Frequently Asked Questions
Indigenous Australians' Health Programme (IAHP) and COVID-19
Updated 22 April 2020

COVID-19 - General		
Number	**Question**	**Response**
1	Where can providers find information about COVID-19?	Information is available on the Australian Government Department of Health website **health.gov.au**, or the following link: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert . Providers are encouraged to review this website regularly as information is being updated as circumstances change. This is the best source of information for grant recipients to enable them to make informed decisions about their operations. Resources include a Department of Health Factsheet on COVID-19, educational posters and the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19). Department of Health has published a Management Plan for Aboriginal and Torres Strait Islander Populations, which complements the National Emergency Response Plan. The Plan was developed by the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 and was endorsed by the AHPPC on 27 March 2020. An Infection Control Training Module, *"How to protect yourself and the people you are caring for from infection with COVID-19"* is also available online. Providers are encouraged to consider and share the link with care workers across all sectors including health, aged care and disability. Further complementary online training targeting Aboriginal and Torres Strait Islander health workers is expected to be developed in the near future. State Health Departments publicly available information and resources are at: • Queensland Health https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19

		- NSW Health https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx - Victoria Health and Human Services https://www.dhhs.vic.gov.au/coronavirus - SA Health https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+topics+a+-+z/novel+coronavirus - NT Health https://health.nt.gov.au/health-alerts/novel-coronavirus-covid-19 - WA Health https://ww2.health.wa.gov.au/coronavirus - Tasmania Health https://dhhs.tas.gov.au/ In addition providers can contact Australian Coronavirus Helplines at: - HealthDirect – Helpline 1800 022 222 - HealthDirect – Coronavirus 1800 020 080 - Victoria – DHHS 1800 675 398 - Queensland – 13HEALTH 13 43 25 84 - Tasmania - Public Health Hotline 1800 671 738
2	Where should IAHP providers direct questions related to COVID-19?	If the question relates to the Coronavirus / COVID-19 or response preparedness generally, the provider should be directed to https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert or the above helplines. If the question is specific to the delivery of an IAHP grant, the provider should be directed to their usual Funding Arrangement Manager (FAM).
3	What criteria should providers apply when considering whether to test a patient for COVID-19 infection or determining treatment?	Providers should be referred to the publicly available information from the Australian Government Department of Health at the following link: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert, noting there is a section specific to resources for health professionals.

4	Will the Australian Government be running any COVID-19 messaging via rural and remote local radio stations as part of educating communities about the risks and approach to managing COVID-19?	The Australian Government has engaged First Nations owned media company, 33 Creative, to provide creative and public relations services including; - adapting mainstream messaging to be culturally appropriate - working with respected Aboriginal and Torres Strait Islander spokespeople and community members - in-language translations

		• targeted stakeholder and sector outreach • distribution of messaging via trusted community indigenous led media outlets. These materials will prioritise remote communities and local language translations, and are being worked through in partnership with First Nations Media. The mediums used include radio, print, television, Health TV static tiles, posters, social media, and EDM newsletters. The materials will supplement the existing communication messages available at health.gov.au and can be found at https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-aboriginal-and-torres-strait-islander-people-and-remote-communities
5	Are there any video messages/podcasts put out by Indigenous Australian doctor/health professionals on COVID-19 to help staff feel safe while working on the front line? If so, where can these be sourced? If not, is this something that could be developed?	The above links include Doctors and other Medical Professionals. Further, 33 Creative are working with the Australian Indigenous Doctors Association to expand the suite of messaging from Indigenous Doctors across the country. Further video messaging and information will be made available on a regular basis.

Financial

Number	Question	Response
6	Will there be specific funding assistance available to support IAHP providers in preparing for COVID-19 impacts and, if so, how can providers access this? Will this include specific funding supports for providers servicing remote and very remote communities?	Funding of $5 million has already been provided under the Remote Community Preparedness Grants package to targeted remote communities to assist with planning and preparedness activities. The purpose of the grants is to provide flexible funding to undertake any activity that the community prioritises as part of preparedness for COVID-19. In addition to these grants, in order to support services and address funding need, the Department of Health has agreed that core primary health care funding and previously approved 2018/19 program underspends can be redirected to support local health need and ACCHS individual responses to the pandemic. It is important that where possible, essential primary health care service delivery needs to continue during this time. Providers will need to provide the detail of activities undertaken with such funding as part of the 2019-20 financial acquittal process.
7	My organisation is not going to be able to deliver its approved activities this financial year due to the COVID-19 situation. Can I redirect my funding to support my organisation's COVID-19 response?	***For Comprehensive Primary Health Care funding*** Yes. Primary health care funding can be used for expenses associated with your COVID-19 response. However, where possible, essential primary health care service delivery needs to continue during this time. Please let your FAM know which activities have been postponed/suspended. Providers will need to provide the detail of activities undertaken with such funding as part of the 2019-20 financial acquittal process. ***For other funding*** If you believe there is a need to use IAHP funding provided for other programs for another COVID-19 related purpose, please send the request to do so via your FAM. Requests will be considered on a case-by-case basis and there is no guarantee of approval.
8	My organisation is not going to be able to deliver its approved activities this financial year due to the COVID-19 situation. Can I rollover these funds into 2020-2021?	Where activities are impacted by COVID-19 and an underspend is incurred, roll over of these funds for use in 2020-21 will be considered as part of the 2019-20 Unspent Funds Policy.
9	My organisation is not going to be able to complete an activity with funds that were carried over from last financial year (2018-2019) due to COVID-19 impacts. Can I roll this funding over into next financial year?	No. For all programs under the IAHP, providers should progress the approved activity if possible. If it is not possible to complete the approved activity and there is a need to undertake COVID-19 response activities, previously approved 2018/19 underspends may be redirected for this purpose, or a new activity can be negotiated.

10	Where a provider has an approved 2018-19 underspend proposal and determines it has become a low priority compared to COVID-19 response needs, can the provider redirect the underspend towards its COVID-19 response?	***For Comprehensive Primary Health Care funding*** Yes, provided the redirection does not impact the organisation's ability to provide essential primary health care service delivery. Providers should let their FAM know of any redirection of 18/19 approved underspend proposal. **For other funding** If you believe there is a need to use IAHP funding provided for other programs for another COVID-19 related purpose, please send the request to do so to your FAM. Requests will be considered on a case-by-case basis and there is no guarantee of approval.
11	Where a provider has an underspend <u>debt</u> owing to the Department of Health for any IAHP activity, can these funds be retained to support COVID-19 response activities?	**For all programs:** **No, if a Provider has been notified that a debt is owing, whether or not a Debtor Tax Invoice has been issued**, the funds will need to be repaid to the Department of Health. If you don't know if a debt recovery is in progress, please ask your FAM.
12	My funding agreement ends on 30 June 2020 and I have been advised a new funding agreement will be offered. Will my new funding offer be impacted by the COVID-19 pandemic?	No. The Department of Health and the Community Grants Hub are working together to support funding offers in alignment with standard processes and timeframes.
13	A staff member has contracted COVID-19 whilst at work. Do I need to pay them?	Providers should consider their obligations under any applicable enterprise agreement, award, employees' employment contracts or workplace policies. Further information is available on the Fair Work Ombudsman's website at https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws.
14	My organisation needs to close for a period of time due to COVID-19. Do staff need to be paid for this period?.	Providers should consider their obligations under any applicable enterprise agreement, award, employees' employment contracts or workplace policies. Further information is available on the Fair Work Ombudsman's website at https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws.
15	What will happen if an organisation's casual workers are not able to work – will providers have to pay them? How should this be managed in the context of potential budgetary blow-outs?	Casual employees are usually not entitled to be paid when they do not work. However, providers should also consider their obligations under any applicable enterprise agreement, award, employees' employment contracts, workplace policies or additional

| | | COVID-19 related Australian Government or applicable State/Territory Government advice.

Further information is available on the Fair Work Ombudsman's website at https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws. |
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| 16 | Will providers be supported to cover costs incurred and honour financial commitments where a service can no longer be fulfilled, for example, where it has pre-paid booking fees for a charter flight and there are relationship continuity impacts to consider (in addition to financial considerations)? | It is a requirement that expenditure aligns with program objectives, unless otherwise agreed by the Department of Health. Within this context, providers are encouraged to make decisions that support business and service continuity now and into the future. |
| 17 | What supports will be provided if financial viability becomes an issue for an IAHP provider as a result of COVID-19 impacts? | Organisations should continue to operate within their funding envelope. However, if financial viability becomes an issue for a provider, the provider must immediately notify their FAM. The CGH and Department of Health will work with providers on a case-by-case basis to ensure continuity of care for patients. |
| 18 | Can providers use existing funds to purchase laptops/mobile phones for staff to deliver services remotely and on-line? | Yes, this is already permissible under current PHC arrangements as it supports continuity of service delivery. All purchases must be accounted for in the provider's asset register and treated in the same way as other workplace assets. |
| 19 | Providers are reporting that a reduction in client numbers has significantly impacted capacity to generate Medicare revenue, which they are reliant on to continue operating in many cases. Will there be funding provided to offset this reduction in Medicare income? | New COVID-19 telehealth measures have been implemented to help reduce community transmission of COVID-19 and provide protection for providers and patients alike. Since 13 March 2020, the Government has been progressively enabling access under the Medicare Benefits Schedule (MBS) to telehealth for many consultations between patients and their general practitioners, mental health providers and medical specialists.

The new MBS items are maintaining patients' access to healthcare while also supporting self-isolation, reducing the risk of exposure to COVID-19 and its spread. This includes Health Assessments for Aboriginal and Torres Strait Islander people (MBS Item 715, or telehealth items 92004 or 92016).

Further, on 30 March 2020, the Government increased access to telehealth services to include allied health services (including by video and telephone) to eligible patients.

Eligible patients include Aboriginal and Torres Strait Islander peoples who have had an MBS Health Assessment or have a GP chronic disease management plan with team |

		care arrangements, or both. These assessments and plans each enable eligible patients to access up to 5 Medicare rebateable allied health services in a calendar year.
		Aboriginal and Torres Strait Islander people who are eligible for allied health services under both programs are eligible for ten allied health services per calendar year. Importantly telehealth consults are included in the episodes of care (EoC) count for the annual Online Service Report (OSR). This has always been part of the OSR EoC definition (Care delivered over the phone that results in an update to the patient's individual record, and telephone contact with clients that is of a clinical nature are to be included in the EoC count).
		Further information on the MBS items can be found at: http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Downloads-202003
		Further information, including Practice Incentive Payments can be found at: https://www.health.gov.au/resources/publications/covid-19-national-health-plan-primary-care-package-mbs-telehealth-services-and-increased-practice-incentive-payments
20	What support or stimulus package can the sector get to support staff to stay safe and out of hardship due to COVID-19 impact?	The safety and security of personnel and the communities they service should always be considered. Providers should consider information and advice from Department of Health at the following link: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert.
		All providers should consider their obligations under any applicable enterprise agreement, award, employees' employment contracts or workplace policies.
		For information and eligibility requirements regarding the assistance provided by the Australian Government for COVID-19, please visit the following websites:
		www.ato.gov.au/General/COVID-19/?=redirected_URL OR www.servicesaustralia.gov.au/individuals/subjects/affected-coronavirus-covid-19

21	Can IAHP funds be used to pay our staff additional leave (e.g. where staff are vulnerable and not able to work from home)?	It is a requirement that expenditure continues to align with program objectives and service continuity is prioritised. No funding is available to support additional leave payments. Increased unpaid leave provisions are a business decision for the provider in the context of ensuring service continuity.
		For information and eligibility requirements regarding the assistance provided by the Australian Government for COVID-19, please visit the following websites:
		www.ato.gov.au/General/COVID-19/?=redirected_URL OR
		www.servicesaustralia.gov.au/individuals/subjects/affected-coronavirus-covid-19

One-Off Projects		
Number	**Question**	**Response**
22	Where a provider is funded to deliver a one-off activity or project (either an ad-hoc, Service Maintenance Program or capital works project) that cannot be completed by 30 June 2020 due to COVID-19 impacts, can the funding arrangement be extended to accommodate this?	Providers should send any request for extensions of time to complete projects to their FAM as soon as they are aware an extension may be needed. No additional funding for one off projects will be considered through this process. Please note, this relates to project / ad-hoc funded activities and does not relate to recurrent / ongoing grants where the provider wishes to seek approval to rollover a forecasted 2019-20 underspend. 2019-20 underspends will be considered in alignment with the 2019-20 Unspent Funds Policy.

Service Delivery, Continuity and Safety		
Number	**Question**	**Response**
23	What are providers responsibilities in the event core primary health care services are unable to be delivered or a clinic is closing / has been closed due to COVID-19 impact?	The safety and security of personnel and the communities they service should always be considered when determining whether service delivery can continue. Providers should consider information and advice from Department of Health at the following link: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert. Providers should have an up-to-date service continuity plan to cover events and risks such as this, including how they will manage a potential cessation in service delivery. Plans should address any risks associated with being unable to continue services and have systems, internal policies and processes in place to manage, monitor and report incidents. Sufficient notice must be given to the community if changes in service arrangements are likely. Advice in relation to this should be directed to the provider's usual FAM.
24	Primary Health Care staff are currently under strain due to COVID-19 which may impact reporting ability in relation to the delivery of primary care services and the provision of clinical activity in relation to the Aboriginal and Torres Strait Islander Health - National Key Performance Indicators and Online Service Reports. Will providers be penalised if they are unable to meet agreed funded primary health care activities, deliverable milestones and key performance indicators?	National Key Performance Indicator (nKPI) Reporting for the January to June 2020 reporting period (opening on 1 July 2020) and for the June to December 2020 reporting period (opening on 1 January 2020) will be strongly encouraged, but will not be mandatory. Similarly, the On-line Service Report (OSR) reporting for 2019-20 (opening on 1July 2020) will be strongly encouraged, but will not be mandatory. The mandatory condition in the Indigenous Australian's Health Programme (IAHP) grant funding agreement that the NKPI and OSR reporting for these periods will be waived. As the nKPI and OSR data collected through the Health Data Portal is used by services to monitor and benchmark progress and achievement, achieve clinical milestones and service delivery, and inform continuous quality improvement, services are encouraged to submit their data to inform these processes, but ultimately this will be a decision for each funded service to do this, or not. For future reporting periods nKPI and OSR reporting will return to normal and will again become a mandatory condition of IAHP grant funding from January 2021 onwards. No, there will be no penalties, but providers should report any proposed change or cessation of services resulting from the COVID-19 pandemic to their FAM as soon as possible.

25	COVID-19 has created additional pressures for our health service, and impacted the capacity of our staff to carry out business as usual activities, including reporting. Will I still have to submit reports for nKPI, OSR and HCP number reports in July – August 2020?	There are a number of benefits for your health service and the broader Closing the Gap agenda that are achieved through data reporting, which is the submission of this data will be strongly encouraged but not mandatory. The Health Data Portal was co-designed by the Indigenous health sector so key health data could be reported in a streamlined and efficient way and to ensure that is ready accessible to services to inform service delivery, monitoring and continuous quality improvement. nKPI reporting for the January to June 2020 reporting period (opening on 1 July 2020) and for the June to December 2020 reporting period (opening on 1 December 2020) is encouraged, but will not be mandatory. Similarly, OSR reporting for 2019-20 (opening on 1 July 2020) is encouraged, but will not be mandatory. nKPI and OSR reporting will return to normal and will again become a mandatory condition of IAHP grant funding after these reporting periods.
26	COVID-19 has impacted our ability to deliver primary health care services under the Indigenous Australian's Health Programme (IAHP) funding agreement. This has impacts on the data to be submitted for the nKPI and OSR reports. If I submit reports the figures will show a significant variation from previous reporting periods as a result of resources being redirected to COVID-19 activities will this have an impact on my funding under the IAHP Primary Health Care funding model?	The changes in the nPKI or OSR data submitted will provide a clear picture of the impacts of COVID-19 on services and service delivery for your health services and the broader Aboriginal and Torres Strait Islander community. Therefore, there is immense value in submitting the nKPI and OSR reports. We note that reporting will be strongly encouraged, but will not be mandatory. No. The Department is in the process of finalising three year funding agreements, as informed by the Funding Model, for organisations for the period July 2020 through to June 2023. IAHP Primary Health Care (PHC) Funding Model (the Funding Model) calculations are based on activity levels, the cost of delivering services and the relative health needs of locations. Activity levels have been calculated using Client Numbers and Episodes of Care as reported in the Online Services Report (OSR) for the 2018-19 data period. Any future IAHP PHC funding that is calculated using the Funding Model will not take into account OSR data within the voluntary reporting period where an organisation either chooses not to report (as reporting will be strongly encouraged, but not mandatory) or alternatively where there is significant variation from previous reporting periods.

27	As the Commonwealth funds core Primary Health Care, will Department of Health have a contingency plan for access to locums, GPs, other AMS staff? How will cultural safety be ensured if an organisation is required to use locums and other short-term personnel during this period?	Providers should have an up-to-date service continuity plan to cover events and risks such as this, including how they will manage a potential cessation in service delivery. Plans should address any risks associated with being unable to continue services and have systems, internal policies and processes in place to manage, monitor and report incidents. The Department of Health is investigating options for increasing access to replacement or additional primary health care staff. Any option will be subject to availability of health professionals.
28	Should providers be cancelling group activities and events and will they be penalised if they take this approach?	Providers should act in accordance with Australian Government advice on gatherings available from Department of Health at the following link: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert, with particular emphasis on advice related to social distancing, including the following extract: **Social distancing** One way to slow the spread of viruses is social distancing. For example: staying at home when you are unwell; avoiding large public gatherings if they're not essential; keeping a distance of 1.5 metres between you and other people whenever possible; and minimising physical contact, especially with people at higher risk such as older people and people with existing health conditions. Find out more about social distancing and avoiding public gatherings and visits to vulnerable groups. There will be no penalties imposed on IAHP providers that are unable to fulfil group activities or events due to the COVID-19 pandemic. Where a provider can safely and appropriately deliver activities using technology in lieu of face-to-face or group sessions this is supported. Where a provider is funded specifically to deliver a group activity or event, or is funded under an IAHP program with this focus type, the provider should report any proposed change or cessation resulting from the COVID-19 pandemic to their FAM as soon as possible.
29	Does the Department of Health support the use of alternative program delivery options using technology in lieu of face-to-face / group sessions?	Yes. Where a provider can safely and appropriately deliver activities using technology in lieu of face-to-face or group sessions this is supported.

30	Where can providers access Personal Protection Equipment (PPE)?	If providers are experiencing PPE shortages, it is recommended they raise the issue directly with their PHN and also with their Affiliate within their state or territory which may also be able to escalate on their behalf. The latest factsheets regarding PPE can be found at: https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers#personal-protective-equipment-ppe
31	What should providers do if they run out of PPE and other critical supplies?	Providers should have an up-to-date service continuity plan to cover events and risks such as this, including how they will manage a potential cessation in service delivery. Plans should address any risks associated with being unable to continue services and have systems, internal policies and processes in place to manage, monitor and report incidents. If providers are experiencing PPE shortages, it is recommended they raise the issue directly with their PHN and also with their Affiliate within their state or territory who may also be able to escalate on their behalf. The latest factsheets regarding PPE can be found at: https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-healthcare-managers#personal-protective-equipment-ppe

32	Should a community opt to stop a provider from entering to deliver a service under Outreach to protect the community from COVID-19, and the provider is already en route or the visit is part of a multidisciplinary / multi-destination itinerary, can the service provider claim relevant costs already incurred for the journey / that leg of the journey?	Yes, as costs incurred in this scenario are unavoidable and support broader service continuity.
33	What are the Department of Health's expectations where an Outreach service plan cannot be fulfilled due to safety issues or concerns related to COVID-19?	The safety and security of Outreach providers and the communities they service should always be considered when determining whether a service should proceed. In determining whether to complete an Outreach service, providers should consider information and advice from Department of Health at the following link: https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert