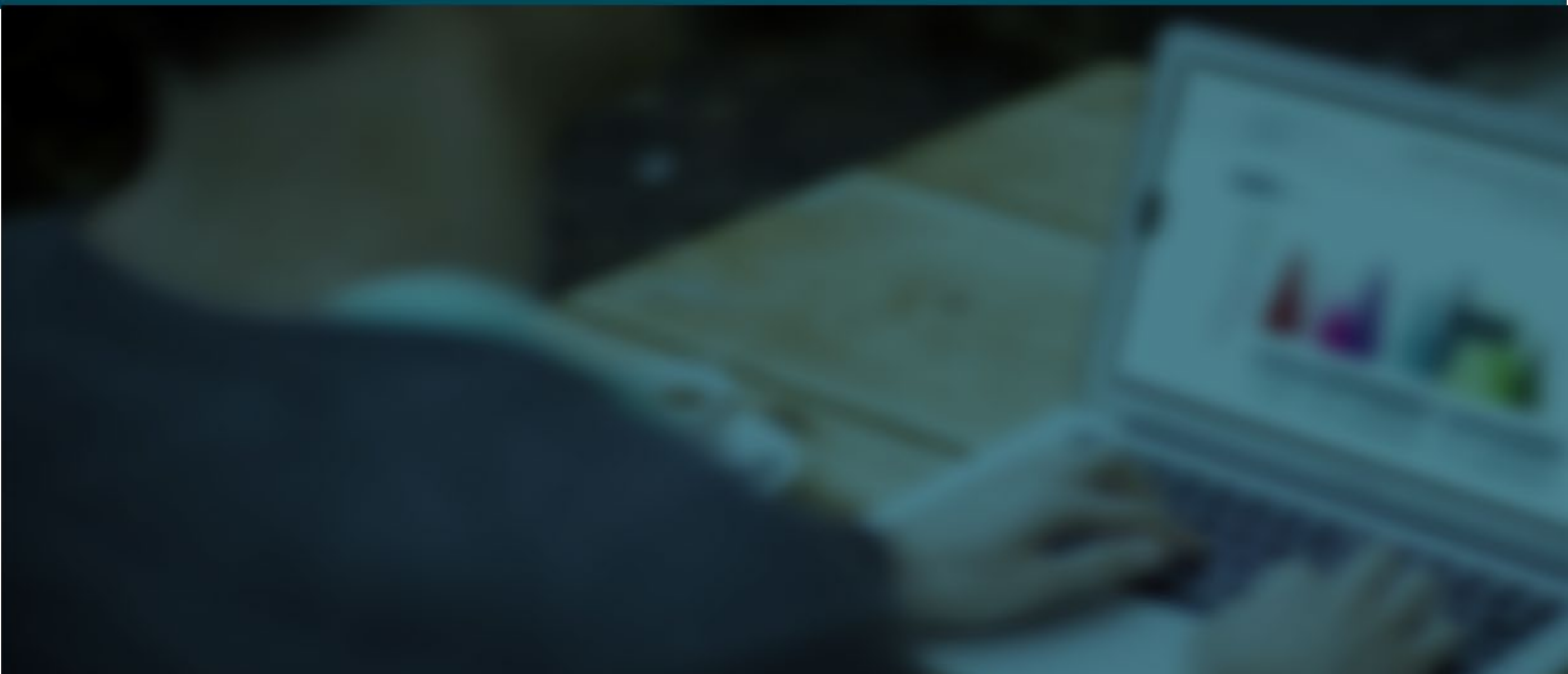Australian Government

Program Specific Guidance for the Department of Health and Aged Care programs in the Data Exchange

Version dated 1 August 2023

Introduction

The Program Specific Guidance

The Program Specific Guidance assists service providers on entering data into the Data Exchange in a consistent way that best reflects the program activity being delivered.

Purpose of this document

This document provides policy guidance on entering data into the Data Exchange for activities funded by the **Department of Health and Aged Care**.

These guidelines should be read in conjunction with:

- Data Exchange Protocols
- Your funding agreement
- Your program guidelines
- The task cards and e-Learning modules available on the Data Exchange website

Intended Use

The **Program Specific Guidance** is intended to provide practical information for managers and front-line staff to better understand the data expected for their program. It also assists them in integrating Standard Client/Community Outcome Reporting (SCORE) outcomes and partnership data collection into existing service and administrative practices.

Additionally this guide aims to provide consistency on how program data is interpreted within program activities, and support a consistent interpretation of the Data Exchange protocols across commonly funded organisations.

This document will be periodically updated to provide more detailed guidance on questions as they arise and as new programs come on board to the Data Exchange. Users of this document are encouraged to provide feedback where further guidance related to their program activity is needed.

All resources associated with the Data Exchange are available on the Data Exchange website.

The Program Specific Guidance for Commonwealth-funded programs was formerly published as:

- Protocols – Appendix B
- Program Specific Guidance for Commonwealth Agencies in the Data Exchange

Contents

DEPARTMENT OF HEALTH AND AGED CARE

Commonwealth Home Support Programme

The Commonwealth Home Support Programme (CHSP) includes four distinct sub-programs. These are based on the program's four target groups:

- Assistance with Care and Housing – Hoarding and Squalor

- Care Relationships and Carer Support

- Community and Home Support, and

- Sector Support and Development*

Each sub-program has its own objective, eligibility criteria and service types. This approach helps to target services and supports and enable grant recipients to respond more flexibly to their clients' needs.

Under the CHSP Whole of Government Grant Agreement, grant recipients receive funding to deliver specified outputs against one or a combination of service types under each sub-program. More information about these sub-programs is available in the CHSP Manual.

The following pages provide practical guidance on data entry for CHSP activities. General information on how to report under the Data Exchange, including how to report client or outlet information, information on how to upload your data, privacy and technical specifications are outlined in the Data Exchange Protocols.

*The fourth sub-program 'Sector Support and Development' does not use the Data Exchange for performance reporting, and therefore is not included in the above list or subsequent information.

Assistance with Care and Housing sub-program

Description

ACH – Hoarding and Squalor supports older Australians who are at risk of homelessness, to access appropriate support services, specifically targeted at avoiding homelessness or enabling them to receive the aged care services they need.

Who is the primary client?

The target population is frail older, or prematurely aged, people who meet each of the following three criteria:

1. On a low income.
2. Living with hoarding behaviour and/or in a squalid living environment.
3. At risk of homelessness and/or unable to receive the aged care services they need.

What are the key client characteristics?

- Frail older people aged 65 years and over (or 50 years and over for those that identify as Aboriginal and/or Torres Strait Islander).

- Prematurely aged people are those aged 50 years and over (or 45 years and over for those that identify as Aboriginal and/or Torres Strait Islander) whose life course such as active military service, homelessness or substance abuse, has seen them age prematurely.

The person being assessed for assistance under the sub-program, and who must meet the sub-program eligibility requirement is regarded as the Principal Client. Refer to the CHSP Manual for more information on sub-program eligibility and co-habiting clients.

Who might be considered 'support persons'?

Support persons are not in-scope for this sub-program.

Should unidentified clients be recorded?

The ACH – Hoarding and Squalor sub-program has limited use for unidentified clients. This sub-program provides face-to-face support where clients are known to the service, therefore it is expected that **no more than 5 per cent** of your clients should be recorded as unidentified clients in each reporting period.

Please refer to the Data Exchange Protocols for further guidance on appropriate use of unidentified clients.

Is there a recommended naming convention for outlets?

There is no recommended naming convention for outlets under this program activity; however, Organisations can align their outlets to those listed in the My Aged Care service finder. When creating, naming or renaming/maintaining your outlets, please consider guidelines stated in the Data Exchange Protocols.

How should cases be set up?

There is no formal case structure recommended for this sub-program activity. However, organisations can create a separate case for each individual accessing services. To protect client privacy, family names should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as Client ID numbers. e.g.: 1286. This works well for ongoing one-on-one contact with clients.

What areas of SCORE are most relevant?

Organisations can choose to record outcomes against any domains that are relevant for the client. For this program activity, the following SCORE areas have been identified as most relevant:

Circumstances	Goals	Satisfaction	Community
▪ Education and skills training ▪ Employment ▪ Housing ▪ Financial resilience ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing and self-care ▪ Personal and family safety	▪ Changed knowledge and access to information ▪ Changed behaviours ▪ Changed skills ▪ Empowerment, choice & control to make own decisions ▪ Engagement with relevant support services ▪ Changed impact of immediate crisis	▪ The service listened to me and understood my issues ▪ I am satisfied with the services I have received ▪ I am better able to deal with issues that I sought help with	▪ Community infrastructure and networks ▪ Group/community knowledge, skills, attitudes and behaviours ▪ Organisational knowledge, skills and practices

For this program activity, when should each service type be used?

Each session recorded can only have one service type. Select the service type that best reflects the intent of the session, or the primary focus of that session. Each service type is listed in Appendix A of the Data Exchange Protocols, and further defined in the CHSP Manual. The Data Exchange is designed to capture client-facing services and interactions, therefore outputs reported should not include outputs multiplied by the number of attendees, should more than one client attend the session.

Note: The Data Exchange calculates outputs by clients in attendance, as such only the actual hours and minutes delivered in real time should be recorded. See notes and working examples at Table 2.

Table 1: Example of service type use within this sub-program activity

Service Type	Examples of service types used for this sub-program activity and measures reported
Assistance with Care and Housing	Hoarding and squalor. Measure reported: time (recorded in hours and minutes) as actually delivered. **Note: reporting Assessment – referrals, advocacy – Financial, Legal will no longer be available from 1 January 2023.**
Domestic assistance (ACH)	General House Cleaning, Unaccompanied Shopping (delivered to home), Linen Services. Measures reported: Time (recorded in hours and minutes) as actually delivered.

Service Type	Examples of service types used for this sub-program activity and measures reported
Goods, equipment and assistive technology (ACH)	Car Modifications, Communication Aids, Medical Care Aids, Reading Aids, Self-Care Aids, Support and Mobility Aids. This is an emergency provision only. CHSP service providers should not report Goods, Equipment and Assistive Technology outputs under the Assistance with Care and Housing Sub-Program unless directed by the Department of Health. Personal alarms and home monitoring devices should be captured using the Other Goods and Equipment service type. Measures reported: Quantity – number of items purchased or loaned; Cost in dollars – of the amount service provider spent (general cap of $1000 per client per year. Refer to the CHSP Manual for more information); Client contribution amount (recorded in Fees field). Additional notes: Each time an item of equipment or goods is provided to the client, it should be recorded under the relevant sub-service type (e.g. Other Goods and Equipment, etc.). It does not matter if the organisation lends or purchases the item for the client it will still be recorded using these categories.
Social support - Individual (ACH)	Visiting, Telephone/Web Contact, Accompanied Activities such as shopping or appointments. Measures reported: Time (recorded in hours and minutes) as actually delivered.
Meals (ACH)	Meals prepared and delivered to client's at home; Meals provided at Centre or other setting. Measures reported: Quantity – Number of meals provided. Additional note: The term 'Meals' recognises and includes all varieties of service models in operation, including the provision of main meals such as two and three course lunches and dinners and complementary meal options such as breakfast and snack packs. For example, if a provider delivered a two-course meal (e.g. a main and dessert) this would be considered as one meal, even if the client chooses to eat the meal at separate occasions or on different days. Similarly, if a provider delivered a larger portion to a client, but it was still intended to be a part of the same meal, for reporting purposes, this would also be counted as one meal. By contrast, if a provider delivered dinners intended for two meals across the week, this would be considered two meals.

Table 2: Worked examples of reporting outputs and client contributions

Example	Worked examples of reporting outputs and client contributions
Scenario 1: Individual session	**Scenario:** Margo assists one of her clients for assistance with Hoarding and Squalor. Margo undertakes a 1 hour session for one client. In this instance, Margo can create 1 session. **Session 1:** Time entered as 1 hour; 1 client linked to this session **Total outputs reflected in the CHSP Organisation Overview Report for this session: 1 hour, 0 minutes.**
Scenario 2: Session with multiple clients – same amount of time spent delivering services for each client	**Scenario:** Margo assists 3 clients in a day and spent an equal amount of time for each client. In total the session went for 1 hour, 30 minutes (or 30 minutes per client). In this instance, Margo can create 1 session as the duration spent assisting each client was the same within the session. Session 1: Time entered as 30 minutes; 3 clients linked to the session **Total outputs reflected in the CHSP Organisation Overview Report for this session: 1 hour, 30 minutes.** Alternatively, Margo could enter 3 sessions – one for each client: Session 1: Time entered as 30 minutes; 1 client linked to this session Session 2: Time entered as 30 minutes; 1 client linked to this session Session 3: Time entered as 30 minutes; 1 client linked to this session **Total outputs reflected in the CHSP Organisation Overview Report for the three sessions: 1 hour, 30 minutes.**
Scenario 3: Session with multiple clients – different amount of time spent delivering services for each client	**Scenario:** Margo assisted 3 clients in a day but spent different amounts of time advocating for each client, ranging from 30 minutes to 2 hours. In this instance, Margo **cannot** create 1 session as the time spent for each client varied within the same session. Session 1: Time entered as 30 minutes; 1 client linked to this session Session 2: Time entered as 1 hour; 1 client linked to this session Session 3: Time entered as 2 hours; 1 client linked to this session **Total outputs reflected in the CHSP Organisation Overview Report for the three sessions: 3 hours, 30 minutes.**

Care Relationships and Carer Support sub-program

Description

The Care Relationships and Carer Support sub-program supports and maintains care relationships between carers and client, through providing good quality respite care for frail, older people so that regular carers can take a break.

Who is the primary client?

Frail, older clients aged 65 years and over (or 50 years and over for Aboriginal and/or Torres Strait Islander people) will be the recipients of planned respite services, providing their carers with a break from their regular caring duties.

From January 2022, carers will have better access to early intervention support (via Carer Gateway) and access to additional CHSP respite services (Flexible respite and Centre-based respite). These additional services will help to reduce carer stress and support the care relationship.

Services offered through Carer Gateway, which is funded through the Department of Social Services, focus on early-intervention and, preventative and skills building supports. Carer Gateway aims to improve well-being and long-term outcomes of the care relationship, as well as crisis support when needed.

What are the key client characteristics?

- People aged 65 years and over (or 50 years and over for those that identify as Aboriginal and/or Torres Strait Islander).

Who might be considered 'support persons'?

Support persons are not in-scope for this sub-program.

Should unidentified clients be recorded?

The Care Relationships and Carer Support sub-program has limited use for unidentified clients. This sub-program provides face-to-face support where clients are known to the service, therefore it is expected that **no more than 5 per cent** of your clients should be recorded as unidentified clients in each reporting period.

Please refer to the Data Exchange Protocols for further guidance on appropriate use of unidentified clients.

Is there a recommended naming convention for outlets?

There is no recommended naming convention for outlets under this program activity; however, Organisations can align their outlets to those listed in the My Aged Care service finder. When creating, naming or re-naming/maintaining your outlets, please consider guidelines stated in the Data Exchange Protocols.

How should cases be set up?

There is no formal case structure recommended for this sub-program activity. However, organisations can create a separate case for each individual accessing services. To protect client privacy, family names should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as Client ID numbers. e.g.: 1286. This works well for ongoing one-on-one contact with clients.

For organisations that deliver services in group settings (such as centre-based respite or a community access group), cases can also be created to record these interactions, and should be titled in a way that allows staff to easily enter data and use the case over multiple reporting periods, e.g. Case ID = 'Drop in centre-based respite'.

What areas of SCORE are most relevant?

Organisations can choose to record outcomes against any domains that are relevant for the client. For this sub-program activity, the following SCORE areas have been identified as most relevant:

Circumstances	Goals	Satisfaction	Community
- Community participation and networks - Education and training - Employment - Family functioning - Mental health, wellbeing and self-care - Personal and family safety - Physical health	- Changed knowledge and access to information - Changed behaviours - Changed skills - Empowerment, choice & control to make own decisions - Engagement with relevant support services - Changed impact of immediate crisis	- The service listened to me and understood my issues - I am satisfied with the services I have received - I am better able to deal with issues that I sought help with	- Community infrastructure and networks - Group/community knowledge, skills, attitudes and behaviours - Organisational knowledge, skills and practices

For this program activity, when should each service type be used?

Each session recorded can only have one service type. Select the service type that best reflects the intent of the session, or the primary focus of that session. Each service type is listed in Appendix A of the Data Exchange Protocols, and further defined in the CHSP Manual.

The Data Exchange is designed to capture client-facing services and interactions, therefore outputs reported should not include outputs that have been multiplied by the number of attendees (should more than one client attend the session).

Note: The Data Exchange calculates outputs by clients in attendance, as such only the actual hours and minutes delivered in real time should be recorded. See notes and working examples at Table 2.

Table 1: Example of service type use within this sub-program activity

Service Type	Examples of service type use for this sub-program activity and measures reported
Flexible Respite	Community Access – Individual Respite, Host Family day Respite, Host-Family Overnight Respite, In-Home Day Respite, Mobile Respite, Other Planned Respite Measures reported: time (recorded in hours and minutes) as actually delivered; Fees Received (recorded as whole dollars).
Centre Based Respite	Centre-Based Day Respite, Community Access – Group, Residential Day Respite Measures reported: time (recorded in hours and minutes) as actually delivered; Fees Received (recorded as whole dollars).
Cottage Respite	Overnight community respite Measures reported: Time (recorded in hours and minutes delivered in a night) as actually delivered; Fees Received (recorded as whole dollars).

Service Type	Examples of service type use for this sub-program activity and measures reported
Domestic assistance (Respite)	This is an emergency provision only. CHSP service providers should not report Domestic Assistance outputs under the Care Relationships and Carer Support Sub-Program unless directed by the Department of Health. Unaccompanied Shopping (delivered to home). Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).
Goods, equipment and assistive technology (Respite)	Car Modifications, Communication Aids, Medical Care Aids, Reading Aids, Self-Care Aids, Support and Mobility Aids. This is an emergency provision only. CHSP service providers should not report Goods, Equipment and Assistive Technology outputs under the Care Relationships and Carer Support Sub-Program unless directed by the Department of Health. Personal alarms and home monitoring devices captured using the Other Goods and Equipment service type. Measures reported: Quantity – number of items purchased or loaned; Cost in dollars – of the amount service provider spent (general cap of $1,000 per client per year. Refer to the CHSP Manual for more information); Client contribution amount (recorded in Fees field). Additional notes: Each time an item of equipment or goods is provided to the client, it should be recorded under the relevant sub-service type (e.g. Other Goods and Equipment, etc.). It does not matter if the organisation lends or purchases the item for the client it will still be recorded using these categories.
Social support - Individual (Respite)	This is an emergency provision only. CHSP service providers should not report Social Support Individual outputs under the Care Relationships and Carer Support Sub-Program unless directed by the Department of Health. Telephone/Web Contact. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).

Service Type	Examples of service type use for this sub-program activity and measures reported
Meals (Respite)	This is an emergency provision only. CHSP service providers should not report meals outputs under the Care Relationships and Carer Support Sub-Program unless directed by the Department of Health.

Meals prepared and delivered to client's at home; Meals provided at Centre or other setting.

Measures reported: Quantity – Number of meals provided; Client contribution amount (recorded in Fees field).

Additional note: The term 'Meals' recognises and includes all varieties of service models in operation, including the provision of main meals such as two and three course lunches and dinners and complementary meal options such as breakfast and snack packs.

For example, if a provider delivered a two-course meal (e.g. a main and dessert) this would be considered as one meal, even if the client chooses to eat the meal at separate occasions or on different days. Similarly, if a provider delivered a larger portion to a client, but it was still intended to be a part of the same meal, for reporting purposes, this would also be counted as one meal.

By contrast, if a provider delivered dinners intended for two meals across the week, this would be considered two meals. |

Table 2: Worked examples of reporting outputs and client contributions

Example	Worked examples of reporting outputs and client contributions
Scenario 1:
Individual session of respite spanning 2 dates (overnight stay) | **Scenario:** One client came to Georgia's centre for overnight respite. The client arrived at 4pm Thursday and left at 11am the next day.

The session is recorded as the date the client 'checked in' for their stay. Georgia calculates the total amount of time that each client accessed respite for as 19 hours. In this instance, Georgia creates 1 session.

Session 1: Time entered as 19 hours; The client is linked to this session

Total outputs reflected in the CHSP Organisation Overview Report for the session: 19 hours.

Note: Any meals provided to the client during overnight respite should be included as part of your normal respite outputs, and not under the meals service type. |
| Scenario 2:
Multiple clients attend a respite session spanning 2 dates
(overnight stay) | **Scenario:** One client came to Georgia's centre for overnight respite. The client arrived at 4pm Thursday and left at 11am the next day.

The session is recorded as the date the client 'checked in' for their stay. Georgia calculates the total amount of time that each client accessed respite for as 19 hours. In this instance, Georgia creates 1 session.

Session 1: Time entered as 19 hours; The client is linked to this session

Total outputs reflected in the CHSP Organisation Overview Report for the session: 19 hours.

Note: Any meals provided to the client during overnight respite should be included as part of your normal respite outputs, and not under the meals service type. |

Example	Worked examples of reporting outputs and client contributions
Scenario 3: **Individual session of respite spanning 3 dates and longer (multiple nights)**	**Scenario:** Two clients came to Georgia's centre for overnight respite. They arrived at 4pm Thursday and left at 11am the next day. The session is recorded as the date the client 'checked in' for their stay. Georgia calculates the total amount of time that each client accessed respite for as 19 hours. In this instance, Georgia can create one session. Session 1: Time entered as 19 hours; The two clients are linked to this session. **Total outputs reflected in the CHSP Organisation Overview Report for the session: 38 hours.** Note: If the clients attended the session of respite for different durations, two sessions need to be created in the Data Exchange.
Scenario 4: **Individual session of respite that spans multiple nights with breaks in-between**	**Scenario:** Often Georgia has clients that come to stay at the centre for multiple nights. For example, one client 'checked in' on a Thursday at 1pm and stayed until Monday, 10am. In this instance, Georgia would record one session, and include the date of service delivery as the Thursday, as this is when the client arrived. She would then calculate the total amount of hours spent with that client until their departure. 1pm Thurs – 10am Mon = 93 hours 0 minutes Session 1: Time entered as 93 hours; The client is linked to the session. **Total outputs reflected in the CHSP Organisation Overview Report for the session: 93 hours.**
Fees/Client contribution Scenario 1: **Individual session**	**Scenario:** One of Georgia's colleagues stayed overnight with a client on a Tuesday at the client's place of residence (in-home respite). The next day (Wednesday), this staff member left in the morning and a separate staff member returned in the afternoon to provide respite for a second evening. Respite was provided for 18 hours on both the Tuesday and Wednesday. In this instance, two sessions would be created in the Data Exchange. The overnight stay for the Tuesday would be recorded on that date, with total number of hours and minutes spent. The Wednesday would be recorded as a separate session with total number of hours and minutes. Session 1 (Tuesday): Time entered as 18 hours 0 minutes; the client is linked to this session. **Total outputs reflected in the CHSP Organisation Overview Report for Session 1: 18 hours** Session 2 (Wednesday): Time entered as 18 hours 0 minutes; The client is linked to this session. **Total outputs reflected in the CHSP Organisation Overview Report for Session 2: 18 hours**
Fees/Client contribution scenario 2: **Group session**	**Scenario:** A client is charged and pays a fee/client contribution of $25 dollars for a session of respite, based on the provider's client contribution policy. The provider enters the fees/client contributions received for the session as $25.

Community and Home Support sub-program

Description

The Community and Home Support sub-program provides entry-level support services to assist frail and older people to live independently at home and in the community.

Who is the primary client?

The primary clients for this sub-program activity include frail, older people aged 65 years and over (or 50 years and over for people that identify as Aboriginal and/or Torres Strait Islander) who need assistance with daily living to remain living independently at home and in the community.

What are the key client characteristics?

- People aged 65 years and over (or 50 years and over for those that identify as Aboriginal and/or Torres Strait Islander).

Who might be considered 'support persons'?

Because of the significant role of family members and carers in supporting older Australians, often family members and carers access services that lead to a measurable outcome. In these instances, these persons should be recorded as 'support persons'.

Services delivered to support persons that involve CHSP funding are to be reported in the Data Exchange, and are reflected in the CHSP Organisation Overview Report. More information on support persons and how to record them in the web-based portal can be found on the Data Exchange website.

For this sub-program activity, support persons may include the following:

- Carers of clients/Care recipients
- Families of clients
- Children of clients
- Community Leaders/Informal Care Givers.

More information on support persons and how to record them in the web-based portal can be found on the Data Exchange website.

Should unidentified clients be recorded?

The Community and Home Support sub-program has limited use for unidentified clients. This sub-program provides face-to-face support where clients are known to the service, therefore it is expected that **no more than 5 per cent** of your clients should be recorded as unidentified clients in each reporting period.

Please refer to the Data Exchange Protocols for further guidance on appropriate use of unidentified clients.

Is there a recommended naming convention for outlets?

There is no recommended naming convention for outlets under this sub-program activity; however, Organisations can align their outlets to those listed in the My Aged Care service finder. When creating, naming or re-naming/maintaining your outlets, please consider guidelines stated in the Data Exchange Protocols.

How should cases be set up?

There is no formal case structure recommended for this sub-program activity. However, organisations can create a separate case for each individual accessing services. To protect client privacy, family names should never be recorded in the Case ID field. To easily navigate cases, organisations should use other identifying descriptions, such as Client ID numbers. e.g.: 1286. This works well for ongoing one-on-one contact with clients.

For organisations that deliver services in group settings (such as a forum, social support group or promotional community event), cases can be created to record these interactions and can link the client ID of regular attendees to the case. These cases, should be titled in a way that allows staff to easily enter data and use the case over multiple reporting periods, e.g. 'Monday afternoon social support group'.

What areas of SCORE are most relevant?

Organisations participating in the partnership approach can choose to record outcomes against any domains that are relevant for the client. For this sub-program, the following SCORE areas have been identified as most relevant:

Circumstances	Goals	Satisfaction	Community
▪ Community participation and networks ▪ Education and training ▪ Employment ▪ Material wellbeing and basic necessities ▪ Mental health, wellbeing and self-care ▪ Personal and family safety ▪ Physical Health	▪ Changed knowledge and access to information ▪ Changed behaviours ▪ Changed skills ▪ Empowerment, choice & control to make own decisions ▪ Engagement with relevant support services ▪ Changed impact of immediate crisis	▪ The service listened to me and understood my issues ▪ I am satisfied with the services I have received ▪ I am better able to deal with issues that I sought help with	▪ Community infrastructure and networks ▪ Group/community knowledge, skills, attitudes and behaviours ▪ Organisational knowledge, skills and practices

For this sub-program, when should each service type be used?

Each service type is listed in Appendix A of the Data Exchange Protocols, and further defined in the CHSP Manual.

Each session recorded can only have one service type. Select the service type that best reflects the intent of the session, or the primary focus of that session.

The Data Exchange is designed to capture client-facing services and interactions, therefore outputs reported should not include:

▪ Time spent travelling to and from clients' homes while delivering services

▪ Time spent in administration or planning

▪ Outputs that have been multiplied by the number of people that attended the session (should more than one client attend the session).

Note: The Data Exchange multiplies the outputs entered for a session by the number of clients and/or support people in attendance. As such, only the actual hours and minutes delivered in real time, or the quantity of units received by each individual, should be recorded. See worked examples at Table 2.

Table 1: Example of service type use within this sub-program activity

Service Type	Examples of service type use for this sub-program activity and measures reported
Domestic assistance	General House Cleaning, Unaccompanied Shopping (delivered to home), Linen Services. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).
Personal care	Assistance with Self-care, Assistance with client self-administration of medicine. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).
Social support - Individual	One-on-one assistance provided by a companion (paid worker or volunteer) to an individual, either within the home environment or while accessing community services such as visiting, Telephone/Web Contact, Accompanied Activities such as shopping or appointments. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).
Other food services	Food Advice, Lessons, Training, Food Safety, Assistance with food preparation in the home. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).
Nursing	Clinical care provided by a registered or enrolled nurse. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field).
Allied health and therapy services	Podiatry, Occupational Therapy, Physiotherapy, Hydrotherapy, Social Work, Speech Pathology, Dietitian or Nutritionist, Aboriginal and Torres Strait Islander Health Worker, Psychologist, Ongoing Allied Health and Therapy Services, Restorative Care Services, Diversional Therapy, Exercise Physiologist, Other Applied Health and Therapy Services. Measures reported: Time (recorded in hours and minutes) as actually delivered; Type of care (Ongoing Allied Health and Therapy Services and/or Restorative Care Services); Client contribution amount (recorded in Fees field).
Social support - Group	Clients attend and participate in social interactions which are conducted away from the client's home and in, or from, a fixed base facility or community based settings. Measures reported: Time (recorded in hours and minutes) as actually delivered; Client contribution amount (recorded in Fees field). If a service provider provides transport to/from a centre and receives funding to deliver both CHSP Transport and Social Support Group, they should record the transport to/from the centre separately to the Social Support Group activity.

Service Type	Examples of service type use for this sub-program activity and measures reported
Home modifications	Provide changes to a client's home to increase or maintain the person's functional independence.
	Measures reported: Total Cost to provider; Commonwealth contribution capped to $10,000 per client per financial year; Client contribution amount (recorded in Fees field).
Home maintenance	Focus on repairs or maintenance of the home and garden to improve safety, accessibility and independence. Minor and major maintenance and Repairs, Garden Maintenance.
	Measures reported: Time (recorded in hours and minutes) as actually delivered; Total Cost – the total amount spent by the service provider; Client contribution amount (recorded in Fees field).
Goods, equipment and assistive technology	Self-care aids, Support and mobility aids, Medical care aids, Communication aids, other goods and equipment, Reading aids, Car Modifications.
	Measures reported: Quantity – number of items purchased or loaned;
	Cost in dollars – of the amount service provider spent (noting the cap of $1,000 applies per client per year). Cost is total amount for ALL items per client. Client contribution amount (recorded in Fees field).
	Hours of Allied Health and Therapy Services delivered or purchased must be reported as such and not as GEAT in the Data Exchange.
Meals	Meals prepared and delivered to client's at home; Meals provided at Centre or other setting. 'Meals' recognises and includes all varieties of service models in operation, including the provision of main meals such as two and three course lunches and dinners and complementary meal options such as breakfast and snack packs.
	Measures reported: Quantity – Number of meals provided; Client contribution amount (recorded in Fees field).
	Providers receiving meals via a meals distribution centre (meals hub) must report within the Data Exchange when the meal is delivered to the client.
	The meals hub provider must not report any meals within the Data Exchange, unless the meal is provided directly to the client.
Transport	Direct transport (driver is a volunteer or worker) and in-direct transport. Including trips provided through vouchers.
	Measures reported: total number of one-way trips; client contribution amount (recorded in Fees field).
	Service providers are to count clients and carers separately when reporting outputs within the Data Exchange.
Specialised support services	Specialised or tailored services living at home with a particular condition such as dementia, vision impairment, continence advisory, hearing, other support services and client advocacy.
	Measures reported: time (recorded in hours and minutes) as actually delivered; client contribution amount (recorded in Fees field).

Table 2: Worked examples of reporting outputs and client contributions

Example	Worked examples of reporting outputs and client contributions
Scenario 1: Individualised session – Time to be reported	**Scenario:** Graham delivers a range of CHSP services. Graham delivered 90 minutes of a domestic assistance to a CHSP client. In this instance, Graham would create one session in the Data Exchange. Session 1: Time entered as 1 hour, 30 minutes; The client is linked to the session. **Total outputs reflected in the CHSP Organisation Overview Report for this session: 1 hour, 30 minutes.**
Scenario 2: Session with multiple clients – Time to be reported	**Scenario:** Justine is an Exercise Physiologist. Justine delivers a weekly group exercise physiology targeting fall prevention on Wednesdays. The program goes for five weeks and there are 10 clients that usually attend. In week 1 of the program, all 10 clients attended the one-hour session. In this instance, Justine creates one session. Session 1: Time entered as one hour, 0 minutes. The 10 clients are linked to the session. **Total outputs reflected in the CHSP Organisation Overview Report for Session 1: 10 hours.** In week 2 of the program, only eight clients attended the one-hour session. In this instance, Justine can create a copy of last week's session, and update the session to correct the date of the session and to remove the two clients that could not attend. Session 2: Time entered as one hour, 0 minutes; The eight clients are linked to the session. **Total outputs reflected in the CHSP Organisation Overview Report for Session 2: 8 hours.**
Scenario 3: Shared services – Time to be reported	**Scenario:** Husband (Charles) and wife (Jody) are both eligible to receive CHSP-funded assistance. Currently they share the benefits of one hour of domestic assistance each week. In this instance, there are two ways the provider can enter the data into the Data Exchange as Charles and Jody share the benefits of the domestic assistance. Session 1: Time entered as 0 hours, 30 minutes; The client records for Charles and Jody are linked to the session. **Total outputs reflected in the CHSP Organisation Overview Report for the session: 1 hour** Alternatively the data could be entered as: Session 1: Time entered as 1 hour, 0 minutes; The client records for either Charles or Jody are linked (only 1 record is linked). **Total outputs reflected in the CHSP Organisation Overview Report for the session: 1 hour.**

Example	Worked examples of reporting outputs and client contributions
Scenario 4: Individual session – Quantity to be reported	**Scenario a:** Jamie has recently been referred for CHSP meals as he is unable to cook while he is recovering from a hand injury. Jamie receives one meal per week from his local meals provider. His family are able to support Jamie throughout the week. In this instance, the meals provider creates a session for Jamie. Session 1: Quantity of meals entered as 1; Jamie's client record is linked to the session. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the session: 1 (meal).** Scenario b: Jamie's family are unable to cook for him during the week because they are going on vacation for a week. The local meals provider has arranged to deliver five meals on Monday to Jamie that he can freeze and reheat for the week his family are away. In this instance, the meals provider would create a single session, and include the date of service delivery as the Monday. Session 1: Quantity of meals entered as 5; Jamie's client record is linked to the session. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the session: 5 (meals).**
Scenario 5: Individual session – Quantity to be reported	**Scenario a** – Meals provided in the client's home where the carer/support person is present **Example:** The service provider delivers a meal to the client in their home. The client's carer/support person is also present, and is not themselves a CHSP client. The client receives a meal funded though the CHSP. The carer/support person has also requested a meal from the provider. Under this service, where meals are provided in the client's home, meals to a carer/support person must not be purchased using CHSP funds. The carer/support person and the provider must make their own arrangements regarding the cost of the meal. Under the CHSP only the client is counted as receiving the meal. **Session 1:** 'Amount of Assistance' quantity 1, client record is linked to the session any fees paid by the client should be entered into the 'fees charged' section. The Data Exchange report will calculate the quantity of outputs which would be reflected as 1 meal. The meal provided to the carer/support person is not counted. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for he session: 1**

Example	Worked examples of reporting outputs and client contributions
Scenario 6: **Session with multiple clients –** **Quantity to be reported**	**Scenario a:** James is a local transport provider and provides group transport sessions. Today there were 15 CHSP clients that he drove from their homes to the shops. Each client is considered to have received 1 trip. Session 1: Quantity of trips entered as 1; The 15 clients are linked to the session. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the session: 15 (trips).** **Scenario b:** Mary-Anne accesses CHSP transport services from James. She has recently had a fall and has lost her confidence in walking in shopping centres. Mary-Anne's husband (Dave) is her primary carer and is accompanying Mary-Anne on the bus and on her shopping outings, while she regains her confidence. In this instance, the provider enters the group session. Five clients (in addition to Mary-Anne) were driven from their homes to the local shopping centre. Session 1: Quantity of trips entered as 1; The 6 clients in total are linked to the session as a client. Dave's record is attached to the session as a support person. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the session: 6 (trips).**
Scenario 7: **Session with multiple clients –** **Quantity to be reported**	**Scenario a** – Meals and Social Support Group provided **Scenario:** David runs a Social Support Group activity run through the local senior citizens' club, where attendees are often accompanied by their carers. The activity involves a group excursion which returns to the centre late in the afternoon (meals are not provided as part of the excursion). David is also funded to provide meals. Upon return from the activity, the client and their carer are provided with a meal in the centre. As David is funded for both Social Support Group and Meals, then these activities should be reported separately. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the Social Support Group Activity,** session quantity entered as 1, sum of all client contributions entered; clients' and support persons' records are linked to the session. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the Meals services**, 'Amount of assistance provided' quantity entered as 1, sum of all client contributions entered; clients' and support persons records' are linked to the session. The Data Exchange report will then calculate the quantity of outputs which would be reflected as two meals (plus any additional attendees receiving meals as part of the same session).

Example	Worked examples of reporting outputs and client contributions
Scenario 8: **Session with multiple clients –** **Quantity to be reported**	**Scenario b – Social Support Group and light snacks provided** **Scenario:** Maude runs a Social Support Group activity run through the local senior citizens' club, at which attendees are often accompanied by their carers. The activity is a fitness class run entirely within the centre, with participants having some light snacks during a break, provided by the centre. The activity runs for 1 hour. **Session 1:** Time entered as 1 hour, 0 minutes for Social Support Group activity. The sum of all client contributions entered; clients' and support persons records' are linked to the session and is reported as a Social Support Group. Quantity of meals entered as 0. **Total quantity of outputs reflected in the CHSP Organisation Overview Report for the session:** 1 (Social Support Group), plus any additional attendees involved in the group activity at the centre as part of the same session.
Scenario 9: **Individual session – Cost to be reported**	**Scenario:** Ben provides home modification services under the CHSP. Ben has recently installed a handrail for a client (Suzanne). The rail cost $35 and the cost of labour was $50. Suzanne's paid a contribution of $15 towards the cost of the rail. Ben creates a session in the Data Exchange and ticks the extra item detail for "Handrails". Session 1: Cost reported as $85; Suzanne's client record is attached to the session. The fees are entered as $15. **The total cost reflected in the CHSP Organisation Overview Report for this session is: $85.**
Fee/Client contribution **Scenario 1:** **Individual session**	**Scenario:** Mary pays $10 towards the cost of a personal care session. For the session being reported, the provider enters the fees/client contributions as $10.
Fee/Client contribution **Scenario 2:** **Group session**	**Scenario:** Twelve clients attend a social support – group session. The clients that attended the group session may or may not pay the same client contribution, based on the provider's client contribution policy. The sum of the fees/client contributions received for the session is reported against the session. For example, 10 clients paid $3 and 2 clients did not pay a contribution for a session, based on the provider's client contribution framework. The total fees/client contributions reported would be $30 (as this is the sum of the fees/client contributions received).
Fee/Client contribution **Scenario 3:** **Individual session**	**Scenario:** James provides 1 hour for the home maintenance service type of garden maintenance under the CHSP. James has recently mowed the lawn for a client (Leonie). The cost of the lawn mowing was $20. Leonie has paid $15 towards the cost of the lawn mowing service. **Session 1:** Total cost reported as $20; Leonie's client record is attached to the session. The fees charged are entered as $15. **The total cost as reflected in the CHSP Organisation Overview Report for this session is: $20**

Example	Worked examples of reporting outputs and client contributions
Fee/Client contribution Scenario 4: Individual session	**Scenario:** Sally provides 1 hour of gardening services under the home maintenance CHSP service type. Sally has recently mowed the lawn and trimmed the vegetation for a client (Jimmy) and will dispose of the garden cuttings at the rubbish tip. The cost of the lawn mowing and garden work was $30. Jimmy has paid a fee/client contribution of $10 towards the cost of the lawn mowing and gardening service plus $5 to pay for the tip fee. The tip fee of $5 is added to the cost of $30 making it $35. All contributions made by the client must be recorded. **Session 1:** Total cost reported as $35. Jimmy's client record is attached to the session. The fees charged are entered as $15. **The total cost as reflected in the CHSP Organisation Overview Report for this session is:** $35
Fee/Client contribution Scenario 5: Individual session	**Scenario:** Angelo provides 1 hour of pressure cleaning to client's (Edward) veranda. The cost of the service is $20. Included in this service is an additional $5 to cover the cost of petrol and maintenance of the pressure cleaner. In this instance, the service is $20 and the additional $5 for petrol and maintenance. The total cost of the service is $25. Edward pays a fee/client contribution of $10 dollars based on the provider's client contribution policy. The provider enters the fees/client contributions received for the session as $10.
Fee/Client contribution Scenario 6: Single fee for multiple sessions	**Scenario:** Under an organisation's client contribution policy, they charge a fee/client contribution, and clients receive a combination of services, such as a meal and transport. When reporting the fees/client contributions for the different service types delivered, the provider should allocate the fees/client contributions received with consideration to their contribution toward the cost of the service delivered. For example, if the $10 fee/client contribution notionally contributes $6 towards the meal, and $4 towards the transport, the fees/client contribution reported would reflect this breakdown under the two sessions reported. Alternatively, if the notional allocation of the client contribution is unknown in this scenario, organisations can divide the contribution by the number of services being received and report this amount against each service (e.g. $5 towards the meal and $5 towards transport).

Example	Worked examples of reporting outputs and client contributions
Fee/Client contribution Scenario 7: Multiple service offering	**Scenario:** Under an organisation's client contribution policy, they charge a weekly $10 rate, and clients receive a combination of services, such as a meal and transport. When reporting the fees/client contributions for the different service types delivered, the provider should allocate the fees/client contributions received with consideration to their contribution toward the cost of the service delivered. For example, if the $10 fee/client contribution notionally contributes $6 towards the meal, and $4 towards the transport, the fees/client contributions reported would reflect this breakdown under the two sessions reported.

Version History

Version 1, August 2023

First publication and release of document.

This document was detached from the previous **Program Specific Guidance for Commonwealth Agencies** based on department and outcome type.