

Belinda Lewis

From: Emily Cross
Sent: Wednesday, 30 May 2018 9:48 AM
To: Belinda Lewis
Cc: Megan Cole
Subject: HPE Records Manager records
Attachments: Attach 2 - BS PHN Aged Care Assessment Forum_May 2018.PDF; DDG AN - Future of Aged Care Assessment Program (ACAP) post 2020.DOCX; Attach 1 - Letter to Department of Health - Queensland.PDF

Hi Bel

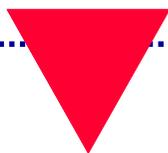
Megan has updated the advice note, with changes in yellow, as per David's request.

Thanks
Emily

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Aged Care Assessment Forum

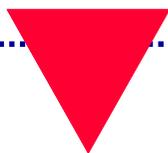
Professor Kathy Eagar
Director, Australian Health Services Research Institute
Sydney Business School, University of Wollongong
Brisbane South PHN, May 2018

Overview

- ◆ Purpose
- ◆ Background
 - A few international comparisons
 - A reminder of the structure of the health and aged care systems
- ◆ The current reform agenda
 - The Tune review
 - Consumer Directed Care
 - Residential aged care funding reform
 - Managing unmet demand for community aged care
- ◆ Scenario planning - 2019 and beyond

Goals for the day

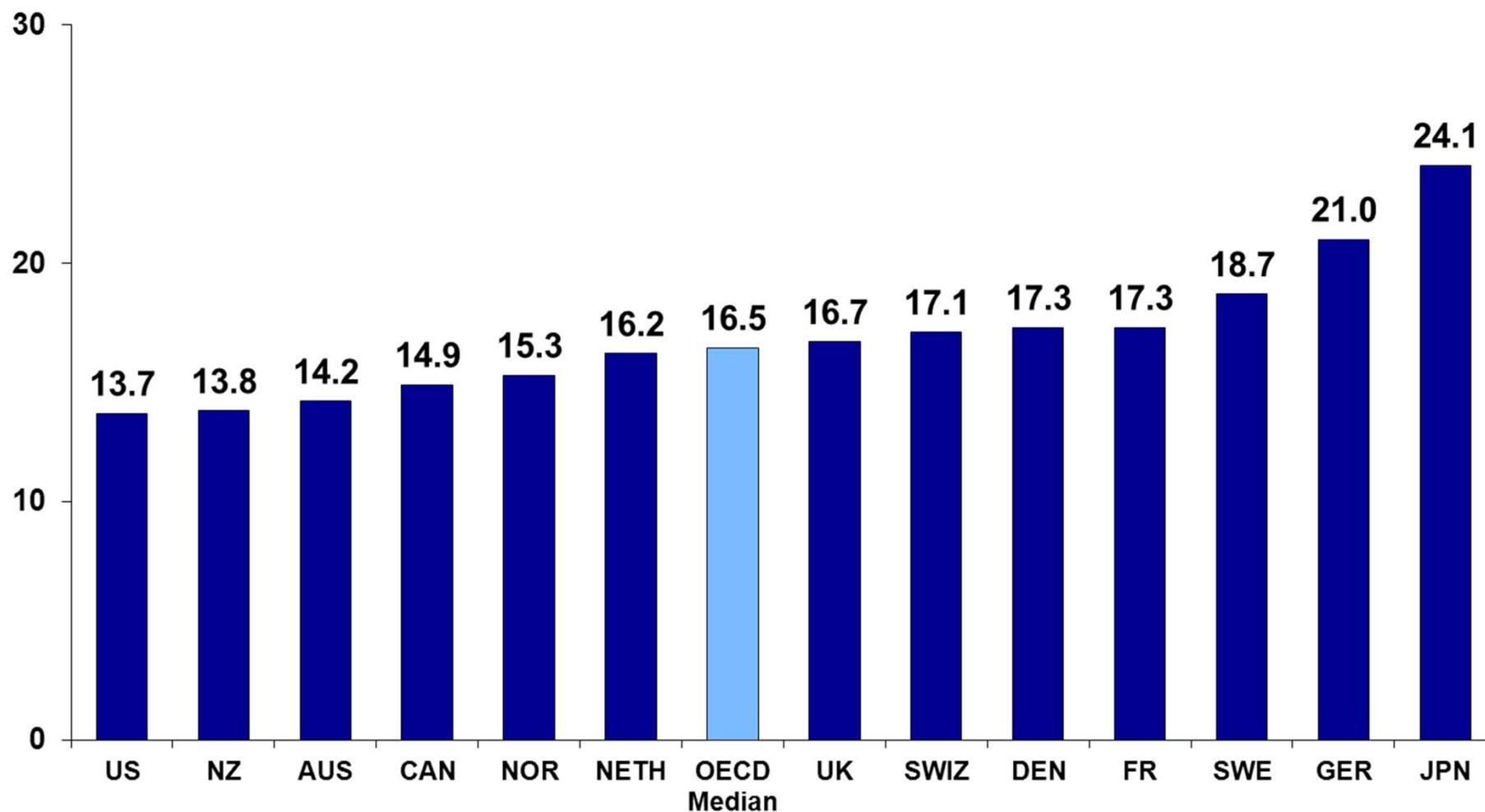
- ◆ Environmental scan to develop a shared understanding of the context
- ◆ BS PHN to consider how it wishes to position itself in terms of Commonwealth aged care going forward
- ◆ MSH to consider how it wishes to position itself in terms of Commonwealth aged care going forward
- ◆ BS PHN and MSH to consider shared opportunities and how best to work together in the aged care space



A few international comparisons

% of Population Age 65+ 2012

Percent



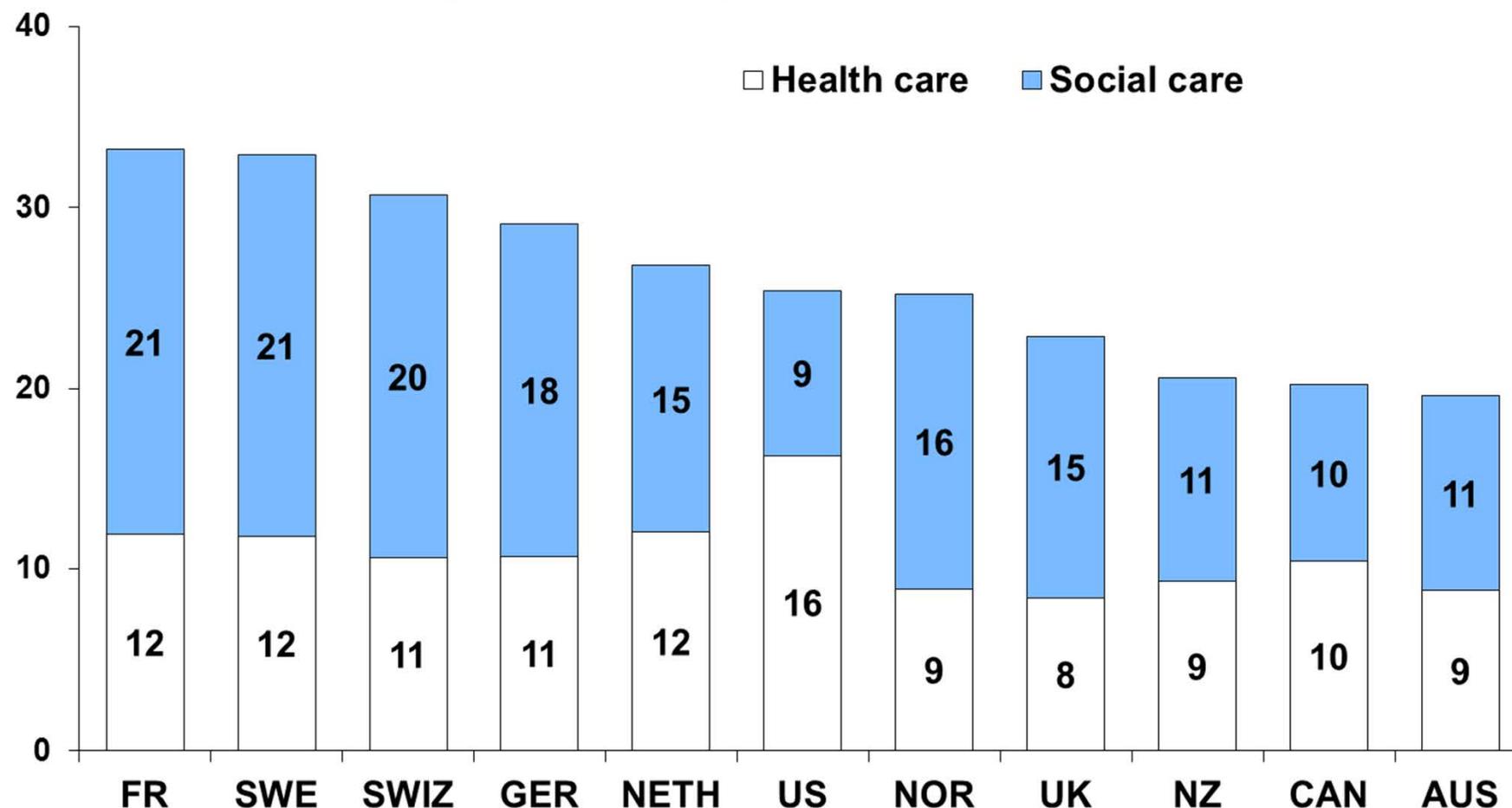
2016

Percent of adults reporting:	Multiple chronic conditions*	Experiencing emotional distress in past year they couldn't cope with alone	Unable to do daily activities or work full-time because of health
AUS	15	20	12
CAN	22	27	20
FRA	18	12	24
GER	17	7	15
NETH	14	19	19
NZ	16	21	15
NOR	16	20	23
SWE	18	24	22
SWIZ	15	21	13
UK	14	17	15
US	28	26	21

* Chronic conditions asked about were: 1) joint pain or arthritis; 2) asthma or chronic lung disease; 3) diabetes; 4) heart disease; 5) hypertension.

Health and Social Care Spending % of GDP

Percent



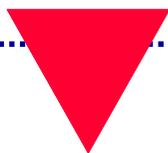
Source: E. H. Bradley, L. A. Taylor, and H. V. Fineberg, *The American Health Care Paradox: Why Spending More is Getting Us Less*, Public Affairs, 2013.

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The
COMMONWEALTH
FUND



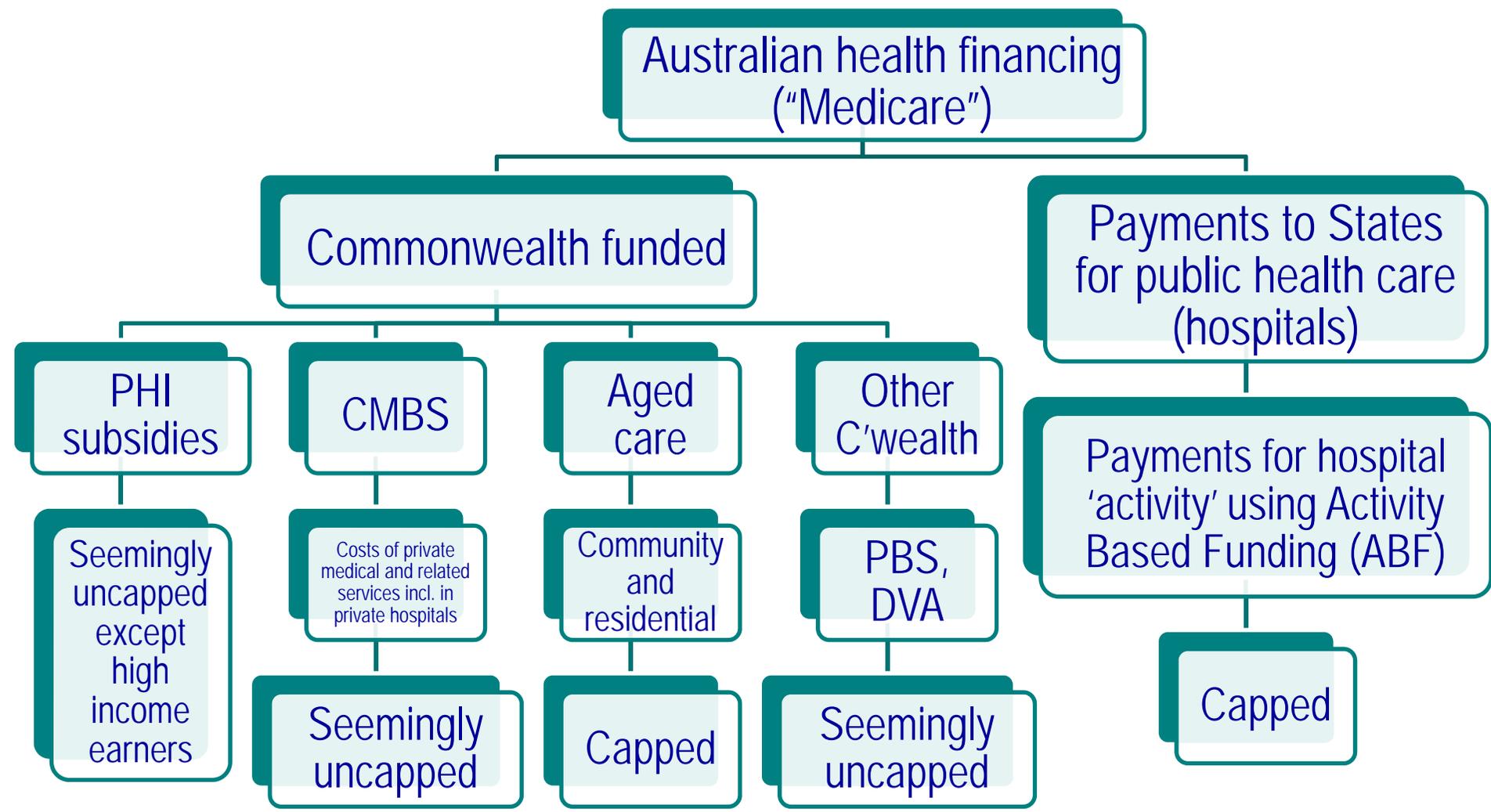
The Australian health care system

Area of expenditure	Expenditure 13/14	Percentage
Public hospital services	\$48,094	37%
MBS - referred medical	\$16,940	13%
Private hospitals	\$14,220	11%
MBS - GPs	\$11,031	9%
Over the counter medications	\$10,044	8%
<i>Residential aged care</i>	<i>\$9,976</i>	<i>8%</i>
PBS	\$9,775	8%
Dental services	\$9,564	7%
Community health and other	\$8,131	6%
Other health practitioners	\$5,552	4%
Research	\$5,068	4%
Aids and appliances	\$4,193	3%
<i>Community aged care</i>	<i>\$3,801</i>	<i>3%</i>
Administration	\$3,642	3%
Patient transport services	\$3,446	3%
Public health	\$2,365	2%
Total	\$129,644	100%

Health and social care expenditure includes:

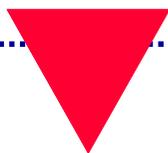
- Commonwealth
- State
- Individual
- Private health insurance
- Third party

National public health financing 2018



Key Commonwealth responsibilities

- ◆ Pay doctors (uncapped volume, capped prices)
- ◆ Pharmaceutical Benefits Scheme (uncapped volume, capped prices)
- ◆ Residential Aged Care (capped volume, capped prices)
- ◆ Fund States (activity based funding – ABF – plus block grants)
 - This is the component that changed in 2011



The Australian social care system

A potted history - 1

- ◆ Development of aged care reflects ongoing intersection of income support, housing & health policies
- ◆ Australia's first national Old Age Pension payments in 1909, including subsidies for pensioners in Benevolent Asylums (1909 to 1963)
 - Payments as a substitute for the Age Pension
- ◆ First national nursing home funding in 1954
 - Capital funding as a housing initiative under the Aged Persons Homes Act 1954
- ◆ National nursing home benefits in 1963

A potted history - 2

- ◆ National HACCC program established in 1985
 - jointly funded by the Commonwealth and the States/Territories
- ◆ The Aged Care Act 1997 continues to provide the legislative framework for the funding and regulation of aged care
- ◆ Consolidation of aged care as a Commonwealth responsibility agreed to in the 2011 Health Reform Agreement
- ◆ 1 July 2018 – WA HACCC will transition to the Commonwealth as last step in that reform

National Health Reform Agreement (NHRA)

Signed by COAG 31 July 2011

Commonwealth and State joint responsibilities

- ◆ Funding public hospital services
 - using Activity Based Funding (ABF) where practicable and block funding in other cases
- ◆ Nationally consistent standards for healthcare and performance reporting
- ◆ Collecting and providing comparable and transparent data

Commonwealth role

- ◆ Pay a 'national efficient price' for every public hospital service
 - Funding at historic level (around 38%) until 1 July 2014
 - Fund 45% of **efficient growth** in public hospitals from 2014
 - ◆ Commonwealth will never get back to 50% of total hospital funding
- ◆ Fund States (and through them LHNs) a contribution for:
 - teaching, training and research
 - block funding for small public hospitals
- ◆ Agreement has detailed arrangements for defining a 'hospital' service that the Commonwealth will partly fund

Scope of Commonwealth funding

- ◆ **Hospital services** provided to both public and private patients in a range of settings and funded either:
 - on an activity basis or
 - through block grants, including in rural and regional communities;
- ◆ teaching and training undertaken in public hospitals or other organisations (such as universities and training providers)
- ◆ research funded by States undertaken in public hospitals and
- ◆ public health activities managed by States

- ◆ From 1 July 2012 funding provided on an ABF basis wherever possible

- ◆ Community health not included unless a “hospital service”

State responsibilities

- ◆ Management of public hospitals, including:
 - hospital service planning
 - purchasing services from LHNs
 - planning, funding and delivering capital
 - planning, funding (with the Commonwealth) and delivering teaching, training and research
 - managing Local Hospital Network performance
- ◆ Lead role in public health
- ◆ Management and 100% funding of community health and public sector primary care

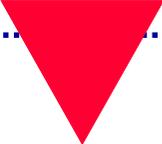
COAG April 2016 - 1

- ◆ Heads of Agreement for public hospitals funding from 1 July 2017 to 30 June 2020 *ahead of consideration of longer-term arrangements.*
 - Commonwealth providing extra \$2.9 billion for public hospital services
 - Commonwealth growth capped at 6.5% a year
- ◆ Continued ABF, National Efficient Price (NEP) plus in principal agreement for limited P4P funding (safety, quality and reducing unnecessary hospitalisations).

COAG April 2016 - 2

- ◆ All jurisdictions agree to:
 - reduce demand for hospital services through better coordinated care for people with complex & chronic disease
 - improving hospital pricing mechanisms by reducing funding for unnecessary or unsafe care
 - reducing avoidable hospital readmissions

- ◆ The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions.
 - PHNs, Health Care Home pilot, review of MBS



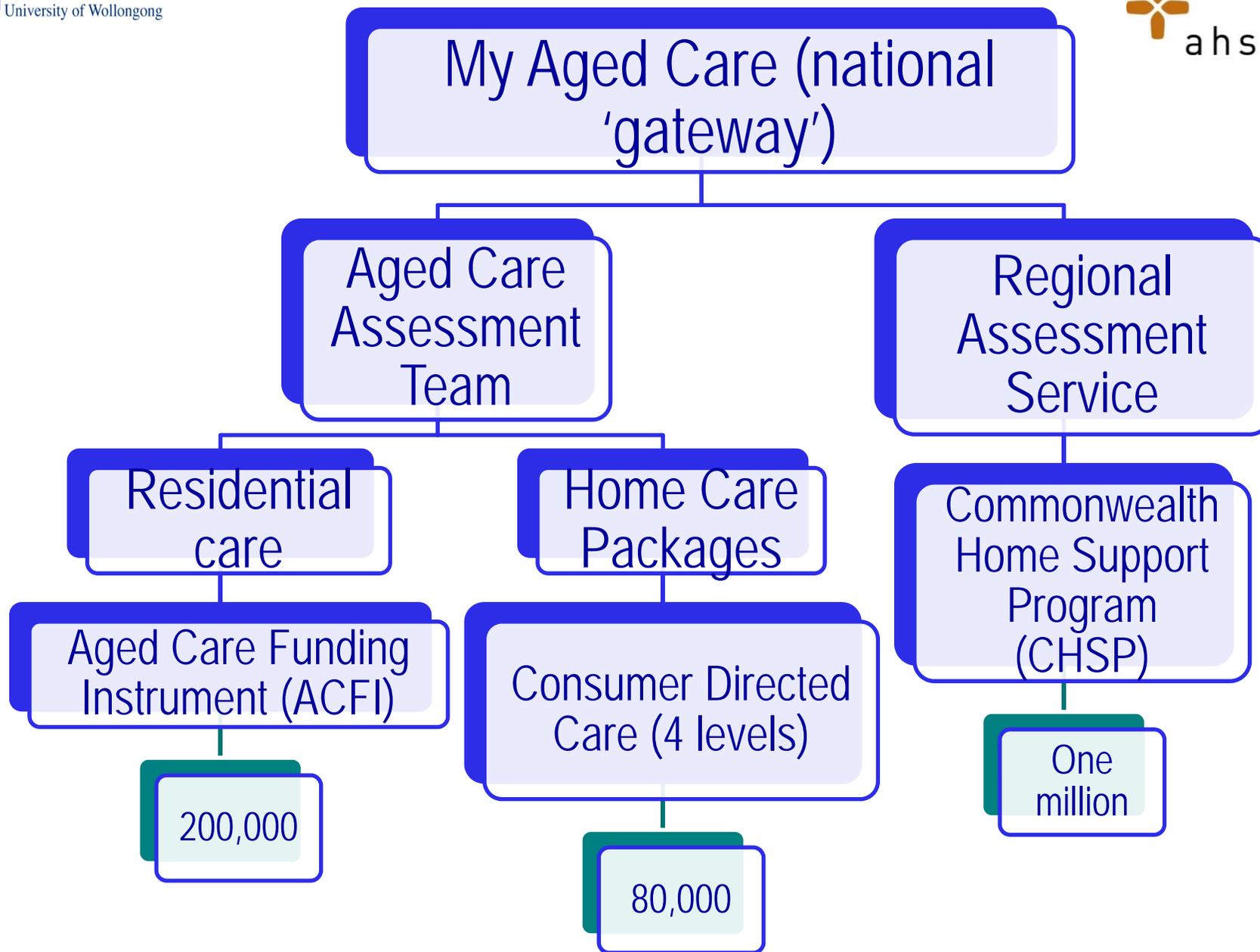
'Reform' in 2018 and beyond

- Health Care Homes
- NDIS
- *The Tune review*
- *Consumer directed care*
- *Residential Aged Care (ACFI) reform*

What is keeping the Commonwealth up at night?

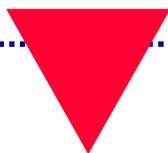


- ◆ Quality of residential care
 - Continual bad press over the last few years
- ◆ Demand management
 - Over 100,000 people waiting for community aged care
- ◆ Viability of providers
 - Financial viability questionable in rural and remote areas
 - Profit margins falling across the sector



- ◆ Government yet to respond
 - Expect some announcements in the 2018 budget
- ◆ 38 recommendations underpinned by a belief in a market driven approach to reform including:
 - assign residential care places directly to consumers but maintain the residential care cap
 - increase the proportion of high care packages without changing the overall home care ratio
 - introduce a level 5 home care package
 - more consumer fees and charges
 - ◆ include full value of family home in the means test for res care

- ◆ Introduce 'aged care system navigator and outreach services'funded by government and not delivered by government or aged care providers.
- ◆ Trial a simplified My Aged Care assessment process for consumers seeking a short-term single, simple service.
- ◆ Integrate the RAS and ACAT assessment workforces.
- ◆ Following RUCS, integrate residential aged care funding assessment with the combined RAS and ACAT functions, independent of aged care providers



Consumer directed care

Consumer directed care (CDC)

- ◆ CDC (AKA as 'personalisation') – the consumer decides on the services they need / want and who should provide those services
 - 'Consumer-directed', 'person-centred'
- ◆ Voucher schemes
 - Assessment ⇒ Allocation of a fixed personal budget (usually \$x per year) to the consumer or their agent
 - ⇒ Consumer selects and pays for the services they want

CDC is new to Australia, not new elsewhere

- ◆ **Personalisation** is a **social care** approach described by the Department of Health as meaning that “every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all **care settings**” 2008
- ◆ **Personalisation | Community Care**
www.communitycare.co.uk/2008/08/07/personalisation/

A market solution

- ◆ CDC has its origins in dissatisfaction (consumers and government) with government funded and delivered services. Perceived to be:
 - Organised for the convenience of providers, not consumers
 - Too cumbersome and rigid
 - Too insensitive and unresponsive
 - Too inefficient

Three expected benefits of CDC

- ◆ different service options that better reflect what people want,
- ◆ increase pressure on services to demonstrate better outcomes and
- ◆ increase the focus on community and social engagement

Personalisation and personal budgets

Assumptions

- ◆ That needs are best met at the individual level and not via community development or system change
- ◆ That the consumer can (and wants to) make informed choices
- ◆ That there is a market place of services that the consumer can choose from

Personalisation and personal budgets

Increasing support by both the left and right for very different reasons

- ◆ Left – consumer control, rights, step towards an open-ended entitlement system etc
- ◆ Right – more personal responsibility, reduce reliance on government, transfer financial risk from funder to consumer etc
 - If needs aren't met, it's because the consumer made bad choices

CDC is only mandated for Home Care Packages

- ◆ CDC mandated from February 2017
- ◆ Advocates are campaigning for CDC to also be introduced into residential care
- ◆ 2015 budget decision to merge CHSP and Commonwealth Home Care Package
 - Meant to take effect July 2018
 - 2017 budget delay until July 2020
 - Commitment to maintain RAS network till 2020 as well

Implementation

- ◆ Consumers assessed to one of four packages levels
 - ACATs use the National Screening and Assessment Form (NSAF)
 - Consumer assigned a package at specified level
 - Consumer seeks income assessment from DHS
 - Consumer has 56 days (+ option for 28 day extension) to enter into service agreement with provider of their choice
- ◆ Package includes case management if you pay for it
- ◆ Providers can charge exit fees
- ◆ No cross-subsidisation within an agency, consumers responsible if they wish to 'save for a rainy day'

Home Care Packages profile 2017

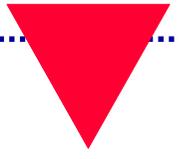
Level	daily	annual	number	%
1	\$22	\$8,158	2,251	3.1%
2	\$41	\$14,837	51,956	71.5%
3	\$89	\$32,620	3,815	5.2%
4	\$136	\$49,593	14,680	20.2%

Wait times 6-9 months for Levels 1 and 2

12+ months for Levels 3 and 4

Over 100,000 on wait list now

Target is 140,000 places by 2022



Implications

Care recipients become employers

UK Guardian August 2017

Disabled people may be liable for back pay of sleep-in care workers

The row over six years of back pay has led to one man being warned he could face a bill of up to £45,000



i The estimated cost of back pay for care workers who stay overnight is between £400m and £600m.
Photograph: Alamy Stock Photo

Disabled people who employ their own care workers have begun to receive claims for back pay as the [crisis over wages for sleep-in shifts](#) forces intervention by the prime minister's right-hand man.

Provider perceptions



Working under the NDIS: Insights from a survey of employees in disability services

Prepared for:
Health Services Union, Australian Services Union and United Voice

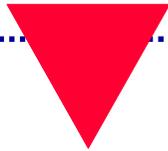
June 2017

Natasha Cortis

- ◆ 56% not enough time to do work
- ◆ 72% worried about future of job
- ◆ 53% disagreed that the NDIS has been a positive change for them as a worker
- ◆ 25% agreed that the NDIS was positive for the participants they work with
- ◆ 15% families are happy
- ◆ 16% NDIS is better than the previous system.

Implications for assessment

- ◆ What does 'needs assessment' mean in a CDC environment?
- ◆ What does equity mean?
- ◆ How does government contain costs?
- ◆ How do providers manage financial risks?
- ◆ What are the implications of consumers 'saving for a rainy day'?
- ◆ Is the hospital ED the last resort?



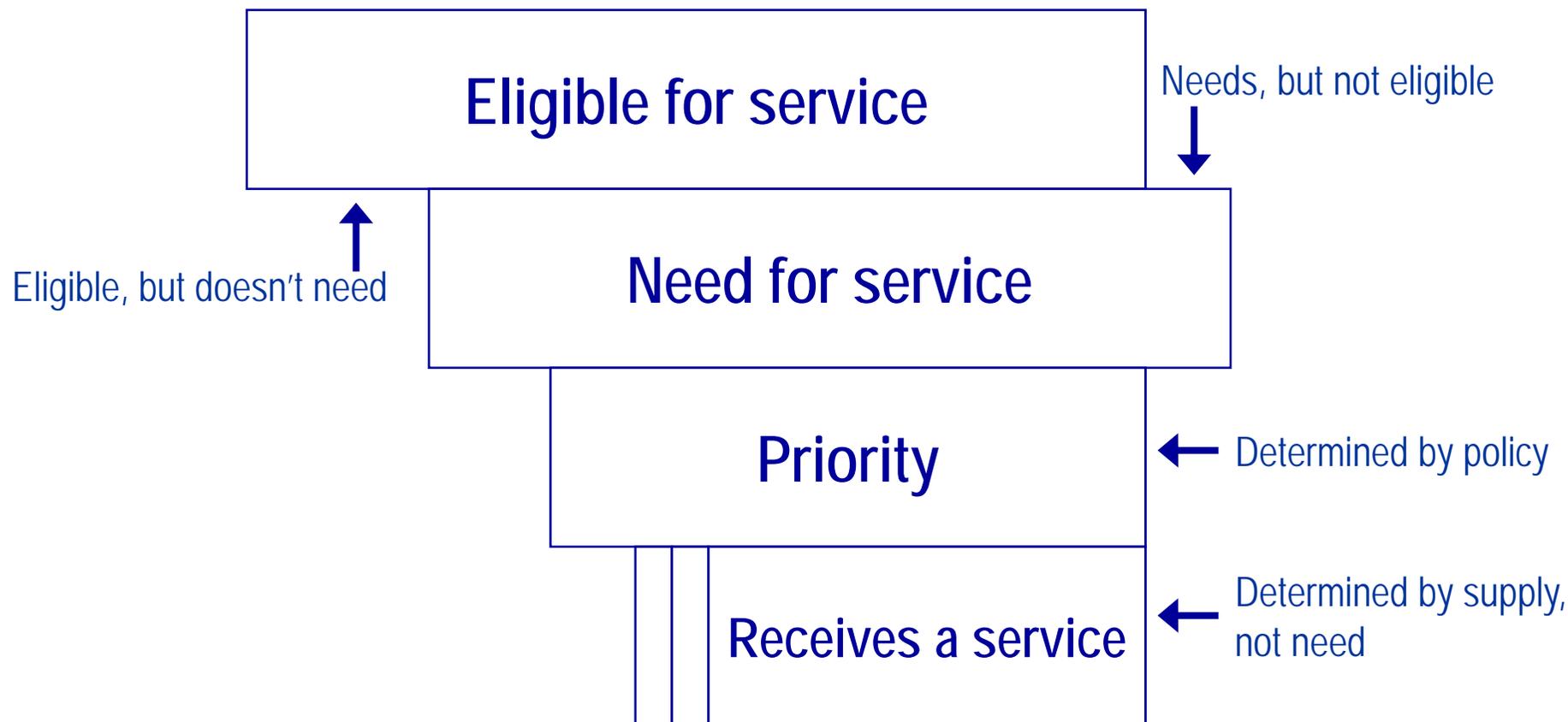
The relationship between eligibility, need and priority

and the role of assessment in determining priority of
access

The current system

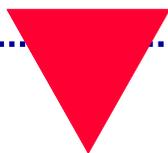
- ◆ Information, screening and referral by Gateway
 - Low need to RAS, high need to ACAT
- ◆ Eligibility assessment
 - Eligibility for both HCPs and RAC is determined by policy
 - ACAT interprets policy in determining whether an individual is eligible (gatekeeper role)
- ◆ Needs assessment
 - ACAT determines need (\$) for HCPs (one of four levels)
 - Regional Assessment Services (RAS) determines need for CHSP
 - ACFI undertaken internally by residential care

Eligibility, need and priority



An integrated aged care assessment model

- ◆ What would it do?
 - Determine eligibility
 - Determine need
 - Determine priority for service
 - ◆ Manage waiting lists
 - Determine what services a consumer is referred to
 - Determine what services a consumer actually receives?
- ◆ How would it work in a partial CDC environment?
- ◆ Why would a PHN or a HHS want to take on the role of Commonwealth gatekeeper?



Residential aged care

Background

- ◆ AHSRI completed a major report in early 2017 on alternate funding models for residential aged care
- ◆ Department of Health and AHSRI undertook national consultations during 2017
- ◆ RUCS is a major (\$2m) research and design study on the recommended option
 - But results will be useful more generally
- ◆ Work in progress (results at end 2018), policy decisions will be made after that (subject to election cycle)

The current model – Aged Care Funding Instrument (ACFI)



- ◆ Three elements in residential aged care funding:
 - Accommodation, Basic Fee (hotel costs) and Care
- ◆ ACFI funds 'Care' and is the element being revised
- ◆ Current model:
 - ACAT approves for residential care
 - Detailed ACFI assessment undertaken internally by the residential aged care facility across three domains:
 - ◆ Activities of daily living, Behaviour and Complex Health Care
 - Add scores for each domain with sum of each domain determining payments

ACFI daily rates 2017-18

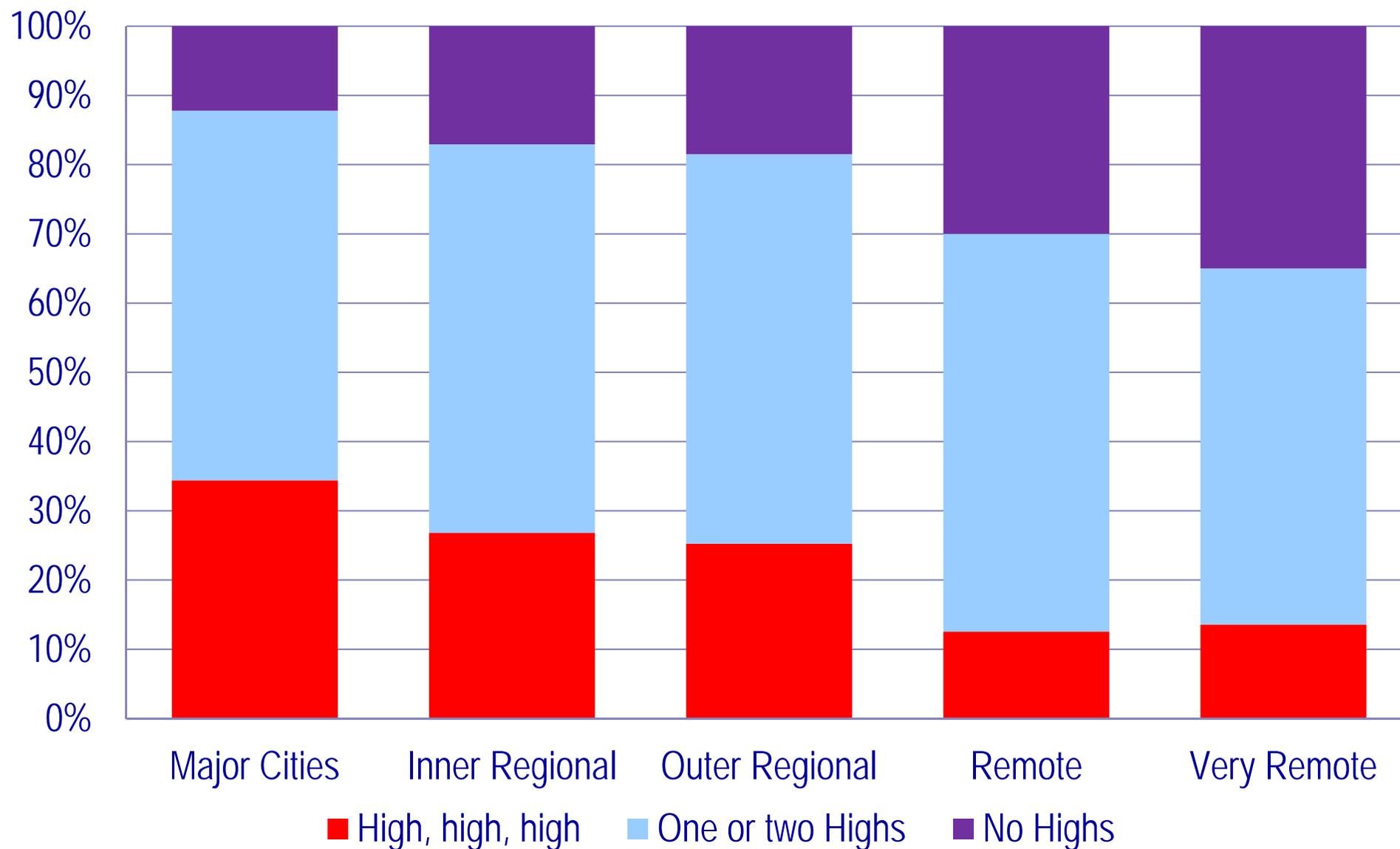
(plus basic fee and capital)

Level	Activities of daily living (ADL)	Behaviour (BEH)	Complex Health Care (CHC)
Nil	\$0.00	\$0.00	\$0.00
Low	\$36.65	\$8.37	\$16.37
Medium	\$79.80	\$17.36	\$46.62
High	\$110.55	\$36.19	\$67.32
High, high, high			\$214.06
Plus basic fee @ 85% pension			
		per fortnight	\$814.00
			\$58.14
Max per day (plus supplements)			\$272.20
Per year			\$99,354.04

Major issues with ACFI

- ◆ Additive design – the sum of individual item scores ignores interactions
- ◆ Does not focus on what drives care costs
- ◆ Does not discriminate enough between residents
- ◆ Inequitable outcomes (geographic and socioeconomic)
- ◆ Creates perverse incentives for income maximisation resulting in funding uncertainty
- ◆ One third of residents are classified to just one payment class
- ◆ **Conclusion:** ACFI is no longer fit for purpose

ACFI profile 2015-16



The screenshot shows a job search results page on Seek.com.au. The search criteria are: 'acfi coordinator' in the 'What' field, 'Any Classification' in the 'Where' field, and filters for 'All work types', 'paying \$0 to \$200k+', and 'listed any time'. It shows 44 jobs found, sorted by relevance. A job listing for 'ACFI Coordinator' at 'Frontline Health Sydney' is visible, posted 2d ago. There is a 'Create alert' button for the search.

The ACFI industry ('ACFI Consultant' = 40,300 Google hits)

The screenshot shows the website for National Care Solutions. The header includes 'National Care SOLUTIONS' and navigation links: 'HOME', 'ABOUT US', 'AFCI', 'SERVICES', 'NEWS AND TESTIMONIALS', 'LINKS', and 'CONTACT US'. The main heading is 'Specialist Consultants in ACFI and Aged Care Training'. Below this is a photograph of a group of professionals in a meeting. A caption below the photo reads: 'At National Care Solutions (NCS), we provide high quality aged care training and consultancy across a broad range of areas, specialising in the Aged Care Funding Instrument (ACFI)'.

The screenshot shows the website for Michael Peachey, an ACFI Specialist. The header includes 'Healthcare & Management Solutions' and 'AACS' (Aged Care Accreditation Solutions). Navigation links include 'About Us', 'Getting Started', 'ACFI Reviews', 'Staff Modelling', 'Research & Consulting', 'Projects', and 'CONTACT'. A large image shows a group of people in a meeting. Below the image are three call-to-action boxes: 'Want to improve your ACFI returns? We can help.', 'Need an evidence-based staffing model? Get us working for you.', and 'Need research and expert advice? We are the experts.'

Michael Peachey ACFI Specialist

ABOUT ARTICLES EVENTS

Becoming an ACFI Consultant Part 1 - Measure the Value You Bring

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The screenshot shows the website for W&L Mobile Healthcare Services. The header includes 'W&L MOBILE HEALTHCARE services' and navigation links: 'ABOUT', 'SERVICES', 'CAREERS', and 'CONTACT'. The main heading is 'ACFI Consultancy'. Below this is a photograph of a woman in a green uniform talking to a man in a green uniform. A caption below the photo reads: 'Assisting aged care facilities to receive all of the funding they're eligible for in a way that's both risk free and sustainable.'

RELATED ARTICLES
ACFI Best Practice Guidelines - 4 Checks

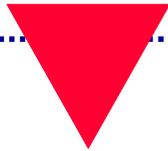
The screenshot shows the website for Transform Physio. The header includes 'transform physio' and navigation links: 'Home', 'About', 'Residential Care', 'Community Care', and 'Clinics'. Below this are 'EI Workplace Treatment & OHS', 'Careers', and 'Contact'. The main heading is 'ACFI Consulting'. There is a search bar with the text 'Search this site' and a search icon.

Transform Physio ACFI consultancy service is designed to improve your facility's funding in order to match resident's care needs. Transform ACFI consultants have a comprehensive understanding of the current ACFI business rules. Our input takes the challenge out of implementing and claiming ACFI ADLs, ACFI 12 Complex Health Care and Complex Pain Management Physiotherapy. Transform's best practice approach is to ensure the best possible outcome is achieved for the residents and the correct funding entitlements for that facility.

No existing model is entirely suitable

- ◆ Relevant features in international models
 - ABF-like approaches with use of RVUs/cost and service weights (US, Canada, Japan, France, Austria, Belgium)
 - use of fixed & variable payment components (Canada, US)
 - special arrangements for small facilities (Canada)
 - use of external assessment reducing the need for audit (Germany, Japan, Scotland, England)
 - use of evidence-based assessment tools & linking care planning (US, Canada, UK, Germany)

- ◆ There are some lessons from Australian health sector



RUCS represents a very clear policy
alternative to the current ACFI model

For both government and the sector

Five options

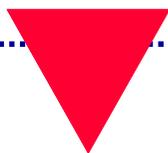
Option One	Refinement of current ACFI
Option Two	Simplified model with four funding levels aligned to home care packages
Option Three	Simplified model with four funding levels plus supplements subject to external assessment
Option Four	Activity based funding (ABF) model with branching classification
Option Five	Blended payment model. Two elements: (1) payment for fixed care costs and (2) variable payments linked to the individualised needs of each resident

The recommended Option 5

- ◆ Separate assessment for funding (external) and assessment for care planning (internal)
- ◆ Fixed and variable payment components:
 - fixed (shared/non-individualised) and
 - variable (individualised) costs of care
- ◆ Branching classification based on resident characteristics that drive differences in care need and cost
- ◆ Initial adjustment payments for short-term additional care needs of new clients
- ◆ Resource utilisation studies to inform payments



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The Resource Utilisation and Classification Study (RUCS)

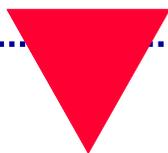
3 studies over 18 months
August 2017 – December 2018

Outputs

- ◆ Types and amounts of direct care inputs delivered to each individual resident (staffing and materials)
- ◆ The factors that are drivers of cost
- ◆ The cost of shared care activities undertaken that benefit all residents, and their resource inputs
- ◆ The proportion of costs that are shared vs individualised
- ◆ Evidence base for classification development

A platform for reform

- ◆ Potential implications for aged care beyond the residential sector
- ◆ Allows for ACAT, RAS and residential funding assessment to be integrated
- ◆ Extension of new residential aged care funding model to community aged care (replace current 4 level model)



Issues for discussion

Positioning

The starting point: health and aged care as separate sectors

- ◆ Not just a Commonwealth-State divide but also a health-aged care divide
- ◆ Pros and cons of PHNs and HHSs trying to cross the great divide
 - ◆ Witness tension over ACAT over the decades
 - Why take this on?
 - Can you afford not to?

Assess for what?

- ◆ Eligibility?
- ◆ Need?
- ◆ Priority for services?
 - Perhaps 100,000 people waiting and/or on inadequate support
- ◆ Where do carers fit in?
- ◆ Implications of Consumer Directed Care
- ◆ Is the assessor an advocate for the consumer or an agent for the Commonwealth? Both? Neither?
 - Fit with missions of PHN and HHS?

Commonwealth option 1 – status quo



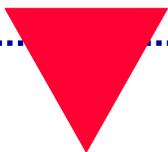
- ◆ Maintain three separate aged care streams, each with their own eligibility criteria and funding arrangements
 - Plus a plethora of smaller programs (transition care, multipurpose services etc)
- ◆ Maintain current gateway and assessment arrangements
- ◆ What options for HHS and PHN to work in a more integrated way in care of older people?

Commonwealth option 2 – ACAT, RAS and ACFI functions are merged

- ◆ Merger might be in full or part
- ◆ Pros and cons of HHS and/or PHN bidding to become the integrated Commonwealth assessment agency?
- ◆ Regardless, what opportunities for HHS and PHN to work in a more integrated way in care of older people?

Next steps

- ◆ Expect some preliminary announcements in the 2018 budget
- ◆ Final Commonwealth decisions in 2019, subject to election cycle
- ◆ Assessment reform, as part of broader aged care reform, progressively from 1 July 2020
- ◆ What role/s do the two organisations want to take?
- ◆ What steps to be ready to move when the opportunity arises?



Extra slides about RUCS

Study One

Service utilisation and classification development

- ◆ To identify service inputs and resident cost drivers
 - Three data collections in one study:
 - ◆ Resident assessments
 - ◆ Service utilisation by day and
 - ◆ Cost data by day
- ◆ About 30 facilities in 3 regions - Northern Queensland, Melbourne and Hunter NSW – to represent the range of resident need groups

Study Two

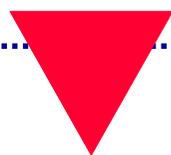
Analysis to identify shared cost drivers

- ◆ Financial data to identify factors that drive shared costs based on facility characteristics by region, facility size and specialisation and to test seasonal effects
- ◆ Nationally representative sample of 110 care homes.
 - Oversampling remote and very remote services to ensure that their shared costs are adequately represented.

Study Three

The casemix profiling study

- ◆ To model the impact of introducing the classification in a blended payment model
- ◆ Classification variables from Study One in an additional 80 nationally representative facilities.
 - Purpose is to develop a national profile of residents allocated to each final casemix class and to model and test the impact of implementing the blended payment model nationally.

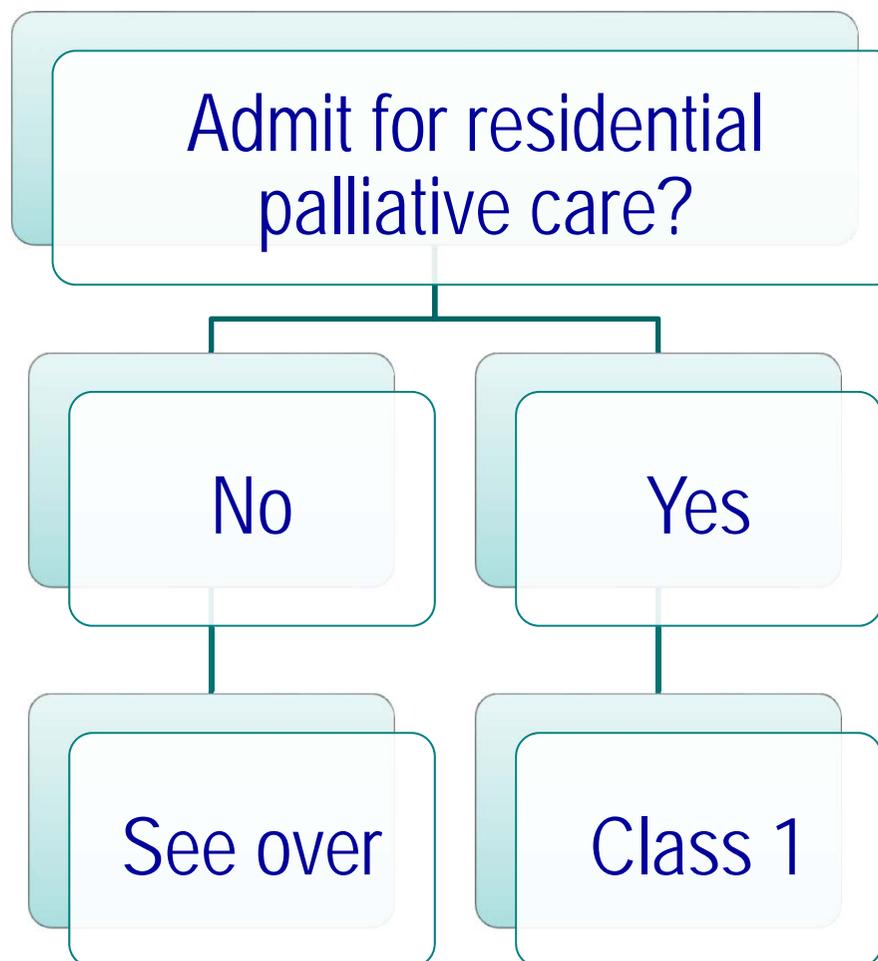


Hypothetical classification trees developed by the expert panels

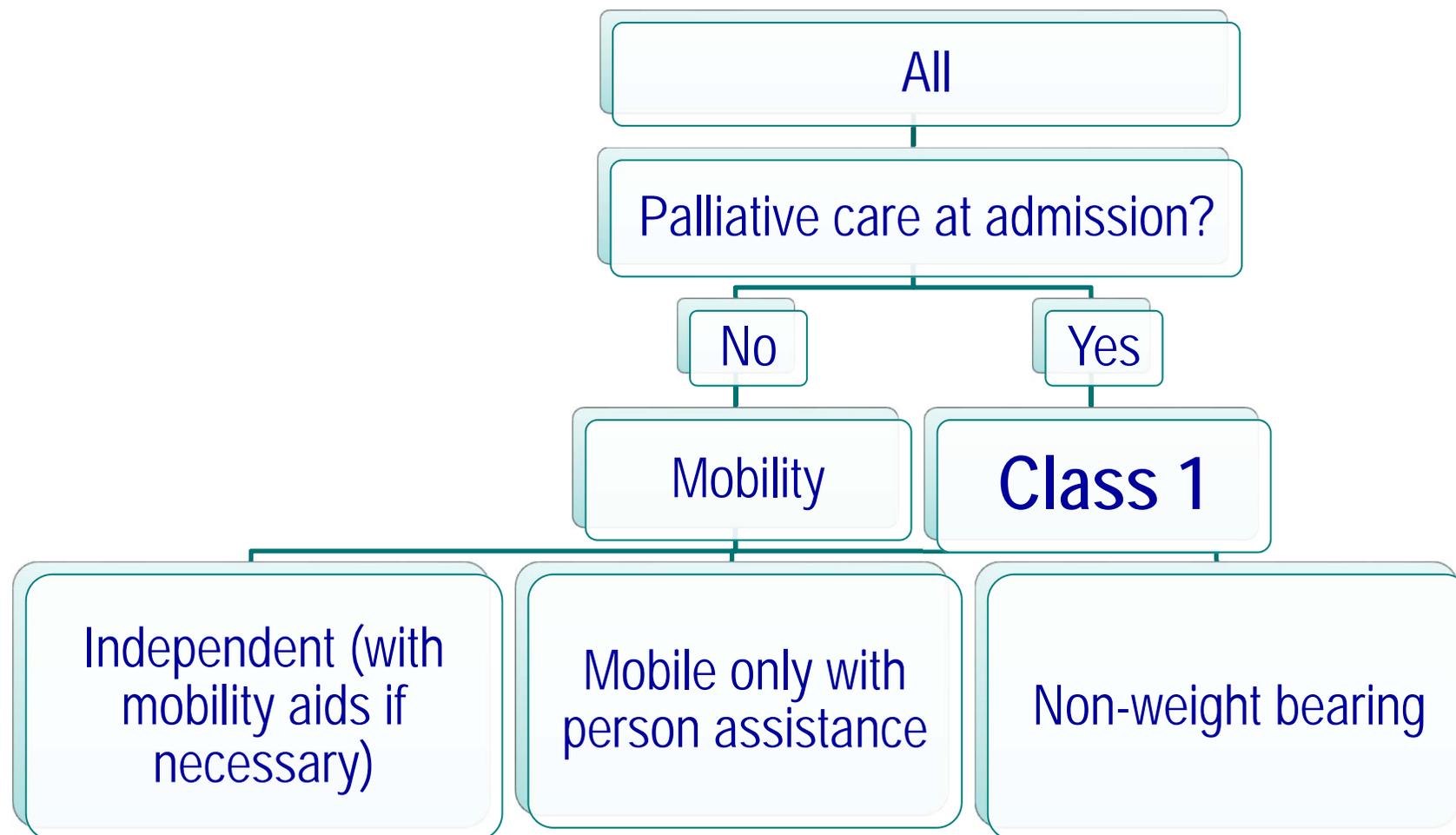
Consensus across all four panels of
national experts

Being used as basis of classification
development in Study One

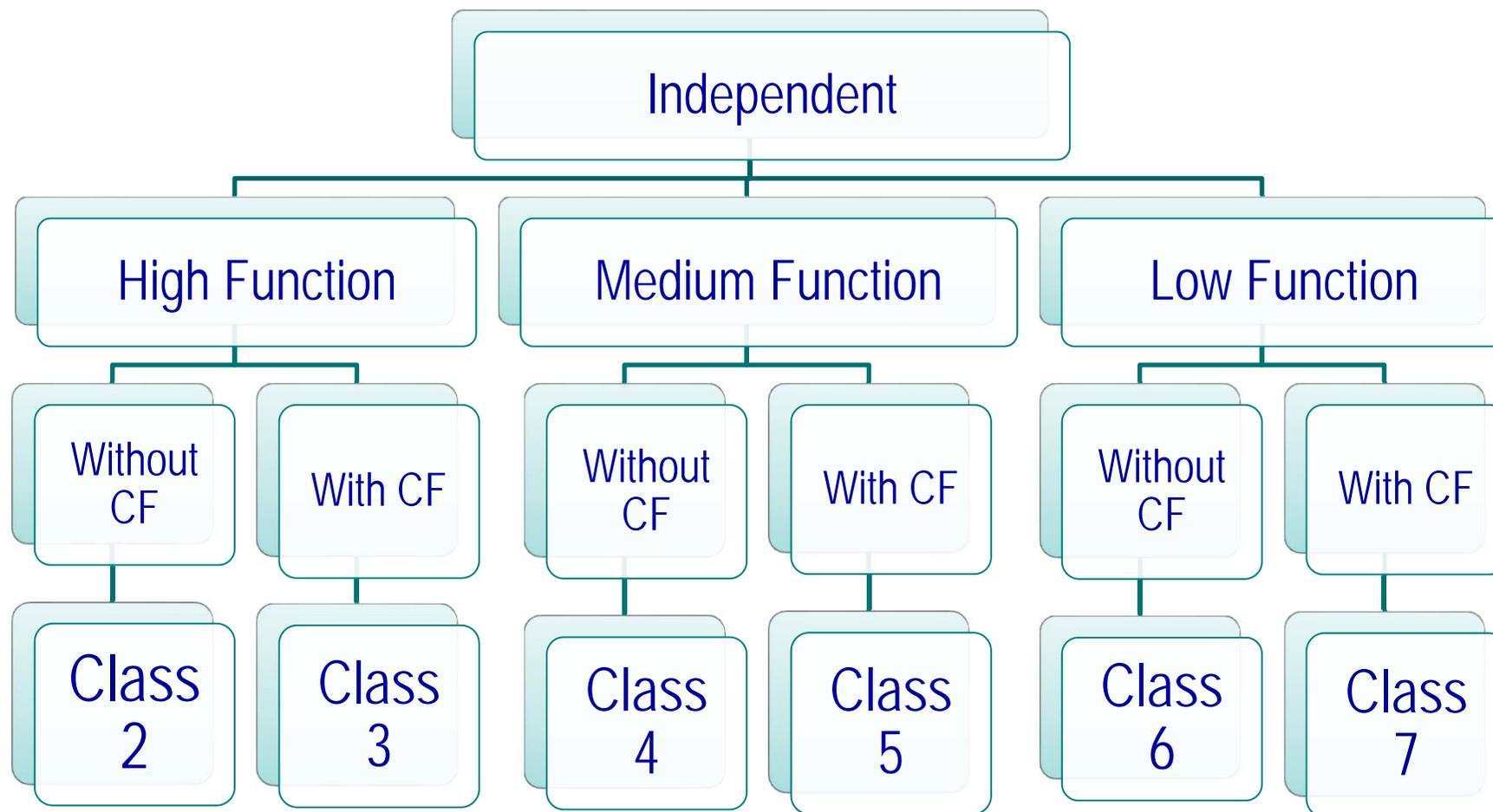
Hypothetical model – 1st split



Hypothetical model – 2nd split



Hypothetical model – independent branch

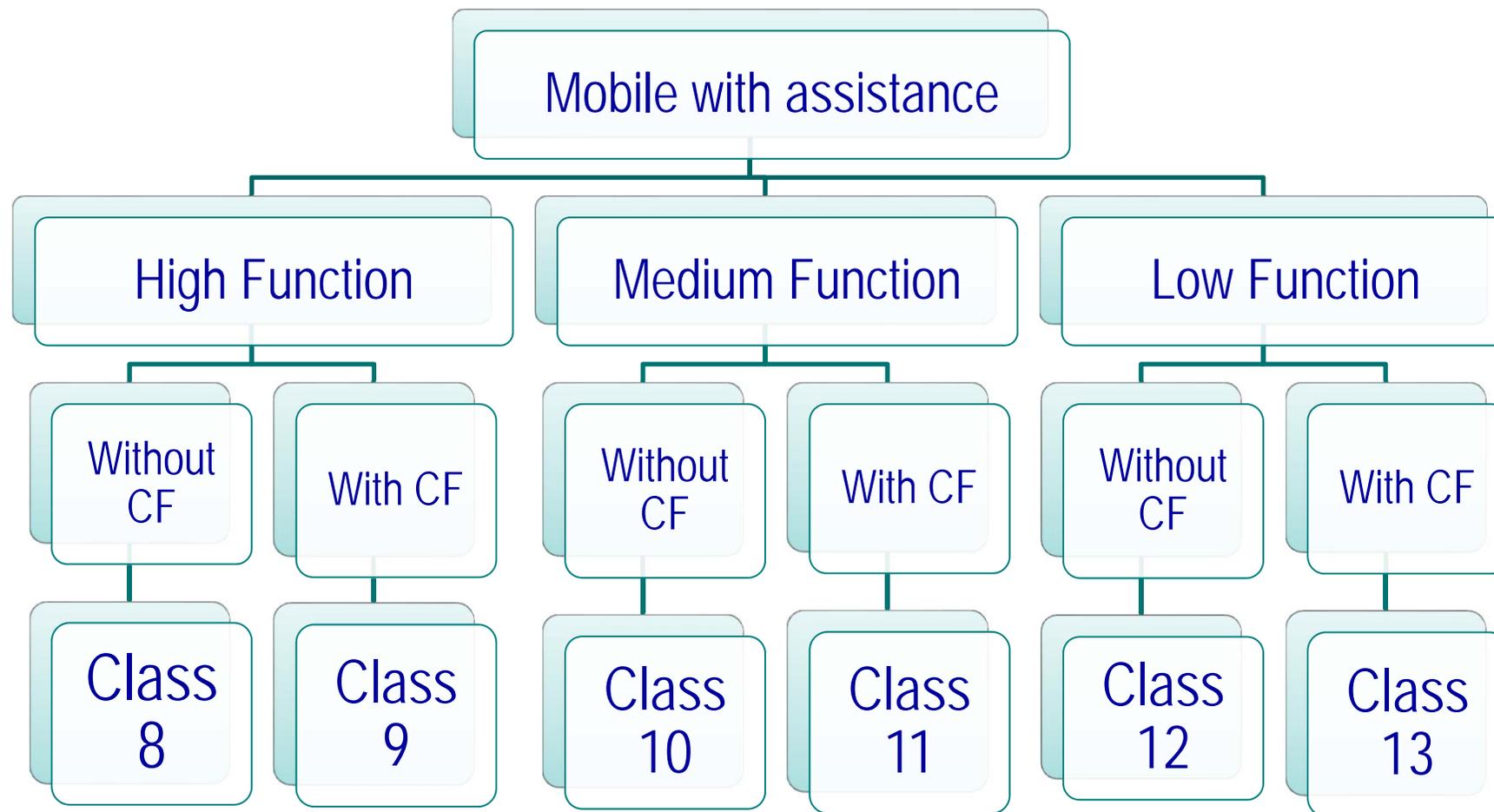


CF = Compounding Factors

Compounding factors

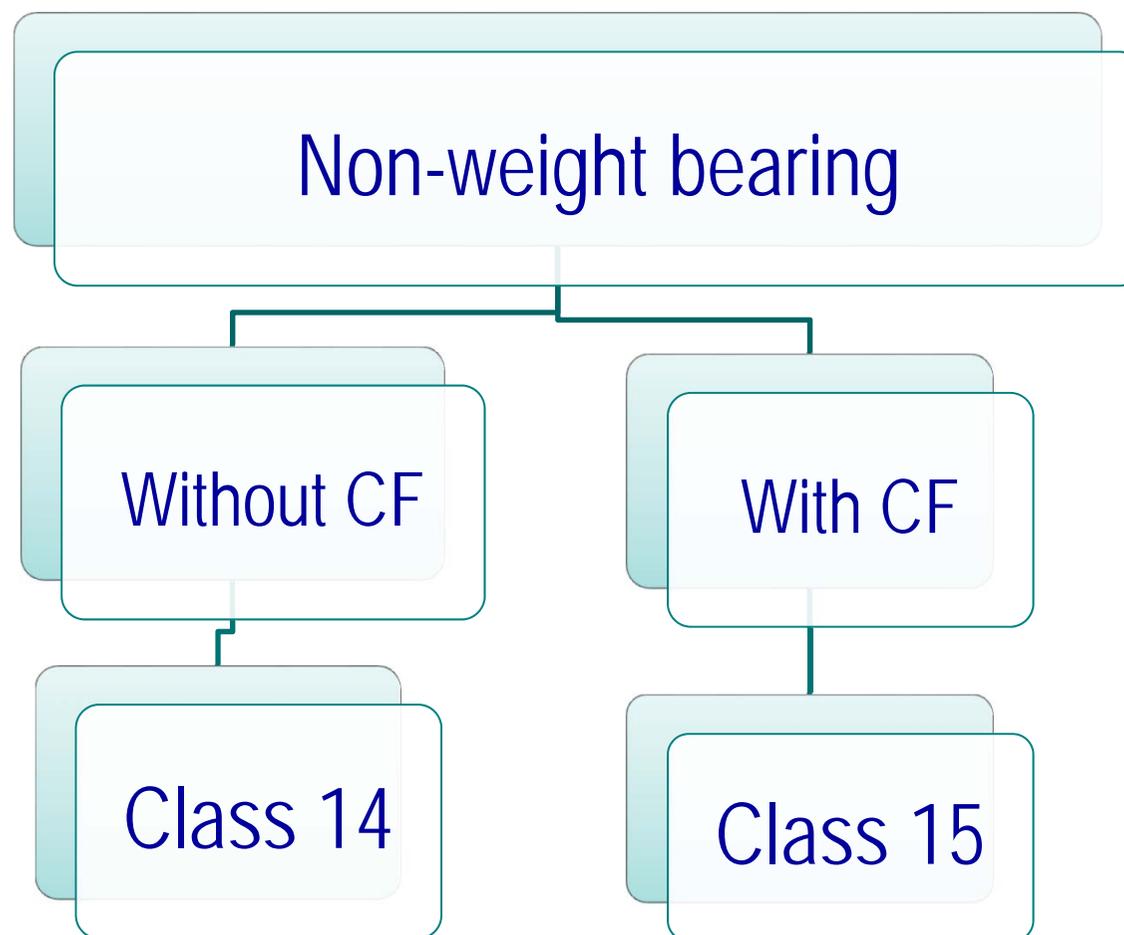
- ◆ Variables that explain differences in resource consumption that are incorporated to create the final branches of the tree
 - To be determined empirically using cost data collected in Study One
 - Can vary from one branch to another
 - Testing cognition, behaviour, technical nursing requirements etc both as single items and in combination
 - Being careful to ensure that they do not create perverse incentives
 - ◆ Behaviour, pressure ulcers etc

Hypothetical model – mobile with assistance branch



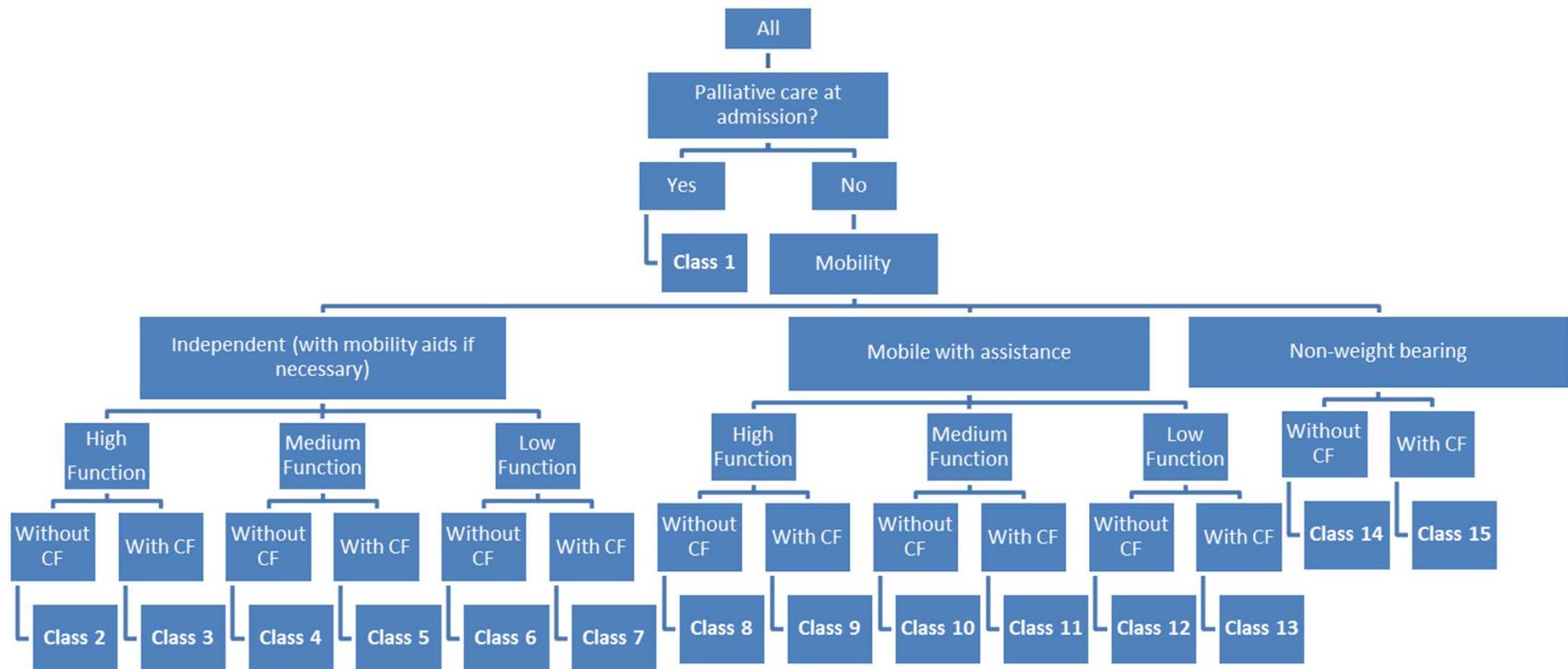
CF = Compounding Factors

Hypothetical model – non-weight bearing branch



CF = Compounding Factors

Hypothetical classification tree



Advice Note

Strategy, Policy and Planning
Division

DATE: 28 May 2018

FROM: Social Inclusion and Connected Care, Strategic Policy and Legislation Branch

RE: **Future of Aged Care Assessment Program (ACAP) post 2020**

Request: Advice to DDG concerning the future of the ACAP and the Commonwealth Department of Health's recent reform announcement in the 2018-19 Federal Budget

Summary of Advice

- On 9 May 2018, Travis Haslam, Assistant Secretary, Home Care Branch, In Home Aged Care Division, Commonwealth Department of Health, wrote to the Department advising of the Ageing Package which was announced in the Federal Budget 2018-19 (Attachment 1). The letter explains the Commonwealth's proposed investment in home care packages and future reform agenda.
- The Ageing Package will fund 14,000 additional high-level packages over the next four years. The number of new home care packages announced in the Commonwealth budget will do little to address the national waitlist for these services. As at December 2017, there were 104,602 senior Australians waiting on the National Prioritisation Queue for a home care package, with 19,585 residing in Queensland. This number is expected to rise over the coming years as more people chose to age in place and receive aged care services in their home.
- In relation to assessment reform, the Commonwealth Government announced an investment over two years from 2018-19 to design a single aged care assessment framework for a national assessment workforce, for introduction from 2020. The purpose of this measure is to streamline the process for senior Australians to access aged care services from entry-level home support to home care packages and residential aged care. The measure addresses a recommendation in the Aged Care Legislated Review conducted by David Tune AO PSM. Recommendation 27 of the Tune Report suggested that the Commonwealth integrate the Regional Assessment Service (RAS) and Aged Care Assessment Team (ACAT) workforces.
- The Queensland Department of Health's response to the Minister was that the Department supported the development of one assessment service to start the journey into aged care, so that an assessor can look across the spectrum of need.
- However, there is a concern that having non-clinicians undertaking the assessment is not beneficial for the client, although potentially less expensive. Knowledge about the sector and clinical expertise of the ACAT workforce is important when clients and families have complexities that require advanced problem solving and planning which comes from health professionals. In addition, there are currently duplication issues where a RAS assessment occurs and then an ACAT is required. The new structure would need to ensure that there is only one assessment occurring.

- The Commonwealth Department of Health intend to develop a framework in consultation with the sector including consumers, assessment providers and service providers. The Commonwealth has assured the Department that the development of this framework and the future reform of the assessment workforce will not impact the current ACAP Agreement 2018-20, which is being negotiated and will come into effect 1 July 2018.
- The Queensland Department of Health predicted the integration of the assessment workforce at the release of the Tune Report. Once the framework is finalised there is a possibility that the new program will be subject to competitive tender in 2020.
- ACATs have been delivering comprehensive aged care assessments for approximately 30 years across Queensland through Queensland Health's public hospital and health services. As such Queensland has a highly skilled ACAT workforce comprising of approximately 300 clinicians and administration staff.
- The Department of Health will need to develop a workforce framework around a better practice integration model of ACAT and Regional Assessment Services (RAS) to be competitive against other candidates when the program goes to tender in 2020. This process is inclusive of option 1 under next steps below.
- In addition, the Department is aware that Metro South Primary Health Network (PHN) are exploring how they may have a role in the integrated assessment service and have engaged the University of Wollongong to advise on how the PHN wishes to position itself in terms of Commonwealth aged care going forward. A copy of a recent presentation by the University of Wollongong to Metro South PHN is at attachment 2. Metro North PHN has also shown interest.
- There is a benefit for the State to deliver these services as they assist with patient flow of older people from public hospitals into aged care services. Should these services be delivered by a non-government organisation, there is a risk that the priority of assessing older patients in public hospitals may not be as high.
- It is anticipated that in approximately 12 months' time the Commonwealth will provide their policy framework around the measure.

Next Steps

- While this framework is being developed, the Department will commence research and consultation into developing several policy options. The initial options are:
 - Option 1 - Develop a Queensland Health framework for the delivery of the integrated assessment service program, which may be submitted in a Commonwealth tender process
 - Option 2 – Explore option to transition program to Hospital and Health Services and identify positive and negative impacts, including the HHS's capacity to outsource the tender
 - Option 3 - Explore option as to whether the Department of Health should not submit an application in the tender to be a service provider of the integrated assessment service program.
- Due to the benefit to the State to deliver these services, the Department's preferred option is to develop a Queensland framework, however further investigation is required to determine whether it is a financially viable option.

- DDG advice notes will be provided throughout the analysis; a DDG brief for approval will be developed for consideration of identified options.

Comments from DDG, SPPD

Author: Megan Cole
A/Principal Policy Officer
Strategic Policy and Legislation Branch
[REDACTED]

16 May 2018

Cleared by: David Harmer
(Senior Director) Senior Director
Strategic Policy and Legislation Branch
[REDACTED]

30 May 2018

Cleared by: Bron Nardi
(DDG) Acting Deputy Director-General
Strategy, Policy and Planning
[REDACTED]

31 May 2018



Australian Government
Department of Health

David Harmer
Senior Director
Strategic Policy and Legislation Branch
Department of Health - Queensland

Email: david.harmer@health.qld.gov.au

Dear David,

2018-19 Budget: Ageing Package

In the 2018-2019 Budget, the Australian Government announced a significant investment in an Ageing Package to support people to live longer lives to the full. The Package features a range of measures which address safety and quality of aged care, as well as access to aged care services.

I wanted to draw your attention to measures on increasing investment in home care packages and future assessment reform.

The Ageing Package will invest more than \$1.6 billion in additional home care packages to support more people to remain living at home. This will fund more than 14,000 additional high level packages over the next four years, on top of 6,000 packages released in the 2017-18 Mid-Year Economic and Fiscal Outlook. This does not change our collaboration on adjusting proportions and priorities in assessment.

In relation to assessment reform, the Government has announced an investment of \$14.8 million over two years from 2018-19 to design a single aged care assessment framework for a national assessment workforce, for introduction from 2020.

The purpose of the measure is to streamline the process for Senior Australians to access aged care services, from entry-level home support to home care packages and residential care. The measure addresses a recommendation in the Aged Care Legislated Review that the Government integrate the Regional Assessment Services (RAS) and Aged Care Assessment Team (ACAT) workforces.

- 2 -

Over the coming year, a single aged care assessment framework will be developed in consultation with the sector including consumers, assessment providers and service providers. Consultation will help to inform the design of the new system, in consideration of the assessment model, the workforce arrangements, the legislative implications and IT system changes.

I would like to assure you that this does not impact our ongoing work together, including the current contracting process being undertaken for aged care assessment services for the next two years. The Government has committed funding for the continuation of assessment services under existing arrangements through to June 2020. The Department of Health will continue to work closely with you to finalise the extension of funding arrangements and I look forward to working with you in the continued efforts to deliver access and support to older Australians.

Further information on the Ageing Package and fact sheets on specific measures are available from the Department's website at www.health.gov.au. This includes additional detail on increased investment in My Aged Care and trials to promote independent living through wellness and reablement approaches.

Should you have any questions regarding the Budget announcement, please contact me by phone on () or by email at ()

Yours sincerely,



Travis Haslam
Assistant Secretary, Home Care Branch
In Home Aged Care Division
Department of Health

9 May 2018

cc. Kevin Phillips, a/Director, Strategic Policy & Legislation Branch
Megan Cole, Senior Policy Officer, Strategic Policy Unit

Megan Cole

From: My Aged Care Assessment <MyAgedCare.Assessment@health.gov.au>
Sent: Tuesday, 28 August 2018 5:04 PM
Subject: CHSP UPDATE FOR SERVICE PROVIDERS (AUGUST 2018) [SEC=UNCLASSIFIED]

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Dear RAS and ACAT operational managers,

Please find the latest news bulletin regarding the CHSP update for service providers. We encourage you to distribute this information to your assessment workforce. If you or your workforce wish to receive such news in the future, information on how to subscribe is included in the text box below.

Regards

Judy

Judy Greenwood
Assistant Director
Assessment & Delivery Section| Home Care Branch
In Home Aged Care Division
 Department of Health

I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

CHSP UPDATE FOR SERVICE PROVIDERS (AUGUST 2018)

Please find attached the latest email news bulletin sent to Commonwealth Home Support Programme service providers from the Australian Government Department of Health.

This has been sent for your information and reference, as an aged care assessment organisation.

Please [subscribe here](#) to receive future editions of this newsletter directly, as well as other Department of Health email updates about the aged care industry and aged care stakeholders.

[View this email in your browser](#)

CHSP - update for service providers

- [CHSP funding extension and WA HACC transition](#)
- [New wellness report](#)
- [Clarification of CHSP eligibility criteria](#)
- [Registering existing clients on My Aged Care](#)
- [CHSP funding extension webinar: answering participant questions](#)
- [CHSP acquittals](#)
- [CHSP beyond 2020](#)
- [Data Exchange \(DEX\) news](#)
- [Could short-term restorative care help your clients?](#)
- [Save time by updating your details on My Aged Care](#)

CHSP funding extension and WA HACC transition

Home and Community Care (HACC) services for older people in Western Australia transitioned to the CHSP from 1 July 2018. WA providers transitioning to the CHSP have been offered a two-year CHSP agreement to 30 June 2020.

The transition of WA HACC services to the CHSP means that all states and territories are now part of the national arrangements for the assessment and delivery of home support services.

All CHSP service providers are encouraged to review the [CHSP Program Manual](#), the [CHSP funding extension webinar](#) and [other funding extension guidance material](#) available on the department's website.

WA providers can find targeted information about the transition including factsheets, checklists and other resources on the [WA HACC transition page](#) of the department's website.

Victorian CHSP service providers will be offered funding extensions effective 1 July 2019 until 30 June 2020. Work is underway to prepare the new funding agreements and they will be emailed directly to providers when they are available.

New wellness report

As part of the two-year extension of the CHSP to 30 June 2020, a greater focus is being placed on activities that support wellness and independence. This includes the requirement for providers to complete a **wellness report** outlining their approaches to embed wellness in their service delivery.

The wellness report will be due on 31 October each year, as specified in your CHSP Grant Agreement. The first report is due on 31 October 2018 and will provide a baseline from which progress on implementing a wellness approach can be measured on an annual basis.

A reporting template will be provided to help you complete the wellness report. The department is finalising the report template. The report is not intended to be burdensome for providers and will not require specific client data. It will seek information on overall service level practices – for example, the percentage of clients receiving short-term episodic or ongoing services.

These reports will help the department to better understand how a wellness approach to service delivery is being implemented by CHSP service providers. The reports will also be used by the department to provide important information on areas where providers might need additional support to embed a wellness approach.

Clarification of CHSP eligibility criteria

Through the CHSP, entry-level home support services are provided to frail older people who need a small amount of assistance to remain independent and continue living at home. The majority of CHSP clients receive small amounts of one to two services. The CHSP is not designed to support clients whose needs exceed entry level care.

Clients with more complex needs should be supported through other aged care programs such as the Home Care Packages Program, specialist aged care programs or the (state/territory-funded) health care system.

For the purpose of the CHSP, **“frail” refers to older people** (people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over) **who have difficulty performing activities of daily living without help due to functional limitations (including cognitive limitations).**

Assessment of frailty for the CHSP is done by the Regional Assessment Service (RAS). The home support assessment is a holistic assessment of a client’s needs that focuses on a client’s level of function; physical and personal health; current support; cognitive capacity and psychosocial circumstances; and home and personal safety.

As part of the assessment process, the RAS also works with the client to establish a support plan that reflects a client’s strengths and abilities, areas of difficulty and functional limitation, and the entry-level support that will best meet their needs and goals and allow them to maintain or increase their independence within their home and in the community.

Registering existing clients on My Aged Care

Under the new 2018-20 CHSP Grant Agreement, CHSP service providers will be required to assist the department to collect data on all existing CHSP clients not registered on My Aged Care. The department is considering a range of options for the data collection process, with the aim of providing the most streamlined and efficient approach for service providers. **Service providers will be informed of the process and timeframe for completing this exercise once these details have been finalised.**

In the interim, providers are not required to refer their existing clients without a My Aged Care client record to My Aged Care for an assessment, unless their care needs have changed.

Where a client’s needs have changed, including where there is a need for a new service type or a significant increase to their existing services, the client must be

referred to My Aged Care for an assessment before any additional services can be provided.

All new clients must also be referred to My Aged Care for an assessment to discuss their aged care needs and have a client record created.

CHSP funding extension webinar: answering participant questions

Thank you to everyone who participated in the CHSP extension webinar held in May 2018. During the live presentation, over 700 participants submitted comments and questions. Many of the questions related to the definition of entry level and frailty and how to register existing clients on My Aged Care. Please refer to the articles on these topics in this newsletter. The other hot topics that viewers wanted more information on are included below. Other topics that were raised will be explored in future newsletters.

Interaction between CHSP and Home Care Packages (HCP)

Information about the circumstances where a HCP client can access CHSP services is detailed in the Interaction between CHSP and HCP fact sheet on the department's website.

New funding conditions — wellness and reablement reporting requirements

You can find information about the new wellness report in this newsletter. The department is also looking at options to audit up to 10 per cent of service provider's service delivery data on My Aged Care and the Data Exchange. The audit, or stocktake, will be conducted on CHSP service delivery data and performance reporting.

The data to be reviewed includes service delivery data included in My Aged Care client records, assessment and support planning information and Data Exchange performance reporting. The stocktake will review service delivery practices of individual service providers and whether services are assisting clients to meet their independence and wellness-related goals as agreed in their support plans.

It is important that providers ensure that service delivery information is kept up to date in the My Aged Care client records. This will ensure the department can

review this information as part of the audit. Information that will need to be completed in My Aged Care includes the start date of the service, the volume and frequency of services and the service end date (where this is applicable). This audit, or stocktake, is not a deliverable milestone in the Activity Work Plan. For more information, please go to Chapter 2 in the [CHSP Program Manual 2018](#).

Flexibility provision

There is still some confusion in the sector regarding how the flexibility provision can be applied. The flexibility provision provides a flexible approach to ensuring compliance with contractual performance reporting requirements under the CHSP Grant Agreement whilst enabling service providers to meet short-term changes in the demand for services.

When there is demonstrated need (based on My Aged Care referral requests), CHSP service providers may use **up to 20 percent of their existing funding in a particular service type** (e.g. meals) to deliver more services under another service type (e.g. transport) **within the same CHSP sub-program**. The provider must already be funded to deliver both of these service types under their CHSP Grant Agreement.

The flexibility provision can only be used within the Community and Home Support sub-program and the Care Relationships and Carer Support sub-program. The flexibility provision can only be applied between service types for services delivered within the same Aged Care Planning Region.

Under the flexibility provision, service providers may deliver additional services under another service type they are currently funded for provided they can demonstrate they are delivering value for money and there is client demand for these services. Delivery of these outputs can be recorded in the Data Exchange and should not require any change to the service provider's CHSP Grant Agreement.

Providers are expected to deliver their contracted outputs as per their CHSP Activity Work Plan. Further information on the flexibility provision is provided under Chapter 6 of the [CHSP Program Manual 2018](#).

Expectations around client contributions

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. It is also expected that a minimum of 15 per cent of a service provider's grant revenue will be collected from client contributions. Additional information to support providers will be available shortly.

CHSP acquittals

Don't forget that for all jurisdictions except Victoria, it is the end of the 2015-18 Grant Agreement and all unspent funds identified through the acquittal process must be returned to the department. **The due date for acquittal declarations is 31 October 2018.** Financial acquittal declaration templates will be issued in the near future.

Victorian CHSP service providers have a further 12 month carry-over period for all unspent funds.

CHSP beyond 2020

Existing CHSP service providers have been extended to provide services until 30 June 2020.

No decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

Data Exchange (DEX) news

Western Australian organisations transitioned to CHSP from 1 July 2018

Western Australian organisations that transitioned to the CHSP from 1 July 2018 can begin to report in the Data Exchange for the 1 July 2018 to 30 December 2018 reporting period. Data can be entered anytime during the six-monthly period but must be completed or submitted within 30 days after the reporting period ends.

Appendix B of the Data Exchange Protocols provides guidance on entering data into the Data Exchange which can be found on the Data Exchange website.

Prior to reporting in the Data Exchange, new CHSP organisations will need to hold a current AUSkey, determine your method of entering data, set-up Data Exchange access and set-up outlets and users. Guidance to support users on Data

Exchange set-up can be found on the Data Exchange website via the [Training Resources](#) tab.

Revised guidance documents

The Data Exchange has recently released updated versions of the “Service type matrix” (Appendix A) and “Program activity guidance” (Appendix B). Both documents are now available on the Data Exchange website via the [Policy/Guidance](#) tab.

Changes include the addition of new program activities including *Try, Test and Learn* and the addition or removal of service types for some activities. It is important for organisations to regularly check this document as it may have changed since the last time you viewed it.

More information

- For access to the Data Exchange and technical assistance contact dssdataexchange.helpdesk@dss.gov.au or phone 1800 020 283 between 8.30 am and 5.30 pm (AEDT) Monday to Friday.
- For help with reporting CHSP services in the Data Exchange contact your Grant Agreement Manager.
- For more information visit the [Data Exchange website](#).
- You can also [subscribe](#) to the Data Exchange mailing list to receive general updates and system notifications.

Could short-term restorative care help your clients?

Do you have any clients who need some short-term help getting back on their feet?

Short-term restorative care (STRC) provides a range of care and services for up to eight weeks to help prevent or reduce difficulties older people are having with completing everyday tasks. It aims to improve wellbeing and independence to help them continue living in their own home and can be accessed twice in any 12-month period.

To determine whether a person is eligible for STRC, the person must be assessed by an Aged Care Assessment Team (ACAT). Key features of the eligibility criteria for STRC include that the person must be experiencing functional decline to such

an extent that they are at risk of losing independence and it is likely that without STRC the person will require home care, residential care or flexible care provided through a multi-purpose service. Additionally, they must not, at any time during the three months before the date of assessment, have been hospitalised for a condition related to the functional decline which would be the focus of that episode of STRC.

CHSP providers may be in an ideal position to notice when a client could benefit from a referral to an ACAT for an STRC episode. If you would like more information on STRC, the [STRC Programme Manual](#) is a resource for approved providers of STRC to assist their understanding of the policy context and operational requirements for delivery of STRC. The '[Your guide to short-term restorative care](#)' booklet has been designed for older Australians, their families and carers to guide them through the process of accessing short-term restorative care.

If you feel that a client could benefit from short-term restorative care, please encourage them to contact My Aged Care for a referral to an ACAT.

Save time and avoid client frustration by updating your details on My Aged Care

Feedback from client surveys and stakeholders indicates that providers are not keeping information up to date in the My Aged Care service provider portal.

It's extremely important to do this to prevent clients being frustrated and to avoid client referrals flowing through to you when you are not in a position to accept them. To update your organisation's details, go to the [updating service provider details](#) page on My Aged Care.

More information

The department encourages **all** staff working within CHSP service provider organisations to [subscribe](#) to receive these notices. This is a great way to stay up to date with what is happening in the CHSP program and aged care more broadly.

Notifications are also published on the [announcements page](#) of the department's website.

Department of Health

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You are receiving this email because you provided your details to the department or you opted in to receive our advice messages.

If you are not already receiving these messages for the aged care sector, you can subscribe at agedcare.health.gov.au/AgedCareUpdates

If you are unsubscribing from this service and you're a provider of aged care services (funded under the *Commonwealth Aged Care Act 1997* or via a CHSP grant agreement), the department requests that you supply an alternate email address, for example a group mailbox, to continue receiving important information for your organisation.

Do you need to update your contact details?

You can [update your subscription preferences](#) in MailChimp and change your email address or organisation type. If you have problems updating your information, email aacei@health.gov.au for help.

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Belinda Lewis

From: White, Don <Don.WHITE@health.gov.au>
Sent: Friday, 7 September 2018 9:30 AM
To: HASLAM, Travis; 'joy.russo@dva.gov.au'; peter.matwijiw@act.gov.au; 'swill@doh.health.nsw.gov.au'; Stephen Stewart; Janice Diamond; thaze; Kevin Phillips; Steve.Powis@Communities.qld.gov.au; 'Skye.jacobi@sa.gov.au'; 'jeanette.walters@sa.gov.au'; 'ian.j.bell@dhhs.tas.gov.au'; Erica.Heeley@dhhs.tas.gov.au; luke.hays@health.wa.gov.au; 'Mark.Petrich@health.wa.gov.au'; 'Alice.McDonald@health.sa.gov.au'; 'linda.mckay@dhhs.vic.gov.au'; 'louise.galloway@dhhs.vic.gov.au'; 'Sylvia.Barry@dhhs.vic.gov.au'; 'Elizabeth.Chapman@dhhs.vic.gov.au'; Alice Mcdonald; Athalene Rosborough; Brenda Lawrence; Megan Cole; 'McMichael, Sarah'; 'Denise.Laughlin@dhhs.vic.gov.au'; 'catherine.thomas@dva.gov.au'; 'Dreezer, Jenny'; 'lauren.melling@health.wa.gov.au'; MORGAN, Nick; HERBERT, Genevieve; 'Sarah.Jordans@sa.gov.au'; MOND, Jo; LAFFAN, Amy
Cc: PASSARELLO, Maria; Belinda Lewis; AgedCareDPM
Subject: Action Item M.26.5.1 Outcomes of My Aged Care Release 12 [SEC=UNCLASSIFIED]
Attachments: ACCO - Action M.26.5.1 - 22 June 2018.docx

Hello all.

Attached is the paper on outcomes of My Aged Care Release 12 referred to in Action Item M.26.5.1 of the 22 June 2018 meeting.

Regards,

Don White
Delivery Partner Management Section
Aged Care Access Branch
In Home Care Division
Department of Health
P: [REDACTED]

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Aged and Community Care Officials

Date of Meeting: 22 June 2018

Agenda Item No: 5a

Presenter: Rachel Goddard

Organisation/Department/Branch/Division: Aged Care Access Branch (Department of Health)

TITLE: Outcomes of My Aged Care Release 12

RECOMMENDATIONS

That members **NOTE** the system changes delivered in My Aged Care Release 12

PURPOSE OF THE PAPER

In response to Action **M.26.5.1**: The Commonwealth will provide members with an update on the outcomes of Release 12

UPDATE

My Aged Care Release 12 was successfully delivered on 2 July 2018, and focussed on delivering a number of high priority changes to the My Aged Care system. These enhancements included:

- As a result of the holistic review of the National Screening and Assessment Form (NSAF) by a multi-disciplinary and multi-workforce panel in 2017, a streamlined and more user-friendly National Screening and Assessment Form was introduced for both ACAT and RAS assessors. In addition to the changed form, usability changes were introduced based on sector feedback, including enhancements to support plan, assessment pre-population and printouts.
- The functionality of the myAssessor application was expanded to enable assessors to register clients and conduct full assessments when offline:
 - ACAT and RAS assessors are now able to register clients when online and offline;
 - Assessors are now required to register offline clients when connected, either by linking to an existing client (via a merge process) or registering a new client.
- Enhancements to the match and refer process to improve access to aged care services for clients in remote locations, including:
 - Display of referrer details to assessors when matching and referring for services;
 - Ability for assessors to view service provider search results plotted on a map, as an alternative to list view.
- Changes to the system interactions between Short-Term Restorative Care (STRC) and Transition Care Programme (TCP) approvals to address a number of known issues with STRC and remove system restrictions preventing clients from being approved for both TCP and STRC.
- Changes to improve the reliability of the transfer of information related to client approvals and home care package details to DHS, including enhanced ability for transmission issues to be manually remediated.

- Usability changes to support Aged Care Funding Instrument (ACFI) staff
- Migration of Western Australia Assessment Framework Interface (WAAFI) client data which supported the 1 July 2018 transition from WA Home and Community Care (HACC) program to the Commonwealth Home Support Programme (CHSP).

NEXT STEPS*Nil*

RTI RELEASE

Courtney Butcher-Brown

From: Dawn Schofield
Sent: Monday, 24 September 2018 2:09 PM
To: Bronwyn Nardi
Cc: David Harmer; Patty Byrnes; SDLO; SPPD-Corro; Kyle Fogarty; Jasmina Joldic; Gemma Hodgetts
Subject: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Attachments: 180924 Homecare_and_Allied_Health_Services v2.docx

Importance: High

Categories: Original incoming, Janelle

Hi Bron and David,

Please see attached brief from GCHHS regards Homecare services, which received media attention last night.

Amongst other things, the brief states:

- Federal Government funding for the Home Support Program will cease in June 2020 as part of broader Aged Care reforms.
- Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020; and
- GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.

Please can we get some SDLO advice by COB tomorrow (Tuesday 25 September 2018), if possible, on:

- the accuracy of this advice and, assuming it is correct,
- policy context of the cessation of the HSP including if, when, how the Department/HHSs have been made aware
- impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the HSP directly to clients, and the number of clients affected)
- anything else relevant to this situation.

Happy to negotiate scope and timeframe.

Thanks
Dawn

Dawn Schofield
 Director, Office of the Director-General
 Department of Health
 07 [REDACTED]

From: EXEC SUPPORT
Sent: Monday, 24 September 2018 1:56 PM
To: MD06-GoldCoast-HSD <MD06-GoldCoast-HSD@health.qld.gov.au>
Cc: Dawn Schofield <Dawn.Schofield@health.qld.gov.au>

Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Importance: High

Hi Sue

For your records and tracking purposes, this brief has been registered in RM as C-ECTF-18/8455.

Regards... Mary Delahenty

MESU [REDACTED]

Ministerial and Executive Services Unit
Office of the Director-General
Department of Health
GPO Box 48, Brisbane, QLD, 4001
execsupport@health.qld.gov.au

Mary Delahenty – 3708 5967 / Julianne Hanfling – 3708 5965 / Amanda Dagger – 3708 5963
Felicia McAuliffe – 3708 5966 / Linda Lombard – 3708 5962

From: MD06-GoldCoast-HSD

Sent: Monday, 24 September 2018 1:41 PM

To: EXECUSUPPORT <EXECUSUPPORT@health.qld.gov.au>

Cc: SDLO <SDLO@health.qld.gov.au>; Ron Calvert <Ron.Calvert@health.qld.gov.au>; Sarah Dixon <Sarah.Dixon4@health.qld.gov.au>

Subject: HPRM: C-ECTF-188455 URGENT brief - Homecare Services

Hi ESU

The attached brief is forwarded for urgent action as requested please.

Regards

Sue

Sue Coventry

**Health Service Correspondence Coordinator | People and Engagement
Gold Coast Hospital and Health Service**

Gold Coast University Hospital

'A' Block, Level 4

1 Hospital Boulevard

Southport QLD 4215

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Social: [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#)

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SUBJECT: Delivery of homecare services on the Gold Coast

<input type="checkbox"/> Approved	Signature...../...../..... Date...../...../..... Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Signed (correspondence)	
<input type="checkbox"/> Further information required (see comments)	

ACTION REQUIRED BY as long as Federal Government funding remains available for the Commonwealth Home Support Program.

RECOMMENDATION

It is recommended the Minister:

- **Note** that Gold Coast Hospital and Health Service (GCHHS) will continue to deliver its current homecare services to the community while Federal Government funding for the Commonwealth Home Support Program remains in place.
- **Note** that Federal Government funding for this program will cease in June 2020 as part of broader Aged Care reforms.

ISSUES In 2016 the Australian Government announced a number of Aged Care reforms to improve the delivery of Home Care services to the consumer.

2. These reforms are intended to allow the consumer more choice about the provider/s best suited to deliver in-home support such as shopping, laundry, domestic assistance (e.g. cleaning), personal care (e.g. showering), group activities and allied health services.
3. The reforms have resulted in a proliferation of Non-Government Organisations delivering these mainly non-health related services on the Gold Coast in exchange for a small fee from the consumer.
4. The Client Contribution principles of the Commonwealth Home Support Program state that all clients who can afford to contribute to the cost of their homecare should do so.
5. GCHHS has not been charging consumers a fee for homecare services, as the administrative cost of charging consumers would outweigh the fees generated.
6. GCHHS currently provides homecare services to around 2134 people, which has dropped from a high of approximately 3500.
7. Our client base has reduced as other service providers are delivering a broader range of homecare services to their clients, and consumers are making a choice to have their services provided elsewhere.
8. There are approximately 69.85 FTE employees working for the GCHHS Homecare and Allied Health Service which is made up of both permanent and contract employees.
9. GCHHS will continue to deliver these homecare services as long as Federal Government funding remains available for the Commonwealth Home Support Program.

BACKGROUND

10. The first of the Australian Government aged care reforms, which commenced in February 2017, has seen funding for Home Care Packages provided through a Consumer Directed Care model.
11. This model allows the consumer to choose a provider, or range of providers, that are suited to them, which is generally viewed as a good outcome for consumers.
12. These changes have resulted in significantly increased competition among providers and additional financial reporting and compliance processes.
13. The reforms and changes to funding and service provisions has directly impacted the delivery of service by Gold Coast Health Homecare and Allied Health Services to our cohort of clients.
14. There has been a significant increase of Non-Government Organisations providing aged care services within the Gold Coast area.
15. While Gold Coast Health's program has provided excellent service provision over a long period of time, the current reform process requires flexible service delivery that is able to be adjusted as the consumer's needs change.
16. At the request of the Federal Government Department of Health, GCHHS agreed to phase out the provision of homecare services on the Gold Coast by transitioning these services to other local providers by September 2019.

RESULTS OF CONSULTATION

MINISTERIAL BRIEFING NOTE

17. Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020.
18. Engagement with participating unions around the proposed transition of services to other local providers commenced in August 2018.
19. A letter to staff advising of the proposed changes to commence a period of consultation was sent on 14 September 2018.
20. No consumers of the Homecare and Allied Health Services were formally advised by the health service.

RESOURCE/FINANCIAL IMPLICATIONS

21. In 2017/18 GCHHS was provided with a \$5.413 million Federal Government grant to provide Commonwealth Home Support Services.
22. A portion of this was returned to the Federal Government as we were unable to meet prescribed activity targets due to a decline in new clients.
23. The value of the Federal Government grant to provide Commonwealth Home Support Services in 2018/19 is \$4.635 million.
24. GCHHS subsidises this program with a further \$500,000 annually, essentially covering the clients fee.
25. Gold Coast Health is committed to meeting its obligations under the Employment Security Policy and there would be no forced job losses with the proposed transition of home care services to other local providers.

SENSITIVITIES/RISKS

26. GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.
27. Other health services in South East Queensland have already ceased providing these services to the community.
28. We understand relevant unions may have alerted homecare staff at a local consultative forum about the proposed transition of services prior to formal advice sent from the health service to staff.
29. GCHHS' core business is to deliver excellent health care to the Gold Coast community and we are not able to compete with local NGOs providing more diverse homecare support.

Author Name: Jess Daly Position: Media Manager, Strategic Communications and Engagement Unit: Gold Coast HHS Tel No: [REDACTED] Date Drafted: 24 September 2018	Cleared by (Dir/Snr Dir) Name: Sarah Dixon Position: Executive Director Strategic Communications and Engagement Branch: Gold Coast HHS Tel No: [REDACTED] Date Cleared: 24 September 2018	Content verified by (DDG/CE) Name: Ron Calvert Position: Chief Executive Division: Gold Coast HHS Tel No: [REDACTED] Date Verified: 24 September 2018	Director-General Endorsement Name: Michael Walsh Signed Date/...../.....
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SDLO REQUEST

Strategy, Policy and Planning
Division

DATE: 25 September 2018

SPPD Ref: C-ECTF-18/8461

SUBJECT: **Gold Coast Hospital and Health Service (GCHHS) Ministerial Brief for Noting - Commonwealth Home Support Programme (CHSP)**

RESPONSE

The Queensland Department of Health is currently the Approved Provider under the *Aged Care Act 1997* for State operated aged care services. Aged care services comprise of 16 residential aged care facilities, home care packages (HCP) and flexible care services including transition care services and multipurpose services. The Department of Health is not the Approved Provider for GCHHS Community Home Support Programme (CHSP). GCHHS manages their own CHSP funding agreement and has a direct reporting relationship with the Commonwealth Department of Health.

In summary, the Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth. However, the Commonwealth via a newsletter on 29 August 2018 (Attachment 1), reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020. The Department queries the accuracy of this advice provided by GCHHS.

The GCHHS brief has asked the Minister to note:

- **that Gold Coast Hospital and Health Service (GCHHS) will continue to deliver its current homecare services to the community while Federal Government funding for the Commonwealth Home Support Program remains in place.**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth.

It would be reasonable practice for the GCHHS to communicate with its consumers and staff about the publicly released Australian Government newsletter.

- **that Federal Government funding for the Commonwealth Home Support Program (CHSP) will cease in June 2020 as part of broader Aged Care reforms.**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020, however the GCHHS may have been provided with specific information directly about the ongoing status of services beyond 2020

The brief also states that:

- **Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the CHSP, GCHHS should transition their service to other providers in advance of the cessation of funding in June 2020; and**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth.

The Australian Government's newsletter detailed expectations around client contributions. 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. It is also expected that a minimum of 15 per cent of a service provider's grant revenue will be collected from client contributions. The Queensland Department of Health however is unable to comment on the mechanisms of GCHHS client contribution due to their direct reporting relationship with the Commonwealth.

- **GCHHS is not the only health service that will be winding up the delivery of CHSP to the community when Federal Government funding ends in June 2020.**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020. There will definitely be changes to the aged care program beyond 2020, however currently there are no details on which to assess the impact.

1. SDLO requested advice on: the accuracy of this advice and, assuming it is correct

The Department queries the accuracy of this advice provided by GCHHS. On 29 August 2018, the Commonwealth advised (Attachment 1) that Existing CHSP service providers have been extended to provide services until 30 June 2020. The Commonwealth's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

2. SDLO requested advice on: the policy context of the cessation of the CHSP including if, when, how the Department/HHSs have been made aware

The Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

Policy Reform: On 14 September 2017, the Honourable Ken Wyatt AM MP, tabled the report of the Legislated Review of Aged Care 2017 (the Report), which was developed by Mr David Tune AO PSM. The Report makes 38 recommendations, focusing particularly on aged care; moving towards a

consumer demand driven system; demand and supply; means testing in home and residential care; accommodation payments; the protection of lump sum accommodation payments; access to services; equity of access to care, and workforce.

Recommendation 27 of the Report suggests that the government integrate the Regional Assessment Service (RAS – CHSP) and ACAT (HCP) assessment workforces. Queensland Health supports the development of one assessment service to start the journey into Aged Care so that an assessor can look right across the spectrum of need. In addition, there are currently duplication issues where a RAS assessment occurs and then an ACAT is required. The new structure would need to ensure that there is only one assessment occurring.

There has been no formal advice from the Australian Government to the Queensland Department of Health regarding the discontinuation of the Aged Case Assessment Program (ACAP) or CHSP to date. In addition, the Australian Government are yet to provide a formal response to the Report, including recommendation 27.

3. SDLO requested advice on: the impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the CHSP directly to clients, and the number of clients affected)

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Australian Government. The Queensland Department of Health does not hold data or any detail on the number of HHSs delivering CHSP directly to clients, and the number of clients that would likely be affected by a change in policy or Commonwealth direction that would see the cessation of funding from July 2020.

4. SDLO requested advice on: anything else relevant to this situation.

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth.

BACKGROUND

Commonwealth Home Support Programme (CHSP)

The CHSP provides entry-level home support for frail older people who need assistance to keep living independently. On 1 July 2015, the CHSP commenced. The CHSP consolidated the Commonwealth Home and Community Care (HACC) Program, planned respite from the National Respite for Carers Program, the Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program.

Becoming a CHSP provider

To deliver subsidised services under the CHSP, providers must have a funding agreement with the Commonwealth Department of Health. To become an eligible CHSP provider, an organisation must apply through a growth funding round or advertised selection process such as:

- Direct selection,
- Restricted competitive selection,
- Expressions of Interest, and
- Open competitive selection.

The Australian Government occasionally provides growth funding to supplement various programs. These opportunities are advertised in the media and on the Australian Government Grants Connect website.

Growth funding enables the sector to respond to the evolving needs of CHSP clients and to align with the growth in Australia's population. Growth funding is allocated on the basis of funding priorities as determined by the Australian government.

The Queensland Department of Health does not have a funding agreement with the Australian Government for CHSP. The Department is the approved provider for the Aged Care Assessment Programme (ACAP) which facilitates access to aged care services including home care packages (HCP).

Queensland Aged Care Assessment Programme (ACAP) Establishment

The Queensland Department of Health has a current agreement with the Australian Government that ensures the delivery of comprehensive Aged Care Assessment Team (ACAT) services to eligible people to facilitate access to available care services appropriate to their care needs and enable choice.

The Department acts as a centralised governing body of the ACAP which allocates funding to the 14 ACATs spread across the State's 16 HHSs via service agreements with regular performance reporting as per the service agreement and national requirements. As a centralised governing body the Department further facilitates reporting to the Commonwealth, performance management of ACATs and provides advice and support to local ACATs.

Comments from A/DDG, SPPD

SPL will need to continue to monitor the aged care reforms as they unfold. Bron 25/9

Author: Megan Cole
A/Principal Policy Officer
Strategic Policy and Legislation Branch
[REDACTED]

24 September 2018

Cleared by: David Harmer
(Senior Director) Senior Director
Strategic Policy and Legislation Branch
[REDACTED]

25 September 2018

Cleared by: Bronwyn Nardi
(DDG) A/Deputy Director-General
Strategy, Policy and Planning
[REDACTED]

25 September 2018

RTI RELEASE

Emily Cross

From: Emily Cross
Sent: Monday, 24 September 2018 2:45 PM
To: Bronwyn Nardi; SPL_Corro
Cc: David Harmer; Megan Cole; Belinda Lewis
Subject: RE: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Yes, thanks Bron. Megan is actioning this one now.

Thanks
 Emily

From: Bronwyn Nardi
Sent: Monday, 24 September 2018 2:43 PM
To: SPL_Corro <SPL_Corro@health.qld.gov.au>
Cc: Emily Cross <Emily.Cross@health.qld.gov.au>; David Harmer <David.Harmer2@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Emily
 Is this one for you too?
 Bron

From: Dawn Schofield
Sent: Monday, 24 September 2018 2:09 PM
To: Bronwyn Nardi <Bronwyn.Nardi@health.qld.gov.au>
Cc: David Harmer <David.Harmer2@health.qld.gov.au>; Patty Byrnes <Patty.Byrnes@health.qld.gov.au>; SDLO <SDLO@health.qld.gov.au>; SPPD-Corro <SPPD-Corro@health.qld.gov.au>; Kyle Fogarty <Kyle.Fogarty@health.qld.gov.au>; Jasmina Joldic <Jasmina.Joldic@health.qld.gov.au>; Gemma Hodgetts <Gemma.Hodgetts@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Hi Bron and David,

Please see attached brief from GCHHS regards Homecare services, which received media attention last night.

Amongst other things, the brief states:

- Federal Government funding for the Home Support Program will cease in June 2020 as part of broader Aged Care reforms.
- Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020; and
- GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.

Please can we get some SDLO advice by COB tomorrow (Tuesday 25 September 2018), if possible, on:

- the accuracy of this advice and, assuming it is correct,
- policy context of the cessation of the HSP including if, when, how the Department/HHSs have been made aware
- impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the HSP directly to clients, and the number of clients affected)
- anything else relevant to this situation.

Happy to negotiate scope and timeframe.

Thanks
Dawn

Dawn Schofield
Director, Office of the Director-General
Department of Health
07 [REDACTED]

From: EXECUSUPPORT
Sent: Monday, 24 September 2018 1:56 PM
To: MD06-GoldCoast-HSD <MD06-GoldCoast-HSD@health.qld.gov.au>
Cc: Dawn Schofield <Dawn.Schofield@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Hi Sue

For your records and tracking purposes, this brief has been registered in RM as C-ECTF-18/8455.

Regards... Mary Delahenty
MESU [REDACTED]

Ministerial and Executive Services Unit
Office of the Director-General
Department of Health
GPO Box 48, Brisbane, QLD, 4001
execsupport@health.qld.gov.au

Mary Delahenty – [REDACTED] / Julianne Hanfling – [REDACTED] / Amanda Dagger – [REDACTED]
Felicia McAuliffe – [REDACTED] / Linda Lombard – [REDACTED]

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Cc: SDLO <SDLO@health.qld.gov.au>; Ron Calvert <Ron.Calvert@health.qld.gov.au>; Sarah Dixon <Sarah.Dixon4@health.qld.gov.au>
Subject: HPRM: C-ECTF-188455 URGENT brief - Homecare Services

Hi ESU
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Regards

Sue

Sue Coventry
Health Service Correspondence Coordinator | People and Engagement
Gold Coast Hospital and Health Service

Gold Coast University Hospital
'A' Block, Level 4
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Southport QLD 4215
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RTI RELEASE SE

Emily Cross

From: Megan Cole
Sent: Monday, 24 September 2018 4:08 PM
To: Emily Cross
Cc: Belinda Lewis; David Harmer
Subject: RE: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Importance: High

Hi Emily

Have completed below, sitting with you in RM for approval.

Cheers
Megan

From: Belinda Lewis
Sent: Monday, 24 September 2018 2:52 PM
To: David Harmer <David.Harmer2@health.qld.gov.au>; Emily Cross <Emily.Cross@health.qld.gov.au>; Megan Cole <Megan.Cole2@health.qld.gov.au>
Subject: RE: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

On it.

From: David Harmer
Sent: Monday, 24 September 2018 2:51 PM
To: Belinda Lewis <Belinda.Lewis2@health.qld.gov.au>; Emily Cross <Emily.Cross@health.qld.gov.au>; Megan Cole <Megan.Cole2@health.qld.gov.au>
Subject: Fwd: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

David Harmer
Senior Director, Strategy Policy & Legislation Branch

Begin forwarded message:

From: Dawn Schofield <Dawn.Schofield@health.qld.gov.au>
Date: 24 September 2018 at 2:09:25 pm AEST
To: Bronwyn Nardi <Bronwyn.Nardi@health.qld.gov.au>
Cc: David Harmer <David.Harmer2@health.qld.gov.au>, Patty Byrnes <Patty.Byrnes@health.qld.gov.au>, SDLO <SDLO@health.qld.gov.au>, SPPD-Corro <SPPD-Corro@health.qld.gov.au>, Kyle Fogarty <Kyle.Fogarty@health.qld.gov.au>, Jasmina Joldic <Jasmina.Joldic@health.qld.gov.au>, Gemma Hodgetts <Gemma.Hodgetts@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

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- Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020; and
- GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.

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- the accuracy of this advice and, assuming it is correct,
- policy context of the cessation of the HSP including if, when, how the Department/HHSs have been made aware
- impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the HSP directly to clients, and the number of clients affected)
- anything else relevant to this situation.

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Thanks
Dawn

Dawn Schofield
Director, Office of the Director-General
Department of Health
07 [REDACTED]

From: EXEC SUPPORT
Sent: Monday, 24 September 2018 1:56 PM
To: MD06-GoldCoast-HSD <MD06-GoldCoast-HSD@health.qld.gov.au>
Cc: Dawn Schofield <Dawn.Schofield@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Hi Sue

For your records and tracking purposes, this brief has been registered in RM as C-ECTF-18/8455.

Regards... Mary Delahenty
MESU [REDACTED]

Ministerial and Executive Services Unit
Office of the Director-General
Department of Health
GPO Box 48, Brisbane, QLD, 4001

execsupport@health.qld.gov.au

Mary Delahenty – [REDACTED] / Julianne Hanfling – [REDACTED] / Amanda Dagger – [REDACTED]
Felicia McAuliffe – [REDACTED] / Linda Lombard – [REDACTED]

From: MD06-GoldCoast-HSD

Sent: Monday, 24 September 2018 1:41 PM

To: EXECSUPPORT <EXECSUPPORT@health.qld.gov.au>

Cc: SDLO <SDLO@health.qld.gov.au>; Ron Calvert <Ron.Calvert@health.qld.gov.au>; Sarah Dixon <Sarah.Dixon4@health.qld.gov.au>

Subject: HPRM: C-ECTF-188455 URGENT brief - Homecare Services

Hi ESU

The attached brief is forwarded for urgent action as requested please.

Regards

Sue

Sue Coventry
Health Service Correspondence Coordinator | People and Engagement
Gold Coast Hospital and Health Service

Gold Coast University Hospital
'A' Block, Level 4
1 Hospital Boulevard
Southport QLD 4215
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Social: [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#)

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Belinda Lewis

From: SPL_Corro
Sent: Tuesday, 25 September 2018 2:47 PM
To: SPPD-Corro
Cc: Belinda Lewis; Megan Cole; Patty Byrnes
Subject: Attach 1: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Attachments: CHSP UPDATE FOR SERVICE PROVIDERS (AUGUST 2018) [SEC=UNCLASSIFIED]

Hi Janelle

The document was incorrectly named in 18/8461 – renamed and attached now.

Kind regards, Diane

From: SPPD-Corro
Sent: Tuesday, 25 September 2018 2:29 PM
To: SPL_Corro <SPL_Corro@health.qld.gov.au>
Cc: Megan Cole <Megan.Cole2@health.qld.gov.au>; Patty Byrnes <Patty.Byrnes@health.qld.gov.au>
Subject: FW: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Hi SPL

Could you urgently review the below comments from Dawn Schofield, Director ODG re; obtaining a copy of / link to the 29 August newsletter referred to in the advice.

Appreciate that this request is treated as a priority.

Megan – I understand that you are currently in a Teleconference at the moment about Aged Care. Is there another officer at branch level who could help with this query.

Kind Regards,



Janelle Murray
 A/Correspondence Coordinator
 Strategy, Policy and Planning Division, Department of Health
 p: 07 [REDACTED]
 a: Charlotte Street, Brisbane Q 4000
 w: Queensland Health | e: SPPD-Corro@health.qld.gov.au



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Queensland's health vision | *By 2026 Queenslanders will be among the healthiest people in the world.*

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

From: Dawn Schofield
Sent: Tuesday, 25 September 2018 2:23 PM
To: SPPD-Corro <SPPD-Corro@health.qld.gov.au>; SDLO <SDLO@health.qld.gov.au>
Cc: Patty Byrnes <Patty.Byrnes@health.qld.gov.au>
Subject: RE: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Hi Team,

Just as a follow up query, is it possible to get a copy of/link to the 29 August newsletter referred to in the advice.

Thanks
 Dawn

Dawn Schofield
 Director, Office of the Director-General
 Department of Health
 07 : [REDACTED]

From: SPPD-Corro
Sent: Tuesday, 25 September 2018 1:47 PM
To: SDLO <SDLO@health.qld.gov.au>

Cc: Patty Byrnes <Patty.Byrnes@health.qld.gov.au>; Dawn Schofield <Dawn.Schofield@health.qld.gov.au>

Subject: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Importance: High

Good Afternoon SDLO,

As per the below SDLO request, please find attached SPP DDG response endorsed by Bronwyn Nardi on 25 September.

Kind regards,



Queensland
Government

Linda Battaglia

Correspondence Officer

Office of the Deputy Director-General
Strategy, Policy and Planning Division, **Department of Health**

p: 07 [REDACTED]

a: Level 14, 33 Charlotte Street, Brisbane Q 4000

w: [Queensland Health](http://QueenslandHealth.qld.gov.au) | e: SPPD-Corro@health.qld.gov.au



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From: Dawn Schofield

Sent: Monday, 24 September 2018 2:09 PM

To: Bronwyn Nardi <Bronwyn.Nardi@health.qld.gov.au>

Cc: David Harmer <David.Harmer2@health.qld.gov.au>; Patty Byrnes <Patty.Byrnes@health.qld.gov.au>; SDLO <SDLO@health.qld.gov.au>; SPPD-Corro <SPPD-Corro@health.qld.gov.au>; Kyle Fogarty <Kyle.Fogarty@health.qld.gov.au>; Jasmina Joldic <Jasmina.Joldic@health.qld.gov.au>; Gemma Hodgetts <Gemma.Hodgetts@health.qld.gov.au>

Subject: HPRM: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Importance: High

Hi Bron and David,

Please see attached brief from GCHHS regards Homecare services, which received media attention last night.

Amongst other things, the brief states:

- Federal Government funding for the Home Support Program will cease in June 2020 as part of broader Aged Care reforms.
- Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020; and
- GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.

Please can we get some SDLO advice by COB tomorrow (Tuesday 25 September 2018), if possible, on:

- the accuracy of this advice and, assuming it is correct,
- policy context of the cessation of the HSP including if, when, how the Department/HHSs have been made aware
- impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the HSP directly to clients, and the number of clients affected)
- anything else relevant to this situation.

Happy to negotiate scope and timeframe.

Thanks
Dawn

Dawn Schofield
Director, Office of the Director-General
Department of Health
07 [REDACTED]

From: EXECSUPPORT
Sent: Monday, 24 September 2018 1:56 PM
To: MD06-GoldCoast-HSD <MD06-GoldCoast-HSD@health.qld.gov.au>
Cc: Dawn Schofield <Dawn.Schofield@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Hi Sue

For your records and tracking purposes, this brief has been registered in RM as C-ECTF-18/8455.

Regards... Mary Delahenty

MESU [REDACTED]

Ministerial and Executive Services Unit
Office of the Director-General
Department of Health
GPO Box 48, Brisbane, QLD, 4001
execsupport@health.qld.gov.au

Mary Delahenty – [REDACTED] / Julianne Hanfling – [REDACTED] / Amanda Dagger – [REDACTED]
Felicia McAuliffe – [REDACTED] / Linda Lombard – [REDACTED]

From: MD06-GoldCoast-HSD

Sent: Monday, 24 September 2018 1:41 PM

To: EXEC SUPPORT <EXEC SUPPORT@health.qld.gov.au>

Cc: SDLO <SDLO@health.qld.gov.au>; Ron Calvert <Ron.Calvert@health.qld.gov.au>; Sarah Dixon <Sarah.Dixon4@health.qld.gov.au>

Subject: HPRM: C-ECTF-188455 URGENT brief - Homecare Services

Hi ESU

The attached brief is forwarded for urgent action as requested please.

Regards

Sue

Sue Coventry
Health Service Correspondence Coordinator | People and Engagement
Gold Coast Hospital and Health Service

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Social: [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#)

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RTI RELEASE

Diane Cochran

From: My Aged Care Assessment <MyAgedCare.Assessment@health.gov.au>
Sent: Tuesday, 28 August 2018 5:04 PM
Subject: CHSP UPDATE FOR SERVICE PROVIDERS (AUGUST 2018) [SEC=UNCLASSIFIED]

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Dear RAS and ACAT operational managers,

Please find the latest news bulletin regarding the CHSP update for service providers. We encourage you to distribute this information to your assessment workforce. If you or your workforce wish to receive such news in the future, information on how to subscribe is included in the text box below.

Regards

Judy

Judy Greenwood
Assistant Director
Assessment & Delivery Section| Home Care Branch
In Home Aged Care Division
Department of Health



I acknowledge the traditional custodians of the lands and waters where we live and work, and pay my respects to elders past, present and future.

CHSP UPDATE FOR SERVICE PROVIDERS (AUGUST 2018)

Please find attached the latest email news bulletin sent to Commonwealth Home Support Programme service providers from the Australian Government Department of Health.

This has been sent for your information and reference, as an aged care assessment organisation.

Please [subscribe here](#) to receive future editions of this newsletter directly, as well as other Department of Health email updates about the aged care industry and aged care stakeholders.

[View this email in your browser](#)

CHSP - update for service providers

- [CHSP funding extension and WA HACCC transition](#)
- [New wellness report](#)
- [Clarification of CHSP eligibility criteria](#)
- [Registering existing clients on My Aged Care](#)
- [CHSP funding extension webinar: answering participant questions](#)
- [CHSP acquittals](#)
- [CHSP beyond 2020](#)
- [Data Exchange \(DEX\) news](#)
- [Could short-term restorative care help your clients?](#)
- [Save time by updating your details on My Aged Care](#)

CHSP funding extension and WA HACCC transition

Home and Community Care (HACC) services for older people in Western Australia transitioned to the CHSP from 1 July 2018. WA providers transitioning to the CHSP have been offered a two-year CHSP agreement to 30 June 2020.

The transition of WA HACC services to the CHSP means that all states and territories are now part of the national arrangements for the assessment and delivery of home support services.

All CHSP service providers are encouraged to review the [CHSP Program Manual](#), the [CHSP funding extension webinar](#) and [other funding extension guidance material](#) available on the department's website.

WA providers can find targeted information about the transition including factsheets, checklists and other resources on the [WA HACC transition page](#) of the department's website.

Victorian CHSP service providers will be offered funding extensions effective 1 July 2019 until 30 June 2020. Work is underway to prepare the new funding agreements and they will be emailed directly to providers when they are available.

New wellness report

As part of the two-year extension of the CHSP to 30 June 2020, a greater focus is being placed on activities that support wellness and independence. This includes the requirement for providers to complete a **wellness report** outlining their approaches to embed wellness in their service delivery.

The wellness report will be due on 31 October each year, as specified in your CHSP Grant Agreement. The first report is due on 31 October 2018 and will provide a baseline from which progress on implementing a wellness approach can be measured on an annual basis.

A reporting template will be provided to help you complete the wellness report. The department is finalising the report template. The report is not intended to be burdensome for providers and will not require specific client data. It will seek information on overall service level practices – for example, the percentage of clients receiving short-term episodic or ongoing services.

These reports will help the department to better understand how a wellness approach to service delivery is being implemented by CHSP service providers. The reports will also be used by the department to provide important information on areas where providers might need additional support to embed a wellness approach.

Clarification of CHSP eligibility criteria

Through the CHSP, entry-level home support services are provided to frail older people who need a small amount of assistance to remain independent and continue living at home. The majority of CHSP clients receive small amounts of one to two services. The CHSP is not designed to support clients whose needs exceed entry level care.

Clients with more complex needs should be supported through other aged care programs such as the Home Care Packages Program, specialist aged care programs or the (state/territory-funded) health care system.

For the purpose of the CHSP, **“frail” refers to older people** (people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over) **who have difficulty performing activities of daily living without help due to functional limitations (including cognitive limitations).**

Assessment of frailty for the CHSP is done by the Regional Assessment Service (RAS). The home support assessment is a holistic assessment of a client’s needs that focuses on a client’s level of function; physical and personal health; current support; cognitive capacity and psychosocial circumstances; and home and personal safety.

As part of the assessment process, the RAS also works with the client to establish a support plan that reflects a client’s strengths and abilities, areas of difficulty and functional limitation, and the entry-level support that will best meet their needs and goals and allow them to maintain or increase their independence within their home and in the community.

Registering existing clients on My Aged Care

Under the new 2018-20 CHSP Grant Agreement, CHSP service providers will be required to assist the department to collect data on all existing CHSP clients not registered on My Aged Care. The department is considering a range of options for the data collection process, with the aim of providing the most streamlined and efficient approach for service providers. **Service providers will be informed of the process and timeframe for completing this exercise once these details have been finalised.**

In the interim, providers are not required to refer their existing clients without a My Aged Care client record to My Aged Care for an assessment, unless their care needs have changed.

Where a client’s needs have changed, including where there is a need for a new service type or a significant increase to their existing services, the client must be

referred to My Aged Care for an assessment before any additional services can be provided.

All new clients must also be referred to My Aged Care for an assessment to discuss their aged care needs and have a client record created.

CHSP funding extension webinar: answering participant questions

Thank you to everyone who participated in the [CHSP extension webinar held in May 2018](#). During the live presentation, over 700 participants submitted comments and questions. Many of the questions related to the definition of entry level and frailty and how to register existing clients on My Aged Care. Please refer to the articles on these topics in this newsletter. The other hot topics that viewers wanted more information on are included below. Other topics that were raised will be explored in future newsletters.

Interaction between CHSP and Home Care Packages (HCP)

Information about the circumstances where a HCP client can access CHSP services is detailed in the [Interaction between CHSP and HCP fact sheet](#) on the department's website.

New funding conditions — wellness and reablement reporting requirements

You can find information about the new wellness report in this newsletter. The department is also looking at options to audit up to 10 per cent of service provider's service delivery data on My Aged Care and the Data Exchange. The audit, or stocktake, will be conducted on CHSP service delivery data and performance reporting.

The data to be reviewed includes service delivery data included in My Aged Care client records, assessment and support planning information and Data Exchange performance reporting. The stocktake will review service delivery practices of individual service providers and whether services are assisting clients to meet their independence and wellness-related goals as agreed in their support plans.

It is important that providers ensure that service delivery information is kept up to date in the My Aged Care client records. This will ensure the department can

review this information as part of the audit. Information that will need to be completed in My Aged Care includes the start date of the service, the volume and frequency of services and the service end date (where this is applicable). This audit, or stocktake, is not a deliverable milestone in the Activity Work Plan. For more information, please go to Chapter 2 in the [CHSP Program Manual 2018](#).

Flexibility provision

There is still some confusion in the sector regarding how the flexibility provision can be applied. The flexibility provision provides a flexible approach to ensuring compliance with contractual performance reporting requirements under the CHSP Grant Agreement whilst enabling service providers to meet short-term changes in the demand for services.

When there is demonstrated need (based on My Aged Care referral requests), CHSP service providers may use **up to 20 percent of their existing funding in a particular service type** (e.g. meals) to deliver more services under another service type (e.g. transport) **within the same CHSP sub-program**. The provider must already be funded to deliver both of these service types under their CHSP Grant Agreement.

The flexibility provision can only be used within the Community and Home Support sub-program and the Care Relationships and Carer Support sub-program. The flexibility provision can only be applied between service types for services delivered within the same Aged Care Planning Region.

Under the flexibility provision, service providers may deliver additional services under another service type they are currently funded for provided they can demonstrate they are delivering value for money and there is client demand for these services. Delivery of these outputs can be recorded in the Data Exchange and should not require any change to the service provider's CHSP Grant Agreement.

Providers are expected to deliver their contracted outputs as per their CHSP Activity Work Plan. Further information on the flexibility provision is provided under Chapter 6 of the [CHSP Program Manual 2018](#).

Expectations around client contributions

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. It is also expected that a minimum of 15 per cent of a service provider's grant revenue will be collected from client contributions. Additional information to support providers will be available shortly.

CHSP acquittals

Don't forget that for all jurisdictions except Victoria, it is the end of the 2015-18 Grant Agreement and all unspent funds identified through the acquittal process must be returned to the department. **The due date for acquittal declarations is 31 October 2018.** Financial acquittal declaration templates will be issued in the near future.

Victorian CHSP service providers have a further 12 month carry-over period for all unspent funds.

CHSP beyond 2020

Existing CHSP service providers have been extended to provide services until 30 June 2020.

No decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

Data Exchange (DEX) news

Western Australian organisations transitioned to CHSP from 1 July 2018

Western Australian organisations that transitioned to the CHSP from 1 July 2018 can begin to report in the Data Exchange for the 1 July 2018 to 30 December 2018 reporting period. Data can be entered anytime during the six-monthly period but must be completed or submitted within 30 days after the reporting period ends.

[Appendix B](#) of the Data Exchange Protocols provides guidance on entering data into the Data Exchange which can be found on the Data Exchange website.

Prior to reporting in the Data Exchange, new CHSP organisations will need to hold a current AUSkey, determine your method of entering data, set-up Data Exchange access and set-up outlets and users. Guidance to support users on Data

Exchange set-up can be found on the Data Exchange website via the [Training Resources](#) tab.

Revised guidance documents

The Data Exchange has recently released updated versions of the “Service type matrix” (Appendix A) and “Program activity guidance” (Appendix B). Both documents are now available on the Data Exchange website via the [Policy/Guidance](#) tab.

Changes include the addition of new program activities including *Try, Test and Learn* and the addition or removal of service types for some activities. It is important for organisations to regularly check this document as it may have changed since the last time you viewed it.

More information

- For access to the Data Exchange and technical assistance contact dssdataexchange.helpdesk@dss.gov.au or phone 1800 020 283 between 8.30 am and 5.30 pm (AEDT) Monday to Friday.
- For help with reporting CHSP services in the Data Exchange contact your Grant Agreement Manager.
- For more information visit the [Data Exchange website](#).
- You can also [subscribe](#) to the Data Exchange mailing list to receive general updates and system notifications.

Could short-term restorative care help your clients?

Do you have any clients who need some short-term help getting back on their feet?

Short-term restorative care (STRC) provides a range of care and services for up to eight weeks to help prevent or reduce difficulties older people are having with completing everyday tasks. It aims to improve wellbeing and independence to help them continue living in their own home and can be accessed twice in any 12-month period.

To determine whether a person is eligible for STRC, the person must be assessed by an Aged Care Assessment Team (ACAT). Key features of the eligibility criteria for STRC include that the person must be experiencing functional decline to such

an extent that they are at risk of losing independence and it is likely that without STRC the person will require home care, residential care or flexible care provided through a multi-purpose service. Additionally, they must not, at any time during the three months before the date of assessment, have been hospitalised for a condition related to the functional decline which would be the focus of that episode of STRC.

CHSP providers may be in an ideal position to notice when a client could benefit from a referral to an ACAT for an STRC episode. If you would like more information on STRC, the [STRC Programme Manual](#) is a resource for approved providers of STRC to assist their understanding of the policy context and operational requirements for delivery of STRC. The '[Your guide to short-term restorative care](#)' booklet has been designed for older Australians, their families and carers to guide them through the process of accessing short-term restorative care.

If you feel that a client could benefit from short-term restorative care, please encourage them to contact My Aged Care for a referral to an ACAT.

Save time and avoid client frustration by updating your details on My Aged Care

Feedback from client surveys and stakeholders indicates that providers are not keeping information up to date in the My Aged Care service provider portal.

It's extremely important to do this to prevent clients being frustrated and to avoid client referrals flowing through to you when you are not in a position to accept them. To update your organisation's details, go to the [updating service provider details](#) page on My Aged Care.

More information

The department encourages **all** staff working within CHSP service provider organisations to [subscribe](#) to receive these notices. This is a great way to stay up to date with what is happening in the CHSP program and aged care more broadly.

Notifications are also published on the [announcements page](#) of the department's website.

Department of Health

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If you are not already receiving these messages for the aged care sector, you can subscribe at agedcare.health.gov.au/AgedCareUpdates

If you are unsubscribing from this service and you're a provider of aged care services (funded under the *Commonwealth Aged Care Act 1997* or via a CHSP grant agreement), the department requests that you supply an alternate email address, for example a group mailbox, to continue receiving important information for your organisation.

Do you need to update your contact details?

You can [update your subscription preferences](#) in MailChimp and change your email address or organisation type. If you have problems updating your information, email aacei@health.gov.au for help.

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From: [MD06-GoldCoast-HSD](#)
To: [Dawn Schofield](#)
Cc: [Jasmina Joldic](#); [Gemma Hodgetts](#); [Jess Daly](#); [Sarah Dixon](#)
Subject: Gold Coast HHS updated BRIEF - MIN BN - Homecare and Allied Health Services
Date: Tuesday, 25 September 2018 4:37:35 PM
Attachments: [BRIEF - MIN BN - Homecare and Allied Health Services - updated.docx](#)

Good afternoon Dawn
The updated brief is attached as requested.

Regard
Sue

Sue Coventry
Health Service Correspondence Coordinator | People and Engagement
Gold Coast Hospital and Health Service

Gold Coast University Hospital
 'A' Block, Level 4
 1 Hospital Boulevard
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From: Dawn Schofield
Sent: Tuesday, 25 September 2018 12:46 PM
To: Jess Daly <Jess.Daly@health.qld.gov.au>
Cc: Jasmina Joldic <Jasmina.Joldic@health.qld.gov.au>; Gemma Hodgetts <Gemma.Hodgetts@health.qld.gov.au>; MD06-GoldCoast-HSD <MD06-GoldCoast-HSD@health.qld.gov.au>
Subject: BRIEF - MIN BN - Homecare and Allied Health Services

Hi Jess,

Thanks for taking my call while you were getting your lunch.

As discussed, I'm hoping you may be able to assist in sourcing some greater specificity around dot points 16 and 17 in the brief.

We are keen to know:

Para 16 - When the Federal Government requested GCHHS phase out the service – when, how and who.

Para 17 - When the Federal Government advised GCHHS doesn't comply with the Client Contribution principles and as such should transition services in advance of funding cessation – when, how and who.

I appreciate it might be a rough date and may have been advised verbally. In terms of who,

please don't feel you have to provide a name of the person, rather just their position and just seeking to confirm it was someone from the Commonwealth Department of Health, not someone from the GC PHN?

Essentially, I'm trying to be clear on what appear to be two related but separate issues:

1. cessation of funding in 2020
2. "non-compliance" with the client contribution principles.

Thanks very much for your help.

Kind Regards
Dawn

Dawn Schofield
Director, Office of the Director-General
Department of Health
07 [REDACTED]

RTI RELEASE

Queensland Health
MINISTERIAL BRIEFING NOTE

C-ECTF-18/8455
 Gold Coast HHS

SUBJECT: Delivery of homecare services on the Gold Coast

<input type="checkbox"/>	Approved	Signature..... Date...../...../..... Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:
<input type="checkbox"/>	Not approved	
<input type="checkbox"/>	Noted	
<input type="checkbox"/>	Signed (correspondence)	
<input type="checkbox"/>	Further information required (see comments)	

ACTION REQUIRED BY Wednesday, 26 September 2018 – to allow the Health Service to write to consumers and staff to assure them that the current homecare service will remain in place as long as Federal Government funding remains available for the Commonwealth Home Support Program.

RECOMMENDATION

It is recommended the Minister:

- **Note** that Gold Coast Hospital and Health Service (GCHHS) will continue to deliver its current homecare services to the community while Federal Government funding for the Commonwealth Home Support Program remains in place.
- **Note** that the GCHHS service agreement with the Federal Government to deliver the Commonwealth Home Support Program ends is finalised on 30 June 2020 at which time the funding for this program has been extended for up to two years to 30 June 2020; however, the continuation of this program is anticipated to be considered as part of broader Aged Care reforms.

ISSUES In 2016, the Australian Government announced a number of Aged Care reforms to improve the delivery of Home Care services to the consumer.

2. These reforms are intended to allow the consumer more choice about the provider/s best suited to deliver in-home support such as shopping, laundry, domestic assistance (for example, cleaning), personal care (for example, showering), group activities and allied health services.
3. The reforms have resulted in a proliferation of Non-Government Organisations delivering these mainly non-health related services on the Gold Coast in exchange for a small fee from the consumer.
4. The Client Contribution principles of the Commonwealth Home Support Program state that all clients who can afford to contribute to the cost of their homecare should do so.
5. GCHHS has not been charging consumers a fee for homecare services, as the administrative cost of charging consumers would outweigh the fees generated.
6. GCHHS currently provides homecare services to around 2,134 people, which has dropped from a high of approximately 3,500.
7. Our client base has reduced as other service providers are delivering a broader range of homecare services to their clients, and consumers are making a choice to have their services provided elsewhere.
8. There are approximately 69.85 FTE employees working for the GCHHS Homecare and Allied Health Service which is made up of both permanent and contract employees.
9. GCHHS will continue to deliver these homecare services as long as Federal Government funding remains available for the Commonwealth Home Support Program.

BACKGROUND

10. The first of the Australian Government aged care reforms, which commenced in February 2017, has seen funding for Home Care Packages provided through a Consumer Directed Care model.
11. This model allows the consumer to choose a provider, or range of providers, that are suited to them, which is generally viewed as a good outcome for consumers.
12. These changes have resulted in significantly increased competition among providers and additional financial reporting and compliance processes.
13. The reforms and changes to funding and service provisions has directly impacted the delivery of service by Gold Coast Health Homecare and Allied Health Services to our cohort of clients.
14. There has been a significant increase of Non-Government Organisations providing aged care services within the Gold Coast area.
15. While GCHHS's program has provided excellent service provision over a long period of time, the current reform process requires flexible service delivery that is able to be adjusted as the consumer's needs change.
16. [Since the introduction of the Commonwealth Government Aged Care reforms, the GCHHS has had ongoing conversations with the Assistant Director, Community Grants Hub, Health Program Management in the Commonwealth Department of Health about transitioning our homecare services to alternative local](#)

Queensland Health

C-ECTF-18/8455

MINISTERIAL BRIEFING NOTE

Gold Coast HHS

providers by September 2019, which are better placed to comply with the Client Contribution principles. At the request of the Federal Government Department of Health, GCHHS agreed to phase out the provision of homecare services on the Gold Coast by transitioning these services to other local providers by September 2019.

RESULTS OF CONSULTATION

17. GCHHS reports on our compliance with the Client Contribution principles as part of monthly reporting to the Commonwealth Department of Health, with this reporting followed up verbally.
- 17-18. and aAs recently as 24 September 2018, the Assistant Director, Community Grants Hub, Health Program Management in the Commonwealth Department of Health verbally advised that the health service we needs to adhere to the terms of the agreement in relation to the Client Contribution framework. Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020.
- 18-19. Engagement with participating unions around the proposed transition of services to other local providers commenced in August 2018.
- 19-20. A letter to staff advising of the proposed changes to commence a period of consultation was sent on 14 September 2018.
- 20-21. No consumers of the Homecare and Allied Health Services were formally advised by the health service.

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RESOURCE/FINANCIAL IMPLICATIONS

- 24-22. In 2017/18 GCHHS was provided with a \$5.413 million Federal Government grant to provide Commonwealth Home Support Services.
- 22-23. A portion of this was returned to the Federal Government as we were unable to meet prescribed activity targets due to a decline in new clients.
- 23-24. The value of the Federal Government grant to provide Commonwealth Home Support Services in 2018/19 is \$4.635 million.
- 24-25. GCHHS subsidises this program with a further \$500,000 annually, essentially covering the clients fee.
- 25-26. Gold Coast Health is committed to meeting its obligations under the Employment Security Policy and there would be no forced job losses with the proposed transition of home care services to other local providers.

SENSITIVITIES/RISKS

- 26-27. GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.
- 27-28. Other health services in South East Queensland have already ceased providing these services to the community.
- 28-29. We understand relevant unions may have alerted homecare staff at a local consultative forum about the proposed transition of services prior to formal advice sent from the health service to staff.
- 29-30. GCHHS' core business is to deliver excellent health care to the Gold Coast community and we are not able to compete with local NGOs providing more diverse homecare support.

Queensland Health
MINISTERIAL BRIEFING NOTE

C-ECTF-18/8455
Gold Coast HHS

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Director-General Endorsement
Name: Jess Daly Position: Media Manager, Strategic Communications and Engagement Unit: Gold Coast HHS Tel No: [REDACTED] Date Drafted: 25 ⁴ September 2018	Name: Sarah Dixon Position: Executive Director Strategic Communications and Engagement Branch: Gold Coast HHS Tel No: [REDACTED] Date Cleared: 24 ⁵ September 2018	Name: Ron Calvert Position: Chief Executive Division: Gold Coast HHS Tel No: [REDACTED] Date Verified: 24 ⁵ September 2018	Name: Michael Walsh Signed Date/...../.....

RTI RELEASED

From: [Barbara Phillips](#)
To: [Dawn Schofield](#)
Cc: [Trish Nielsen](#); [SDLO](#); [Jasmina Joldic](#); [Gemma Hodgetts](#)
Subject: Re: 18/8455-002 : BRIEF - MIN BN - Homecare and Allied Health Services
Date: Tuesday, 25 September 2018 5:25:03 PM

Hi Dawn

Approved please progress with electronic signature

Yes re other HHS would be good to discuss with Robert and Jasmina can you highlight with them please

thanks

Sent from my iPad

On 25 Sep 2018, at 5:02 pm, Dawn Schofield <Dawn.Schofield@health.qld.gov.au> wrote:

Hi Barb,

We're nearly there with briefs for the Minister.

Please see attached updated Brief from Gold Coast re Homecare services for your clearance.

The brief clarifies that:

- 1) it is the GCHHS contract with the Commonwealth ends on 30 June 2020 and that the Commonwealth is yet to make a decision about funding for the program beyond this date.
- 2) that the Commonwealth routinely raises concerns that the GCHHS is not adhering to the program principle of client co-contribution.

I have softened the GCHHSs statements in relation to what other HHSs may have (or have not) done. It may be worth SDLO asking each HHS if they have (or had) a contract with the Feds to deliver this program.

If you approve, we will use your electronic signature and progress to Mins Office

Thanks
Dawn

Dawn Schofield
Director, Office of the Director-General
Department of Health
07 [REDACTED]

<BRIEF - MIN BN - Homecare and Allied Health Services.DOCX>

SUBJECT: Delivery of homecare services on the Gold Coast

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input checked="" type="checkbox"/> Noted <input type="checkbox"/> Signed (correspondence) <input type="checkbox"/> Further information required (see comments)	<div style="text-align: right;">  Signature Date 26/09/2018 </div> <p>Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services</p> <p>Comments:</p>
---	--

ACTION REQUIRED BY Wednesday, 26 September 2018 – to allow the Health Service to write to consumers and staff to assure them that the current homecare service will remain in place as long as Federal Government funding remains available for the Commonwealth Home Support Program.

RECOMMENDATION

It is recommended the Minister:

- **Note** that Gold Coast Hospital and Health Service (GCHHS) will continue to deliver its current homecare services to the community while Federal Government funding for the Commonwealth Home Support Program remains in place.
- **Note** that the GCHHS service agreement with the Federal Government to deliver the Commonwealth Home Support Program ends on 30 June 2020, at which time the continuation of this program is anticipated to be considered as part of broader Aged Care reforms.

ISSUES In 2016, the Australian Government announced a number of Aged Care reforms to improve the delivery of Home Care services to the consumer.

2. These reforms are intended to allow the consumer more choice about the provider/s best suited to deliver in-home support such as shopping, laundry, domestic assistance (for example, cleaning), personal care (for example, showering), group activities and allied health services.
3. The reforms have resulted in a proliferation of Non-Government Organisations delivering these mainly non-health related services on the Gold Coast in exchange for a small fee from the consumer.
4. The Client Contribution principles of the Commonwealth Home Support Program state that all clients who can afford to contribute to the cost of their homecare should do so.
5. GCHHS has not been charging consumers a fee for homecare services, as the administrative cost of charging consumers would outweigh the fees generated.
6. GCHHS currently provides homecare services to around 2,134 people, which has dropped from a high of approximately 3,500.
7. Our client base has reduced as other service providers are delivering a broader range of homecare services to their clients, and consumers are making a choice to have their services provided elsewhere.
8. There are approximately 69.85 FTE employees working for the GCHHS Homecare and Allied Health Service which is made up of both permanent and contract employees.
9. GCHHS will continue to deliver these homecare services as long as Federal Government funding remains available for the Commonwealth Home Support Program.

BACKGROUND

10. The first of the Australian Government aged care reforms, which commenced in February 2017, has seen funding for Home Care Packages provided through a Consumer Directed Care model.
11. This model allows the consumer to choose a provider, or range of providers, that are suited to them, which is generally viewed as a good outcome for consumers.
12. These changes have resulted in significantly increased competition among providers and additional financial reporting and compliance processes.
13. The reforms and changes to funding and service provisions has directly impacted the delivery of service by Gold Coast Health Homecare and Allied Health Services to our cohort of clients.
14. There has been a significant increase of Non-Government Organisations providing aged care services within the Gold Coast area.
15. While GCHHS's program has provided excellent service provision over a long period of time, the current reform process requires flexible service delivery that is able to be adjusted as the consumer's needs change.

16. Since the introduction of the Commonwealth Government Aged Care reforms, the GCHHS has had ongoing conversations with the Assistant Director, Community Grants Hub, Health Program Management in the Commonwealth Department of Health about transitioning our homecare services to alternative local providers by September 2019, which are better placed to comply with the Client Contribution principles..

RESULTS OF CONSULTATION

17. GCHHS reports on compliance with the Client Contribution principles as part of monthly reporting to the Commonwealth Department of Health, with this reporting followed up verbally.
18. As recently as 24 September 2018, the Assistant Director, Community Grants Hub, Health Program Management in the Commonwealth Department of Health verbally advised that the health service needs to adhere to the terms of the agreement in relation to the Client Contribution framework.
19. Engagement with participating unions around the proposed transition of services to other local providers commenced in August 2018.
20. A letter to staff advising of the proposed changes to commence a period of consultation was sent on 14 September 2018.
21. No consumers of the Homecare and Allied Health Services were formally advised by the health service.

RESOURCE/FINANCIAL IMPLICATIONS

22. In 2017/18 GCHHS was provided with a \$5.413 million Federal Government grant to provide Commonwealth Home Support Services.
23. A portion of this was returned to the Federal Government as we were unable to meet prescribed activity targets due to a decline in new clients.
24. The value of the Federal Government grant to provide Commonwealth Home Support Services in 2018/19 is \$4.635 million.
25. GCHHS subsidises this program with a further \$500,000 annually, essentially covering the clients fee.
26. Gold Coast Health is committed to meeting its obligations under the Employment Security Policy and there would be no forced job losses with the proposed transition of home care services to other local providers.

SENSITIVITIES/RISKS

27. Other Hospitals and Health Services delivering this program will also be affected by decisions made by the Federal Government in relation to funding of this program.
28. We understand relevant unions may have alerted homecare staff at a local consultative forum about the proposed transition of services prior to formal advice sent from the health service to staff.
29. GCHHS' core business is to deliver excellent health care to the Gold Coast community and we are not able to compete with local NGOs providing more diverse homecare support.

Author Name: Jess Daly Position: Media Manager, Strategic Communications and Engagement Unit: Gold Coast HHS Tel No: [REDACTED] Date Drafted: 25 September 2018	Cleared by (Dir/Snr Dir) Name: Sarah Dixon Position: Executive Director Strategic Communications and Engagement Branch: Gold Coast HHS Tel No: [REDACTED] Date Cleared: 25 September 2018	Content verified by (DDG/CE) Name: Ron Calvert Position: Chief Executive Division: Gold Coast HHS Tel No: [REDACTED] Date Verified: 25 September 2018	A/Director-General Endorsement Name: Barbara Phillips Signed  Date 25/09/2018
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SDLO REQUEST

Strategy, Policy and Planning
Division

DATE: 25 September 2018

SPPD Ref: C-ECTF-18/8461

SUBJECT: Gold Coast Hospital and Health Service (GCHHS) Ministerial Brief for Noting - Commonwealth Home Support Programme (CHSP)

RESPONSE

The Queensland Department of Health is currently the Approved Provider under the *Aged Care Act 1997* for State operated aged care services. Aged care services comprise of 16 residential aged care facilities, home care packages (HCP) and flexible care services including transition care services and multipurpose services. The Department of Health is not the Approved Provider for GCHHS Community Home Support Programme (CHSP). GCHHS manages their own CHSP funding agreement and has a direct reporting relationship with the Commonwealth Department of Health.

In summary, the Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth. However, the Commonwealth via a newsletter on 29 August 2018 (Attachment 1), reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020. The Department queries the accuracy of this advice provided by GCHHS.

The GCHHS brief has asked the Minister to note:

- **that Gold Coast Hospital and Health Service (GCHHS) will continue to deliver its current homecare services to the community while Federal Government funding for the Commonwealth Home Support Program remains in place.**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth.

It would be reasonable practice for the GCHHS to communicate with its consumers and staff about the publicly released Australian Government newsletter.

- **that Federal Government funding for the Commonwealth Home Support Program (CHSP) will cease in June 2020 as part of broader Aged Care reforms.**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020, however the

GCHHS may have been provided with specific information directly about the ongoing status of services beyond 2020

The brief also states that:

- **Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the CHSP, GCHHS should transition their service to other providers in advance of the cessation of funding in June 2020; and**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth.

The Australian Government's newsletter detailed expectations around client contributions. 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. It is also expected that a minimum of 15 per cent of a service provider's grant revenue will be collected from client contributions. The Queensland Department of Health however is unable to comment on the mechanisms of GCHHS client contribution due to their direct reporting relationship with the Commonwealth.

- **GCHHS is not the only health service that will be winding up the delivery of CHSP to the community when Federal Government funding ends in June 2020.**

Departmental response:

On 29 August 2018, the Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020. There will definitely be changes to the aged care program beyond 2020, however currently there are no details on which to assess the impact.

1. SDLO requested advice on: the accuracy of this advice and, assuming it is correct

The Department queries the accuracy of this advice provided by GCHHS. On 29 August 2018, the Commonwealth advised (Attachment 1) that Existing CHSP service providers have been extended to provide services until 30 June 2020. The Commonwealth's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

2. SDLO requested advice on: the policy context of the cessation of the CHSP including if, when, how the Department/HHSs have been made aware

The Australian Government's newsletter reiterated that no decisions have been made about future program or funding arrangements for the CHSP beyond 30 June 2020.

Policy Reform: On 14 September 2017, the Honourable Ken Wyatt AM MP, tabled the report of the Legislated Review of Aged Care 2017 (the Report), which was developed by Mr David Tune AO PSM.

The Report makes 38 recommendations, focusing particularly on aged care; moving towards a consumer demand driven system; demand and supply; means testing in home and residential care; accommodation payments; the protection of lump sum accommodation payments; access to services; equity of access to care, and workforce.

Recommendation 27 of the Report suggests that the government integrate the Regional Assessment Service (RAS – CHSP) and ACAT (HCP) assessment workforces. Queensland Health supports the development of one assessment service to start the journey into Aged Care so that an assessor can look right across the spectrum of need. In addition, there are currently duplication issues where a RAS assessment occurs and then an ACAT is required. The new structure would need to ensure that there is only one assessment occurring.

There has been no formal advice from the Australian Government to the Queensland Department of Health regarding the discontinuation of the Aged Case Assessment Program (ACAP) or CHSP to date. In addition, the Australian Government are yet to provide a formal response to the Report, including recommendation 27.

3. SDLO requested advice on: the impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the CHSP directly to clients, and the number of clients affected)

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Australian Government. The Queensland Department of Health does not hold data or any detail on the number of HHSs delivering CHSP directly to clients, and the number of clients that would likely be affected by a change in policy or Commonwealth direction that would see the cessation of funding from July 2020.

4. SDLO requested advice on: anything else relevant to this situation.

The Queensland Department of Health is unable to comment on the detail of the information provided by GCHHS due to their direct reporting relationship with the Commonwealth.

BACKGROUND

Commonwealth Home Support Programme (CHSP)

The CHSP provides entry-level home support for frail older people who need assistance to keep living independently. On 1 July 2015, the CHSP commenced. The CHSP consolidated the Commonwealth Home and Community Care (HACC) Program, planned respite from the National Respite for Carers Program, the Day Therapy Centres Program and the Assistance with Care and Housing for the Aged Program.

Becoming a CHSP provider

To deliver subsidised services under the CHSP, providers must have a funding agreement with the Commonwealth Department of Health. To become an eligible CHSP provider, an organisation must apply through a growth funding round or advertised selection process such as:

- Direct selection,
- Restricted competitive selection,
- Expressions of Interest, and
- Open competitive selection.

The Australian Government occasionally provides growth funding to supplement various programs. These opportunities are advertised in the media and on the Australian Government Grants Connect website.

Growth funding enables the sector to respond to the evolving needs of CHSP clients and to align with the growth in Australia's population. Growth funding is allocated on the basis of funding priorities as determined by the Australian government.

The Queensland Department of Health does not have a funding agreement with the Australian Government for CHSP. The Department is the approved provider for the Aged Care Assessment Programme (ACAP) which facilitates access to aged care services including home care packages (HCP).

Queensland Aged Care Assessment Programme (ACAP) Establishment

The Queensland Department of Health has a current agreement with the Australian Government that ensures the delivery of comprehensive Aged Care Assessment Team (ACAT) services to eligible people to facilitate access to available care services appropriate to their care needs and enable choice.

The Department acts as a centralised governing body of the ACAP which allocates funding to the 14 ACATs spread across the State's 16 HHSs via service agreements with regular performance reporting as per the service agreement and national requirements. As a centralised governing body the Department further facilitates reporting to the Commonwealth, performance management of ACATs and provides advice and support to local ACATs.

Comments from A/DDG, SPPD

SPL will need to continue to monitor the aged care reforms as they unfold. Bron 25/9

Author: Megan Cole
A/Principal Policy Officer
Strategic Policy and Legislation Branch
[REDACTED]

24 September 2018

Cleared by: David Harmer
(Senior Director) Senior Director
Strategic Policy and Legislation Branch
[REDACTED]

25 September 2018

Cleared by: Bronwyn Nardi
(DDG) A/Deputy Director-General
Strategy, Policy and Planning
[REDACTED]

25 September 2018

RTI RELEASE

Emily Cross

From: Emily Cross
Sent: Tuesday, 25 September 2018 8:03 PM
To: Belinda Lewis
Subject: RE: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Do you know if this was sorted?

From: SPL_Corro
Sent: Tuesday, 25 September 2018 2:37 PM
To: Emily Cross <Emily.Cross@health.qld.gov.au>
Cc: Megan Cole <Megan.Cole2@health.qld.gov.au>
Subject: FW: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Hi Emily

Are you able to assist at all?

Thanks! Di

From: SPPD-Corro
Sent: Tuesday, 25 September 2018 2:29 PM
To: SPL_Corro <SPL_Corro@health.qld.gov.au>
Cc: Megan Cole <Megan.Cole2@health.qld.gov.au>; Patty Byrnes <Patty.Byrnes@health.qld.gov.au>
Subject: FW: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Hi SPL

Could you urgently review the below comments from Dawn Schofield, Director ODG re; obtaining a copy of / link to the 29 August newsletter referred to in the advice.

Appreciate that this request is treated as a priority.

Megan – I understand that you are currently in a Teleconference at the moment about Aged Care. Is there another officer at branch level who could help with this query.

Kind Regards,



Janelle Murray
 A/Correspondence Coordinator
 Strategy, Policy and Planning Division, Department of Health
 p: 07 [REDACTED]
 a: Charlotte Street, Brisbane Q 4000
 w: Queensland Health | e: SPPD-Corro@health.qld.gov.au



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From: Dawn Schofield
Sent: Tuesday, 25 September 2018 2:23 PM
To: SPPD-Corro <SPPD-Corro@health.qld.gov.au>; SDLO <SDLO@health.qld.gov.au>
Cc: Patty Byrnes <Patty.Byrnes@health.qld.gov.au>
Subject: RE: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services

Hi Team,

Just as a follow up query, is it possible to get a copy of/link to the 29 August newsletter referred to in the advice.

Thanks
 Dawn

Dawn Schofield
 Director, Office of the Director-General
 Department of Health
 07 [REDACTED]

From: SPPD-Corro
Sent: Tuesday, 25 September 2018 1:47 PM
To: SDLO <SDLO@health.qld.gov.au>
Cc: Patty Byrnes <Patty.Byrnes@health.qld.gov.au>; Dawn Schofield <Dawn.Schofield@health.qld.gov.au>
Subject: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Good Afternoon SDLO,

As per the below SDLO request, please find attached SPP DDG response endorsed by Bronwyn Nardi on 25 September.

Kind regards,



Linda Battaglia

Correspondence Officer
 Office of the Deputy Director-General
 Strategy, Policy and Planning Division, Department of Health
 p: 07 [REDACTED]
 a: Level 14, 33 Charlotte Street, Brisbane Q 4000
 w: Queensland Health | e: SPPD-Corro@health.qld.gov.au



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From: Dawn Schofield
Sent: Monday, 24 September 2018 2:09 PM
To: Bronwyn Nardi <Bronwyn.Nardi@health.qld.gov.au>
Cc: David Harmer <David.Harmer2@health.qld.gov.au>; Patty Byrnes <Patty.Byrnes@health.qld.gov.au>; SDLO <SDLO@health.qld.gov.au>; SPPD-Corro <SPPD-Corro@health.qld.gov.au>; Kyle Fogarty <Kyle.Fogarty@health.qld.gov.au>; Jasmina Joldic <Jasmina.Joldic@health.qld.gov.au>; Gemma Hodgetts <Gemma.Hodgetts@health.qld.gov.au>
Subject: HPRM: 18-2416 FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Hi Bron and David,

Please see attached brief from GCHHS regards Homecare services, which received media attention last night.

Amongst other things, the brief states:

- Federal Government funding for the Home Support Program will cease in June 2020 as part of broader Aged Care reforms.
- Federal Government Department of Health has advised that as GCHHS does not comply with the Client Contribution principles of the Commonwealth Home Support Program, we should transition our service to other providers in advance of the cessation of funding in June 2020; and
- GCHHS is not the only health service that will be winding up the delivery of homecare services to the community when Federal Government funding ends in June 2020.

Please can we get some SDLO advice by COB tomorrow (Tuesday 25 September 2018), if possible, on:

- the accuracy of this advice and, assuming it is correct,
- policy context of the cessation of the HSP including if, when, how the Department/HHSs have been made aware
- impact of this across Qld HHSs (including, if you have the detail the number of HHSs delivering the HSP directly to clients, and the number of clients affected)
- anything else relevant to this situation.

Happy to negotiate scope and timeframe.

Thanks
Dawn

Dawn Schofield
 Director, Office of the Director-General
 Department of Health
 07 [REDACTED]

From: EXEC SUPPORT
Sent: Monday, 24 September 2018 1:56 PM

To: MD06-GoldCoast-HSD <MD06-GoldCoast-HSD@health.qld.gov.au>
Cc: Dawn Schofield <Dawn.Schofield@health.qld.gov.au>
Subject: FW: HPRM: C-ECTF-18/8455 URGENT brief - Homecare Services
Importance: High

Hi Sue

For your records and tracking purposes, this brief has been registered in RM as C-ECTF-18/8455.

Regards... Mary Delahenty
 MESU [REDACTED]

Ministerial and Executive Services Unit
 Office of the Director-General
 Department of Health
 GPO Box 48, Brisbane, QLD, 4001
execsupport@health.qld.gov.au

Mary Delahenty – [REDACTED] / Julianne Hanfling – [REDACTED] / Amanda Dagger – [REDACTED]
 Felicia McAuliffe – [REDACTED] / Linda Lombard – [REDACTED]

From: MD06-GoldCoast-HSD
Sent: Monday, 24 September 2018 1:41 PM
To: EXECUSUPPORT <EXECUSUPPORT@health.qld.gov.au>
Cc: SDLO <SDLO@health.qld.gov.au>; Ron Calvert <Ron.Calvert@health.qld.gov.au>; Sarah Dixon <Sarah.Dixon4@health.qld.gov.au>
Subject: HPRM: C-ECTF-188455 URGENT brief - Homecare Services

Hi ESU
 The attached brief is forwarded for urgent action as requested please.

Regards
 Sue

Sue Coventry
 Health Service Correspondence Coordinator | People and Engagement
 Gold Coast Hospital and Health Service

Gold Coast University Hospital
 'A' Block, Level 4
 1 Hospital Boulevard
 Southport QLD 4215
 P: 07 [REDACTED]
 E: MD06-GoldCoast-HSD@health.qld.gov.au

Web: www.goldcoast.health.qld.gov.au
Intranet: gchweb.sth.health.qld.gov.au
Social: [Facebook](#) | [LinkedIn](#) | [Twitter](#) | [YouTube](#)

Our values Integrity | Community first | Excellence | Respect | Compassion | Empower

Megan Cole

From: CHEHL, Chamandeep <Chamandeep.Chehl@health.gov.au>
Sent: Wednesday, 26 September 2018 2:35 PM
To: Megan Cole
Cc: Jodie-Anne Kairl; My Aged Care Assessment; NIHILL, Megan
Subject: RE: Granfathered Clients [SEC=UNCLASSIFIED]

Hi Megan

Apologies this took a while to follow up internally.

Advice is as follows:

The current CHSP funding agreements with service providers have been extended to 30 June 2020. However, no decisions have been made about specific program arrangements beyond this date. There is also no direction from Government that the CHSP will be ending in 12 months' time or that current CHSP clients need to move to a Home Care Package.

Cheers

Chamandeep

Chamandeep Chehl
 Director

Assessment Delivery Section
 Home Support and Assessment Branch
 In Home Aged Care Division
 Aged Care, Sport and Population Health Group
 Australian Government Department of Health
 T: [REDACTED] | M: [REDACTED] | E: chamandeep.chehl@health.gov.au
 PO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: Megan Cole [mailto:Megan.Cole2@health.qld.gov.au]
Sent: Tuesday, 7 August 2018 2:08 PM
To: CHEHL, Chamandeep
Cc: Jodie-Anne Kairl
Subject: FW: Granfathered Clients [SEC=UNCLASSIFIED]

Hi Chamandeep

Please see below email requesting further clarification at your earliest convenience.

Many thanks
 Megan



Megan Cole

A/Principal Policy Officer
Strategic Policy and Legislation Branch
Department of Health

p: 07 [REDACTED]

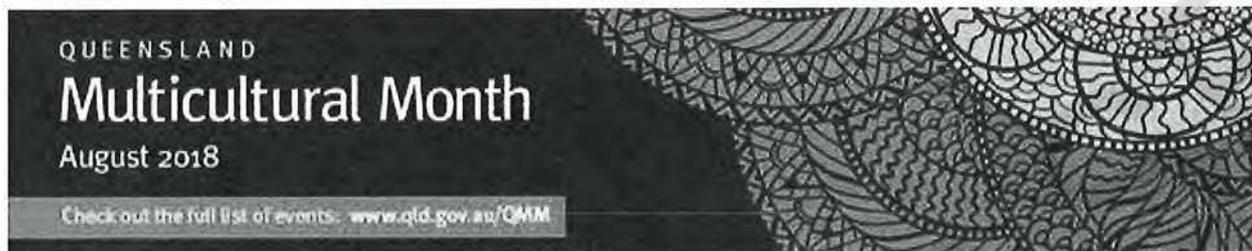
a: Level 9, 33 Charlotte Street, Brisbane, QLD 4000

w: [Queensland Health](#) | e: Megan.Cole2@health.qld.gov.au



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From: Margaret Cavanagh

Sent: Tuesday, 7 August 2018 1:58 PM

To: Megan Cole <Megan.Cole2@health.qld.gov.au>; Lou Wise <Lou.Wise@health.qld.gov.au>; Judy Rabbitt <Judy.Rabbitt@health.qld.gov.au>; Shelley Howe <Shelley.Howe@health.qld.gov.au>; Di Scott <Di.Scott2@health.qld.gov.au>; Grace Hinder <Grace.Hinder@health.qld.gov.au>; Anne Murray <Anne.Murray@health.qld.gov.au>; Caroline Lowe <Caroline.Lowe@health.qld.gov.au>; Christine Thomas <Christine.Thomas@health.qld.gov.au>; Michael Creen <Michael.Creen@health.qld.gov.au>; Antony Shields <Antony.Shields@health.qld.gov.au>; Monica Barrett <Monica.Barrett@health.qld.gov.au>; Adrienne McAllister <Adrienne.McAllister@health.qld.gov.au>; Sorelle Doherty <Sorelle.Doherty@health.qld.gov.au>; Brigette Ficici <Brigette.Ficici@health.qld.gov.au>; Jan Coad <Jan.Coad@health.qld.gov.au>; Angela Dahm <Angela.Dahm@health.qld.gov.au>; Jodie-Anne Kairl <Jodie-Anne.Kairl@health.qld.gov.au>

Subject: RE: Granfathered Clients [SEC=UNCLASSIFIED]

Hi Megan

The issue that we are having to deal with currently is Service Providers are telling people that CHSP will be ending in 12 months' time and everyone who is currently on CHSP will have to move to a Home Care Package or not get a service. It seems to be becoming a trend and not just with one Service Provider so I'm not sure if it's been driven by one of the peak bodies or not? Can you request the Commonwealth to provide some clarification around that as it's impacting on our referrals.

Regards
Marg

From: Megan Cole

Sent: Tuesday, 7 August 2018 1:47 PM

To: Lou Wise <Lou.Wise@health.qld.gov.au>; Judy Rabbitt <Judy.Rabbitt@health.qld.gov.au>; Shelley Howe <Shelley.Howe@health.qld.gov.au>; Di Scott <Di.Scott2@health.qld.gov.au>; Grace Hinder <Grace.Hinder@health.qld.gov.au>; Anne Murray <Anne.Murray@health.qld.gov.au>; Caroline Lowe <Caroline.Lowe@health.qld.gov.au>; Christine Thomas <Christine.Thomas@health.qld.gov.au>; Michael Creen <Michael.Creen@health.qld.gov.au>; Antony Shields <Antony.Shields@health.qld.gov.au>; Monica Barrett <Monica.Barrett@health.qld.gov.au>; Adrienne McAllister <Adrienne.McAllister@health.qld.gov.au>; Sorelle Doherty <Sorelle.Doherty@health.qld.gov.au>; Margaret Cavanagh <Margaret.Cavanagh@health.qld.gov.au>; Brigette Ficici <Brigette.Ficici@health.qld.gov.au>; Jan Coad <Jan.Coad@health.qld.gov.au>; Angela Dahm

<Angela.Dahm@health.qld.gov.au>; Jodie-Anne Kairl <Jodie-Anne.Kairl@health.qld.gov.au>

Subject: FW: Granfathered Clients [SEC=UNCLASSIFIED]

Good morning

Please see below email from the Commonwealth regarding grandfathered clients.

Kind regards

Megan



Megan Cole

A/Principal Policy Officer

Strategic Policy and Legislation Branch

Department of Health

p: 07 [REDACTED]

a: Level 9, 33 Charlotte Street, Brisbane, QLD 4000

w: Queensland Health | e: Megan.Cole2@health.qld.gov.au



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QUEENSLAND

Multicultural Month

August 2018

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From: My Aged Care Assessment [<mailto:MyAgedCare.Assessment@health.gov.au>]

Sent: Tuesday, 7 August 2018 1:42 PM

Subject: Granfathered Clients [SEC=UNCLASSIFIED]

Dear ACAT and RAS operational managers

We have received queries from some assessors over the last few weeks seeking clarification regarding the requirements in relation to CHSP grandfathered clients. These queries have resulted from some CHSP service providers requesting assessments for clients just for the purposes of registering them on My Aged Care.

We can advise that our CHSP colleagues are aware of this issue and are actively working to release some written clarification shortly for a range of stakeholders including service providers. The gist of the response will be to clarify that currently providers are not required to refer their existing clients without a My Aged Care record to My Aged Care for an assessment, unless their care needs have changed.

We will share any messaging issued by CHSP colleagues once it becomes available.

Thanks

Chamandeep

Chamandeep Chehl

Director
Assessment Delivery Section
Home Care Branch
In Home Aged Care Division
Aged Care, Sport and Population Health Group Australian Government Department of Health
T: [REDACTED] | M: [REDACTED] | E: chamandeep.chehl@health.gov.au PO Box 9848, Canberra ACT 2601,
Australia

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Megan Cole

From: Megan Cole
Sent: Wednesday, 26 September 2018 2:41 PM
To: Emily Cross; Belinda Lewis
Subject: FW: Granfathered Clients [SEC=UNCLASSIFIED]

Hi Bel and Emily

Commonwealth reiterated below that no decisions have been made about CHSP. This is in response to an email I sent on behalf of ACAT on 7 August 2018.

Kind regards
Megan

From: CHEHL, Chamandeep [mailto:Chamandeep.Chehl@health.gov.au]
Sent: Wednesday, 26 September 2018 2:35 PM
To: Megan Cole <Megan.Cole2@health.qld.gov.au>
Cc: Jodie-Anne Kairl <Jodie-Anne.Kairl@health.qld.gov.au>; My Aged Care Assessment <MyAgedCare.Assessment@health.gov.au>; NIHILL, Megan <Megan.Nihill@health.gov.au>
Subject: RE: Granfathered Clients [SEC=UNCLASSIFIED]

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Apologies this took a while to follow up internally.

Advice is as follows:

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Cheers

Chamandeep

Chamandeep Chehl
Director

Assessment Delivery Section
Home Support and Assessment Branch
In Home Aged Care Division
Aged Care, Sport and Population Health Group
Australian Government Department of Health
T: [REDACTED] | M: [REDACTED] | E: chamandeep.chehl@health.gov.au
PO Box 9848, Canberra ACT 2601, Australia

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From: Megan Cole [mailto:Megan.Cole2@health.qld.gov.au]
Sent: Tuesday, 7 August 2018 2:08 PM
To: CHEHL, Chamandeep
Cc: Jodie-Anne Kairl
Subject: FW: Granfathered Clients [SEC=UNCLASSIFIED]

Hi Chamandeep

Please see below email requesting further clarification at your earliest convenience.

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Megan Cole

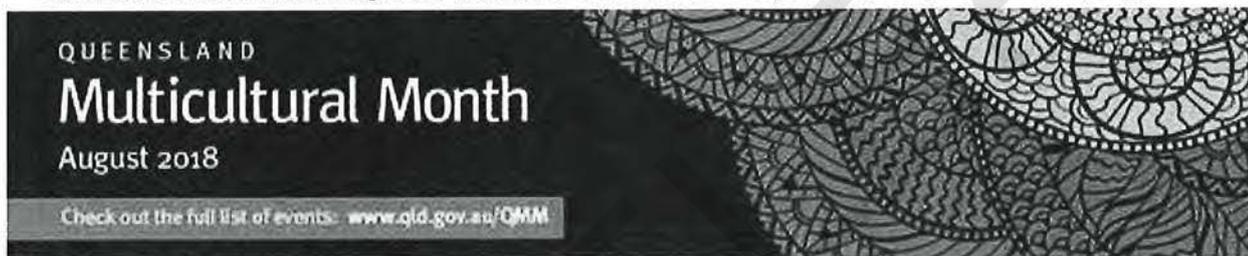
A/Principal Policy Officer
Strategic Policy and Legislation Branch
Department of Health

p: 07 [REDACTED]
a: Level 9, 33 Charlotte Street, Brisbane, QLD 4000
w: Queensland Health | e: Megan.Cole2@health.qld.gov.au



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From: Margaret Cavanagh

Sent: Tuesday, 7 August 2018 1:58 PM

To: Megan Cole <Megan.Cole2@health.qld.gov.au>; Lou Wise <Lou.Wise@health.qld.gov.au>; Judy Rabbitt <Judy.Rabbitt@health.qld.gov.au>; Shelley Howe <Shelley.Howe@health.qld.gov.au>; Di Scott <Di.Scott2@health.qld.gov.au>; Grace Hinder <Grace.Hinder@health.qld.gov.au>; Anne Murray <Anne.Murray@health.qld.gov.au>; Caroline Lowe <Caroline.Lowe@health.qld.gov.au>; Christine Thomas <Christine.Thomas@health.qld.gov.au>; Michael Creen <Michael.Creen@health.qld.gov.au>; Antony Shields <Antony.Shields@health.qld.gov.au>; Monica Barrett <Monica.Barrett@health.qld.gov.au>; Adrienne McAllister <Adrienne.McAllister@health.qld.gov.au>; Sorelle Doherty <Sorelle.Doherty@health.qld.gov.au>; Brigette Ficici <Brigette.Ficici@health.qld.gov.au>; Jan Coad <Jan.Coad@health.qld.gov.au>; Angela Dahm <Angela.Dahm@health.qld.gov.au>; Jodie-Anne Kairl <Jodie-Anne.Kairl@health.qld.gov.au>

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Good morning

Please see below email from the Commonwealth regarding grandfathered clients.

Kind regards
Megan



Megan Cole

A/Principal Policy Officer
Strategic Policy and Legislation Branch
Department of Health

p: 07 [REDACTED]
a: Level 9, 33 Charlotte Street, Brisbane, QLD 4000
w: [Queensland Health](#) | e: Megan.Cole2@health.qld.gov.au



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QUEENSLAND

Multicultural Month

August 2018

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From: My Aged Care Assessment [<mailto:MyAgedCare.Assessment@health.gov.au>]
Sent: Tuesday, 7 August 2018 1:42 PM
Subject: Granfathered Clients [SEC=UNCLASSIFIED]

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We can advise that our CHSP colleagues are aware of this issue and are actively working to release some written clarification shortly for a range of stakeholders including service providers. The gist of the response will be to clarify

that currently providers are not required to refer their existing clients without a My Aged Care record to My Aged Care for an assessment, unless their care needs have changed.

We will share any messaging issued by CHSP colleagues once it becomes available.

Thanks

Chamandeep

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Megan Cole

From: Belinda Lewis
Sent: Wednesday, 26 September 2018 3:32 PM
To: Megan Cole; Emily Cross
Subject: RE: Granfathered Clients [SEC=UNCLASSIFIED]

Ok thanks

From: Megan Cole
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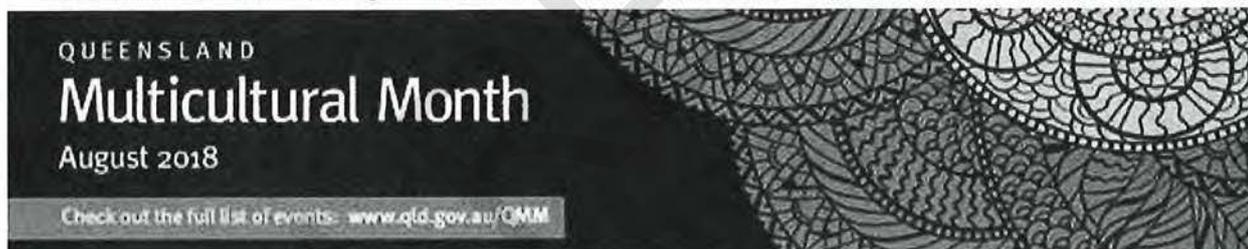
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