

SESLHD BUSINESS RULE

Name	SESLHD Commonwealth Home Support Program (CHSP) Client Contribution Business Rule		
What it is	A process outlining the application and collection of SESLHD CHSP client contributions to ensure consistent pricing, collection and reporting across the District.		
Risk Rating	Low	Review Due Date	March 2025
What it is not	<ul style="list-style-type: none"> • A business rule for community services who do not receive CHSP Funding • Not a guide to determine which clients will use CHSP services within SESLHD 		
Why the rule is necessary	<p>SESLHD is contractually required to comply with the Commonwealth Client CHSP Client Contribution Framework (<i>The Framework</i>). The Framework requires providers to be governed by a principles based approach to charging, collection and reporting of client contributions.</p> <p>In accordance with the Framework, all CHSP providers are required to be working towards collecting a minimum of 15% of their grant revenue through client contributions.</p>		
Who it applies to	<p>SESLHD Staff providing service to the following CHSP service types:</p> <ul style="list-style-type: none"> • Social Support Individual • Social Support Group • Centre Based Respite <p>Client contributions are currently not applicable to NSW Health Allied Health and Community Nursing services in accordance with the NSW Health CHSP Client Contributions Policy.</p>		
When to use it	Whenever existing or new clients participate in the above CHSP service types. Currently allied health and nursing services are exempt.		
How to use it	<p>Existing clients/support person will be informed in writing of the new contribution amounts, payment processes and the starting date of contribution collection.</p> <p>New clients/support person are to be informed in writing about the client contribution amounts and payment procedures at the commencement of the service.</p> <p>Letters will be issued by the participating service.</p> <p>Clients will be charged per attendance at Social Support Group and</p>		

Centre Based Respite and will be charged an hourly rate for Social Support Individual services.

Invoicing Procedure:

A client contribution schedule outlining the amounts to be charged to CHSP clients participating in social support (Individual and Group) and centre based respite will be established for each contract period based on the CHSP grant requirement to recover 15% of grant revenue. The schedule will be developed by the Aged Care Strategy Unit, Population and Community Health in consultation with facilities for each CHSP service prior to the contract period and will be distributed to facilities managers.

Senior CHSP Managers are responsible for ensuring that systems are in place to monitor payments received from clients. Where the facility has access to HealthShare, invoices will be generated by HealthShare and sent by post or email (preferred option). Invoices are to be issued to clients on a monthly basis.

Clients may choose to pay by:

Direct debit:

Bank: Westpac
BSB: 032-099
Account Number: 520765
Account Name: South Eastern Sydney Local Health District
Swift Code: WPACAU2S
ABN: 70 442 041 439

Or

Cheque:

Payments by cheque should be mailed to:
*South Eastern Sydney Local Health District
Finance and Corporate Services
Locked Bag 21
TAREN POINT NSW 2229*

Remittance advices should be forwarded to SESLHD-AccountsReceivable@health.nsw.gov.au using the cost centre number as the reference.

An 'SESLHD Receivables Inquiry' in Stafflink may be used to review open and closed invoices at cost centre level. The report is called "NSWH AR Invoice Line detail report".

Receipts for payments will be only be provided at the client's request.

Affiliated Health Organisations are to follow local billing procedures.

	<p>Outstanding Payments/ Payment Reminders:</p> <p>A maximum of four payment reminder letters will be populated by the HealthShare system at 31 days, 45 days, 60 days and 75 days from the invoice date and sent to the client either by post or email (<i>preferred</i>). Where no payment has been received after 75 days, a cost is incurred to the facility by Health Share at either 10% of the debt or \$50 (whichever is greater). CHSP outstanding payments will not be referred to external debt collectors.</p> <p>Financial Hardship Provisions:</p> <p>Clients who are unable to pay either the full amount or part of the contribution may apply for a fee waiver or reduction. These clients or their person responsible should be requested to complete a CHSP fee waiver/reduction application form (<i>see appendix 1</i>). CHSP staff or Team Leaders may assist the client to complete the form where required however if the client does not have capacity to complete the form and has no family/support person to complete the form they will automatically be waived from the client contribution. The completed application should then be submitted to the CHSP Senior Manager for review.</p> <p>The outcome of the fee reduction application process will be provided to the client or their person responsible in writing. The fee waiver/reduction application form and the outcome letter are to be stored locally and not within the client's medical record in Cerner eMR.</p> <p>Data Entry Requirements:</p> <p>CHSP service providers are required to report on client contribution collections within the CHSP Minimum Data Set (MDS) as part of contractual requirements.</p> <p>Social support (<i>Individual and Group</i>) and centre based respite services have a payment field built into Cerner eMR under the scheduling appointment page as per the box below:</p> <div data-bbox="430 1433 614 1534" style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Copayment: 0.000000</p> </div> <p>Where fees are applied, the contribution amount must be entered by the clinician into Cerner eMR and the fee amount will subsequently be extracted uploaded to the Commonwealth Data Exchange (DEX system during monthly bulk data uploads.</p> <p>Cheat sheets have been established to guide clinicians on how to enter client contributions into eMR and can be found at this link; http://sesinet.lan.sesahs.nsw.gov.au/sites/CHIME/Cheat%20Sheets%20%20Funding%20HACC%20CHSP%20DVA/Forms/AllItems.aspx</p>
<p>Who is responsible</p>	<p>Senior CHSP Managers at facilities Katherine Clinch, Manager Aged Care Strategy, Population and Community Health</p>

Ministry of Health / SESLHD reference	Katherine Clinch, Manager Aged Care Strategy, Population and Community Health
Executive Sponsor	Dr Marianne Gale. Director, Population and Community Health
Author	Judy Jeffrey, Program Officer Aged Care Strategy Katherine Clinch, Manager Aged Care Strategy, Population and Community Health

Revision and Approval History

Date	Revision Number	Author and Approval
June 2018	Draft	Application to develop and draft approved by Executive Sponsor
June 2018	0	Business Rule only impacts a small number of SESLHD community clients at the three different facilities. Extensive consultation has occurred with services involved, senior managers of the facilities offering the services (Southcare, Calvary Health Care Kogarah and Prince of Wales Hospital Health), Finance, HealthShare NSW, Commonwealth Department of Health and NSW Ministry of Health.
July 2018	0	Endorsed by SESLHD Clinical and Quality Council
March 2020	1	Minor update – endorsed by Executive Services