



LASA

**LEADING AGE SERVICES
AUSTRALIA**

The voice of aged care

COVID-19 Government Funding Resource

Version 3: December 2020



Funding initiative	What is the process to receive funding e.g. automatically through your funding stream or via specific application?	What is available and to whom?	How much At the provider level Including any limits	Additional information Anything else that is critical for a provider to know about this
COVID-19 Aged Care Support Program (reimbursement of costs)	Grant process Grant page Reimbursement	Reimburses HCP providers expenditure for managing direct impacts of COVID-19. Applies from the date on which the staff member or client is tested for COVID-19 and the date on which direct COVID-19 impacts are resolved (i.e. no infected or isolated residents, staff members or clients).		Will run for 2 years from 2019-20 to 2020-21.
Residential Care Continuity of Workforce Supply (subsidy increase)	Has commenced flowing to providers who have submitted their April claims.	Temporary subsidy increase for residential care to support continuing workforce supply NOW CONCLUDED	Additional funding of 1.2%.	Increases are effective from 1 March 2020 to 31 August 2020
Increased Viability Payments:				
■ to providers eligible for the Residential Care Viability Supplement		NOW CONCLUDED	30% temporary increase	
■ to providers eligible for the Home Care Viability Supplement		NOW CONCLUDED	30% temporary increase	Funding starts 1 March 2020 to 31 August 2020
■ to providers eligible for the Homeless Supplement		NOW CONCLUDED	30% temporary increase	
■ Viability Supplement equivalent payment under the National Aboriginal and Torres Strait Islander		All NATSIFLEX providers eligible NOW CONCLUDED		

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Flexible Aged Care Program:				
<ul style="list-style-type: none"> Viability Supplement equivalent payment for Multi-Purpose Services 	Have commenced flowing to providers who have submitted their April claims.	All Multi-Purpose Services eligible NOW CONCLUDED		Increases are effective from 1 March 2020 to 31 August 2020
One off COVID support (residential care) Second payment	Provided through Services Australia and will be made by early June and triggered by claims made.	One off payment to facilities all around the country to support them in the costs that they are incurring to deal with the COVID-19 crisis in their sector.	\$900 per occupied bed support payment in residential codes MMN-1. 1,350 dollars per residential bed in regional/rural \$1300. Second payment: \$975 and \$1375 as above based on June occupancy.	Payments will be based on the number of days of care provided during February and June 2020. Providers will receive around \$900 per full time equivalent resident in major metropolitan areas and around \$1350 per full time equivalent resident in all other areas. Providers will be required to provide a description in the annual compliance statement due on 31 October of how they have used the payment to support care for residents during COVID-19. Providers are reporting receipt of payments in June.
Home Care Package Continuity of Workforce Supply (subsidy increase)	Increases are effective from 1 March 2020 to 31 August 2020 and have commenced flowing to providers who have submitted their April claims. Schedule of subsidies and supplements.	Additional funding for HCP providers to support continuity of workforce supply. NOW CONCLUDED	Temporary increase all levels of Home Care Package subsidy rates by 1.2% for 5 months.	No guidance yet on how providers should access this from their consumers' subsidies. In the interim, recommendation is to apply a COVID fee to access HCP subsidy increase, but client to agree to it.
CHSP Emergency Support	An application form can be requested from Funding Arrangement Managers or by email from CHSPprogram@health.gov.au <ul style="list-style-type: none">This grant opportunity requires a full assessment process, as such the time between application and payment may vary depending on the complexity of the requested funding, the application form being completed correctly, and the time that the provider takes to return the agreement for execution.	Available over two years to fund unsolicited grant proposals for providers (e.g. Meals on Wheels) who are delivering services to clients above their normal business outputs. Only available to existing CHSP providers ineligible for flexibility provisions because they only deliver one CHSP type or have already fully utilised their flexibility. <ul style="list-style-type: none">Applicants who have been successful in receiving funding are advertised on Grants Connect. Feedback is provided directly to unsuccessful applications.	Applications open 1 April to 30 September 2020. Have up to 30 June 2022 to expend the funding.	Must justify your business need and increased demand for services. Provide evidence of a significant financial impact to service delivery or workforce retention. High demand services include, for example, social support individual, domestic assistance, personal care, nursing and essential transport services. Innovations include new and innovative service delivery models and in the retention of staff and volunteers.

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<p>More Flexible CHSP Arrangements</p>	<p>Changes to guidelines and communication.</p>	<p>Enable CHSP providers to reallocate up to 100% of funding across services for which they are funded (within region), with a focus on directing funds to more critical services such as meals and grocery delivery.</p>	<p>No new funding.</p>	<p>Providers may still only allocate resources to services they are funded for.</p> <p>Limited provision to expand into new service types. All service providers should be undertaking welfare checks over the phone with clients who have ceased services. Social Support Group, Centre Based Respite and Flexible Respite providers can reallocate funds to two service sub-types in their ACPR (if not funded to deliver these service types):</p> <ul style="list-style-type: none"> ■ Social Support Individual (Telephone/ Web Contact), or ■ Domestic Assistance (unaccompanied shopping). <p>CHSP providers funded to provide social support individual or group, can use grant funds to purchase IT, such as tablets, smart devices, and internet subscriptions to help connect older people to their family, carers and social groups under existing CHSP grant rules. This is not an option at the moment for CHSP providers not funded to provide social support.</p>
<p>Workforce support:</p>				
<p>Temporary Surge Workforce Support - finding.</p>	<p>Advise the Department of Health know that you are experiencing a case or outbreak of COVID-19 via agedcarecovidcases@health.gov.au.</p> <p>Eligible approved providers (RACF, NATSIFACP, Home Care Package Providers)</p> <p>Access these supports through the My Aged Care Provider and Assessor Helpline on 1800 836 799.</p> <p>My Aged Care will determine eligibility to access funded workforce through Mable and will direct providers to Mable to access the workforce they need.</p>	<p>Skilled workforce to fill critical gaps or shortage while the aged care provider finds a longer-term solution, which includes staff returning from isolation or quarantine due to COVID-19.</p> <p>Providers will be able to engage the required workforce for up to 4 weeks initially.</p>	<p>4 weeks initially.</p> <p>The Government will pay the costs of eligible approved aged care providers for engaging the workforce through Mable.</p>	<p>Directly impacted means services with one or more COVID-19 infected or isolated residents / clients / staff.</p> <p>Providers must have exhausted their existing resource recruitment channels before they are eligible to access funded workforce support. For example, if a home care package provider urgently needs a personal care worker to deliver in home care services or, a residential provider requires a registered nurse and they have been unable to find a resource(s) using their existing channels, they can use this service to get an appropriately skilled person to deliver the services they need.</p>

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Emergency Response Teams (ERT)	<p>RACF providers only.</p> <p>Let the Department of Health know that you are experiencing a case or outbreak of COVID-19 via agedcarecovidcases@health.gov.au</p> <p>Aspen Medical has been engaged by the Department to deploy Emergency Response Teams (ERTs) where intensive and critical support is required by an approved residential aged care provider who no longer has the capacity or capability to continue delivering aged care services due to the impact of COVID-19.</p> <p>Where a provider is significantly and directly impacted by COVID-19, a departmental officer will contact the residential aged care provider to discuss what support might be needed. If the Department assesses the provider is in critical need, the departmental officer will seek the deployment of an ERT.</p>	<p>Emergency response teams will be deployed to site.</p> <p>Once this is activated, a Nurse Responder will contact the residential aged care provider to provide advice and support immediately over the phone and be on site within 24 hours (subject to travel time).</p> <p>Once on site, the Nurse Responder will assess the situation at the facility with facility management to determine workforce requirements and arrange for appropriate staff to be deployed for an initial period of sixteen days.</p>	Initial deployment of staff for 16 days.	<p>Significantly and directly impacted by COVID-19.</p> <p>No longer have capacity or capability to deliver quality care due to COVID-19.</p> <p>For example, this may include: a significant proportion of staff (eg. 50%) are infected or isolated due to COVID-19; or a significant number of residents are infected by COVID-19 or the spread of infection cannot be contained; or senior management (eg. CEO, Director of Nursing or other senior managers) are infected or isolated due to COVID-19 and are unable to continue to operate or provide quality care to residents.</p>
Remote Locum Workforce Support	<p>Residential aged care, NATSIFACP & Home Care Packages in remote locations.</p> <p>Advise the Department of Health that you are experiencing a case or outbreak of COVID-19 via agedcarecovidcases@health.gov.au</p> <p>Where a provider is directly impacted by COVID-19, a departmental officer will contact the aged care provider to discuss what support might be needed.</p> <p>If the Department assesses that the provider may need access to remote locums, they will seek support from Aspen to identify and deploy suitable locums.</p>	<p>Access to a temporary surge workforce support in the event that they are unable to find staff through their usual channels</p> <p>Aspen Medical received funding from the Australia Government Department of Health to have remote locums available for approved aged care providers in remote locations directly impacted by COVID-19.</p>		<p>Directly impacted means services with one or more COVID-19 infected or isolated residents/clients/staff.</p> <p>Exhausted all other usual recruitment avenues.</p>

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For staff:				
Aged Care Workforce Retention	Via a grant application www.grants.gov.au Grant : 4068 Queries to Grant.atm@health.gov.au before 5pm AEST on 10 July Applications close 2pm AEST 20 July 2020	The Aged Care Workforce Retention Grant Program will run over two financial years from 2019-20 to 2020-21. Payments are based on the average weekly hours worked by the Eligible Aged Care Worker over the four week period prior to the application date (for the first grant payment) and 31 August 2020.	Three separate payments of up to \$800 (for residential aged care workers) and up to \$600 (for home care aged care workers) would be made in July and September 2020 for Eligible Aged Care Workers employed at the time the application is submitted. NOTE: these payments are taxable. Payments do not attract the superannuation guarantee.	Requires providers to submit both an application and spreadsheet which calculates eligible staffing for the census period. The second and third payment will be equal to the first unless certain thresholds apply in which case an updated information will be required. Payments should be made to staff within two pay cycles of receipt of the grant.
For organisations:				
JobKeeper Application	Eligible employers are businesses (including companies, partnerships, trusts and sole traders), not-for-profits and charities: <ul style="list-style-type: none">■ With a turnover of less than \$1bn that have lost 30% or more of their revenue compared to a comparable period a year ago.■ With a turnover of \$1bn or more and with at least a 50% reduction in revenue compared to a comparable period a year ago.■ For registered charities except education institutions such as universities the threshold is a decline in turnover of 15% or more, under changes announced on 6 April. Charities are allowed to exclude government revenue from the turnover test. ATO information on JobKeeper	The federal government will pay eligible employers \$1,500 per fortnight for each eligible worker. In order to receive a payment, both the employer and employee must meet eligibility criteria. Rates for the second and third extension of Job Keeper are adjusted. The scheme now runs to 28 March 2021. Further information on the revised rates and eligibility conditions can be found at: ATO Job Keeper extension details		JobKeeper is about \$400 a fortnight more than the \$1,100 jobseeker payment with the coronavirus supplement for those out of work.

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Business Improvement Fund	<p>Business Improvement Fund</p> <p>Targeted, grant-based assistance to residential aged care providers.</p> <p>Applications must be submitted via GrantConnect by 2:00pm AEST on 30 April 2021.</p> <p>For more information, and to submit your application form, visit the Business Improvement Fund Application Form.</p>	<p>Extended for another year with \$48 million available to assist providers improve their business operations. Providers can use the funding to: improve their business, for example to restructure business operations and upgrade financial management and IT systems transition a business to a new provider close down a business in a safe and orderly manner and transition residents to other facilities (where there's no other option)</p> <p>Any residential care provider can apply (other than state/territory-owned providers of residential care or multi-purpose services). However, the fund primarily supports small- to medium-sized residential care providers, which: have limited access to other financial support are facing significant financial pressures which may impact on care to residents or risk service closure.</p>	<p>Funding will not exceed \$7,500 per operational residential care bed.</p> <p>In the case of a sale of a business, funding will not exceed \$15,000 per operational residential care bed.</p>	<p>https://www.health.gov.au/resources/publications/business-improvement-fund-for-residential-care-fact-sheet</p>
Initiatives to support providers but no funding attached:				
Free Training modules	COVID-19 Training Suite	<p>Five modules DOH eLearning program for Aged Care workers.</p> <p>Personal Safety, Families and Visitors, Outbreak Management and PPE.</p>	Free access to aged care staff.	
Residential respite availability		Streamlined process for residential care providers to apply to increase the number of residential respite days at a service.		
Visa extension	Workers on international student visas are no longer restricted to 40 hours a fortnight.	Letter of comfort send to providers.		

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Funding targeted at older Australians:				
Community Visitor Scheme			Not to providers \$10million for an as yet unspecified period.	To support extra staff to train volunteer visitors to connect with residential care and home care package consumers both online and by phone, and assist seniors to keep in touch with the community and loved ones.
Accessing Personal Monitoring Technology	Unspent 2019/20 CHSP funding can be used to purchase up to \$1000 worth of personal monitoring technology for their vulnerable clients in need of this support during COVID-19	Personal monitoring technology includes: <ul style="list-style-type: none"> ■ Personal monitoring systems which, through the push of a button or automated technology, send an alert to a monitoring centre or family member in the case of an emergency, such as a fall or health crisis; ■ Personal monitoring systems that monitor clients for changes in behavioural patterns and send alerts, that is, they are not only for alerts during emergencies such as a fall; ■ Network access subscriptions and 24/7 monitoring services (for personal and home alarms) for up to 12 months (which must be purchased in 2019-20); and ■ Technical training, initial set-up support and ongoing support for clients with their personal monitoring system. 	For clients	The Department of Health notes that in Australia the relevant Standard for personal monitoring technology is AS 4607 (personal response systems). However, the Department is not mandating that personal monitoring technology purchased to support older Australians must meet Standard AS 4607. CHSP providers are responsible for working with clients to determine whether they have a need and willingness to use personal monitoring technology. It does not require an aged care assessment. CHSP providers are accountable for determining a client's need and are not to relinquish this responsibility to a personal monitoring system vendor.
Expanded meal delivery services	Expanded Meal Delivery Service	Meals are not free, cost of food applies as per CHSP meal services.	Not to providers.	
Northern Territory initiatives:				
<p>Grants of up to \$100,000 will be given to Northern Territory (NT) not-for-profit and community organisations to engage local businesses to do repairs, renovations and upgrades to their property and facilities. These are for permanent physical improvements to land and / or buildings.</p> <p>The first \$50,000 will be paid as a grant without co-contribution required.</p> <p>The NT Government will also match any renovation costs that exceed \$50,000 on a dollar-for-dollar basis up to a maximum of \$100,000 total.</p>				



For more information
Leading Age Services Australia (LASA)
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w: www.lasa.asn.au

For all Member COVID-19 queries
please email: health@lasa.asn.au

