

Notes from Combined MAC network meetings:

Network for CALD Ageing Services and CALD Ageing Consumer Network

Wednesday 30 May

CHSP Program Update – Louise Hamilton and Roy Inglis

Funding agreements

- CHSP funding has been extended for two years until 30 June 2020
- The new CHSP Program Manual 2018 will be effective as of 1 July 2018. It is important that all providers read the new manual carefully to understand what is required
- There is more of a focus on Wellness and Reablement; Wellness is an overarching approach to supporting CHSP clients and Reablement is short term or episodic services targeted to a client's specific goals or wanted outcomes to adapt or regain confidence or capacity.
- New grant agreements under the CHSP will be offered using the new Commonwealth Standard Grant Agreement (SGA). 2018-2019 funding levels will remain the same as 2017-2018 with indexation added later.
- The extension will not provide funding for new CHSP programs or change existing services; providers cannot redirect grant monies to other (non-funded) services that they may offer
- Service providers should contact their Grant Agreement Manager if they have not received their Letter of Offer by late-May 2018.
- It is important that providers only sign the agreement if they understand the conditions and are prepared to meet the requirements of the grant agreement.
- Service providers must inform the department as soon as possible if they do not want to continue delivering services. These providers will need to start their transition-out plans during the current agreement period. Service providers are expected to deliver services to their clients until an alternative provider is in place.

Wellness Report

- Providers will be required to submit an annual wellness report. The report is designed to assist the department to better understand how wellness approaches to service delivery are being implemented by individual CHSP service providers and whether there are any specific gaps in understanding.
- The initial report will provide the department with a baseline from which progress will be measured on an annual basis.
- The department is finalising the wellness report template, which will be sent to CHSP service providers by 31 August 2018. The report is not intended to be overly burdensome for service providers and will not require specific client level data to be included. The wellness report will be due to the department by 31 October each year, with the first report due on 31 October 2018.

Internal Audit

- From 1 July 2018, the department will be undertaking an internal audit of up to 10 per cent of service provider's service delivery data on My Aged Care and the Data Exchange. The audit will assist the department to better understand CHSP client pathways and to review whether the services delivered are assisting clients to meet their independence and wellness related goals as agreed in their support plans.

Existing clients

- Service providers with existing clients who are not yet registered on My Aged Care will be required to provide information on these clients to the department as outlined under Chapter 4 (4.1.2) of the CHSP Program Manual 2018.
- The department is investigating the most appropriate way to collect this data, which will take into consideration the potential impact on service providers and any privacy requirements.

- Entry and assessment for the CHSP is only through My Aged Care.
- New clients seeking access to aged care services must contact My Aged Care to discuss their aged care needs and have a client record created.
- Existing clients seeking new service types or significantly increased services must be referred to My Aged Care for a review before any new or additional services can be provided. The manual covers the provision of urgent services in chapter 4 (4.4.1).
- CHSP clients are expected to contribute to the cost of the services they receive if they can afford to do so, in line with the CHSP Client Contribution Framework.

Sector Support and Development

- Increased focus on assisting providers to embed wellness, reablement and restorative care into their programs
- Collaborative partnerships are encouraged

Grant administration

- All grant administration will soon be done from a single agency: the Community Grants Hub administered by the Department of Social Services. Providers will be advised when the transition happens.
- Policy matters will still be managed by the Department of Health

Responses to questions from the floor

- Grandfather clients will eventually need to be registered with My Aged Care. There is no time frame for this. In the meantime if a client needs a change in services then they must go through My Aged Care. Contracts for the Regional Assessment Services have also been extended until 30 June 2020. Their focus is also on wellness and reablement and the assessments will move towards being based around a conversation with a client, rather than a set series of questions.
- The principles of wellness and reablement can still be applied to transport services. In early 2017, the Nous Group conducted a national review of wellness and reablement approaches within the aged home care sector. Wellness and reablement approaches have been shown to improve function, independence and quality of life for older people. The question that all providers should ask themselves is: How has what I have done contributed to this client's wellness and reablement goals? Transport can be very important in helping an older person achieve goals such as leaving the house and engaging with others in the community.
- There will be a shift in how support plans will be developed.
- CHSP clients with one referral for a service type should select a preferred provider. Even if they attend more than one service e.g. Social Support Group, they need to choose their preferred or primary provider. The preferred or primary providers can sub-contract to other providers if multiple services eg Social Support Group for two days rather than one, is part of the client's care/support plan. Roy undertook to clarify this so that MAC can pass the information onto providers.
- There is no fee for a RAS assessment. Contact the Department if you have evidence of fees being requested – could be a scam. Providers should warn or advise clients to only allow someone to enter their home if they are shown proof of identity.
- CALD specific providers are now able to provide services to clients outside their own cultural community group
- The CHSP is the entry level for receiving aged care services. If clients need more care they need to register with My Aged Care for an assessment for a Home Care package
- If a client from a Residential Care Facility attends a CHSP Social Support activity, they or the Residential Facility or another party (e.g. family may pay as a present to the resident) are required to pay the full cost for the service. CHSP cannot be used to fund RACF clients – no “double dipping”