

## Frequently asked questions

These FAQs aim to answer questions for Home Care providers and Commonwealth Home Support Program (CHSP) providers about the impact of COVID-19 on their operations. The FAQs will be updated to regularly with changes made in purple and out of date content deleted.

### General

#### **1. What information resources are available to support my business and my staff during this time?**

The Department of Health has published a [collection of resources](#), including responses to [frequently asked questions](#), for the general public and industry about the coronavirus (COVID-19) pandemic on its website. This information is updated regularly. Many of these resources are [translated](#) into other languages, including Chinese, Korean, Farsi and Italian. This information is updated regularly.

There are is an In Home and Community Aged Care COVID-19 Preparedness [Webinar](#) available on the Department's website for on-demand viewing.

Providers should also ensure they are subscribed to the normal aged care sector email announcements and newsletters to receive regular email updates. Subscribe at: <https://www.health.gov.au/using-our-websites/subscriptions/subscribe-to-aged-care-sector-announcements-and-newsletters>

The Australian Government has also established a dedicated [website, mobile phone app](#) and the 24-hours/seven days a week National Coronavirus Helpline (1800 020 080) to communicate essential information and key updates on the COVID-19 pandemic.

#### **2. How do I know if someone may have coronavirus?**

The Department of Health has published a [collection of resources](#), including responses to [frequently asked questions](#), for the general public and industry about the coronavirus (COVID-19) pandemic on its website. This information is updated regularly.

### Government announcements

#### **3. How does the additional \$444.6 million in funding support CHSP and home care providers (HCP)?**

On 20 March, the Government announced an additional \$444.6 million for the aged care sector to ensure continuity of the aged care workforce. Full details of the announcement are at this [link](#). \$70.2 million is for adhoc proposals by CHSP providers (\$40 million in 2019-20 and \$30.2 million in 2020-21).

The funding also includes a 'retention bonus' of up to \$600 per quarter for two quarters for full-time workers who provide Home Care Packages . This will be paid directly to providers to be pay their staff. The first payment will be paid to providers in June 2020 for the preceding quarter.

A retention bonus to ensure continuity of the workforce for aged care workers is also in place for residential aged care workers.

## CHSP providers

### **4. What training resources are available for CHSP providers?**

The Department of Health has published a [collection of resources](#), including responses to [frequently asked questions](#), for the general public and industry about the coronavirus (COVID-19) pandemic on its website. Many of these resources have also been [translated](#) into other languages, including Chinese, Korean, Farsi and Italian. This information is updated regularly.

There is also an In Home and Community Aged Care COVID-19 Preparedness [Webinar](#) available on the Department's website for on-demand viewing.

An Infection Control Training Module, *"How to protect yourself and the people you are caring for from infection with COVID-19"* is also available online. Providers are encouraged to [register](#), participate and share the link with care workers across all sectors including health, aged care and disability.

The first module in a new eLearning program aimed specifically for aged care workers on appropriate health management techniques is also available. Module 1: Personal Safety is available [here](#).

### **5. What are the provider responsibilities in the event that CHSP services are unable to be delivered to clients?**

All CHSP service providers should have their Activity Continuity Plans up to date and cover events / risks such as this – including how they will manage a potential cessation in service delivery. The Activity Continuity Plans should address any risks associated with being unable to continue services and have systems, internal policies and processes in place to manage, monitor and report incidents. CHSP service providers should report any significant changes or cessation of services to their Funding Arrangement Manager (FAM) as intelligence is being gathered to identify and understand program-wide issues and trends.

### **6. Will CHSP service providers be penalised if they are unable to meet agreed service delivery outputs as a result of the COVID-19 pandemic?**

The Department of Health (the Department) recognises that individual CHSP service providers will have to implement risk mitigation strategies over the coming months in an effort to limit the spread of COVID-19 to staff, volunteers and clients.

There will be no penalties imposed on CHSP service providers who are unable to meet their output target, deadlines for the submission of reports or other program objectives due to the COVID-19 pandemic, however all providers should make every effort to continue normal service delivery as long as it is safe to do so. All CHSP service providers have an ongoing responsibility to monitor and review the services they provide to clients under their client's agreed care plan and to ensure that client care needs are being met.

All CHSP service providers should report any proposed change or cessation of services resulting from the COVID-19 pandemic to their Funding Arrangement Manager as soon as possible.

CHSP service providers will still be required to acquit any unspent funds from financial year 2019-20 by 31 October 2020 as part of their normal financial declaration process.

#### **7. Should CHSP providers report cancelled services in DEX?**

CHSP providers should continue to accurately report actual service delivery through the data exchange (DEX) as part of their normal reporting procedures.

The Department will not impose penalties on CHSP service providers who are unable to meet their output target or program objectives due to the COVID-19 pandemic.

#### **8. What are the Department's expectations around CHSP service providers responding to clients who may need new or increased services that they have not been assessed for?**

In the first instance, an individual seeking access to new or additional aged care services should first contact My Aged Care on 1800 200 422 to discuss their aged care needs, have their client record created or updated and arrange for an assessment.

In cases where CHSP services are required for urgent and immediate care needs, a service provider may commence delivering services to a client to ensure their safety before they have contacted My Aged Care and received an assessment. This provision is only intended to take effect where it is clear that urgent and immediate care is required to ensure client health or safety (e.g. the unplanned absence of a carer or the provision of essential support to a client in isolation due to COVID-19). The delivery of these services should be time-limited with the service provider assisting the client to contact and register (where necessary) with My Aged Care as soon as possible. Where urgent CHSP services are put in place for six weeks or less due to COVID-19, an assessment (or support plan review for existing clients) will not be required. Where urgent services are put in place for longer than six weeks, the Contact Centre or CHSP provider will arrange for a follow up assessment (or support plan review). A request from the Contact Centre will be identified as 'COVID-19 circumstances'..

In non-urgent circumstances, services should not commence before an assessment. CHSP providers must continue to only deliver services they are funded to deliver (e.g. they cannot start delivering domestic assistance when they are only funded for flexible respite).

#### **9. What happens to clients who need urgent access to new or increased services if the assessment workforce is significantly affected by the COVID-19 pandemic?**

In the first instance, clients seeking access to new or increased services should seek advice through the My Aged Care contact centre (1800 200 422).

In the interests of supporting the health and safety of assessors and clients during the COVID-19 pandemic, the Department has determined that telephone and telehealth assessments should be the default approach for community assessments until further notice. Face to face assessments are still permitted where necessary to support the needs of the client. This will be reviewed as the situation evolves. All assessment organisations have also been asked to increase welfare checks with clients during this period.

There are also emergency provisions within Section 4.4 of the CHSP Program Manual to enable a service provider to commence delivering services to a client before they have contacted My Aged Care and received an assessment to ensure safety (as outlined in 6. above). This provision is only intended to take effect where it is clear that urgent and immediate care is required to ensure the health or safety of the client.

**10. Carers may be affected by the virus. Will CHSP clients associated with carers be able to access respite services?**

My Aged Care can assist in locating CHSP respite services or emergency respite for clients where required. The respite services available through the CHSP include Flexible Respite (in-home day or overnight respite), Centre-Based Respite and Cottage Respite (overnight respite in a community setting). My Aged Care can be contacted on 1800 200 422 (Free call) between 8:00am and 8:00pm Monday to Friday and between 10:00am and 2:00pm on Saturdays.

From April 2020 carers can contact the Carers Gateway on 1800 422 737 for information about planned and emergency respite and other supports. After hours emergency respite may also be available.

**11. What are the Department's expectations around CHSP service providers responding to Home Care Package clients who need new or increased services?**

In the first instance, the care needs of a person receiving a home care package should be addressed through their home care package.

Under existing arrangements for the CHSP, clients whose Home Care Package is fully allocated may, in an emergency (such as when a carer is not able to maintain their caring role), access additional services under the CHSP on a short-term basis. These instances must be time limited, monitored and reviewed. Under this provision, a client with a Home Care Package that is fully allocated who requires urgent services due to COVID-19 may be supported through time-limited CHSP services.

Where urgent CHSP services are put in place for six weeks or less due to COVID-19, a support plan review will not be required. Where urgent services are put in place for longer than six weeks, a support plan review must be arranged.

**12. I am a domestic assistance provider, am I able to help clients in self-isolation with their shopping?**

Yes. Unaccompanied shopping (i.e. shopping delivered to the home) is an eligible service subtype for providers of CHSP Domestic Assistance.

The Department of Health expects that all CHSP providers communicate and discuss any changes to their client's care arrangements with their client at the earliest opportunity.

**13. Can providers continue to deliver CHSP Social Support Group activities?**

To help prevent the spread of COVID-19, the Australian Health Protection Principal Committee has placed limits on organised gatherings and visits to vulnerable groups. From 23 March 2020, all non-essential gatherings are suspended to reduce the risk of spreading the disease.

If you provide Social Support Groups and group activities, you should suspend them until further notice.

Those CHSP providers that deliver multiple service types can continue to support their clients during this period by re-directing their funds to other non-face-to-face activities and support services through the use of Flexibility Provisions.

CHSP service providers should communicate any change to their clients and their carers and families as soon as they are able to.

The Department of Health also has more [detailed advice published on its website](#) for organising public gatherings.

**14. How can I support clients who are unable to attend Social Support Group activities?**

CHSP providers may wish to consider a few alternative approaches to delivering face-to-face Social Support – Group activities. These alternatives may include:

- Social connection facilitated by the use of FaceTime, Zoom, Skype.
- Establishment of online social groups (facilitated or otherwise).
- Routine welfare checks.
- Utilising the flexibility provisions to redirect funding into other services that provide support to the individual e.g. Social Support Individual (Telephone/Web Contact/video conferencing or other services such as meals; nursing; personal care and domestic assistance.
- CHSP providers may trial new and innovative Social Support service delivery models, including the use of funds to purchase smart devices for loan to clients to help them maintain connections.

**15. Can CHSP providers who are only funded to deliver Social Support Group, Centre Based Respite, Flexible Respite or Transport use their funding to deliver Social Support Individual, Meals and/or Domestic Assistance (unaccompanied shopping)?**

Yes. CHSP providers who are funded to deliver Social Support Group, Centre Based Respite, Flexible Respite or Transport and have had to cease or reduce the delivery of services during the COVID-19 pandemic may re-allocate their funding to Social Support Individual (e.g.

Telephone/Web Contact), Domestic Assistance (e.g. Unaccompanied Shopping) or to support the delivery of meals. In modifying their service delivery model, CHSP service providers are asked to consider whether they need to enter their client's home or whether services can be delivered remotely or through other innovative solutions (e.g. regular phone calls, setting up social media groups and the use of videoconferencing software). CHSP providers must carefully consider how many clients and outputs can be delivered within their existing funding envelope. Providers must be prepared to direct new clients back to My Aged Care or other CHSP providers if demand exceeds their capacity.

**16. Can CHSP providers use their funds to purchase goods, including toilet paper and medical supplies, for clients who need them?**

No. The purchase of household goods and medical supplies for clients is beyond the scope of the CHSP. CHSP clients who need help securing access to items like toilet paper and medical supplies may request assistance through providers of Domestic Assistance (Unaccompanied Shopping), however it is expected that the client continues to cover the cost of the goods received as per current arrangements.

**17. What are the Department's expectations around peak bodies and aged care industry groups?**

The Department requests that peak bodies and aged care industry groups assist CHSP providers to revise and enact their Activity Continuity Plans. Peak bodies and aged care industry groups should ensure that all of their members are aware of information being distributed and aware of their obligations if services are affected.

**18. What flexibility is there for CHSP service providers to reallocate funding between services and aged care planning regions to meet client needs during the COVID-19 pandemic?**

To help CHSP service providers meet increasing demand from the community in response to the COVID-19 pandemic, Home Support providers are also being given full flexibility to allocate their existing funds in 2019-20 and 2020-21 between the different service types and CHSP sub-programmes they deliver so that emerging client needs can be met. Under these relaxed flexibility provisions, service providers may now re-allocate up to 100 per cent of their allocated funds to deliver additional outputs for activities that they are already funded for.

CHSP Providers may now also re-allocate funding across the Aged Care Planning Regions (ACPRs) in which they operate on a time-limited basis. This should be done cautiously and only on the following basis:

- a) Providers must retain the ability to return to their current regional footprint post the COVID-19 crisis;
- b) Providers must not leave a service gap in an area they are operating in – ie resources may only be reallocated out of a region where there is a clear drop in demand or need for the service (eg group social support)

- c) Providers seeking to reallocate funds to a different region should make all efforts to ensure existing service providers in the area are not already ramping up to meet the perceived need (speak with your FAM and other providers in the area).
- d) Providers may still only allocate resources to services they are funded to deliver.

Providers are encouraged to use their workforce creatively to respond to increasing demand for critical services, including using workforce that is underutilised (e.g. staff involved in group social support) towards other funded services (e.g. delivery of meals, phone based social connections), wherever possible.

CHSP providers are only expected to use these relaxed flexibility provisions to support time limited care needs during the COVID-19 pandemic and funding agreements will not be amended to reflect the changed service mix.

Financial acquittals for 2019-20 and 2020-21 will be conducted against total grant funding, not at the service type level.

### **19. Are there any other Commonwealth supports available?**

The Department recognises the ongoing efforts of CHSP providers in the provision of services to older Australians, while managing the COVID-19 pandemic. The Australian Government has committed \$70.2 million in 2019-20 and \$50 million in 2020-21 to better enable CHSP service providers to meet increasing demand for their service types, retain key workforce and adapt to the changing aged care environment.

This funding includes \$30 million in 2019-20 and \$20 million in 2020-21 for CHSP meals services to address the impact of COVID-19. Funding offers are now being made to existing CHSP meals providers based on their response to a survey conducted on 30 March 2020. Those meals providers who did not complete the survey are being offered a 50% increase in funding between April and September 2020 by default.

An additional \$40 million in 2019-20 and \$30.2 million in 2020-21 has also been allocated to help fund short-term support for CHSP services to respond to the impact of COVID-19, including nursing, personal care, domestic assistance, transport, home maintenance, home modifications, goods, equipment and assistive technology, social support individual and allied health and therapy services. To access this funding, CHSP providers will need to complete an application form outlining how their proposal meets the aims and objectives of the program and represents good value for money. Additional funding will be awarded to those responding to COVID-19 pressures based on need, as demonstrated by applicants in their responses to the assessment criteria; the specific activities proposed by the applicants; and the expected grant activity outcomes. A copy of the application form can be requested from the Community Grants Hub Funding Arrangement Manager or the Department of Health. Completed application forms should be returned to [CHSPprogram@health.gov.au](mailto:CHSPprogram@health.gov.au).

For more information about this funding opportunity, including information about applying for additional funding, please review the Grant Opportunity Guidelines, which are available for download from GrantsConnect.

An ad hoc grant application form should only be submitted if the proposal cannot be funded through the new flexibility provisions. CHSP providers may only request additional funding for service types they are already funded to deliver.

This measure will enable providers to temporarily expand existing services to support the community through the COVID-19 pandemic. It is not intended to provide ongoing growth funding or to enable CHSP providers to expand into new services types or aged care planning regions.

All funds must be expended as described in your application form by 30 June 2022.

**20. Will the Older Person Advocacy Network (OPAN) continue to operate during the COVID-19 pandemic?**

OPAN will continue to provide advice and advocacy services to older Australians, their families and carers. To support this role, the Department has committed an additional \$2.5 million in unallocated funds from financial year 2019-20 to help expand the services and capacity of OPAN during the pandemic. It is expected that this funding will be used to implement new and revised advocacy models, provide for surge staffing and increased telehealth capacity.

## Workforce

**21. My staff prepare meals/clean the home/come in direct physical contact with clients, what precautions should I take when delivering services?**

In-home care workers can minimise the risk of a coronavirus outbreak by:

- wearing gloves
- using alcohol-based hand sanitiser before and after wearing gloves

Some coronaviruses can survive in the gastrointestinal tract. But it is highly unlikely that you will become infected through food if you:

- prepare and cook food properly
- follow good hand hygiene

Drinking water in Australia is high quality. We do not expect coronavirus to affect drinking water.

A 30-minute online training module is now available – *How to protect yourself and the people you are caring for from infection with COVID-19.*

This training is for care workers across all health care settings. It will be followed by an aged care module shortly.

## **22. What should I tell my staff and volunteers about working safely during COVID-19 pandemic?**

Employers should provide information and brief all in-home care workers on relevant information and procedures to prevent the spread of coronavirus. Employers should inform staff that they must:

- isolate themselves for 14 days after returning from overseas or being in close contact with a confirmed case
- let you know if they develop symptoms during the isolation period, especially if they have been in the workplace

Employees should advise their employer if they develop symptoms during the isolation period, particularly if they have been in the workplace. Public health authorities may contact employers in the event an employee is confirmed to have coronavirus.

## **23. What happens if my staff or volunteers are infected?**

Like others, in-home care workers will not be allowed to attend work if they have a COVID-19 infection, have a fever, or symptoms of a respiratory illness.

To support the aged care workforce, the Government is relaxing international student visa work conditions for home care providers. This will allow international student nurses and other aged care workers to work more than the 40 hours a fortnight. There are currently around 20,000 international student nurses studying in Australia.

In-home care workers need to stay at home for 14 days after returning from overseas or being in close contact with someone confirmed to have COVID-19. Employees who are in isolation cannot go to work and should alert their employer. See the 'Isolation guidance' information sheets at [www.health.gov.au/covid19-resources](http://www.health.gov.au/covid19-resources).

## **24. Our clients don't feel comfortable with one of our employees entering their home, what should I do?**

In the first instance, the CHSP provider should discuss the concerns with their client and determine whether an alternative arrangement can be made. This could include rescheduling appointments, temporarily substituting care staff or determining whether the client can go two weeks without the service type (e.g. for lawn mowing, social support group activities and non-essential transport services). Client safety and continuity of essential services must be prioritised.

All CHSP service providers should have their Activity Continuity Plans up to date and cover events/risks which could impact on staff shortage. If a service is dramatically affected and has to cease services, this should be covered in their Activity Continuity Plan and could include measures such as:

- seeking assistance from other organisations located in close proximity that have capacity to take on clients;
- advising clients and their families of the situation; and
- advising Funding Arrangement Managers that services are affected.

Employees who are in isolation should alert their employer. Depending on the type of work, and provided the employee is well, they may want to discuss alternative arrangements such as working from home. See the 'Isolation guidance' information sheets at [www.health.gov.au/covid19-resources](http://www.health.gov.au/covid19-resources).

**25. One of my CHSP clients has been diagnosed with coronavirus, and my staff and I are not comfortable delivering services to them while they are infectious.**

All CHSP providers have responsibilities to their staff and volunteers to ensure a safe and healthy working environment. In the first instance, staff should discuss their concerns with their employer and determine the most appropriate and safe delivery of services to the client. Providers should determine what service arrangements can be made to ensure essential services are provided to the client, while also ensuring a safe working environment for the carer.

My Aged Care may be able to assist in locating CHSP respite services or emergency respite for clients where required. The respite services available through the CHSP include Flexible Respite (in-home day or overnight respite), Centre-Based Respite and Cottage Respite (overnight respite in a community setting). My Aged Care can be contacted on 1800 200 422 (Free call) between 8:00am and 8:00pm Monday to Friday and between 10:00am and 2:00pm on Saturdays.

**26. When should home care workers start using Personal Protective Equipment when visiting clients in their homes?**

Generally there is no need for aged care workers (or the public) to wear masks. Home care workers are advised to only wear masks when dealing with symptomatic patients or consumers.

Evidence currently suggests droplet spread is the main mode of transmission, and surgical masks are adequate and much easier to fit than P2 masks. The current PPE guidelines are available on the Department of Health's [website](#).

However ensuring Australia has sufficient medicines, face masks and other personal protective equipment is crucial to the COVID-19 response. The funding announced in the response package will ensure patients and critical health care staff have access to face masks, and other protective equipment.

Aged care providers that require PPE can email [agedcarecovidppe@health.gov.au](mailto:agedcarecovidppe@health.gov.au) for all requests. All requests will be triaged by the Department with priority given to facilities, programs and carers where there has been a confirmed case of COVID-19.

## **27. How can I access personal protective equipment (PPE) for my workforce?**

Generally CHSP providers do not need to wear any additional PPE above the normal appropriate contact precautions if they have not had contact with a confirmed COVID-19 case.

CHSP care workers should wear appropriate PPE when they are providing care to confirmed or suspected case/s of COVID-19 in the home or a respite facility. The appropriate PPE is known as contact and droplet precautions and requires a gown, surgical mask, eye protection and gloves.

Additional guidelines on the use of PPE when caring for patients in the non-inpatient setting are available on the [department's website](#).

If you have any questions about the use of PPE, or if you require PPE, please email [agedcarecovidppe@health.gov.au](mailto:agedcarecovidppe@health.gov.au). Before requesting PPE please consider carefully whether your request is necessary to ensure the safety of your staff and clients or whether these resources could be better used elsewhere.

## **28. Are CHSP providers eligible for the COVID-19 workforce retention bonus?**

On 20 March 2020, the Australian Government announced additional funding of \$444.6 million for the aged care sector to ensure continuity of the aged care workforce. The retention bonus has only been made available to providers of residential aged care or home care packages. CHSP providers are not eligible for the workforce retention bonus unless they are also an approved provider of home care packages or residential aged care.

Full-time direct care workers in residential care facilities, including personal care workers, registered nurses, enrolled nurses and allied health professionals, will receive a 'retention bonus' of up to \$800 per quarter, paid for two quarters.

Full-time home care workers will receive payments of up to \$600 per quarter, for two quarters. This includes workers providing clinical care, personal care, cleaning, home support activities and meal preparation, social support, shopping, community access and transport, allied health and respite.

Eligible part time and casual workers will receive a pro rata payment.

For CHSP providers, there are no penalties for providers who do not meet output targets. As such, providers can continue to employ staff with grant funds, using flexibility provisions to find appropriate ways for staff to support client needs during the COVID-19 pandemic.

## **29. My State Government has advised that a police check for a new staff member will take up to 6-months, are police checks necessary during the COVID-19 pandemic?**

Under Section 6.1.3 of the Program Manual, all CHSP providers have a responsibility to ensure that staff members working with vulnerable people, volunteers and executive decision makers must undergo a police (or relevant checks).

The Department of Health recognises that many CHSP service providers may find themselves in a situation where it is necessary to recruit new staff and volunteers during the COVID-19 pandemic. While the Department will not relax requirements around police checks, there are existing provisions under Section 3.4 of the [Police Certificate Guidelines \(2019\)](#), for essential new staff and volunteers who have applied for, but not yet received, a police check to make a statutory declaration.

In these instances, a staff member or volunteer can sign a statutory declaration stating that they have never, in Australia or another country, been convicted of murder or sexual assault, or convicted of, and sentenced to imprisonment for, any other form of assault.

A statutory declaration template and more information about statutory declarations are available at the [Attorney-General's Department's website](#).

### **30. Should CHSP and Home Care workers get the influenza vaccine?**

While not compulsory, CHSP and HCP workers and volunteers are strongly encouraged to receive the influenza vaccine. Vaccination against influenza will not only provide protection for staff and volunteers, but also provides an additional layer of protection for care recipients who are more vulnerable to serious complications from influenza.

More information about the influenza vaccine can be found on the [Department's website](#).