



# Fact sheet: Direct care trial for Multi-Purpose Services (MPS)

## Background

- In response to Recommendation 86 of the Royal Commission into Aged Care Quality and Safety, the Australian Government identified that staffing levels are vital to the quality of residential care and recommended introducing a minimum 'care minutes responsibility' to increase care time for the people living in aged care homes across Australia. It also recommended linking the minimum care minutes responsibility to a casemix-adjusted funding model, like the Australian National Aged Care Classification (AN-ACC) funding model.
- Mainstream residential care providers are currently required to provide an average of 200 minutes of care per care recipient per day, including 40 minutes of direct care by an RN. This will increase to a sector wide average of 215 minutes (including 44 minutes of direct care by a RN) from 1 October 2024. From this time, providers will also have the flexibility to meet up to 10 per cent of their service-level RN targets with care time provided by Enrolled Nurses.
- These arrangements which are often referred to as 'care minutes obligations' are referenced in legislation as required amounts of 'direct care'.
- The Government's policy intention is that these 'direct care targets' for residential care become standard across the sector, including in MPS. However, we recognise that a tailored approach to such targets will be required for MPS, given the circumstances they are operating in and the absence of AN-ACC classifications for MPS residents.
- The Royal Commission similarly recognised the special circumstances of the MPS model and recommended short-term exemptions be considered.
- The integrated health and aged care environment in which MPS operate may also offer other methods for providing assurance that MPS residents are being provided with sufficient levels of direct care.
- The majority of the MPS Working Group, established by the Intergovernmental Health and Aged Care Senior Officials Group (SOG), comprising Commonwealth, state and territory representatives, has agreed to commence a phased trial of direct care targets in MPS. This was subsequently agreed in-principle by the SOG.

### **What is the purpose of the direct care trial in MPS?**

The purpose of the trial is to develop an approach to direct care targets that best suits the circumstances of the MPS program, while retaining our shared strong commitment to ensuring appropriate staffing time for residents.

The trial will be undertaken in a series of phases.

The purpose of Phase 1 of the trial is to work collaboratively with MPS providers to undertake planning and design work to:

- determine how direct care targets can/should apply in an integrated health/aged care context, including in the absence of an AN-ACC classification assessment
- consider the potential need for alternative reporting/assurance mechanisms
- consider the potential need for any alternative terminology to be used when considering direct care target requirements for MPS

This work will be used to determine next steps for the Phase 2 Trial where a direct care target approach(es) will be actively trialed in nominated sites.

### **What are the timeframes for the trial?**

The trial will be phased – with only nominated MPS trial sites to participate in Phase 1 from July – December 2024.

Subject to Phase 1 results and further discussion with the MPS Working Group:

- Phase 2 will involve a trial of an agreed direct care targets approach(es) in nominated MPS sites from January 2025 to test workability and the need for any further adjustments
- Phase 3 will involve a trial of an agreed direct care target approach in all MPS sites from July 2025
- Phase 4 will involve formal commencement of direct care requirements or equivalent at a date determined in agreement with states and territories.
- At each phase, we intend to confirm the proposed timeline remains appropriate, taking into account issues identified and options for resolution found through previous phases.

### **Would our trial site receive any funding to participate in the trial?**

- Yes. MPS sites in states and territories that have nominated at least one site to participate in the trial will receive additional funding to participate in the care minutes trial.
- Your MPS payment workbook will outline the level of additional funding for your site.

### What will participating in Phase 1 of the trial involve?

- Supplying information and documentation regarding current MPS practices used to ensure appropriate staffing levels are maintained, including completing a questionnaire
- Meeting with staff from the MPS team to discuss the trial.
- Providing suggestions, advice and feedback on how a direct care target approach could be implemented in the MPS context, for incorporation into the Phase 2 trial.
- Participating in the Reform Implementation SWG, unless it is agreed you will be represented by other participating sites in your jurisdiction.

### What are the benefits to our MPS in participating in the trial?

- By participating in the trial, your facility will help the Department with testing and refining the care minutes model for MPS and will be able to influence the final model to ensure it is fit for purpose in an MPS setting.

### What are the governance arrangements for the trial?

- A MPS Reform Implementation Sub Working Group (SWG) will be established comprising representatives from all states and territories at a provider level. This SWG will report to the MPS Working Group

### What do we mean by “direct care”?

- At this stage in the trial, it is proposed to base the definition of direct care on the definition used under the mainstream residential aged care care minutes responsibility. However, the Department would value your feedback on this.
- Direct care refers to ‘clinical care’ and ‘personal care’ activities provided by specified workers (RNs, ENs or PCWs/AINs). Direct care activities may include both direct in person assistance and those that are not face to face (for example writing up care plans or organising a referral for an allied health service are considered direct care activities that are not carried out face-to-face).
- Only direct care activities provided on-site are considered direct care. This means support provided through on-call and virtual telehealth arrangements would not be considered direct care.
- Examples of direct care activities can be found in the [Care minutes and 24/7 registered nurse responsibility guide](#).

**Who do I contact for more information?**

- For questions relating to the trial you may contact the Department's MPS team via [mpsreforms@health.gov.au](mailto:mpsreforms@health.gov.au)