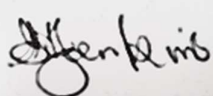


AGED SERVICES: CHSP COMPLIANCES POLICY

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Signature by Management representative	
	Chairperson, Suzanne Jenkins



AGED SERVICES: CHSP COMPLIANCES POLICY

Internal ECS References	
In S:\0 CURRENT POLICY & PROCEDURES:	In S:\1 CURRENT FORMS:
<i>Aged Services: Access to Services Policy</i>	<i>Volunteer Worksheet</i>
<i>Aged Services: Supports Planning Policy</i>	<i>Aged Services Client Information Form</i>
<i>Aged Services: Social Support Policy</i>	<i>Charter of Aged Care Rights</i>
<i>Aged Services: Rights & Responsibilities of Clients Policy</i>	
<i>Communicating with Clients Policy</i>	<i>S:\2 BROCHURES & FLYERS</i>
<i>Financial Management Policy</i>	<i>Information About ECS Activities in S:\2 OFFICE SYSTEMS</i>
	<i>S:\2 current AGED SERVICES TEAM</i>
	<i>contracts & communications in M:\2018 CONTRACTS</i>
	<i>S:\2 DEX & REPORTING</i>

External References	
https://www.health.gov.au/resources/publications/common-wealth-home-support-programme-chsp-manual	<i>Aged Care Quality Standards at https://www.agedcarequality.gov.au/providers/standards</i>
https://www.health.gov.au/resources/publications/common-wealth-home-support-programme-guidelines	<i>Data Exchange Protocols Manual at https://dex.dss.gov.au/</i>
https://www.health.gov.au/resources/publications/national-guide-to-the-chsp-client-contribution-framework	<i>Commonwealth Privacy Act 1988</i>

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1. POLICY STATEMENT

ECS is committed to meeting the obligations of its funded role through the Commonwealth Home Support Programme (CHSP) to provide specified supports to people frail from age. This Policy outlines how ECS will meet CHSP compliance requirements for all stakeholders.

As a CHSP provider, ECS acknowledges its responsibility to clients to adhere to the aims of the CHSP, including ensuring supports reflect the wellness, reablement and restorative care models, where appropriate. ECS also acknowledges its responsibilities to the Commonwealth funding body [hereafter ‘the Department’] to collect data and report on ECS supports and support outcomes, as well as to report on ECS financials, when directed. At all times, ECS workers adhere to the Aged Care Quality Standards, when delivering CHSP supports.

1.1 Definitions

clients = term used across ECS programs and policy documents instead of “consumer”, which is specific to Aged Care
consumer-directed approach = Home Care service design and delivery where individuals choose their providers
ECS workers = anyone who carries out work on behalf of ECS, including staff, volunteers [including management committee members], contractors and students on placement
functional limitations = when a person lacks ability to perform activities of daily living, whether physical or cognitive

1.2 Acronyms

CHSP = Commonwealth Home Support Programme
 DEX = Data Exchange
 DSS = Australian Government Department of Social Services
 ECS = Engadine Community Services

2. GENERAL POLICY

2.1 Broad Aims of CHSP

The CHSP provides funding for a broad range of entry-level support services to assist frail older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) and who have functional limitations, to remain living independently at home and in their community. The CHSP overall aims are listed below;

1. Provide small amounts of entry-level aged care support to many – to ensure a sustainable aged care services system as Australia’s population ages;
2. Focus on activities which support independence and social connectedness – to build consumer confidence to ‘do for themselves’ and reduce reliance on on-going support where possible;
3. Provide appropriate supports early - so people frail from age have less need to move to more intensive forms of aged care wherever possible; and
4. Adopt a consumer-directed approach where possible – each person’s individual goals, preferences and choices are acknowledged and acted on wherever possible within the CHSP framework.

ECS supports should therefore focus on maximising client capacity to remain independent and improve their overall quality of life. Supports delivered should be based on need [not want], but should remain consumer-directed wherever possible.

2.2 Stated Outcomes of CHSP

The *CHSP Manual* outlines the intended outcomes of the CHSP for consumers, carers and the service system. These are to ensure:

- Frail older people with functional limitations are supported to live in their own homes;
- Frail older people have increased social participation and access to the community, including through the use of technology;
- Frail older people’s psychological, emotional and physical wellbeing and functional status is maintained and/or improved;
- Frail older people are supported to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their admission to long-term residential care;
- Frail older people are supported in a safe, stable and enabling environment;

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- Carers and care relationships are supported;
- Sustainability and service innovation are improved; and
- Equitable and affordable access to services is provided.

ECS supports these outcomes, and will strive to provide supports to CHSP clients that contribute to this overall CHSP framework.

2.3 Programme Parameters of CHSP

The ECS ***Aged Services: Access to Supports Policy*** outlines who is eligible for the CHSP and who can access ECS services. In most cases, ECS supports will be of low intensity (or high intensity for a brief period) and be delivered with the Department's preferred approach of wellness, reablement and restorative care to ensure older Australians can live at home longer, and with greater independence.

3. CHSP TERMINOLOGY

The CHSP adopts several support principles that are largely new to the Australian aged care sector. These are:

1. The wellness approach
2. The reablement approach
3. The restorative care approach

Definitions for each of these support approaches, and their applicability to ECS, are given in this section. The ECS ***Support Planning Policy*** and ***Social Support Policy*** also outline how ECS adopts these approaches in its CHSP supports delivery.

3.1 The Wellness Approach

The wellness approach is used to describe an over-arching way of thinking about, and providing support, to frail older people; it can be applied beyond the CHSP, to all current aged care supports. The wellness approach aims to promote greater independence and autonomy in people frail from age. The table below summarises the difference between supports that are non-wellness and wellness approach:

Non-wellness approach to aged care support	Wellness approach to aged care support
Focusses on what the person can't do	Identifies what a consumer can and wants to do, rather than what they have difficulty with
Does for and does to a person	Does 'with' not 'for' or 'to', wherever possible
Takes over/removes roles	Values the person's roles and the roles of those around them
Supports declining capacity of person	Gradually encourages consumers who are having difficulty with activities of daily living to increase their ability
Takes control and reduces self-confidence	Increases self-confidence for person to do more for themselves and retains and respects individual autonomy
Can isolate from the community	Supports community connections
Results in illness/dependency cycles	Builds capacity, self-management and compensates for decline, and focuses on re-enabling and maintaining function
Assumes continuous service	Allows for time-limited service and/or service from informal and mainstream supports
Focusses on completing a list of tasks or activities within the support time-frame	Focusses on working together towards outcomes and goals

In the context of the CHSP, implementing a wellness approach is about building on an individual's strengths, capacity and goals to help them remain independent and to live safely at home. A wellness approach means listening to what the consumer wants to do, looking at what they can do (their abilities), and focussing on regaining or retaining their level of function. The wellness approach also seeks to minimise the impact of any functional loss so that the individual can continue to manage their daily life.

All ECS supports adopt the wellness approach. This is achieved through the following:

- Assessments that focus on individual goal-setting;
- Service delivery that addresses deficits only, not unnecessarily providing assistance when individuals can do something themselves;
- One-on-one support by volunteers for safe community access and to assist with health-related tasks such as shopping;

- Friendly phone calls to prevent social isolation;
- Providing time-limited seniors' exercise programs to assist in maintenance of physical abilities;
- Consultation and education of clients to encourage and enable informed choice and decision-making;
- Group activities to promote social connectedness between peers;
- Bus trips to keep clients engaged and actively involved in the community.

3.2 The Reablement Approach

Like wellness, reablement aims to assist people to reach their goals and maximise their independence and autonomy. However, whereas a wellness approach can be applied to all CHSP clients, reablement is a short-term or time limited intervention that is targeted towards a person's specific goal or desired outcome to adapt to changed circumstances such as functional loss, or to regain confidence and capacity to resume activities. The reablement approach assumes something will change at the end of the support provided [ie. that ongoing support will not be needed or will be minimised].

Reablement supports may be intensive over an average of a six to eight week period. Ongoing assessment must be provided throughout supports provision. Reablement supports through CHSP can include:

- One-on-one support by volunteers to assist individual clients to [re-]build confidence;
- Time-limited seniors' exercise programs to assist in potential growth;
- Guest speakers in social support groups to give tips and teach skills for independent living; and
- Supported bus trips to assist clients to [re-] learn social skills and accessing the community with changed physical abilities.

ECS is a CHSP social support provider and may deliver reablement supports in the following circumstances:

- When the My Aged Care referral is for a service ECS provides;
- When the service can be delivered appropriately on a short-term basis;
- If the service can be delivered on a short-term basis within ECS resources; and
- If appropriate ECS workers are available at the required time.

In these cases, support is time-limited and monitored by the Aged Services Coordinator through weekly or fortnightly discussions with the client and volunteer to ensure goals or outcomes are met or modified, as required.

3.3 The Restorative Care Approach

Restorative care is the delivery of evidence-based interventions led by an allied health worker or health professional that allows a person to make a functional gain or improvement after a setback, or to avoid a preventable injury. These interventions may be delivered as one-to-one or group services. Restorative care is targeted to assist a person address a functional deficit and is based on a clinical assessment.

Restorative care is likely to be appropriate for a smaller sub-set of CHSP clients, when assessment by My Aged Care indicates that an individual has potential to make a functional gain. The kinds of therapies and services that could be provided under a restorative care approach include:

- Physiotherapy
- Podiatry
- Occupational therapy
- Diversional therapy
- Nursing services
- Speech pathology
- Social work
- Dietetics
- Preventative therapies (such as falls prevention)
- Exercise physiology
- Orientation and mobility specialists
- Personal services (such as continence assistance)

ECS does not deliver CHSP supports using the restorative care approach, as it does not currently deliver allied health or health professional supports to its clients.

4. DATA COLLECTION & REPORTING

4.1 Measuring the Success of Provider Adoption of the Wellness Approach

All CHSP providers, including ECS, must implement a wellness approach in their aged care delivery. To review progress towards embedding wellness approach in service delivery, the Department will request a Wellness and Reablement Report from ECS each year. It is the ECS Manager's responsibility to complete and submit the report within the Department's stated time frame.

The Department may also include ECS in an internal audit process to review available data relating to the service delivery practices of a sample group of CHSP clients. ECS is required to comply with any reasonable requests for additional data arising from the audit process and any other Department directives.

As outlined in the ***Aged Services: Access to Services Policy***, the ECS Manager or their delegate is responsible for quality checking of ECS service information in My Aged Care. As outlined in the ***Aged Services: Support Planning Policy***, the ECS Aged Services Coordinator is responsible for creating, monitoring and reviewing client support plans within the timeframes outlined in the Policy. ECS DEX processes are outlined below.

4.2 DSS Data Exchange (DEX) Requirements

The DSS Data Exchange (DEX) is the program performance reporting tool developed by the Department of Social Services (DSS), in response to the Australian Government's commitment to reduce red tape. CHSP funded organisations, including ECS, must report their service delivery information and demonstrate the outcomes they are achieving for their clients. Data requirements are divided into two parts: a small set of priority requirements that all service providers must report, and a voluntary extended data set that service providers can choose to share with the Department in return for relevant and meaningful reports, known as the Partnership Approach. ECS does not currently make partnership approach reports.

CHSP service providers must also report through the Data Exchange that they have a client contribution policy in place that is consistent with the *CHSP Client Contribution Framework*. The ECS ***Aged Services: Communicating with Clients Policy*** outlines the ECS approach to client contributions, and is consistent with the *Client Contribution Framework*.

The Data Exchange has two standardised six-monthly performance reporting periods each year:

- Reporting Period 1 runs from 1 July to 31 December and closes 30 January; and
- Reporting Period 2 runs from 1 January to 30 June and closes 30 July.

Service providers can enter data at any time within a reporting period; ECS tries to enter data from group attendance sheets and *Volunteer Worksheets* at the end of each month.

The ECS Building Communities Coordinator is responsible for DEX reporting using information on both the client and service type provided in the *Volunteer Worksheets* each month. All ECS staff who use the DEX are provided with a copy of, and trained in, the *Data Exchange Protocols*. If an ECS staff member requires support to report through the DEX, they should email dssdataexchange.helpdesk@dss.gov.au or phone 1800 020 283.

4.3 Client Privacy and Consent for Data Collection and Reporting Purposes

ECS has a responsibility to all its clients to maintain privacy and confidentiality as per the *Commonwealth Privacy Act 1988*, the ECS ***Privacy Policy*** and ***Aged Services: Rights and Responsibilities of Clients Policy***. ECS also has an obligation to collect data and report through DEX under its *CHSP Grant Agreement* [above]. Therefore, all ECS clients must be informed when they are approved for ECS supports that:

- a) the Data Exchange is an IT system that is hosted by the Australian Government Department of Social Services; and
- b) the Department will collect the client's personal information from ECS for storage on the Data Exchange because ECS is using the Data Exchange as a client management system; and
- c) the Department de-identifies and aggregates data that is stored on the Data Exchange to produce information for policy development, grants program administration, and research and evaluation purposes, and that this information will not include information that identifies the client, or information that can be used to re-identify the client, in any way; and
- d) the [Department's APP privacy policy](#), which is published on the Department's website contains information about how the client may access the personal information about them that is stored on the Data Exchange and seek correction of that information or complain about a breach of the Data Exchange Protocols, and how the Department will deal with the client's complaint.

Explaining this information to clients is the responsibility of the ECS Aged Services Coordinator upon commencement of ECS supports. In addition, the requirement for DEX is acknowledged on the *Aged Services Client Information Form*. The ECS Aged Services Coordinator will ensure that interpreter services, advocate presence, or any other formal or informal supports presence as requested or required by the client are welcomed to assist in the explanation of ECS and CHSP privacy and confidentiality and data collection and reporting requirements.

5. FINANCIAL REPORTING

The Department requires service providers to provide assurance and evidence that grant funds have been spent for their intended purpose. This is in the form of a financial declaration, and is completed and submitted annually by the ECS Finance Officer against the *CHSP Grant Agreement* timeframe. Only CHSP service delivery expenditure should be reported in this declaration, in accordance with the *Activity Work Plan* and *CHSP Grant Agreement* (expenses related to other funded programs or expenses related to fees collected, donations or other contributions must not be included in the service provider's financial reports). ECS ***Financial Management Policy*** describes the organisation's internal processes.

Unspent funds identified through the acquittal process for a financial year and within the term of the funding agreement must be returned to the Department. Only in exceptional circumstances, will the Department consider the carry-over of unspent funds where there is evidence of reasonable costs being incurred by the service provider. Proposals to carry over funds need to be submitted in writing to the Department by the ECS Manager.

6. AGED CARE QUALITY STANDARDS

The Australian Aged Care Quality and Safety Commission reviews CHSP providers by assessing their compliance against the expected outcomes of the Aged Care Quality Standards every three years:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance

The ECS Manager should ensure all relevant ECS workers are aware of, and trained in, the relevance and application of the Aged Care Quality Standards to the day-to-day work of ECS. Every ECS client receiving CHSP services will sign the *Charter of Aged Care Rights* as part of the ***Aged Services: Rights & Responsibilities of Clients Policy***.

ECS is obliged to provide them with access to the service outlet for the purpose of undertaking a quality reporting site visit, as well as evidence of continuous improvement using client feedback and complaints, incident reports and annual self-assessment against the requirements of the Standards.

If the Quality Commission determines there are areas for ECS improvement and stipulates actions to be taken to address these, it is the responsibility of the ECS Manager to adhere to their timeframe and delegate tasks to ECS staff to meet the requirements.