GV Health	**TITLE: In Home Nursing and Allied Health CHSP and HACC PYP Client Contribution Policy – Primary Care Division**		
Document Type:	Policy	**Approved by:**	CC&MH Directorate
Directorate:	Community Care + Mental Health	**Section:**	Primary Care
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POLICY STATEMENT:
Goulburn Valley (GV) Health In-Home Nursing and Allied Health services assist eligible consumers to receive in-home healthcare under various funding models. These include; the Commonwealth Home Support Programme (CHSP) and the Home and Community Care Program for Younger People (HACC PYP). This Policy aligns GV Health with the Fee Collection Principles underpinning both these programs, as per below.

PRINCIPLES:
Consistent with the **CHSP Client contribution Principles**, the following apply:

- **Consistency:** Clients who can afford to contribute to the cost of their care should do so. The cost to the client should not exceed the actual cost of service provision.
- **Transparency:** Fee policies should be publicly available in an accessible format and provided to clients.
- **Hardship:** There is flexibility to support arrangements for clients who are unable to, or experience difficulty paying a co-contribution.
- **Reporting:** The dollar amount of fees collected should be reported on.
- **Fairness:** No client will be disadvantaged through fee collection. The client's capacity to pay will be considered, and the cost should not exceed the actual cost to deliver services.
- **Sustainability:** Fee revenue is utilised to support ongoing service delivery through building the capacity of the organisation to continue to deliver and improve funded services.

Consistent with the **HACC PYP policy Principles**, the following apply:

- Inability to pay, cannot be used as a basis for refusing service, if the person has been assessed as requiring the service.
- Where fees are to be charged, it should be done in accordance with a scale of fees, appropriate to the consumer's level of income, the amount of service used and any changes in circumstances and ability to pay.
- All agencies should be charged at full cost of the service, where consumers are receiving or have received, compensation payments intended to cover the cost of care.
- Consumers with similar income levels (with consideration to expenditure level and service use pattern) should be charged equivalent fees for equivalent services.
- Fees charged should not exceed the actual cost of service provision. Generally, the fee charged should be all-inclusive and cover all materials used in the delivery of service. If there is a significant additional cost for material utilised in care provision, a separate fee may be charged.
- Fee collection should be administered efficiently, and attempts should be made to minimise the cost of administration.
- The revenue from fees is to be used to enhance and/or expand services.
- Procedures for the determination of fees including assessment criteria should be clearly documented and publicly available. The onus is on the service provider to ensure all consumers are aware that this information is available.
- Procedures for determination and collection of fees should consider the situation of special needs groups.
- Assessment of a person's capacity to pay fees should be as simple and unobtrusive as possible, with due regard for individual's privacy. Any information obtained should be treated as confidential.

- Consumers and their supporters and advocates have the right of appeal against a fee determination.
- Solicited donations for services are equivalent to fees and are subject to all provisions of the fee policy. The implementation of this policy cannot be avoided by using the terms payments or donations instead of fees.

OBJECTIVES:
- To ensure clients are fully informed of the costs associated with the care they receive, before they enter into a care arrangement.
- To provide communication about fees that is timely, clear and accessible.
- To deliver fair and equitable access to services for all clients, where a client's ability to pay for service does not influence their access to care.

FEE SCHEDULES:
Fee Schedules are determined by and aligned with the individual funding model; the schedules can be found:
- Commonwealth Home Support Program - Price Guide
- Home and Community Care Program for Younger People – Schedule of fees

INCREASES IN FEES
Fees will be indexed annually in line with the Consumer Price Index. Fees may also be increased in line with increases applicable staff enterprise agreements.

Consumers will be notified of increases to fees at the commencement of each financial year.

COLLECTION OF FEES:
Individual programs have procedures in place in regard to fee collection; these can be found:
- Client Fee Collection - Rural Allied Health Team
- GV Health Home Nursing Service - Fee for Service

RIGHT TO APPEAL:
All clients have the right to raise a concern or lodge a complaint regarding the fees. This can occur at any time, prior to care being provided or anytime during the service delivery. Clients can raise concerns with the service directly, or through GV Health's formal feedback processes.

KEY ALIGNED DOCUMENTS:
- Client Fee Collection - Rural Allied Health Team
- GV Health Home Nursing Service - Fee for Service
- Consumer Feedback Management Procedure - Compliments, Suggestions and Complaints

KEY LEGISLATION, ACTS & STANDARDS:
List all relevant legislation, acts and standards in alphabetical order.
- Aged Care Act 2024 - Federal Register of Legislation

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REFERENCES:

CHSP National Unit Prices and Client Contributions Framework, https://www.health.gov.au/sites/default/files/2025-10/appendix_e_-_chsp_national_unit_price_ranges_and_guide_to_the_national_chsp_client_contribution_framework.pdf (accessed 10/03/2026)

CHSP Charging for the Commonwealth Home Support Program (CHSP) https://www.health.gov.au/our-work/chsp/charging?language=en (accessed 10/03/2026)

Home and Community Care Program for Younger People – Schedule of fees, https://www.health.vic.gov.au/home-and-community-care/hacc-pyp-fees-policy-and-schedule-of-fees, accessed 10/03/2026

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