Content	<p><b>3.3.1 Community and Home Support Sub-Program Goods, Equipment and Assistive Technology (GEAT)</b></p>

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		Assessments for complex GEAT services is being broadened from Occupational Therapists to include other allied health professionals (ie physiotherapist, podiatrist, speech pathologist etc). This will allow for more timely access to complex GEAT to assist clients to maintain their independence at home.
	Additional Information	<p><b>3.3.1 Community and Home Support Sub-Program</b></p> <p><b>Home Maintenance</b></p> <p>Additional information has been included on the consideration of seasonal changes and adjustments for gardening (e.g., mowing less often in winter than summer) as long as the client’s safety and accessibility is maintained. The output measure of Cost has also been included to align with the DEX reporting protocols.</p>
	Additional information	<p><b>3.3.1 Community and Home Support Sub-Program</b></p> <p><b>Meals</b></p> <p>Additional information has been included on meals prepared in distribution centres (‘meal hubs’) for other CHSP meals service providers and the associated output measure for meals delivered via a meals distribution centre.</p>
	Additional information	<p><b>3.3.1 Community and Home Support Sub-Program</b></p> <p><b>Nursing</b></p> <p>Additional information has been included on the inclusion of wound care under Nursing services. Where clients are receiving non-health CHSP services in conjunction with post-acute services, a reference has been added that clients should access appropriate community nursing services following a hospital stay in the first instance. After this, support services must be reviewed to determine whether the client’s current needs are being met.</p>
	Clarification of Existing Policy	<p><b>3.3.1 Community and Home Support Sub-Program</b></p> <p><b>Specialised Support Services (SSS)</b></p>

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		<p>SSS refers to specialised or tailored services for older people who are living at home with a particular condition, such as continence, dementia, hearing 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.</p> <p>Some activities under SSS have been realigned to other service types, such as group social supports and system navigation, to ensure consistency across this service type.</p>
	Additional information	<p><b>3.3.1 Community and Home Support Sub-Program</b></p> <p><b>Transport</b></p> <p>Additional information has been included on clients accessing more than one transport referral where the need is not met by one provider e.g. one referral for a transport provider for week days and one referral for a one-off medical transport or weekend trip which is not provided by the week day provider. Clients should contact My Aged Care for assistance with accessing these referrals.</p>
	Policy Change – New Content	<p><b>3.3.3 Community and Home Support Sub-Program</b></p> <p><b>Assistance with Care and Housing (ACH)</b></p> <p>ACH services support eligible clients who are homeless or at risk of homelessness, to access appropriate and sustainable housing as well as community care, residential aged care and other support services, specifically targeted at avoiding homelessness or reducing the impact of homelessness. ACH services link clients to the most appropriate range of housing and care services to meet their immediate and ongoing needs. Service sub-types include Assessment and Referrals, Advocacy and Hoarding and Squalor.</p> <p>Clients who are eligible to access Assistance with Care and Housing services are also eligible to access other CHSP services targeted at avoiding homelessness or reducing the impact of homelessness including clients aged between 50 and 65 (or between 45 and 50 for Aboriginal and Torres Strait Islander people). However, a client can only access these additional entry level CHSP services if they are targeted at avoiding or reducing the impact of homelessness and if they are currently receiving or have been a recipient of Assistance with Care and Housing services. All Assistance with Care and Housing clients must be assessed by My Aged Care</p>

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		<p>via the assessment services to determine eligibility and need to receive additional CHSP services.</p> <p>From January 2023, ACH navigation services (assessment/referrals and advocacy) will transition to the new Care Finder Program to streamline navigation supports for aged care.</p> <p>Under the new Care Finder Program, Primary Health Networks (PHNs) will establish and maintain a network of care finders to provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community. PHNs will:</p> <ul style="list-style-type: none"> <li>• commission care finder services based on local needs in relation to care finder support</li> <li>• support a transition of the Assistance with Care and Housing (ACH) service type (with the exception of hoarding and squalor services) to the Care Finder Program</li> <li>• develop, implement and maintain processes to meet data collection and reporting requirements</li> <li>• support the integration of the care finder network into the local aged care system</li> <li>• support continuous improvement of the Care Finder Program</li> <li>• identify and address opportunities to enhance integration between the health, aged care and other systems at the local level.</li> </ul> <p>Hoarding and Squalor will remain in the ACH sub-program for 2022-23. 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.</p> <p>Information has been included on the new Care Finder Program (from 1 January 2023).</p>

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	Policy Change – New Content	<p><b>3.3.4 Community and Home Support Sub-Program</b></p> <p><b>Sector Support and Development (SSD)</b></p> <p>SSD funding has supported the development of the home support service system to enable providers to operate efficiently and within the context of the broader aged care system.</p> <p>Following a series of reviews and consultation with the sector, SSD funding is being refocussed to support activities associated with future in-home aged care reforms. This includes business transformation, supporting reform engagement, education and active participation in an online Community of Practice. SSD providers will need to allocate at least 75 per cent of their funding towards delivering these new SSD activities, with remaining funding available to support other activities, such as supporting the volunteer workforce and mainstream navigation services.</p>
<b>Chapter 4 Access and Interactions</b>	Additional Information	<p><b>4.4.1 Aged care assessments</b></p> <p>Additional information about availability of the new face-to-face Services Australia aged care services has been added. In person supports are now available at dedicated Services Australia service centres. Appointments can be made with an Aged Care Specialist Officer (where one is available) at a Services Australia service centre.</p>
	Clarification of Existing Policy	<p><b>4.1.1 Interaction with specific programs and services</b></p> <p><b>Home Care Packages</b></p> <p>The interaction between Home Care packages and the CHSP section has been clarified and updated. The client contribution must be paid for privately and not from the client’s package funds. The short-term or time limited CHSP services are not defined as this will vary on a case by case basis and will depend on the specific circumstances and needs of each individual client. However, it is anticipated that up to three months would be considered as short-term services. It is expected that some additional CHSP services might be delivered for a longer period where specific circumstances warrant it. The ACAT is responsible for assessment of a client’s eligibility for services under the Aged Care Act, including HCP. If an ACAT issues CHSP referrals for a HCP recipient, the ACAT is responsible for scheduling suitable Support Plan Reviews to review aged care needs.</p>

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		<p>CHSP service providers also have a responsibility to regularly review a client’s progress against their individual goals and should refer the client to their most recent assessment service for a support plan review or re-assessment if their needs change.</p> <p><b>Interim CHSP services for clients on the HCP waitlist</b></p> <p>The interim CHSP services for clients on the HCP waitlist has been clarified and updated. Where a new client has been assessed and approved as eligible for a HCP but is waiting to receive that package, the Aged Care Assessment Team (ACAT) may approve the client for services under the CHSP as an interim arrangement. The services will be delivered as entry-level supports consistent with the CHSP not the level of support of the home care package they are eligible for. The number of CHSP services provided at an entry level will vary on a case by case basis and will depend on the specific needs and circumstances of each client. HCP clients will need to contribute to the cost of the CHSP as per the CHSP client contribution arrangements and pay for these fees privately (not from their package funds).</p> <p><b>Disability Support for Older Australians</b></p> <p>The section on DSOA has been clarified and updated.</p> <p>DSOA clients are eligible to receive CHSP services that are not provided through DSOA. If a DSOA client wishes to access CHSP services, they should engage My Aged Care in order to undertake an assessment to determine whether they are eligible for support. In doing so, DSOA clients should clearly outline to My Aged Care they are a DSOA client, otherwise they may be found eligible for services that are provided through DSOA. In the event the DSOA client accepts supports under CHSP that are delivered through DSOA, it will be taken that the client has chosen to exit DSOA.</p> <p>Further information on the DSOA Program and what CHSP services DSOA clients can access is available in <a href="#">the Disability Support for Older Australians Program Manual</a>.</p>
	Policy Change – New Content	<p><b>4.1.1 Care Finder Program (from 1 January 2023)</b></p> <p>Primary Health Networks (PHNs) will establish and maintain a network of care finders to provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community. PHNs will:</p>

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		<ul style="list-style-type: none"> <li>• commission care finder services based on local needs in relation to care finder support</li> <li>• support a transition of the Assistance with Care and Housing (ACH) service type (with the exception of hoarding and squalor services) to the Care Finder Program</li> <li>• develop, implement and maintain processes to meet data collection and reporting requirements</li> <li>• support the integration of the care finder network into the local aged care system</li> <li>• support continuous improvement of the Care Finder Program</li> <li>• identify and address opportunities to enhance integration between the health, aged care and other systems at the local level.</li> </ul> <p>From January 2023, ACH navigation services (assessment/referrals and advocacy) will transition from the CHSP to the new Care Finder Program. This will streamline navigation supports for aged care. Hoarding and Squalor will remain as part of the CHSP and will be funded for the full 2022-23 financial year.</p>
	Clarification of Existing Policy	<p><b>4.1.2 Transition Arrangements for Existing Clients</b></p> <p>This section has been clarified. Existing clients that were transitioned into the CHSP also included some clients who would not otherwise be eligible for the program (due to their age and/or level of support required). These clients have been grandfathered into the CHSP and will be supported to transfer to more appropriate services (such as the NDIS or HCP Program) where appropriate. Service providers should work with My Aged Care and the client when their needs change to transition them to more appropriate services, where possible.</p>
	Additional Information	<p><b>4.4.1 Access to Emergency CHSP services</b></p> <p>Additional information has been included. The circumstances in which there is an urgent need for services to start immediately will vary. Providers and the contact centre will need to make judgments on a case by case basis. For example, a client may urgently need immediate services because a carer is no longer available or there has been a sudden and dramatic loss of a client's functional ability which, if not addressed immediately, will place the client at risk.</p> <p>It is acknowledged that a number of other services including home maintenance, home modifications, goods, equipment and assistive technology and domestic assistance may be sought urgently. However, it is less likely</p>

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		that a client's safety would be at risk if these services are not provided immediately, in advance of a holistic assessment by the RAS and an Occupational Therapist (where appropriate).
<b>Chapter 5 Client contribution framework</b>	Additional Information	<p><b>5.6 CHSP reasonable client contributions</b></p> <p>A CHSP reasonable client contribution range for each service type is included alongside the CHSP national unit price ranges. These ranges were developed through the work undertaken by ACIL Allen and have been provided as a guide to assist CHSP providers to implement or review their client contribution policy.</p> <p>The National Guide to the CHSP Client Contribution Framework has also been updated (June 2022).</p>
<b>Chapter 6 Service provider and departmental responsibilities</b>	Additional information	<p><b>6.1 Service provider responsibilities</b></p> <p>CHSP providers can refer to the <a href="#">CHSP My Aged Care Provider Journey infographic</a> on the Department of Health website for further information.</p>
	Content deleted	<p><b>6.1.2 Client rights and responsibilities</b></p> <p>Requirement for existing CHSP clients to have a copy of the Aged Care Charter signed by 30 September 2019 removed as information out of date.</p>
	Additional information	<p><b>6.1.4 Staffing and training – First Aid Training</b></p> <p>Additional information has been included. CHSP providers can use their existing CHSP grant funding, including unspent funds, to cover the cost of staff and volunteers attending first aid training and refresher courses, where applicable.</p> <p>Where appropriate, CHSP providers may consider the option of online first aid courses to enable staff or volunteers to complete the training where it is difficult to attend a face-to-face course.</p>
	Existing content updated	<p><b>6.1.8 Service continuity</b></p> <p>Links have been included in this section to existing fact sheets on <a href="#">how to provide service delivery in the event of an emergency</a> or <a href="#">during a heatwave</a></p>

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	Additional information	<p><b>6.1.8 Transition out</b></p> <p>Additional information included on the requirement for providers to detail any current issues that may impact the client transition.</p>
	Existing content updated	<p><b>6.1.8 CHSP ad hoc grant opportunity</b></p> <p>This section on ad hoc grant opportunities has been updated. The Department recognises the operating environment and demand for services may change during the term of the 2022-2023 CHSP grant agreement. To support CHSP service providers to respond flexibly to local changes, CHSP providers may be able to access additional funding through ad hoc grant opportunities. CHSP providers can access information about how and when to apply and any application forms on <a href="#">Grant Connect</a>.</p>
	Additional information	<p><b>6.1.9 Acknowledging the funding</b></p> <p>CHSP providers should not use the Commonwealth Coat of Arms in their internal advertising and promotion of CHSP services.</p>
	Policy Change – New Content	<p><b>6.2.1 Payment in arrears</b></p> <p>Information included on payment in arrears arrangements.</p>
	Policy Change – New Content	<p><b>6.3.1 New monthly performance reporting via Data Exchange</b></p> <p>With the introduction of payment of arrears, new information about provider funding and reporting has been included.</p> <p>From 1 July 2022 all CHSP providers, excluding providers who only deliver SSD, are required to submit monthly performance reports through Data Exchange. This is a change from six monthly reporting. Monthly performance reports will be due on the 14th day of each month (or next business day), commencing from 14 August 2022.</p> <p>The submission of a monthly performance Data Exchange report will be mandatory and may be linked to the release of a provider’s next monthly payment. A provider can choose to submit a report more frequently,</p>

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		<p>such as each fortnight, however at a minimum a report must be submitted monthly within the timeframes provided below. CHSP providers only delivering SSD will remain on a six-monthly Data Exchange reporting schedule.</p> <p>The Key Reports table has been updated.</p>
	Clarification of Existing Policy	<p><b>6.3.3 Managing Performance - Flexibility provisions for ACH and SSD providers</b></p> <p>New information has been added on the flexibility provisions under ACH and SSD as the Department of Health has implemented additional criteria around the flexibility provisions in relation to this service type.</p> <p>The 100 per cent flexibility provisions enable providers to meet changes in the demand for services between funded service types and Aged Care Planning Regions. Due to the changes in these service types, ACH and SSD providers cannot reallocate their funding to other service types or outside a funded ACPR without prior approval from the Department of Health.</p>
	Content deleted	<p><b>Improving CHSP program assurance</b></p> <p>The content on Improving CHSP program assurance in 2020-21 and the development of a program framework has been removed.</p>
	Content deleted	<p><b>6.3.4 Embedding a wellness and reablement approach – reporting</b></p> <p>The content on the annual desktop review of a random sample of providers has been removed.</p>
<b>Appendix C – State FAMs CHSP Contacts</b>	Existing content updated	<p><b>Contacts</b></p> <p>The contact email address for the Northern Territory office has been updated to:                      NTPerformanceHealth@communitygrants.gov.au</p>
<b>Glossary</b>	Additional information	Inclusion of Care Finders Program and edits to Sector Support and Development description

NB: Website links in the Manual have been checked and updated where needed.