



Specialised Aboriginal and Torres Strait Islander Status Approved Provider Application Form

Purpose of this form

This form should be used by approved providers of residential care (providers) to apply for Specialised Aboriginal and Torres Strait Islander status for a service under the Australian National Aged Care Classification (AN-ACC) funding model. A separate form is required in respect of each service applying this status.

The Department of Health and Aged Care (the department) uses information collected in this form for the purposes of determining whether the Specialised Aboriginal and Torres Strait Islander status eligibility requirements are met.

When this form should be used

This form should be used by providers seeking a determination of Specialised Aboriginal and Torres Strait Islander status for the first time, as well as providers seeking to extend this status beyond the current approval period, including in respect of services that had Specialised Aboriginal and Torres Strait Islander status during the transition period.

Eligibility requirements

Determination of Specialised Aboriginal and Torres Strait Islander status and therefore payment of a Specialised Aboriginal and Torres Strait Islander base care tariff rate is contingent on a determination being made that the service is in a 2019 Modified Monash Model (MMM) 6 or MMM 7 location, and the following eligibility requirements being met.

Care recipient requirements:

1. On the day before the application was made, at least 50% of non-respite care recipients (being 50% of places occupied by non-respite care recipients) were Aboriginal and/or Torres Strait Islander persons.

Provider requirements:

1. The provider or one of its key personnel have demonstrated experience in providing or the capacity to provide specialist Aboriginal and Torres Strait Islander programs, and
2. The residential care service is providing such specialist programs or has given an undertaking to begin providing within three months of the application being made.

How to complete this form

A representative of the provider of the residential care service seeking to acquire specialised Aboriginal and Torres Strait Islander status is to complete and submit this application form to the department at subsidiesandsupplements@health.gov.au.

Privacy notice

Personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles and is being collected by the department for the primary purpose of determining a residential service's eligibility for a specialised Aboriginal and Torres Strait Islander status.

If you do not provide this information, then the department may not be able to assess the residential service's eligibility for Aboriginal and Torres Strait Islander status

You can get more information about the way in which the Department of Health and Aged Care will manage your personal information, including our privacy policy, at <https://www.health.gov.au/resources/publications/long-form-specialised-status>

Further information and help

For any questions regarding this form, please contact the department by telephone on (02) 6289 1555 or free call 1800 020 103, or complete the online enquiries form at www.health.gov.au/about-us/contact-us/general-enquiries.

Please refer to the Specialised Base Care Tariff Guide for additional eligibility information, or email the Subsidies and Supplements section at subsidiesandsupplements@health.gov.au.

Specialised Aboriginal and Torres Strait Islander Status Approved Provider Application Form

Part A - Provider details

National Approved Provider System (NAPS) Provider ID:

Provider name:

Provider phone number:

Provider email address:

Part B - Service details

National Approved Provider System (NAPS) Service ID or Residential Aged Care System (RACS) Service ID:

Residential care service name:

Physical address of the residential care service:

Residential care service phone number:

Residential care service representative email address:

This application is to (select one only):

Apply for Specialised Aboriginal and Torres Strait Islander status

Renew existing Specialised Aboriginal and Torres Strait Islander status

This residential care service is (select one only):

Currently providing specialised Aboriginal and Torres Strait Islander programs

Giving an undertaking to provide such programs within three months

Part C - Application details

Care recipient requirements:

Please describe how your service meets and will continue to meet the requirement for a minimum of 50% of non-respite care recipients who are Aboriginal and Torres Strait Islander persons.

If this is a new Specialised Aboriginal and Torres Strait Islander status application, please also attach a list of care recipients at your service who are Aboriginal and Torres Strait Islander, including their individual care recipient ACMPS ID or Aged Care ID numbers.

The table below is expandable. Relevant attachments can also be provided.

--

Provider requirements (specialised personnel):

Please describe the experience your service and/or key personnel have in providing specialised Aboriginal and Torres Strait Islander programs, including:

- programs to deliver care and services that are culturally safe for, and tailored to meet the particular needs of, Aboriginal or Torres Strait Islander care recipients
- programs to promote social and cultural engagement and participation of Aboriginal or Torres Strait Islander care recipients
- any other relevant programs and activities.

The table below is expandable. Relevant attachments can also be provided.

--

Provider requirements (specialised programs):

Please describe the specialised Aboriginal or Torres Strait Islander programs this service is currently providing or giving an undertaking to provide within three months. Such programs may include but not be limited to:

- programs to deliver care and services that are culturally safe for, and tailored to meet the particular needs of, Aboriginal or Torres Strait Islander care recipients
- programs to promote social and cultural engagement and participation of Aboriginal or Torres Strait Islander care recipients
- any other relevant programs and activities.

The table below is expandable. Relevant attachments can also be provided.

--

Part D - Provider declaration (all providers must complete)

I declare that the information provided in this application form is true and correct at the time of submission, and that I am authorised to make this application.

Name of person completing this application:

Position held within provider organisation:

Signature:

Date:

Part E - Provider undertaking (to be completed by providers not currently providing but intending to provide the specialised homeless programs and activities described above)

I undertake to provide the programs and activities listed in this application within three months after this application is made. I understand that I will lose Specialised Homeless status if this undertaking is not met, including eligibility to receive the Specialised Homeless base care tariff.

Name of person completing this undertaking:

Position held within provider organisation:

Signature:

Date: