Commonwealth Home Support Programme

Information sheet for providers

The new Commonwealth Home Support Programme (CHSP) is one of the changes we are making to help older people stay independent and remain in their homes and communities for longer.

From 1 July 2015, the CHSP will bring together the:
- Commonwealth Home and Community Care (HACC) Program
- National Respite for Carers Program (NRCP)
- Day Therapy Centres (DTC) Program
- Assistance with Care and Housing for the Aged (ACHA) Program.

Where will the CHSP be implemented?

The CHSP will be implemented in all states and territories.

In the Australian Capital Territory, New South Wales, South Australia, Queensland, Tasmania and the Northern Territory, it will include Commonwealth HACC, NRCP, DTC and ACHA.

In Victoria and Western Australia, it will only combine NRCP, DTC and the ACHA. The jointly funded Commonwealth-state HACC programs will continue to be administered by the state governments.

What will happen to existing providers, such as HACC providers from 1 July 2015?

The overwhelming majority of current providers will continue to deliver services under the new CHSP, and receive two years of continued funding until 30 June 2017, including an initial period of transition. Please refer to Attachment A for more information.

How will the CHSP be structured?

The CHSP will be structured to support four main sub-programmes:
- **Community and Home Support** will provide entry-level services to support older people to live independently at home and in the community, for example meals, domestic assistance and transport.
- **Care Relationships and Carer Support** will support and maintain care relationships between older people and their carers.
- **Assistance with Care and Housing** will support vulnerable clients to remain in the community through accessing appropriate, sustainable and affordable housing and linking them where appropriate, to community care and other support services.
- **Service System Development** will 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.
What are the main features of the CHSP?
The implementation of the CHSP will see improvements to the way home support services are accessed, delivered, and administered. The main features of the CHSP include:

Entry and assessment through My Aged Care
From 1 July 2015, the new My Aged Care Regional Assessment Service (RAS) will be responsible for providing assessment services for the home support needs of older people.

This new service will provide timely support for locating and accessing suitable services based on the needs and preferences of older people. Assessment will be carried out face to face with a strong focus on a holistic, person centred, goal oriented approach to support planning. This approach to assessment will help ensure that the allocation of services is based on the needs of older people, and not be limited by the scope of services that a particular service provider may offer.

The My Aged Care RAS will also offer a tailored linking service and short-term case management support to vulnerable clients to enable them to access the appropriate support and services to address their complex needs. This may include referral to appropriate services such as those currently provided through the Assistance with Care and Housing for the Aged Program, or to drug and alcohol services.

Existing clients are not required to be assessed by My Aged Care to continue receiving the services they currently receive.

Wellness, reablement and restorative approaches
Three complementary concepts will underpin the CHSP.

Wellness is a philosophy that focuses on client independence and autonomy, and will be embedded across all CHSP service delivery.

The provision of reablement services is part of this philosophy, and is a time limited intervention facilitated by the home support assessments, referrals and service pathways overseen by the My Aged Care RAS.

For a smaller subset of older people, restorative care may be appropriate. This time limited, allied health led approach focuses on older people who can make a functional gain after a setback. Further work will be undertaken with the sector to develop a set of resources that will help providers embed wellness and reablement approaches in their day to day service delivery.

Sector support and development activity
The range of sector support and development activities funded within existing programmes will be reviewed to ensure they continue to meet the needs of the new programme. In the first instance, the process will identify any activities that are currently funded under sector support and development but should more appropriately be classified as service delivery. While this is occurring existing funding contracts will be extended to 31 October 2015. More information on sector support and development activities for the CHSP will be available in early 2015.

A national fees policy
The national fees policy will improve the equality and sustainability of the programme. Older people will be asked to contribute to the cost of care, if they can afford to do so. The fees policy will include appropriate safeguards for those least able to afford the cost of their care.

We are working closely with the National Aged Care Alliance Home Support Advisory Group on the development of the fees policy, which will be available on our website for feedback in early 2015.
Reduced red tape

Reducing red tape will allow service providers to focus on what they do best – delivering care to the people who need it. We will consolidate service types, streamline reporting requirements into a single suite and change acquittal processes to make sure they are consistent with the broader DSS grants reforms.

Next steps

The draft Programme Manual will provide more information about the features of the CHSP, including eligibility requirements and operational details such as service providers’ roles and responsibilities.

We plan to release the draft national CHSP fees policy and the draft Programme Manual in early 2015. These documents will be available on our website at www.dss.gov.au/chsp and we encourage you to read them and provide feedback.

More information about the CHSP

For more information about the CHSP, frequently asked questions and information sheets visit the DSS website.

Information for consumers is also available on the DSS website.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Next Steps</th>
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| I currently receive funding under the Commonwealth HACC program for sector support and development activities | • Your current agreement will be extended from 1 July 2015 – 31 October 2015 while arrangements for CHSP sector support and development are settled.  
• We are reviewing the range of sector support activities funded within existing aged care programmes. This process will identify other direct service delivery in order to reclassify it appropriately.  
• We will write to you with more information in early 2015 about this process and arrangements going forward. |
| I currently receive funding under the Commonwealth HACC Program for counselling, support, information and advocacy for the care recipient | • Your current agreement will be extended from 1 July 2015 – 31 October 2015 while activities are being reviewed.  
• We are reviewing this service type which will determine future funding for CSIA care recipient services.  
• This process will identify:  
  o qualified counselling under CSIA (care recipient) in order to reclassify it as allied health.  
  o advocacy services under CSIA (care recipient) to be considered as part of the review of advocacy services.  
  o other direct service delivery in order to reclassify them appropriately.  
• We will write to you with more information in early 2015 about this process and arrangements going forward. |
| I currently receive funding under the Commonwealth HACC Program for counselling, support, information and advocacy for the carer | • We are reviewing on the broader suite of carer support services which will determine future funding for these services.  
• We will write to you with more information about this process in 2015.  
• Your funding agreement will be extended while this work is underway. |
| I currently receive funding under the Commonwealth HACC Program for assessment, case management or client care coordination. | • If you deliver assessment, case management or client care coordination services, your current funding for these services types will cease 30 June 2015 as per our advice on 24 October 2014.  
• Outcomes from the open tender process, for the My Aged Care Regional Assessment Service, which closed on 19 December 2014, will determine future funding for these services.  
• If you told us that some or all of your funding for assessment, case management or client care coordination services was misclassified (i.e. used to deliver other Commonwealth HACC services), we will contact you in early 2015 to tell you whether or not your services will be reclassified as in scope for the CHSP. |
| My service is listed as in scope for CHSP (refer to list at Attachment A) | • Your current agreement will be extended from 1 July 2015 – 31 October 2015 to assist with transition arrangements to the CHSP.  
• We will contact you about arrangements for a new CHSP grant agreement through a non-competitive process from 1 November 2015 – 30 June 2017. |