

Current version	Proposed version
<p>1.2.5 Objectives The objectives of the CHSP are to:</p> <ol style="list-style-type: none"> 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 basis, to frail older people to maximise their independence at home and in the community, enhancing their wellbeing and quality of life. 2. Provide entry-level support services for frail older people aged 65 years and older (or 50 years and older for Aboriginal and Torres Strait Islander people) who are assessed by the RAS as needing assistance, to continue to live independently at home and in their community. 3. 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 to CHSP clients, which will allow carers to take a break from their usual caring duties. 4. Support frail older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) on a low income who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation. 5. Support clients to delay, or avoid altogether, the need to move into more complex aged care by being kept socially active and connected with their community, 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. 6. Ensure that all clients have equal access to services that are socially and culturally appropriate and free from discrimination. 7. Ensure compliance with all relevant codes of ethics, industry quality standards and guidelines, to ensure that clients receive high quality services. 8. Facilitate client choice to enhance the independence and wellbeing of older people and ensure that services are responsive to the needs of clients. 9. Provide a standardised assessment process which encompasses a holistic view of client needs. 10. Provide flexible, timely services that are responsive to local needs. 	<p>1.2.5 Objectives The objectives of the CHSP are to:</p> <ol style="list-style-type: none"> 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 basis, to frail older people to maximise their independence at home and in the community, enhancing their wellbeing and quality of life. 2. Provide entry-level support services for frail older people aged 65 years and older (or 50 years and older for Aboriginal and Torres Strait Islander people) who are assessed by the RAS as needing assistance, to continue to live independently at home and in their community. 3. 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 to CHSP clients, which will allow carers to take a break from their usual caring duties. 4. Support frail older people or prematurely aged people 50 years and over (or 45 years and over for Aboriginal and Torres Strait Islander people) on a low income who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation through access to Assistance with Care and Housing and other CHSP services targeted at avoiding homelessness or reducing the impact of homelessness. 5. Support clients to delay, or avoid altogether, the need to move into more complex aged care by being kept socially active and connected with their community, 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. 6. Ensure that all clients have equal access to services that are socially and culturally appropriate and free from discrimination. 7. Ensure compliance with all relevant codes of ethics, industry quality standards and guidelines, to ensure that clients receive high quality services. 8. Facilitate client choice to enhance the independence and wellbeing of older people and ensure that services are responsive to the needs of clients. 9. Provide a standardised assessment process which encompasses a holistic view of client needs. 10. Provide flexible, timely services that are responsive to local needs.
<p>Sign language interpreting services Older Australians who are who are deaf, deafblind, or hard of hearing who are seeking to access or are in receipt of Commonwealth funded aged care services can access free sign language interpreting services. Face-to-face sign-language interpreting and Video Remote Interpreting services are available to support clients to engage with:</p> <ul style="list-style-type: none"> • My Aged Care • Regional Assessment Services • Aged Care Assessment Teams • In-home aged care service providers • Residential aged care service providers, and • Other organisations involved in the provision of Commonwealth funded aged care services. <p>Sign language services are available in Auslan, American Sign Language, International Sign Language, and Signed English for deaf or consumers who are hard of hearing, and tactile signing and hand over hand for deafblind consumers. These new sign-language interpreting services will support older Australians to better engage and fully participate in their aged care journey.</p>	<p>Sign language interpreting services Older Australians who are who are deaf, deafblind, or hard of hearing who are seeking to access or are in receipt of Commonwealth funded aged care services can access free sign language interpreting services. Face-to-face sign-language interpreting and Video Remote Interpreting services are available to support clients to engage with:</p> <ul style="list-style-type: none"> • Activities of daily living • My Aged Care • Regional Assessment Services • Aged Care Assessment Teams • In-home aged care service providers • Residential aged care service providers, and • Other organisations involved in the provision of Commonwealth funded aged care services. <p>Sign language services are available in Auslan, American Sign Language, International Sign Language, and Signed English for deaf or consumers who are hard of hearing, and tactile signing and hand over hand for deafblind consumers. These new sign-language interpreting services will support older Australians to better engage and fully participate in their aged care journey. Information on how service providers can access interpreting services is available at My Aged Care on 1800 200 422 or Auslan Connections at auslanconnections.com.au or by calling 1300 010 877.</p>
<p>2.1 Introduction CHSP service providers are required to work with frail older people to maximise their independence and enable them to remain living safely in their own homes and communities. Providers must structure services with a focus on client strengths and goals to support independence. This means that service providers should generally not undertake tasks that the client is capable of doing safely for themselves. The longer a client avoids reliance on ongoing services, the longer they are likely to maintain their functional independence, giving them more good days doing the things that matter to them most.</p> <p>This approach known as wellness and reablement builds on people's strengths and goals to promote greater independence and autonomy. Offering care that focuses on individual client goals and recognises the importance of client participation is fundamental to the CHSP.</p>	<p>2.1 Introduction CHSP service providers are required to work with frail older people to maximise their independence and enable them to remain living safely in their own homes and communities. Providers must structure services with a focus on client strengths and goals to support independence. This means that service providers should generally not undertake tasks that the client is capable of doing safely for themselves. The longer a client avoids reliance on ongoing services, the longer they are likely to maintain their functional independence, giving them more good days doing the things that matter to them most.</p> <p>This approach known as wellness and reablement builds on people's strengths and goals to promote greater independence and autonomy. Offering care that focuses on individual client goals and recognises the importance of client participation is fundamental to the CHSP.</p> <p>The CHSP Reablement Community of Practice is available as a tool for providers to learn, share and engage with other providers across the CHSP sector. It is an online forum to support the sharing of ideas, best practice and practical examples to embed wellness and reablement into everyday service delivery practices. Join the CHSP Reablement Community of Practice at: more-good-days.</p>
<p>2.5.3 Reporting requirements CHSP providers are required to submit a wellness report to the Department annually outlining their progress in implementing a wellness and reablement approach within their organisation.</p> <p>The second wellness report, was undertaken in late 2019 /early 2020 with the aim of building understanding and identifying areas that the Department and CHSP providers can focus on to further imbed wellness and reablement practices.</p> <p>The Department will also conduct an annual desktop review of wellness and reablement practices across a sample of CHSP service providers. This will examine service provider service information in My Aged Care, related client support plans and service provider data in the DSS Data Exchange. The annual review will examine a random sample of up to ten per cent of CHSP providers nationally per annum. Depending on outcomes of this process, the Department may contact individual service providers to discuss their service delivery patterns. Service providers will be required to comply with any reasonable requests for additional data arising from the review process.</p> <p>More information on service provider reporting requirements is provided under Section 6.3.4 of this manual.</p>	<p>2.5.3 Reporting requirements CHSP providers are required to submit a wellness and reablement report to the Department annually outlining their progress in implementing a wellness and reablement approach within their organisation. CHSP providers that are only funded to deliver Sector Support and Development (SSD) are exempt from reporting as they do not deliver services to clients.</p> <p>The second most recent wellness and reablement report, was undertaken in late 2019 /early 2020 with the aim of building understanding and identifying areas that the Department and CHSP providers can focus on to further imbed wellness and reablement practices.</p> <p>The Department will also conduct an annual desktop review of wellness and reablement practices across a sample of CHSP service providers. This will examine service provider service information in My Aged Care, related client support plans and service provider data in the DSS Data Exchange. The annual review will examine a random sample of up to ten per cent of CHSP providers nationally per annum. Depending on outcomes of this process, the Department may contact individual service providers to discuss their service delivery patterns. Service providers will be required to comply with any reasonable requests for additional data arising from the review process.</p> <p>More information on service provider reporting requirements is provided under Section 6.3.4 of this manual.</p>
<p>Service type: Domestic Assistance Out-of-scope activities under this service type</p> <p>The level and frequency of Domestic Assistance services delivered to a client must directly relate to ensuring client safety in the home.</p> <p>CHSP service providers do not give financial advice or offer to assist with managing a person's finances.</p> <p>Accompanied shopping, bill paying and attendance at appointments are not included under Domestic Assistance but are included under Social Support Individual.</p>	<p>Service type: Domestic Assistance Out-of-scope activities under this service type</p> <p>The level and frequency of Domestic Assistance services delivered to a client must directly relate to ensuring client safety in the home.</p> <p>CHSP service providers do not give financial advice or offer to assist with managing a person's finances.</p> <p>Accompanied shopping, bill paying and attendance at appointments are not included under Domestic Assistance but are included under Social Support Individual.</p> <p>Domestic assistance does not include, cleaning under or behind furniture, the movement or rearrangement of heavy furniture, or cleaning that involves the removal of fixtures (e.g. blinds, curtains etc). Full spring cleans are outside the scope of daily domestic assistance services and need to be negotiated on a case by case basis with providers.</p>

<p>Goods, Equipment and Assistive Technology 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.</p> <p>Older people may 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. Goods, equipment and assistive technologies that can be purchased under the CHSP fall under the following service sub-types:</p> <ul style="list-style-type: none"> • car modifications • communication aids • medical care aids • other goods and equipment • personal monitoring • reading aids • self-care aids • support and mobility aids (including contributing towards the cost of mobility scooters and vehicle modifications) and include a wide range of items such as: <ul style="list-style-type: none"> • adapted utensils • assistive technologies such as robotic vacuum cleaners • dressing aids • low vision aids such as binoculars, electronic magnifiers and magnifying/reading software. • over-toilet frames • sensor mats • shower chairs • walking frames 	<p>Goods, Equipment and Assistive Technology 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.</p> <p>Older people may 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. Goods, equipment and assistive technologies that can be purchased under the CHSP fall under the following service sub-types:</p> <ul style="list-style-type: none"> • car modifications • communication aids • medical care aids • other goods and equipment • personal monitoring • reading aids • self-care aids • support and mobility aids (including contributing towards the cost of mobility scooters and vehicle modifications) and include a wide range of items such as: <ul style="list-style-type: none"> • adapted utensils • assistive technologies such as robotic vacuum cleaners • dressing aids • low vision aids such as binoculars, electronic magnifiers and magnifying/reading software. • over-toilet frames • sensor mats • shower chairs • walking frames
<p>Home Modifications 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:</p> <ul style="list-style-type: none"> • access and egress pathways through a property • appropriate lever tap sets or lever door handles • grab rails in the shower • client engagement and support • installation and fitting of emergency alarms and other safety aids and assistive technology • internal and external hand rails next • ramps (permanent and temporary) • step modifications 	<p>Home Modifications 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:</p> <ul style="list-style-type: none"> • access and egress pathways through a property • appropriate lever tap sets or lever door handles • grab rails in the shower • client engagement and support • installation and fitting of emergency alarms and other safety aids and assistive technology • internal and external hand rails next • ramps (permanent and temporary) • chair lifts or two-person or wheelchair compatible platform lifts • step modifications
<p>Home Modifications Service type description 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).</p>	<p>Home Modifications Service type description 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). Home Modification providers may use grant funds to purchase occupational therapy assessments for their clients to help determine their specific care needs and requirements. Any occupational therapy assessments purchased or delivered must be reported on the Data Exchange.</p>
<p>Home Modifications Out-of-scope activities under this service type General renovations of the home, Capital Works and Lifts in Houses are not in the scope of the CHSP.</p>	<p>Home Modifications Out-of-scope activities under this service type General renovations of the home, Capital Works and Lifts-large lifts and elevators in Houses are not in the scope of the CHSP.</p>
<p>Social Support - Group Out-of-scope activities under this service type Social gatherings that do not specifically aim to support older people's social inclusion and independence.</p>	<p>Social Support - Group Out-of-scope activities under this service type Social gatherings that do not specifically aim to support older people's social inclusion and independence. Personal Alarms and Home Monitoring Equipment.</p>
<p>Social Support - Group Output Measure Time (recorded in hours and minutes as appropriate). If a service provider provides transport to/from a centre and receives funding to provide both community transport and Social Support – Group, they should record the transport to/from the centre separately to the Social Support – Group activity. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service.</p>	<p>Social Support - Group Output Measure Time (recorded in hours and minutes as appropriate). If a service provider provides transport to/from a centre and receives funding to deliverprovide both CHSPcommunity-Transport and Social Support – Group, they should record the transport to/from the centre separately to the Social Support – Group activity. Where transport is provided (separate to any excursion) to a carer accompanying the frail older client this should also be counted, separately within the Data Exchange.</p>
<p>Social Support - Group Objective Any meals provided as part of an excursion or activity within the centre's program will not be counted as a separate meal service. Where transport is provided (separate to any excursion) to a carer accompanying the frail older client this should be counted separately within the Data Exchange.</p>	<p>Social Support - Group Objective CHSP providers that are not funded for Transport may incorporate the cost of transporting clients into their Social Support – Group unit price, but should not report them as separate Transport outputs in the Data Exchange. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. Where transport is provided (separate to any excursion) to a carer accompanying the frail older client this should be counted separately within the Data Exchange. Any meals provided as part of an excursion or activity within the centre's program will not be counted as a separate meal service.</p>
<p>Social Support - Individual 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. Care workers may assist clients to schedule medical appointments and can wait for the client in the waiting room, but are not required to attend the medical consultation.</p>	<p>Social Support - Individual 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. Care workers may assist clients to schedule medical appointments and can wait for the client in the waiting room, but are not required to attend the medical consultation. Personal Alarms and Home Monitoring Equipment.</p>
<p>Specialised Support Services Objective 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:</p> <ul style="list-style-type: none"> • continence advisory services • dementia advisory services • vision support services • hearing support services • other support services. 	<p>Specialised Support Services Objective 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:</p> <ul style="list-style-type: none"> • continence advisory services • dementia advisory services • vision support services • hearing support services • other support services (e.g. occupational therapy driving assessments).

<p>Centre-based Respite Output measure Time (recorded in hours and minutes as appropriate). If a service provider provides transport to/from a centre and receives funding to provide both community transport and centre-based respite, they should record the transport to/from the centre separately to the respite activity. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. Any meals provided as part of centre-based respite within the centre's program should not be counted as a separate meal service.</p>	<p>Centre-based Respite Output measure Time (recorded in hours and minutes as appropriate). If a service provider provides transport to/from a centre and receives funding to deliver provide both CHSP community transport and Centre-Based Respite, they should record the transport to/from the centre separately to the respite activity. CHSP providers that are not funded for Transport may incorporate the cost of transporting clients into their Centre Based Respite unit price, but should not report them as separate Transport outputs in the Data Exchange. Any transport provided as part of an excursion or activity within the centre's program will not be counted as a separate transport service. Any meals provided as part of centre-based respite within the centre's program should not be counted as a separate meal service.</p>
<p>Sector Support and Development Service Type Description The CHSP will support a range of activities to support, develop and strengthen the home support service system. The types of activities may include:</p> <ul style="list-style-type: none"> • Developing and disseminating information on the CHSP and its interaction with the broader aged care system. • Embedding wellness and reablement and restorative care approaches into service delivery. • Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs. • Brokering, coordinating and delivering training and education to service providers, workforce and consumers. • Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system. • Supporting and maintaining the volunteer workforce. 	<p>Sector Support and Development Service Type Description The CHSP will support a range of activities to support, develop and strengthen the home support service system. The types of activities may include:</p> <ul style="list-style-type: none"> • Supporting older Australians, their families and carers to engage with the aged care system through: <ul style="list-style-type: none"> o developing and disseminating information on the CHSP and its interaction with the broader aged care system; o support with system navigation; and o collecting and providing feedback to Government on client requirements. • Supporting and building CHSP sector capability building and change management through: <ul style="list-style-type: none"> o networking and information sharing; o strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs; o brokering, coordinating and delivering training and education materials to service providers, the workforce and consumers; and o developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system. • Embedding wellness, reablement and restorative care approaches into service delivery. • Developing and disseminating information on the CHSP and its interaction with the broader aged care system. • Embedding wellness and reablement and restorative care approaches into service delivery. • Strengthening the capacity of CHSP service providers to deliver quality services that are responsive to client needs, including clients with diverse needs. • Brokering, coordinating and delivering training and education to service providers, workforce and consumers. • Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system. • Supporting and maintaining the volunteer workforce.
<p>Sector Support and Development Out-of-scope activities under this service type Activities delivered under this service type must not include provision of advocacy services or direct service delivery to clients. This includes activities that primarily focus on providing social support type services which should be funded under the Community and Home Support Sub-Program.</p>	<p>Sector Support and Development Out-of-scope activities under this service type Activities delivered under this service must not include:</p> <ul style="list-style-type: none"> • activities and services that only build the capacity of the funded organisation, rather than the capacity of the sector including: <ul style="list-style-type: none"> o the review and development of internal policies and procedures; o assessment and compliance with internal or external policies, procedures, guidelines and laws; o website maintenance, marketing and promoting other non-CHSP services delivered by your organisation; o support for in-house training and, induction and volunteer workforce. • direct CHSP service delivery and activities more closely aligned with the objectives of other CHSP service types like Social Support, Meals or Transport; • The provision of advocacy services; • capital works and building maintenance, repairs and refurbishments (e.g. renovations, refitting buildings, installing of gardens, solar panels and blinds etc); • supporting researchers to recruit older residents to participate in studies and research projects; • operating Senior Citizen Centres; and • services already offered by other Commonwealth and State/Territory Government agencies. <p>Activities delivered under this service type must not include provision of advocacy services or direct service delivery to clients. This includes activities that primarily focus on providing social support type services which should be funded under the Community and Home Support Sub-Program.</p>
<p>Access to Emergency CHSP services People seeking access to aged care services for the first time must contact My Aged Care to have a client record created and arrange for an assessment of their care needs. Clients seeking new or increased services should not approach CHSP service providers before registering with My Aged Care directly unless the client requires an urgent and immediate health or safety intervention. A client can be referred by My Aged Care directly to a CHSP service provider only if the client has a need for an immediate health or safety intervention that is not available through other means. The services where this is likely to happen include nursing, personal care, meals, grocery shopping and transport. If the client has a need for an immediate health or safety intervention that is not available through other means, the services should be:</p> <ul style="list-style-type: none"> • For a one-off or short-term intervention (e.g. such as nursing for wound care, transport to a specialist medical appointment or the delivery of meals and other support services due to the absence of a carer) lasting no more than six weeks. • For a direct health or safety intervention that needs to occur before a face-to-face or telehealth assessment can take place. • Monitored by the provider and if the client requires long term or ongoing access to services, then the CHSP service provider must support the client to register with My Aged Care (if they have not already done so) and arrange for a RAS or ACAT assessment. <p>Review of client needs Changes in a client's circumstances or an increase in the client's service delivery needs will require a support plan review to be undertaken by the RAS which may result in a new assessment. A support plan 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:</p> <ul style="list-style-type: none"> • a client has received restorative care interventions under CHSP and has made a functional gain or improvement to remain independent. • short-term assessment support/coordination utilising a wellness and reablement approach has been undertaken by the RAS. 	<p>Access to Emergency CHSP services People seeking access to aged care services for the first time must contact My Aged Care to have a client record created and arrange for an assessment of their care needs. Clients seeking new or increased services should not approach CHSP service providers before registering with My Aged Care directly unless the client requires an urgent and immediate health or safety intervention. A client can be referred by My Aged Care directly to a CHSP service provider only if the client has a need for an immediate health or safety intervention that is not available through other means. The services where this is likely to happen include nursing, personal care, meals, grocery shopping and transport. If the client has a need for an immediate health or safety intervention that is not available through other means, the services should be:</p> <ul style="list-style-type: none"> • For a one-off or short-term intervention (e.g. such as nursing for wound care, transport to a specialist medical appointment or the delivery of meals, personal care and other support services due to the absence of a carer) lasting no more than six weeks. • For a direct health or safety intervention that needs to occur before a face-to-face or telehealth assessment can take place. • Monitored by the provider and if the client requires long term or ongoing access to services, then the CHSP service provider must support the client to register with My Aged Care (if they have not already done so) and arrange for a RAS or ACAT assessment. <p>Review of client needs Changes in a client's circumstances or an increase in the client's service delivery needs will require a support plan review to be undertaken by the RAS which may result in a new assessment. A support plan 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:</p> <ul style="list-style-type: none"> • a client has received restorative care interventions under CHSP and has made a functional gain or improvement to remain independent. • short-term or time-limited assessment support/coordination utilising a wellness and reablement approach has been undertaken by the RAS.
<p>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:</p> <ul style="list-style-type: none"> • the CHSP Extension 2020-2022 Grant Opportunity Guidelines • the Commonwealth Standard Grant Agreement (including the Commonwealth Standard Grant Conditions and any Supplementary Terms from the Clause Bank) • the Grant Details (including any other document referenced or incorporated in the Grant Details including the Activity Work Plan) • this CHSP Program Manual • the Aged Care Quality Standards • other documents incorporated by reference into the above documents. <p>Service providers are responsible for ensuring:</p> <ul style="list-style-type: none"> • the requirements of the CHSP Grant Agreement are met • service provision is effective, efficient and appropriately targeted • services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual My Aged Care support plan. • Wellness and reablement, and restorative approaches to service delivery 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 • that all staff and volunteers in direct care roles receive current and accredited first aid certification. • older people with diverse needs have equal and equitable access to available services and are delivered in line with the Aged Care Diversity Framework • 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. 	<p>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:</p> <ul style="list-style-type: none"> • the CHSP Extension 2020-2022 Grant Opportunity Guidelines • the Commonwealth Standard Grant Agreement (including the Commonwealth Standard Grant Conditions and any Supplementary Terms from the Clause Bank) • the Grant Details (including any other document referenced or incorporated in the Grant Details including the Activity Work Plan) • this CHSP Program Manual • the Aged Care Quality Standards • other documents incorporated by reference into the above documents. <p>Service providers are responsible for ensuring:</p> <ul style="list-style-type: none"> • the requirements of the CHSP Grant Agreement are met • service provision is effective, efficient and appropriately targeted • services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual My Aged Care support plan. • Wellness and reablement, and restorative approaches to service delivery 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 • that staff and volunteers in direct care roles with responsibility for the safe delivery of services to clients or groups of clients, receive current and accredited first aid certification • that all staff and volunteers in direct care roles with responsibility for and prolonged exposure to clients or groups of clients, receive current and accredited first aid certification • that precautions are taken to prevent and control up-to-date infectious disease controls and policies are in place and enforced, including supporting and encouraging all staff and volunteers to implement personal hygiene measures (e.g. first aid certification)

<p>Police checks</p> <p>Service providers have a responsibility to ensure staff members working with vulnerable people, volunteers and executive decision makers undergo police (or relevant) checks.</p> <p>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 D of this program manual.</p> <p>The CHSP Police Certificate Guidelines have been developed to assist service providers with the management of police check requirements under the CHSP (Appendix D).</p> <p>Where urgent and immediate staff or volunteer recruitment is necessary, CHSP providers may allow essential workers who have applied for, but not yet received, a police check to make a statutory declaration before commencing duties. In these instances, the employee or volunteer must sign a statutory declaration stating that they have never, in Australia or another country, been convicted of a serious or violent crime. A statutory declaration template and more information about statutory declarations are available at the Attorney-General's Department's website.</p> <p>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.</p> <p>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.</p>	<p>Police checks</p> <p>Service providers have a responsibility to ensure staff members working with vulnerable people, volunteers and executive decision makers undergo police (or relevant) checks.</p> <p>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 D of this program manual.</p> <p>The CHSP Police Certificate Guidelines have been developed to assist service providers with the management of police check requirements under the CHSP (Appendix D).</p> <p>Where urgent and immediate staff or volunteer recruitment is necessary, CHSP providers may allow essential workers who have applied for, but not yet received, a police check to make a statutory declaration before commencing duties. In these instances, the employee or volunteer must sign a statutory declaration stating that they have never, in Australia or another country, been convicted of a serious or violent crime. A statutory declaration template and more information about statutory declarations are available at the Attorney-General's Department's website.</p> <p>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.</p> <p>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.</p> <p>Note: the NDIS worker screening arrangements are acceptable for employees who also deliver services under the CHSP if they also include a police check prepared by the Australian Federal Police, a State or Territory police service or an Australian Criminal Intelligence Commission 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.</p>
<p>Staffing and training</p> <p>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 3 of this program manual.</p>	<p>Staffing and training</p> <p>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 3 of this program manual.</p> <p>First Aid Training</p> <p>To help support vulnerable, older Australians, all CHSP service providers are responsible for ensuring staff and volunteers in direct care roles receive accredited first aid training and certification as soon as practicable.</p> <p>The department regards the cost of first aid training as a reasonable and necessary expense of safe and effective aged care service delivery. As such, CHSP providers should factor the cost of first aid training into their existing grant funding in the same way as rent, utilities, personal protective equipment and staff wages.</p> <p>It is the responsibility of CHSP providers to factor the level and appropriateness of first aid training needs into their business risk management plan. In considering the level of training offered to staff and volunteers, CHSP service providers should consider the specific needs of their clients and any additional risk factors they may present (e.g. dementia; falls risk; other disabilities, health problems or co-morbidities).</p> <p>The department requires that all CHSP service providers engaged in the direct delivery of service have a suitably qualified First Aid Officer on staff. It is the responsibility of individual service providers to factor into their business risk management strategies how many and which staff/volunteers need to hold and maintain First Aid Training qualifications to ensure the safe delivery of services to their clients.</p>
<p>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.</p> <p>Clients (or their representative) can raise a complaint in the following ways:</p> <ul style="list-style-type: none"> • Directly with the service provider through their publicly available complaints system. • With the Aged Care Quality and Safety Commission on an open, confidential or anonymous basis by phoning 1800 951 822 [free call] or by visiting the website www.agedcarequality.gov.au. <p>The Aged Care Quality and Safety Commission 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 Aged Care Quality and Safety Commission is independent of the Department of Health.</p> <p>The Aged Care Quality and Safety Commission takes all complaints seriously and will work with the client (and/or their representative) and the service provider to resolve the concerns.</p> <p>The Aged Care Quality and Safety Commission's process for handling complaints is outlined on their website at www.agedcarequality.gov.au.</p> <p>This includes the capacity for the Aged Care Quality and Safety Commission to issue a direction to a CHSP service provider where they fail to meet their responsibilities under the CHSP Grant Agreement. In these circumstances, the direction will be issued through a Notice under the CHSP Grant Agreement. The provider is obliged to comply with any direction issued.</p> <p>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 Aged Care Quality and Safety Commission and ensuring the subcontractor complies with all reasonable requests, directions and monitoring requirements requested.</p> <p>In recognition that many service providers also deliver multiple services through other Australian Government and/or state and territory government programs, the Aged Care Quality and Safety Commission will, from time to time, share information with other relevant parties to ensure clients continue to receive appropriate services.</p> <p>CHSP clients can also contact the Older Persons Advocacy Network (OPAN) if they would like assistance in directly engaging</p>	<p>CHSP clients and their carers must be actively encouraged to provide feedback about the services they receive. 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Should a complaint regarding a subcontractor be made, the service provider retains responsibility for liaison with the Aged Care Quality and Safety Commission and ensuring the subcontractor complies with all reasonable requests, directions and monitoring requirements requested.</p> <p>In recognition that many service providers also deliver multiple services through other Australian Government and/or state and territory government programs, the Aged Care Quality and Safety Commission will, from time to time, share information with other relevant parties to ensure clients continue to receive appropriate services.</p> <p>CHSP clients can also contact the Older Persons Advocacy Network (OPAN) if they would like assistance in directly engaging</p>
	<p>CHSP ad hoc grant opportunity</p> <p>The Department recognises that the operating environment and demand for services may change during the term of the 2020-2022 CHSP grant agreement. To support CHSP service providers to respond flexibly to local changes, the Department has opened an ad hoc grant opportunity on GrantConnect.</p> <p>This funding round is an opportunity for CHSP service providers to submit ad hoc proposals to:</p> <ul style="list-style-type: none"> • respond to unforeseen and exceptional circumstances; • address local gaps in service delivery; and/or • trial new and innovative service delivery models. <p>To apply for this grant opportunity, a CHSP provider you must already have an executed Whole of Government grant agreement with the Commonwealth to deliver CHSP services and submit an application through GrantConnect.</p> <p>Note: this grant opportunity is not intended to replace CHSP growth funding and applicants must be able to outline how their request for additional one-off or recurrent funding addresses one or more of the above priorities.</p> <p>A copy of the Grant Opportunity Guidelines and application form can be found on GrantsConnect. This application round is open until 30 June 2022.</p>
<p>Flexibility provisions under COVID-19</p> <p>On 23 March 2020 the Department relaxed the flexibility provisions in response to the COVID-19 pandemic. Under these relaxed provisions, CHSP service providers have 100% flexibility to move funds between their service types and ACPRs in 2020-21. CHSP service providers must manage their client levels during this period and return to their normal geographic and service delivery allocation by 30 June 2021.</p> <p>The decision to re-allocate funds between ACPRs should be done cautiously and on a time-limited basis. Service providers must:</p> <ol style="list-style-type: none"> 1. retain the ability to return to their current regional footprint in 2021-22; 2. not leave a service gap in an area they are operating in – i.e. resources may only be reallocated out of a region where there is a clear drop in demand or need for the service; 3. make every effort to ensure existing service providers in an area are not already expanding their own service delivery to meet perceived need; and 4. only re-allocate funds between services they are funded to deliver. <p>These flexibility provisions will cease on 30 June 2021. CHSP providers are expected to have transitioned any excess clients out of the program or onto other forms of care. It is the responsibility of CHSP providers to manage their client numbers sustainably during this period. Service providers must not exercise flexibility provisions unless they have capacity to return to their normal geographic footprint and service delivery allocation in 2021-22.</p>	<p>Flexibility provisions under COVID-19</p> <p>On 23 March 2020 the Department relaxed the flexibility provisions in response to the COVID-19 pandemic. Under these relaxed provisions, CHSP service providers have 100% flexibility to move funds between their service types and ACPRs in 2020-21. CHSP service providers must manage their client levels during this period and return to their normal geographic and service delivery allocation by 30 June 2021.</p> <p>The decision to re-allocate funds between ACPRs should be done cautiously and on a time-limited basis. Service providers must:</p> <ol style="list-style-type: none"> 1. retain the ability to return to their current regional footprint by 30 June 2021 in 2021-22; 2. not leave a service gap in an area they are operating in – i.e. resources may only be reallocated out of a region where there is a clear drop in demand or need for the service; 3. make every effort to ensure existing service providers in an area are not already expanding their own service delivery to meet perceived need; and 4. only re-allocate funds between services they are funded to deliver. <p>These flexibility provisions will cease on 30 June 2021. CHSP providers are expected to ensure client care continuity and successfully have transitioned any excess clients to other service providers, out of the program or onto other forms of care (e.g. a Home Care Package). It is the responsibility of CHSP providers to manage their client numbers sustainably during this period. Service providers must not exercise flexibility provisions unless they have capacity to return to their normal geographic footprint and service delivery allocation in 2021-22.</p>