

## Home Care Provider Checklist - Implementing SCHADSI Award changes, 1 July 2022

This checklist is for home care providers to assist them with responding to the determination of the Fair Work Commission concerning changes to the home care provisions of the *Social, Community, Home Care and Disability Services Industry Award 2010* (SCHADSI Award) that are operational from the first full pay period on or after 1 July 2022. The aim is to support providers in continuing to support older Australians in enacting the SCHADSI Award changes.



### 1. Employees covered by an Enterprise Agreement

The terms of enterprise agreements will continue to replace the terms of the SCHADSI Award during the life of the agreements. The Award changes will need to be accounted for when it is time to negotiate a new enterprise agreement. It is advisable that affected providers plan ahead in the period leading up to their next agreement negotiation to minimise any sudden disruption to client care arrangements.

### 2. Minimum Engagement/Payment

The minimum engagement/minimum payment for part-time and casual home care employees from the first full pay period on or after 1 July 2022 will be two (2) hours. We suggest that providers will need to:

- Review employee rosters and engagement practices to identify necessary changes to comply with the new minimum engagement period.
- Contact clients (and/or representatives) where changes to their care schedules will need to occur and discuss the impact of the changes giving regard to accommodating client preferences where viable.
- Discuss with clients (and/or representatives) any changes, risks and mitigating actions that may be required in revising care plan visitation schedules, including who will be responsible for the mitigating actions.
- Have discussions with affected part-time employees who need to have a change to their agreed regular pattern of work as a result of the new minimum payment provisions. Attempt to reach agreement on any required changes to their agreed regular pattern of work to ensure compliance.
- Ensure that casual employees are informed of the upcoming change in legislation with specific reference to how they will be offered work.
- Document discussions with all stakeholders regarding the above as appropriate.
- Finalise employee roster changes on completion of the above to include necessary changes to comply with the new minimum engagement period/payment schedule.

### 3. Broken shifts

Employers may roster an employee to work a broken shift with up to two unpaid breaks (not including meal breaks) within a 12-hour span of hours. There needs to be agreement regarding a shift with two breaks and this can be contained in an agreed regular pattern of work to show agreement each time they are worked. There is also the introduction of two broken shift allowances. One for a broken shift with one break and another for a broken shift with two breaks. We suggest that providers will need to:

- In preparation, identify rosters which have broken shifts with more than two breaks and change the roster to ensure that these no longer occur.
- Review any issues of concern with affected employees with regards to compliance to identify amenable actions for response.
- Ensure that only broken shifts with one or two breaks are rostered from the first full pay period on or after 1 July 2022.
- Ensure that they are paying the correct broken shift allowance from the first full pay period on or after 1 July 2022.

#### **4. Client Cancellations**

Part-time/full-time employees will need to be paid for any part of a cancelled shift where less than seven (7) days advance notice of the cancellation occurs. We suggest that providers will need to:

- Conduct an interval-audit to understand patterns of occurrence of unplanned employee roster changes due to client requested cancellations or changes in care schedules that occur within the 7-day period preceding a scheduled employee visit to a client.
- Identify the cost impacts that will emerge in response to this pattern of unplanned employee roster changes due to client requested cancellations or changes.
- Revise their client cancellation policy with communication of any changes to clients (and/or representatives) with sufficient lead time for their response and provider follow-up prior to implementation commencing 1 July 2022.
- Discuss and document all these interactions with clients (and/or their representatives) giving account to client risks and mitigating actions, including who will be responsible for the mitigating actions.

LASA home care Members are encouraged to seek advice from LASA's Employment Relations Team when needed. Phone 1300 111 636 or email [EmploymentRelations@lasa.asn.au](mailto:EmploymentRelations@lasa.asn.au)

### **Other considerations**

#### **5. Cost Increases**

From 1 July 2022, Commonwealth Home Support Program (CHSP) providers will need to report monthly to the Department of Health on services delivered against contracted services as part of the 2022-23 Grant Extensions. Where there is an under-delivery of services against a contract, we recommend that providers seek to understand the reason for this, including the cost impacts of the SCHADSI Award changes where applicable.

We recommend that Home Care Package (HCP) providers assess the cost impact of implementing the SCHADSI Award changes, including additional care management time, rostering time, and issue escalation in enacting these changes. This will assist providers to factor these costs into any HCP price increase to be implemented consistent with the terms for enacting price increases within client agreements.

#### **6. Client Agreements**

There has been some confusion in the sector about the mechanism by which clients are taken to consent to changes in HCP prices, or other elements of client agreements or the terms and conditions on which providers offer services.

In recent years, it has been contended by the Department of Health and the Aged Care Quality and Safety Commission that the client must take positive affirmative steps to indicate agreement to any changes in terms and conditions for their receipt of Government funded in-home care.

We maintain that this is contrary to generally accepted practice regarding routine changes to prices or other contractual terms that merely require reasonable notice and an opportunity to refuse these changes, and it has consequently added unnecessarily to already high administrative costs.

However, in the case of relatively significant changes to client agreements that arise in the context of implementing the SCHADSI Award changes, it would be prudent and appropriate for providers to discuss the changes with all clients.

In 2020 the advice was given to the sector via Department of Health correspondence to LASA, indicating that it would be acceptable for HCP providers to put a clause in their client agreements to indicate where a reasonable annual price increase, consistent with CPI and Award changes, may be implemented without incidental consent needing to be sought.

Advice from the Department of Health and the Aged Care Quality and Safety Commission was issued to LASA in September 2020 on home care provider's enacting annual HCP price increases in client agreements. Where providers previously actioned this advice, they may be able to streamline the implementation of reasonably justified price increases that have resulted from the SCHADSI Award changes. The advice communicated at that time to LASA and its Members is as follows:

*We recognise that providers may need to alter the price charged for the care or service to reflect events such as changes in award rates and consumer price indexation (CPI). If a provider is explicit with its intent to increase prices yearly (for example a cap of 3-5% increase) or with CPI it must be clearly described in the care recipient's Home Care Agreement. A provider must ensure the care recipient completely understands and agrees to these increases and understands and agrees to the applicable timeframes. The underlying principle is that the price increases should be clearly articulated in writing if a provider wishes to avoid annual re-signing by care recipients; otherwise if there is any ambiguity from a care recipient's perspective then the Commission and the Department require the agreement to be signed annually by the care recipient for any price increase reasons.*

## **7. Care Plans**

Changes to client care plan visitation schedules will require advanced communication and prior consent to the change by the client (and/or representative). It is important to document all discussions with clients (and/or representatives) regarding this matter.

## **8. Client Communications**

Home care providers should issue advanced communication to all stakeholders who will be impacted by enacting operational changes in response to the SCHADSI Award changes. The underlying principle is that the SCHADSI Award changes, while intended to increase the attractiveness of working in aged care, will come with changes to current care and service delivery. To assist with the implementation of these changes, it is recommended that they be clearly articulated to clients (and/or their representative) to avoid any ambiguity from the client's perspective in understanding the nature and reasoning for the changes.

## **9. Policy and procedures**

We recommend that all relevant home care operational policies and procedures be reviewed and updated in a timely manner so that they are consistent with the SCHADSI Award changes.