Frequently asked questions
These Frequently Asked Questions (FAQs) aim to answer questions for Home Care providers and Commonwealth Home Support Program (CHSP) providers about the impact of COVID-19 on their operations. Additional information and new questions will be in purple.

A summary of other major changes and deletions include:

Changes:

Question 4. Deleted section on Department’s resource collection and translated information as this is a repeat of response in Q1.

Question 6. New – reporting on emergency COVID funding

Question 7. Additional information around Department’s expectations for providers during COVID-19.

Question 14. Minor clarification around CHSP group activities

Question 15. New – re: re-commencing social support and other group activities

Question 22. New – re: monitoring systems

Question 23. New – re: CoS

Question 27. New – re: emergency funding and flexibility provisions

Question 30. Carry forward unspent funds from 2018-19 into 2019-20

Question 35. New – can I pass the cost of PPE onto clients?
General

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

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

An In Home and Community Aged Care COVID-19 Preparedness Webinar is also available on the Department’s website for on-demand viewing.

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

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

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

The Department of Health has published a collection of resources and information about the symptoms of coronavirus (COVID-19). This information is updated regularly.
3. How does the additional $444.6 million in funding support CHSP and home care providers (HCP)?

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

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

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

4. What training resources are available for CHSP providers?

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

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

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

The Department of Health expects that all CHSP service types, with the exception of Social Support Group and other in-person group activities, will continue to be delivered during the COVID-19 pandemic. All CHSP service providers should have their Activity Continuity Plans up to date and cover events / risks such as this – including how they will manage a potential cessation in service delivery. The Activity Continuity Plans should address any risks associated with being unable to continue services and have systems, internal policies and processes in place to manage, monitor and report incidents. CHSP service providers should report any significant changes or cessation of services to their Funding Arrangement Manager (FAM) as intelligence is being gathered to identify and understand program-wide issues and trends.
6. How should CHSP providers report their service delivery outputs during the COVID-19 pandemic?

CHSP providers should accurately report all outputs delivered under the CHSP in DEX as per normal reporting procedures. This should include outputs delivered through additional COVID-19 meals and ad hoc funding. Where flexibility provisions have been used, the actual services delivered should be reported.

CHSP providers who received emergency support through either an adhoc proposal and/or additional meals funding as part of the CHSP COVID-19 Emergency Support round must also complete the performance report template that was issued with the separate grant agreement. This captures how funds have been spent, including where funding was used to meet COVID-related costs not associated with additional outputs.

For meals providers, your Funding Arrangement Manager (FAM) will make contact with you to discuss your meals service in coming weeks. Your FAM will ask about demand for meals and your progress in meeting client needs, as well as any other matters you may wish to discuss.

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

The Department of Health (the Department) recognises that individual CHSP service providers will have to implement risk mitigation strategies over the coming months in an effort to limit the spread of COVID-19 to staff, volunteers and clients. Nonetheless, all providers should make every effort to continue normal service delivery as long as it is safe to do so.

CHSP service providers are expected to continue accurately reporting their service delivery. Providers will not be disadvantaged if they are unable to meet their output targets or other program objectives during the COVID-19 pandemic. All CHSP service providers have an ongoing responsibility to monitor and review the services they provide to clients under their client’s agreed care plan and to ensure that client care needs are being met.

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

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

8. Should CHSP providers report cancelled services in DEX?

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

The Department will not impose penalties on CHSP service providers who are unable to meet their output target or program objectives due to the COVID-19 pandemic.
9. What are the Department’s expectations around CHSP service providers responding to clients who may need new or increased services that they have not been assessed for?

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

In cases where CHSP services are required for urgent and immediate care needs, a service provider may commence delivering services to a client to ensure their safety before they have contacted My Aged Care and received an assessment. This provision is only intended to take effect where it is clear that urgent and immediate care is required to ensure client health or safety (e.g. the unplanned absence of a carer or the provision of essential support to a client in isolation due to COVID-19). The delivery of these services should be time-limited with the service provider assisting the client to contact and register (where necessary) with My Aged Care as soon as possible.

**UPDATE TO ADVICE ON PROVISION OF SHORT TERM SERVICES WITHOUT ASSESSMENT:**

Where urgent CHSP services are put in place for a limited time due to COVID-19, an assessment (or support plan review for existing clients) will not be required. Previous advice that services could be put in place for a period of 6 weeks without the need for an assessment has now been amended. No assessment will be required if the services cease by 31 July 2020. Where urgent services are required beyond 31 July 2020, the Contact Centre or CHSP provider must arrange for a follow up assessment (or support plan review). A request from the Contact Centre will be identified as ‘COVID-19 circumstances’.

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

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

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

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

There are also emergency provisions within Section 4.4 of the CHSP Program Manual to enable a service provider to commence delivering services to a client before they have contacted My Aged Care and received an assessment to ensure safety (as outlined in 8. above). This provision is only intended to take effect where it is clear that urgent and immediate care is required to ensure the health or safety of the client.
11. Carers may be affected by the virus. Will CHSP clients associated with carers be able to access respite services?

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

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

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

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

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

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

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

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

The Department of Health expects that all CHSP providers communicate and discuss any changes to their client’s care arrangements with their client at the earliest opportunity.
14. Can providers continue to deliver CHSP Social Support Group and other group activities?
To help prevent the spread of COVID-19, the Australian Health Protection Principal Committee has placed limits on organised gatherings and visits to vulnerable groups. From 23 March 2020, all non-essential gatherings are suspended to reduce the risk of spreading the disease.

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

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

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

The Department of Health also has more detailed advice published on its website regarding limits on public gatherings.

15. My State/Territory has started to ease restrictions, can I reinstate Social Support Group and other group activities?
No, not yet. Social Support Group and other group activities remain suspended until further notice. The easing of restrictions by State and Territory Governments do not apply to services for vulnerable or older Australians. The Department will advise CHSP providers when it is safe to resume Social Support Group and other group activities.

16. How can I support clients who are unable to attend Social Support Group activities?
CHSP providers may wish to consider a few alternative approaches to delivering face-to-face Social Support – Group activities. These alternatives may include:

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

17. Can providers continue to deliver CHSP respite services?
Aged care is an essential service and the Department of Health expects all CHSP providers to continue meeting the care needs of older Australians during the COVID-19 pandemic. CHSP service providers are strongly encouraged to continue delivering respite services, but must ensure they comply with all Commonwealth and State/Territory social distancing measures. Please review infection control measures and social restriction requirements to ensure client safety during the COVID-19 pandemic.
18. Can CHSP providers who are only funded to deliver Social Support Group, Centre Based Respite, Cottage Respite, Flexible Respite or Transport use their funding to deliver Social Support Individual, Meals and/or Domestic Assistance (unaccompanied shopping)?

Yes. CHSP providers who are funded to deliver Social Support Group, Centre Based Respite, Cottage Respite, Flexible Respite or Transport and have had to cease or reduce the delivery of services during the COVID-19 pandemic may adopt flexible service delivery models that see their funding re-allocated to support activities normally associated with Social Support Individual (e.g. Telephone/Web Contact) and Domestic Assistance (e.g. Unaccompanied Shopping) or to support the delivery of meals. In modifying their service delivery model, CHSP service providers are asked to consider whether they need to enter their client’s home or whether services can be delivered remotely or through other innovative solutions (e.g. regular phone calls, setting up social media groups and the use of videoconferencing software). CHSP providers must carefully consider how many clients and outputs can be delivered within their existing funding envelope. Providers must be prepared to direct new clients back to My Aged Care or other CHSP providers if demand exceeds their capacity.

19. Can CHSP providers who are only funded to deliver Social Support Group, Centre Based Respite, Cottage Respite, Flexible Respite or Transport apply under the emergency CHSP COVID-19 funding round to deliver Social Support Individual, Meals or Domestic Assistance?

No. The Grant Opportunity Guidelines only allow providers to apply for services they are already funded for. If you are only funded for Social Support Group, Centre Based Respite, Flexible Respite, Cottage Respite or Transport, then you are only eligible to apply for funding under these service types.

The Department of Health is encouraging CHSP providers to explore innovative service delivery models whereby providers of social group activities and respite services re-allocate their funding to deliver services normally associated with Social Support Individual (e.g. Telephone/web contact), Domestic Assistance (e.g. unaccompanied shopping) or to support the delivery of meals.

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

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

Yes. CHSP providers, funded to deliver Social Support Individual or Social Support Group, may use grant funding to purchase IT equipment, including tablets, smart devices and internet subscriptions to help connect older Australians to their family, carers and social groups under existing CHSP grant rules. This support is capped at $500 per client per year (or up to $1,000 in exceptional circumstances) in accordance with CHSP arrangements for other aids, equipment and assistive technologies. CHSP service providers not funded for Social Support Individual or Social Support Group are not eligible to deliver this service.

22. Can CHSP providers use unspent 2019-20 funds to purchase technology-based monitoring systems for clients?

Yes. CHSP service providers are able to use unspent 2019-20 base funding to purchase up to $1,000 worth of technology-based personal monitoring systems, such as personal and home monitoring devices or alarms, for clients whose personal health and safety is at risk during the COVID-19 pandemic. This funding may include covering the cost of network access subscriptions and 24/7 monitoring services (for personal and home alarms) for up to 12-months (which must be purchased from 2019-20 funds), technical training, set-up and ongoing technical support.

Eligible clients include those with dementia (who may be at risk of wandering or accidents); those with elevated risk of falls; those who live alone; and those who have limited or no family/friends/carers to provide routine check-ins or support as required. CHSP providers are responsible for making the determination as to whether clients have a need for personal monitoring technology. Clients must consent to access this service, but do not require an aged care assessment.

A range of technology options are available in the private market, and the Department does not recommend any particular brand or device. CHSP service providers will need to source the monitoring equipment themselves with a view to accessing equipment that best meets the needs of the client.

Note that providers may source monitoring technology up to the value of $1,000 for eligible clients who would benefit from this service, regardless of the amount of Goods, Equipment and Assistive Technology the client may have already received in 2019-20. For example, if a client has received a walking frame and shower chair to the value of $500 under the CHSP in 2019-20, and would also benefit from a personal alarm during the COVID-19 pandemic, they may still be provided with an alarm and 12-month monitoring subscription up to a value of $1,000. The provider does not need to be funded to deliver goods, equipment and assistive technology.

Please note, this measure applies to 2019-20 only.
23. I have received a referral / been approached directly for meals from a CoS (Continuity of Support) client. Are CoS clients entitled to CHSP meals services? What do I do with the referral?

The Department of Health has agreed that CHSP meals funds can be used to support CoS clients who require prepared meals due to the impact of COVID-19, for the period 1 May 2020 to 30 September 2020.

The CoS Programme provides continuity of support to older people with disability who were receiving state-managed specialist disability services at the time of implementation of the National Disability Insurance Scheme (NDIS).

CoS clients who require CHSP meal services may either call My Aged Care (MAC) or contact a meals provider directly. Where a CoS client calls MAC they will be registered and screened. Following the screening, My Aged Care will issue an urgent electronic referral to a CHSP meals provider. From the point on referral the process for the provider is the same for other CHSP meals clients.

If the CoS client contacts the CHSP meal provider directly, the process for providing meals immediately to the client is the same as the process currently in place for provision of urgent services to CHSP clients, without the need for an assessment unless the services will be required beyond 31 July 2020.

CoS clients can access CHSP meals for any period, from the date of referral, up to the 30 September 2020. As CoS clients are not entering the aged care system and are only receiving CHSP meals for a time limited period they will not require a RAS assessment after 31 July 2020. For example, if the CoS client contacts on the 1st of June 2020 they can receive meals for four months—it is not restricted to 31 July 2020 as it is for CHSP clients.

For the purposes of meals provision the CHSP Client Contribution Framework will apply to CoS clients.

Meals providers are to contact the CoS client two weeks prior to 30 September 2020 to remind the client they will not receive meal services after this date.

If the CoS client wishes to continue to receive CHSP meals after the 30 September 2020, they must be referred to the Department at CommonwealthCos@health.gov.au to discuss their options for ongoing support.

24. I am a CHSP meals provider and I need help increasing meals production and distribution capacity

The Department of Health has entered into discussions with a number of large commercial meals producers and distributors who have signalled their willingness to assist in the mass production of meals. CHSP meals providers who are experiencing difficulties sourcing and producing sufficient meals to meet increased demand are encouraged to contact one or more of these large suppliers. If you would like to discuss potential partnership
arrangements with large meals producers, please email CHSPprogram@health.gov.au and the Department can provide you with their contact details.

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

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

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

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

a) Providers must retain the ability to return to their current regional footprint post the COVID-19 crisis;
b) Providers must not leave a service gap in an area they are operating in – ie resources may only be reallocated out of a region where there is a clear drop in demand or need for the service (e.g. group social support)
c) Providers seeking to reallocate funds to a different region should make all efforts to ensure existing service providers in the area are not already ramping up to meet the perceived need (speak with your FAM and other providers in the area).
d) Providers may still only allocate resources to services they are funded to deliver.

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

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

Financial acquittals for 2019-20 and 2020-21 will be conducted against total grant funding, not at the service type level.
27. Do the flexibility provisions also apply to any funding received through the emergency COVID-19 grant opportunity?
Flexibility provisions do not apply to the emergency meals or ad hoc unsolicited grant funding provided to address COVID-19 pressures. In both cases, funds have been provided through a separate grant agreement, and funds can only be spent in accordance with that agreement.

Additional meals funding: Service providers who received additional meals funding must spend this funding on meals and meals-related activities. While providers have the flexibility to move emergency meals funding between aged care planning regions, they cannot re-allocate this funding to other service types.

Funding awarded through the ad hoc selection process: Service providers who received additional funding for one or more service types through the ad hoc CHSP emergency support funding round may re-allocate emergency funds between aged care planning regions to meet local demand. Requests to move emergency funds between service types however, must be considered by the Department on a case-by-case basis. In the first instance, CHSP service providers should ensure demand cannot be met through the relaxed base funding flexibility provisions or underspends.

Note that the restricted flexibility provisions outlined above do not apply to a service provider’s base funding.
28. Are there any other Commonwealth supports available?
The Department recognises the ongoing efforts of CHSP providers in the provision of services to older Australians, while managing the COVID-19 pandemic. The Australian Government has committed $70.2 million in 2019-20 and $50 million in 2020-21 to better enable CHSP service providers to meet increasing demand for their service types, retain key workforce and adapt to the changing aged care environment.

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

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

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

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

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

All funds must be expended as described in your application form by 30 June 2022.
29. Will the Older Person Advocacy Network (OPAN) continue to operate during the COVID-19 pandemic?
OPAN will continue to provide advice and advocacy services to older Australians, their families and carers. To support this role, the Department has committed an additional $2.5 million in unallocated funds from financial year 2019-20 to help expand the services and capacity of OPAN during the pandemic. It is expected that this funding will be used to implement new and revised advocacy models, provide for surge staffing and increased telehealth capacity.

30. Can CHSP providers carry forward unspent funds from 2018-19 into 2019-20?
CHSP providers who have fully allocated their 2019-20 funds and have exhausted their flexibility provisions may request to carry forward unspent funds from earlier financial years into 2019-20. Note that the Department will only approve requests to carry forward unspent funds for providers who have developed strategies to sustainably manage client numbers and have established pathways to transition clients out of the program or onto other appropriate forms of care once the COVID-19 pandemic ends.

31. Can CHSP providers carry forward unspent funds from 2019-20 into 2020-21?
All unspent base funding identified through the acquittal process for the 2019-20 financial year must be returned to the Department. The Department may consider requests to carry forward unspent base funding on a case by case basis where there is significant evidence of demand for direct service delivery and a reasonable expectation that a provider would be able to expend the funds.

Note that this guidance does not apply to the additional funding allocated through the emergency CHSP COVID-19 funding opportunity. This emergency funding is the subject of a separate grant agreement and CHSP providers have until 30 June 2022 to expend the emergency funding. Any unspent funds remaining at the end of 30 June 2022 will need to be acquitted.

Due to the relaxed flexibility provisions, CHSP providers should not be applying for additional funding through the CHSP COVID-19 emergency round if they have underspends in 2019-20.

32. Can CHSP providers carry forward unspent funding awarded through the emergency CHSP COVID-19 funding round?
CHSP providers have until 30 June 2022 to expend any funding received through the emergency CHSP COVID-19 funding round. Any unspent funds remaining at the end of 30 June 2022 will need to be acquitted.

33. When is the last date that CHSP providers can submit an application through the CHSP COVID-19 emergency response round to access funding in 2019-20?
To allow the Department of Health sufficient time to assess and process applications for funding in 2019-20, all applications must be completed and submitted to the Department no later than COB 1 June 2020. The Department will still continue to accept applications for emergency COVID-19 funding after 1 June 2020, however funding for successful applicants may not be made available until financial year 2020-21.
34. What do I do if I am concerned about the mental health of my clients during the COVID-19 pandemic?
The Department recognises that many CHSP clients may be missing out on participating in some of their preferred social and recreational activities during the COVID-19 pandemic. CHSP providers are encouraged to think of new and innovative service delivery models to help clients remain socially connected, even while being physically distant from one another. This could take the form of Social Support Individual (Web/Telephone Contact) or, where appropriate the establishment of online social group activities.

The Australian Government has released a number of mental health packages to help support people during the COVID-19 pandemic:
- The Head to Health website has been launched to support people who would like some help coping with anxiety or worry about COVID-19.
- Dedicated coronavirus digital resources and a 24x7 phone counselling service led by Beyond Blue (1300 22 4636) staffed by accredited mental health professionals.
- Additional funding to bolster critical phone and online support services, including Lifeline (13 11 14), to help ensure they can meet increased demand

For more information about mental health supports and resources available during the COVID-19 pandemic, please see the Department’s Fact Sheet and the Head to Health website.

35. Can I pass the cost of PPE onto my clients through increased client contribution fees?
CHSP and HCP care workers do not need to use or wear any additional PPE beyond the normal appropriate contact precautions relevant to their particular service type unless they are caring for someone with a confirmed or suspected case of COVID-19, or in quarantine. The Department has committed $120.2 million in additional funding through adhoc proposals and expansion of meals services to help CHSP providers meet increased costs of delivering services during the COVID-19 pandemic. If additional PPE is required to safely deliver services to clients, it is expected that CHSP providers will use their existing base funding and flexibility provisions, and/or apply for emergency funding rather than passing the cost of necessary PPE onto clients.
**Workforce**

**36. We are having trouble recruiting sufficient staff/volunteers to meet service delivery demand**

The Department of Health has been working with Mable, an online workforce platform provider, to help CHSP providers to recruit new staff and volunteers and redirect underutilised staff to other CHSP providers requiring additional workforce to fill critical gaps caused directly by COVID-19. CHSP providers will be required to continue paying staff re-deployed to other providers, noting they will not be penalised for not achieving output targets. The Department will advise CHSP providers how they will be able to access this workforce when the capability on the Mable platform is available.

**37. Can CHSP service providers fund or reimburse people to deliver services to their relatives?**

No. CHSP service providers cannot fund or reimburse people to deliver services to their partners or elderly relatives. Note that this restriction does not apply to suitably qualified employees and volunteers of CHSP Service Providers who may continue to deliver services to their relatives as part of their normal service delivery roles within the organisation.

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

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

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

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

- prepare and cook food properly
- follow good hand hygiene

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

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

This training is for care workers across all health care settings. It will be followed by an aged care module shortly.
39. **What should I tell my staff and volunteers about working safely during COVID-19 pandemic?**

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

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

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

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

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

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

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

The Department of Health has also been working with Mable, an online workforce platform provider, to help CHSP providers with workforce shortages recruit new staff and volunteers to help address critical gaps caused by the COVID-19 pandemic. The Department will advise CHSP providers how they will be able to access this workforce when the capability on the Mable platform is available.
41. Our clients don’t feel comfortable with one of our employees entering their home, what should I do?

In the first instance, the CHSP provider should discuss the concerns with their client and provide assurance that the provider is undertaking all the appropriate measures to ensure the safety of clients and then, if needed, determine whether an alternative arrangement can be made so that the client’s needs can still be met. This could include rescheduling appointments, temporarily substituting care staff or reducing the frequency of non-essential service types (e.g. for lawn mowing, and transport services). Client safety and continuity of services must be prioritised.

All CHSP service providers should have their Activity Continuity Plans up to date and cover events/risks which could impact on staff shortage. If a service is dramatically affected and has to cease services, this should be covered in their Activity Continuity Plan and could include measures such as:
- seeking assistance from other organisations located in close proximity that have capacity to take on clients;
- advising clients and their families of the situation; and
- advising Funding Arrangement Managers that services are affected.

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

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

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

My Aged Care may be able to assist in locating CHSP respite services or emergency respite for clients where required. The respite services available through the CHSP include Flexible Respite (in-home day or overnight respite), Centre-Based Respite and Cottage Respite (overnight respite in a community setting). My Aged Care can be contacted on 1800 200 422 (Free call) between 8:00am and 8:00pm Monday to Friday and between 10:00am and 2:00pm on Saturdays.
43. How can I access personal protective equipment (PPE) for my workforce?
CHSP and HCP care workers do not need to use or wear any additional PPE beyond the normal appropriate contact precautions relevant to their particular service type unless they are caring for someone with a confirmed or suspected case of COVID-19, or in quarantine.

CHSP and HCP workers are only advised to wear masks when dealing with symptomatic clients. Droplet spread is the primary mode of transmission and surgical masks are adequate and much easier to fit than P2 masks. The current PPE guidelines are available on the Department of Health’s website.

The National Stockpile has prioritised access to PPE by hospitals, GP clinics and residential aged care facilities. CHSP and HCP providers are not eligible to access PPE through the National Stockpile unless there is an immediate and local outbreak of COVID-19 among your clients.

More information about when to use PPE in aged care can be found on the Department’s website.

44. Are CHSP providers eligible for the COVID-19 workforce retention bonus?
On 20 March 2020, the Australian Government announced additional funding of $444.6 million for the aged care sector to ensure continuity of the aged care workforce. The retention bonus has only been made available to providers of residential aged care or home care packages. CHSP providers are not eligible for the workforce retention bonus unless they are also an approved provider of home care packages or residential aged care.

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

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

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

For CHSP providers, there are no penalties for providers who do not meet output targets. As such, providers can continue to employ staff with grant funds, using flexibility provisions to find appropriate ways for staff to support client needs during the COVID-19 pandemic.
45. My State Government has advised that a police check for a new staff member will take up to 6-months, are police checks necessary during the COVID-19 pandemic?

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

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

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

A statutory declaration template and more information about statutory declarations are available at the Attorney-General’s Department’s website.

46. Should CHSP and Home Care workers get the influenza vaccine?

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

More information about the influenza vaccine can be found on the Department’s website.