



Australian Government

Department of Health

## Application to transfer home care services to another approved provider

This form provides notice to the Department of Health (Health) about your intention to **Transfer a home care service** - where clients are exited from a service and transferred to a service of another approved provider. This is likely to be the result of a merger or acquisition. The original service will only be closed if this is requested. You may wish to leave it open but list it as inactive in My Aged Care.

**Note:** You are not required to complete this form if you are wanting to move clients between services or service items between outlets of the **same** approved provider. You are able to do this in the provider portal. For information on how to complete this process, see the quick reference guide available on the [Information for service providers](#) website.

Please ensure that you have read and understood the '[Transferring home care services to another approved provider](#)' fact sheet before completing this application.

If you have any questions about this process, please discuss these with your Department of Health State Network (HSN) representative (call 1800 020 103 and ask for aged care services in your state or territory).

### Requirements

An approved provider seeking to transfer home care services to another approved provider must meet the following requirements:

- The application must be made at least 60 calendar days prior to the requested variation day. Please contact Health to discuss immediately if you believe this may not be possible.
- The requested variation day must be the **first day of a month** to align with the claims process.
- The application cannot be used as a trigger for new fee arrangements to be applied to clients.
- You must be up to date with your claiming for all services impacted by the change. If not, work with the Department of Human Services (DHS) to resolve any outstanding claims first.
- **You must provide a list of clients** and their Aged Care Management Payment System (ACMPS) IDs. For example, you could attach a copy of the service payment statement from DHS.

Do not use this form if you are intending to establish a new home care service. Requests to establish a new service are to be made prior to transferring services, via the [Home Care Service Notification Form](#). The Home Care Services Notification Form should also be used if you are an existing provider looking to change the name and/or address of an existing service that you are operating.

**IMPORTANT:** Do NOT make any changes in the Aged Care Online Payment System unless specifically instructed to by DHS after they have suspended advance payments, as this **may result in the withdrawal of a client's home care package**.

*\*DHS cannot vary the services until the date of merger has occurred and departmental processes are complete. Therefore approved providers will not see the changes reflected immediately upon the date of effect. That is, DHS may agree to the merger on the agreed first day of the month however there may be a delay in the display of information in DHS online systems.*

## Considerations

Before transferring home care services from one approved provider to another, consider the following:

Consideration	Impact
<b>Updates in Aged Care Management Payments System (ACMPS) by DHS</b>	<ul style="list-style-type: none"> <li>Clients are exited from a service and entered into another. This is a manual process that cannot be reversed.</li> </ul>
<b>Notifying DHS of changes</b>	<ul style="list-style-type: none"> <li>You must notify DHS of any changes to arrangements for the payment of subsidies, such as bank account details or authorised signatories. <a href="https://www.humanservices.gov.au/organisations/health-professionals/forms/ac015">https://www.humanservices.gov.au/organisations/health-professionals/forms/ac015</a></li> </ul>
<b>Claiming and payments</b>	<ul style="list-style-type: none"> <li>No impact, however you should monitor payments to ensure that subsidies are paid correctly.</li> <li>If payment issues occur, notify DHS.</li> </ul>
<b>Subsidy and supplement eligibility</b>	<ul style="list-style-type: none"> <li>The Oxygen and Enteral Feeding supplements do not automatically transfer. The new provider needs to submit a new form to DHS, including medical evidence.</li> <li>The viability supplement may be affected depending on the location of the client.</li> <li>No impact to all other supplements.</li> </ul>
<b>Clients</b>	<ul style="list-style-type: none"> <li>A new means test will not be triggered.</li> <li>Discuss with clients whether a new Home Care Agreement needs to be signed.</li> <li>Advise clients of their rights under the <a href="#">Charter of Care Recipients' Rights and Responsibilities - Home Care</a></li> </ul>
<b>Security of tenure</b>	<ul style="list-style-type: none"> <li>Must be adhered to and protected as provided for in Section 56-2 of the <i>Aged Care Act 1997</i> and Part 3 Division 2 of the <i>User Rights Principles 2014</i>.</li> </ul>
<b>Unspent Home Care Amounts</b>	<ul style="list-style-type: none"> <li>You must meet legislative obligations under the <i>Aged Care Act 1997</i> with regards to the treatment of a client's unspent home care amount.</li> <li>See Division 3A of the <i>User Rights Principles 2014</i> <a href="https://www.legislation.gov.au/Details/F2017C00141">https://www.legislation.gov.au/Details/F2017C00141</a></li> <li>See Health's website for fact sheets on Unspent Home Care Amounts and worked examples <a href="https://agedcare.health.gov.au/programs/home-care/home-care-packages-programme-resources/unspent-home-care-amounts">https://agedcare.health.gov.au/programs/home-care/home-care-packages-programme-resources/unspent-home-care-amounts</a></li> </ul>
<b>Updates in My Aged Care portal</b>	<ul style="list-style-type: none"> <li>New service referrals will be issued and accepted as part of the transferring services process. This is completed for you, and providers do not need to take action. Note that provider's will likely receive a system generated notification that the client has initiated a transfer.</li> <li>Client information will be viewable under the outlet providing the service; provided you have linked them in the portal.</li> <li>The care commencement date will show as the date that the transfer took effect.</li> </ul>
<b>Financial Reporting</b>	<ul style="list-style-type: none"> <li>You are required to provide information for the Aged Care Financial Report for all Service IDs.</li> </ul>

Note: The considerations listed in this table are not exhaustive and you should fully investigate your obligations before commencing this application.

## Part 1

### Part 1a – Approved Provider Details (continuing service)

Item	Response
<b>Name of Approved Provider:</b>	Click here to enter text.
<b>NAPS Approved Provider ID:</b>	Click here to enter text.
<b>Postal address of Approved Provider</b>	
Street address / PO Box:	Click here to enter text.
Suburb and State/Territory:	Click here to enter text.
Postcode:	Click here to enter text.
<b>Contact Officer for this Application</b>	
Title:	Click here to enter text.
First name:	Click here to enter text.
Surname:	Click here to enter text.
Position:	Click here to enter text.
Contact telephone number:	Click here to enter text.
Email address:	Click here to enter text.

### Part 1b – Approved Provider Details (ceasing service)

Item	Response
<b>Name of Approved Provider:</b>	Click here to enter text.
<b>NAPS Approved Provider ID:</b>	Click here to enter text.
<b>Postal address of Approved Provider</b>	
Street address / PO Box:	Click here to enter text.
Suburb and State/Territory:	Click here to enter text.
Postcode:	Click here to enter text.
<b>Contact Officer for this Application</b>	
Title:	Click here to enter text.
First name:	Click here to enter text.
Surname:	Click here to enter text.
Position:	Click here to enter text.
Contact telephone number:	Click here to enter text.
Email address:	Click here to enter text.

## Part 2 – Variation Form

Question	Response
<b>Reason for transferring home care services:</b>	Click here to enter text.
<b>Date of variation (must be the first of a month):</b>	Click here to enter text.

## Part 3 – Transferring Home Care Services Details

### Part 3a – Continuing Service Details

Please indicate which service is the 'continuing' service in both My Aged Care and the aged care management payment system. This is the service that will **remain active** and deliver services to the transferred client(s).

Item	Response
<b>Name of <u>continuing</u> service:</b> <i>This is the service where clients will be transferred</i>	Click here to enter text.
<b>NAPS Service ID</b> (continuing service):	Click here to enter text.
<b>Name of the outlet that will deliver the continuing service</b> (as per set up in My Aged Care):	Click here to enter text.
<b>Outlet ID</b> (found in My Aged Care):	Click here to enter text.
<b>Address of continuing service:</b>	
Street address / PO Box:	Click here to enter text.
Suburb:	Click here to enter text.
State/Territory:	Click here to enter text.
Postcode:	Click here to enter text.

### Part 3b – Transferring (ceasing) Service Details

Please provide details of the service you want transferred to the new provider, in both My Aged Care and the Aged Care Management Payment System. Note that this service will not be closed, unless requested; the clients will be transferred to the continuing service outlined at Part 3a. You may choose to list this service as inactive in My Aged Care. An administrator can do this in the My Aged Care Provider Portal). Make sure that you have also attached a list of the clients affected (the specific clients to be transferred onto the continuing service).

Item	Response
<b>Name of service to be <u>transferred</u>:</b> <i>Clients will be transferred from this service to the service ID indicated in part 3a.</i>	Click here to enter text.
<b>NAPS Service / ACMPs ID</b> (transferring service):	Click here to enter text.
<b>Number of clients to be transferred:</b>	Click here to enter text.
<b>State/Territory of transferring service</b> (if different to continuing service):	Click here to enter text.
<b>Do you want this service to be closed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**OPTIONAL - Additional service to be transferred** (Only complete if you are transferring multiple services into the service ID indicated in part 3a)

Item	Response
<b>Name of service to be <u>transferred</u>:</b> <i>Clients will be transferred from this service to the service ID indicated in part 3a.</i>	Click here to enter text.
<b>NAPS Service / ACMPs ID</b> (transferring service):	Click here to enter text.
<b>Number of clients to be transferred:</b>	Click here to enter text.
<b>State/Territory of transferring service</b> (if different to continuing service):	Click here to enter text.
<b>Do you want this service to be closed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Add additional tables here if required.

## Part 4 – Declaration – All applicants to sign

This application must be signed only by those persons who are legally authorised to sign for and on behalf of the approved provider. A person who gives information to a Commonwealth entity, or to a person exercising powers or performing functions under, or in connection with, a law of the Commonwealth, or gives the information in compliance or purported compliance with a law of the Commonwealth, and does so knowing the information is false or misleading, or omits any matter or thing without which the information is misleading, may be guilty of an offence under the *Criminal Code Act 1995*.

I/We declare that all the information set out in all sections completed in this application, and any associated attachments, is true and complete.

I/We declare that the key personnel in my/our service are, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I/We consent to the Secretary of the Department of Health obtaining information and documents from other persons or organisations, including the Australian Aged Care Quality Agency and state, territory and Australian Government Departments/authorities, to assist in processing the application.

### **Continuing Service**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Ceasing Service**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed form to the Department of Health's state or territory office in which the **continuing** home care service is located:

QLD: [QLDplaces@health.gov.au](mailto:QLDplaces@health.gov.au)  
ACT/NSW: [NSWplaces@health.gov.au](mailto:NSWplaces@health.gov.au)  
VIC: [VICplaces@health.gov.au](mailto:VICplaces@health.gov.au)  
TAS: [TASplaces@health.gov.au](mailto:TASplaces@health.gov.au)  
SA: [SAbplaces@health.gov.au](mailto:SAbplaces@health.gov.au)  
WA: [WAbplaces@health.gov.au](mailto:WAbplaces@health.gov.au)  
NT: [NTplaces@health.gov.au](mailto:NTplaces@health.gov.au)

*Note: Health may contact you to discuss, or request documentation to support your application.*

## **Next Steps**

Once you have submitted this form, Health's state or territory office will:

- contact you to discuss the relevant considerations associated with this application and its feasibility
- investigate whether there are any sanctions in place with any of the services and consider the appropriateness of any transfers of services
- coordinate with internal Health teams for service referrals for each client to be issued and accepted to the continuing service
- notify DHS of the home care service(s) that will be closed
- cease the closing service in NAPS (if required)
- confirm with you once the process has been completed.