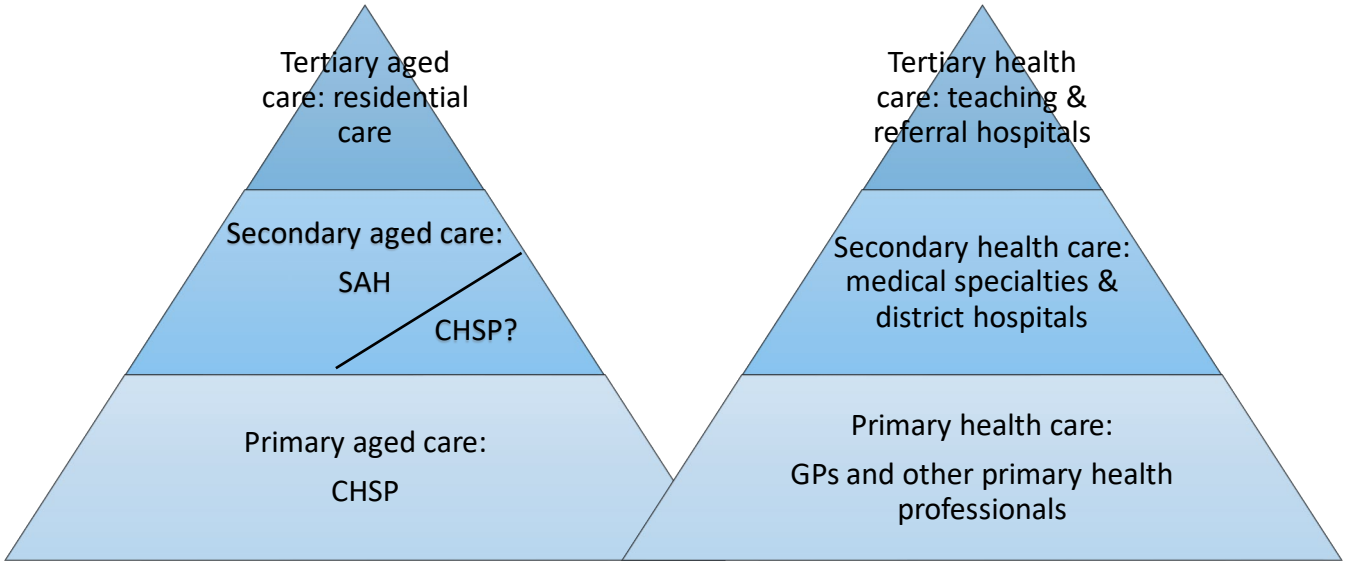
CHSP Alliance Position Statement on dealing with service overlaps and access in the three-tiered Australian aged care system (May 2026)

The Commonwealth Home Support Program (CHSP) Alliance (the Alliance) is an alliance of organisations and individuals committed to advocating for the continuation, expansion and sustainability of CHSP. We argue that the CHSP should be embraced and developed to provide foundational support for older people needing care and operate as the primary tier of the aged care system. As the primary care tier, CHSP has a critical role in enabling older people to age in place, where desirable, relieving pressure from the more complex and expensive tiers of care provided to those with higher levels of need.

Our vision for how the whole system fits together is set out in this diagram:

Figure 1 Overall schema of the aged and health care systems



One of the issues raised in the current debate about the future of CHSP is that many services delivered via CHSP are also delivered via the Support at Home (SAH) program. The suggestion is that this weakens the case for CHSP to be developed as the primary tier of the aged care system separate to SAH.

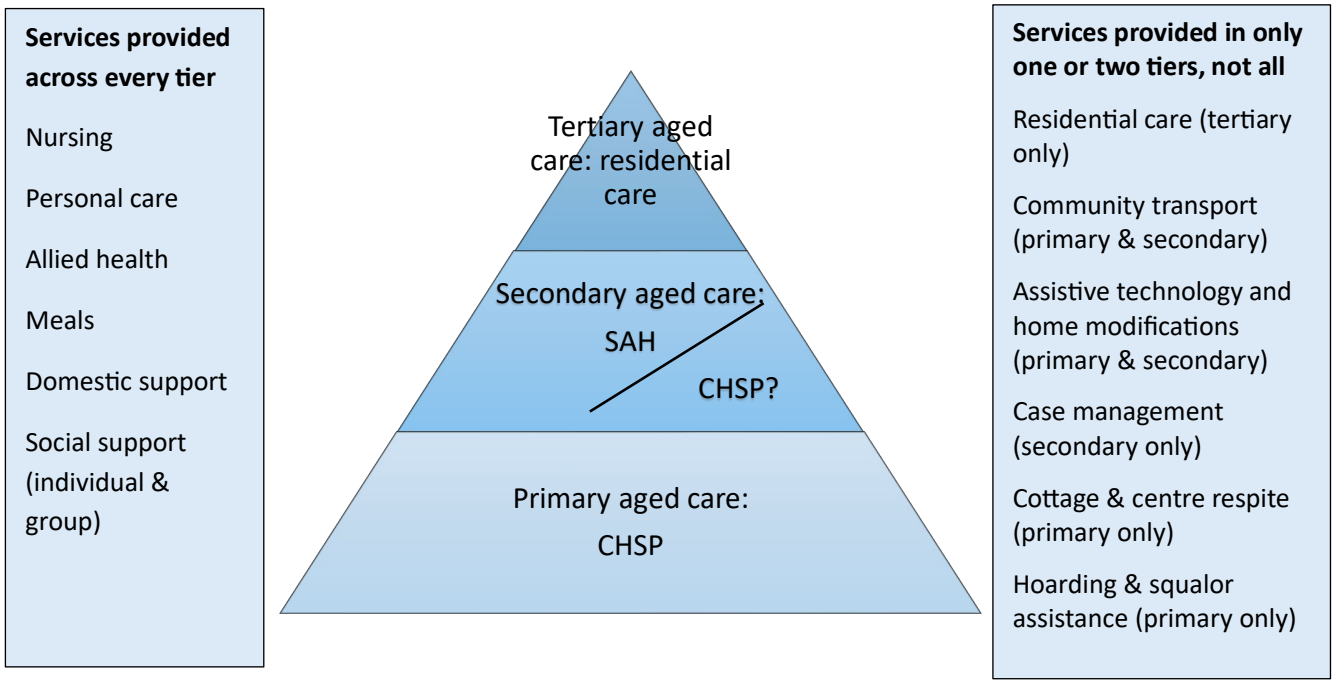
The purpose of this position statement is to refute that suggestion.

Services provided at each tier of the aged care system

Figure 2 shows the three tiers of the aged care system. In the left hand box are the services that are provided in every tier. These core aged care services include both clinical services (nursing, allied health and personal care) as well as everyday living services such as meals, domestic support and social support.

The right hand box shows the services that are provided in one or two tiers only. Community transport is included as part of SAH and CHSP but is not available as an aged care service to residents in aged care. Case management is only available as part of SAH. Two services – cottage and centre respite and hoarding and squalor assistance – are only delivered by CHSP.

Figure 2 Services provided at each tier of the aged care system



In further developing CHSP as the primary aged care tier, the question for government is how to deal with the reality that some services are provided in all three tiers, some are provided by only two tiers and some are provided by only one tier. A corollary is how government should pay its contribution for services that are not available in all tiers and how consumer co-payments should be addressed.

These issues are not new and are not unique to aged care. The health sector has had to address similar issues over many years and the policies and systems adopted by the health sector provide useful lessons for the aged care sector. We have drawn on those lessons in developing this position statement.

How to deal with service overlaps and access across the three tiers

The position of the CHSP Alliance is as follows:

1. It is neither necessary nor practical for each of the three tiers to be completely self-contained. Services such as nursing, personal care, allied health and social support are appropriately provided at each tier. Some services are more appropriately provided by only one or two tiers.
2. As a general principle, a person needing aged care should only be in one aged care tier at a time and that tier should deliver all of the services that the person needs.
3. Recognising that not all services are delivered by all tiers, a person should be able to access services from another tier if a service they need is not delivered by the tier they are in.
    a. These situations should be determined by explicit policy rules and not on a case-by-case basis.[1]
    b. There should be no double dipping, and a person should not be able to pick and choose to use different services from different tiers concurrently.
    c. First Nations communities, people who do not speak English, people with specific cultural needs and vulnerable older people including older homeless people need additional support and assistance to navigate services within and across tiers.
4. The way that services delivered by only one or two tiers should be dealt with is as follows:
    a. **Residential care**. This should continue to be available at the tertiary level only. A person needing 24 hour residential care should receive it in the tertiary tier.
    b. **Assistive technology and home modifications** should continue to be available as a separately funded aged care service at both the primary and secondary levels. Residential aged care providers are responsible for ensuring that residents have access to non-specialist assistive technology, equipment and environmental modifications necessary to deliver safe and appropriate care.
    c. **Community transport.** Community transport is currently available at the primary and secondary tiers but not at the tertiary level. The CHSP Alliance position is that, if a person in residential care is safely able to travel without specialist assistance, they should be able to access CHSP community transport. The older person should pay the same fees as any other person accessing community transport and the government subsidy for CHSP community transport should make provision for people in residential aged care.
    d. **Case management** is currently delivered at the secondary aged care tier only. The CHSP Alliance position is that case management should be available to anyone who would benefit from it, including anyone receiving CHSP. While case management is a compulsory

[1] The parallel in the health system is that patients in hospital are only funded for one episode of care at a time. However, if a patient is having renal dialysis or radiotherapy while having an episode of care for an unrelated reason, the hospital payment is adjusted upwards to pay for what is effectively a concurrent episode.

element of SAH, it should be an option element of CHSP with CHSP funding increased to make provision for it.

e. **Cottage and centre respite** is currently delivered at the primary aged care level only. The CHSP Alliance position is that people in receipt of secondary aged care should continue to be able to access cottage and centre respite via CHSP as they do now and pay the same fees as any other person accessing community respite. However, we support the development of new and additional cottage and centre respite services that are funded from SAH packages as well as CHSP. The range of cottage and centre-based respite needs to include an expanded range of services that are capable of offering respite for carers who support people with high level care needs including people with complex dementias.

f. **Hoarding & squalor assistance** is available at the primary aged care level only. The CHSP Alliance supports a continuation of these arrangements.

5. A person can move completely between tiers as their needs change. For movements from Primary Aged Care to another aged care tier to go smoothly, older people need:

   a. Explicit eligibility criteria for each tier.

   b. Well documented referral pathways that are understood by the older person, their supports and carers, as well as referral agents.

   c. With their consent or the consent of their decision-maker, the person's information to go with them as they move between tiers. Older people should not have to 'start again' if they change tiers.

   d. Efficient referral systems that do not require the older person to be continually subjected to external reassessment as they move through the system if such reassessments result in them waiting unnecessarily for the services they need.

   e. First Nations communities, people who do not speak English, people with specific cultural needs and vulnerable older people including older homeless people need additional support and assistance when they move between tiers.