

Multi-Purpose Service (MPS) Webinar 1:

Aged care reforms: impacts on the MPS program and providers

8 May 2024

Thin Markets Branch

What do we intend to cover today?

Agenda Item	Speaker
Introduction, acknowledgement of country and explanation of the MPS webinar series	George Masri, Assistant Secretary Thin Markets Branch
The aged care reform context and the MPS	
What changes are ahead for MPS?	Cathy Milfull, Director Thin Markets Branch
MPS and the new Aged Care Act (brief overview)	
Registration as a provider under the new Act	Simon Christopher, Director Harmonisation and Regulatory Strategy Branch
Q&A and next steps	Panel discussion chaired by George Masri

Future webinar topics?

Month	Items under consideration
June	The proposed 24/7 registered nursing trial for MPS New reform implementation sub-working group arrangements MPS provider obligations under the new Act (Part One) Transitional arrangements for current individuals accessing the MPS program
July	MPS provider obligations under the new Act (Part Two) Assessment arrangements under the new Act (new entrants to an MPS)
August	The proposed care minutes (or equivalent) trial for MPS Regulation of MPS providers under the new Act Report back on Residence Experience Survey trial
September	MPS subsidies and place allocation under the new Act Client contributions and the MPS Progressing a new funding model for MPS

Other ideas? Your suggestions are welcome!

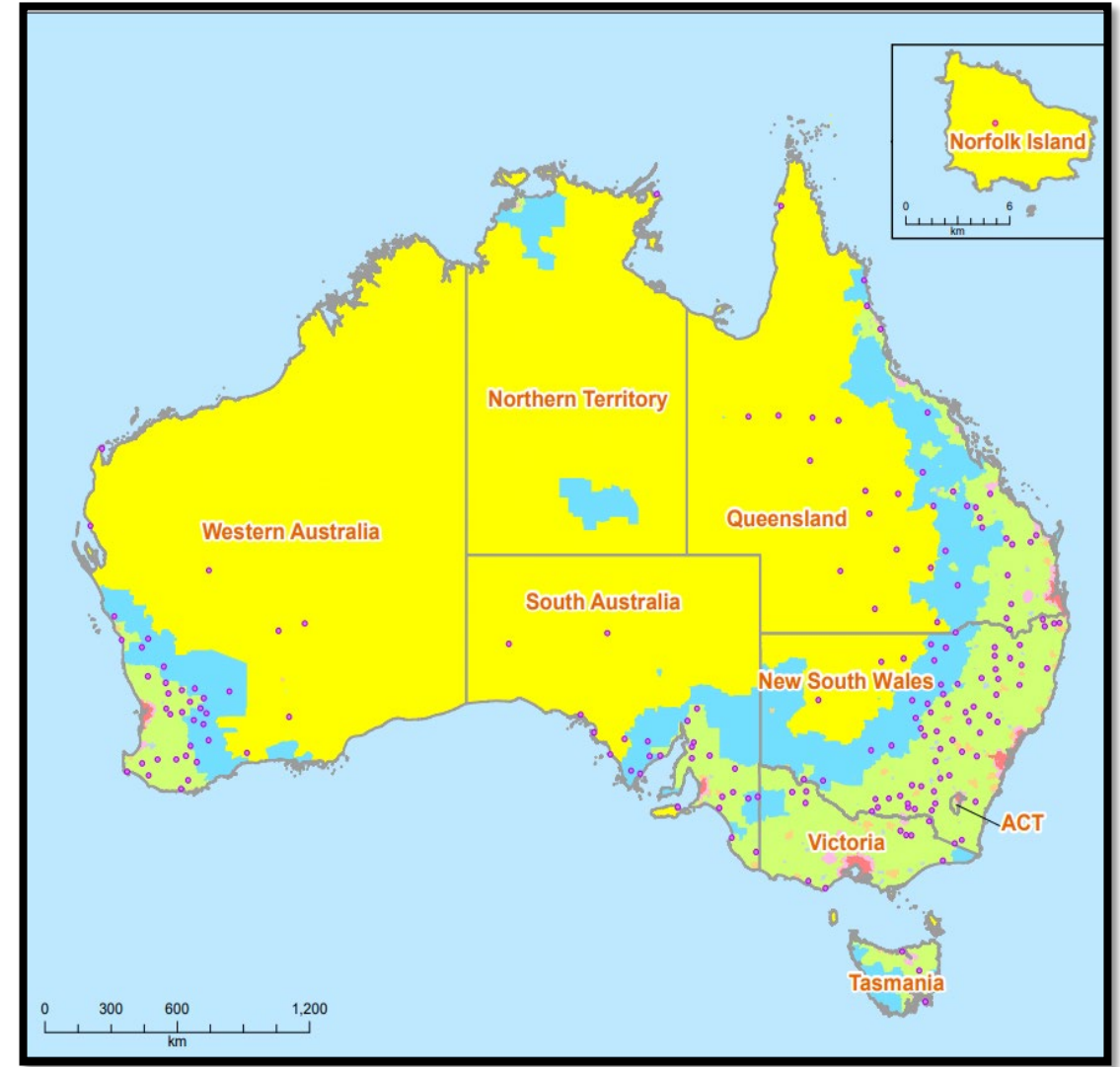


The aged care reform context and the MPS

George Masri, Assistant Secretary, Thin Markets Branch

What does the MPS program look like now?

- **182 MPS sites** deliver flexible aged care across rural and remote Australia
- Services are provided by **28 providers** to more than 3200 individuals
- **3,762 places** are currently operational
- The Commonwealth provides about \$270m in funding a year
- Expected to increase to \$300M in 2024-25



What did the Royal Commission into Aged Care Quality & Safety find?

- Acknowledged the important role of MPS in providing health and aged care services in regions that cannot support a standalone hospital or residential aged care home.
- Recommendation 55 was that the MPS program be retained **and** expanded with significant changes, including:
 - greater alignment with other aged care services in terms of eligibility and assessments, and client co-contributions, and
 - a new funding model.

Note: Many of the other 148 Royal Commission recommendations are also relevant to the MPS program. The new Aged Care Act (the new Act) is expected to respond to around 50 of these.

What about the Aged Care Taskforce?

- The Taskforce report recognises that:
 - thin markets exist where there is a gap between aged care service needs and available services
 - mainstream funding arrangements may not work in some thin markets
- It supports continuation and, where appropriate, expansion of specific programs designed to address thin markets (e.g. MPS).
- Specifically, it recommends:
 - block funding be continued where necessary, and other supports for under serviced markets be considered (Recommendation 18)
 - a review of the current remoteness classification system (Recommendation 17)
 - older people make a fair co-contribution to the cost of their aged care based on their means (Recommendation 3)

What else needs to change and why?

- A new person-centred, rights-based aged care system is coming with the new Act!
- Some MPS arrangements will need to change, others can stay the same
- We want to ensure:
 - delivery of quality & safe care, consistent with the proposed Statement of Rights
 - MPS providers are encouraged to deliver high quality care in a home-like, accessible and dementia-friendly environment where possible
 - equity of access, improved assessment of need and better data capture for individuals accessing an MPS as recommended by the Royal Commission
 - the MPS program is sustainable, and funding keeps pace with equivalent mainstream aged care arrangements
 - there is transparency and accountability of MPS funding, and
 - we can maintain flexibility and minimise regulatory burden where possible, and realise opportunities for innovative approaches to thin market challenges.



What changes are ahead for MPS?

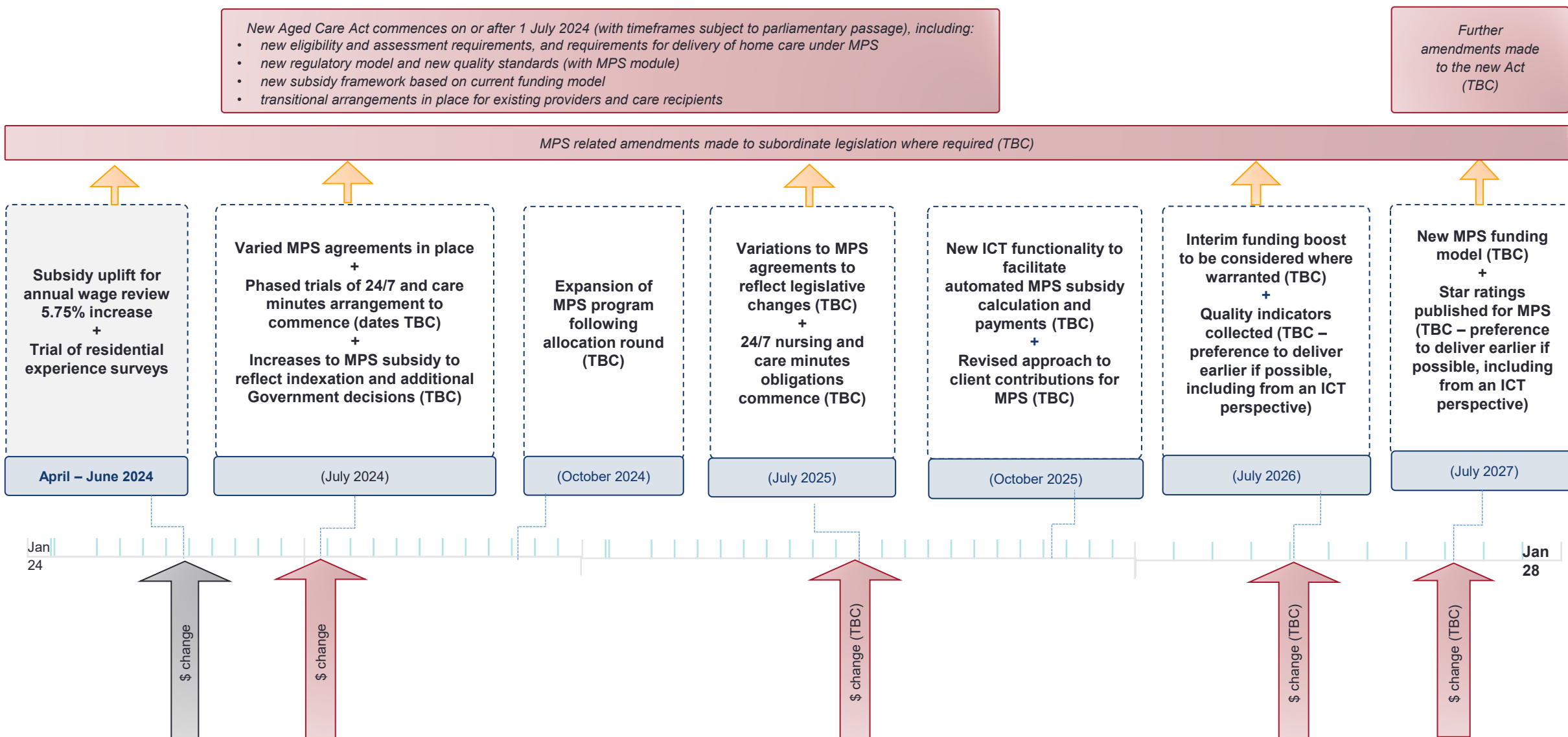
Cathy Milfull, Director, Thin Markets Branch

What changes are planned and under discussion?

- We want to ensure proposed reforms are implemented with minimal disruption, and providers are fully engaged in the reform journey.
- The Department has been working closely with the States and Territories via the MPS working group to develop a proposed reform schedule.
- Some changes will not be able to be implemented until the new Act. In the meantime, progressing other reforms will ensure the reform journey is staggered.
- It will be critical jurisdictions **and** MPS providers work with us to help ensure:
 - proposed reforms are fit for purpose,
 - they do not result in unintended consequences
 - adjustments are made where required, and
 - we deliver positive outcomes for older people in rural and remote Australia,



What does the draft reform schedule look like?



Key reforms planned for 2024 that are not Act related

- Subsidies increased on 1 April 2024 to reflect 5.75% aged care worker pay rise
- Residential Experience Survey to be trialled for in May/June 2024
- MPS agreements to be extended from 30 June 2024 to 30 June 2025
- A phased trial of 24/7 registered nursing responsibility for MPS from 1 July 2024
- MPS allocations round to open in October 2024 (date TBC)
- A pilot of direct care targets (i.e. care minutes or equivalent) for MPS in 2024-25



24/7 nursing and direct care targets for MPS

- The Government has committed to:
 - aged care residents accessing minimum amounts of direct care each day, and
 - 24/7 registered nursing (RN) coverage.
- MPS are already expected to provide equivalent levels of care. But this is to be assured by extending 24/7 RN and 'care minutes' arrangements to MPS, with adjustments, where agreed, to reflect the integrated health and aged care context.
- Formal implementation is planned for 2025-26 (date to be agreed with jurisdictions, following trials to identify and test necessary adjustments/alternative approaches.
- Phased trials are expected to proceed in 2024-25:
 - 24/7 RN nursing from 1 July 2024
 - 'care minutes' in early 2025, following completion of more detailed policy design, and a pilot.



What will the trials mean for me?

- The trials are designed so we can work directly with providers to determine:
 - what will or won't work for MPS, and
 - any adjustments that need to be made
- Not all providers need to participate from Day 1
- Trial/pilot sites will participate in a reform implementation sub-working group and share experiences
- The focus is on improved outcomes for older Australians, there will be no penalties for non-compliance during the trials
- Any additional costs associated with 24/7 nursing will be assessed via the trial
- Additional funding for 2024-25 is expected to be available to MPS providers whose State and Territory has agreed to participate in the care minutes trial
- The June webinar will provide more detail regarding the 24/7 RN trial.



Want to influence the outcome! Get involved in the trial. Nominate as a trial site.



MPS and the new Aged Care Act

Cathy Milfull, Director, Thin Markets Branch

MPS and the new Act: What's new, what's different?

New Act

Structure

MPS included within mainstream service arrangements where possible

New framework to provide flexibility for varied regulatory and funding arrangements

MPS included in Rules as type of *specialist aged care program*

Rules to outline requirements to be met for Minister to make an MPS agreement

System Entry

Common aged care eligibility criteria apply

Older Australians determined eligible for services via common assessment framework

Limited entry of younger people (under 65) to MPS (first nations and homeless only)

Alternative entry still available to facilitate entry in emergencies or where assessment delayed

Services

Services provided in a residential care home or in the home/community

Services provided alongside specified health services in rural and remote areas

Only approved services can be accessed (MPS not impacted by classification or prioritisation)

Streamlined arrangements to manage allocation of places to providers (TBC)

Regulation

MPS providers register as per standard arrangements based on services to be delivered

Varied requirements for Government providers where appropriate

Varied requirements if needed to minimise duplicate regulation with health sector

Existing accreditation arrangements (with new MPS module) to be used at registration

Funding

Providers to access Cth provider-based subsidies, alongside S/T funding, where agreement in place

Framework to provide for flexibility to transition to new funding-model where possible

Revised client contribution arrangements (TBC)

MPS can access other funding programs and capital grants funding

Old Act

Structure

MPS part of the flexible care type

MPS defined in the context of subsidies

Lack of clarity around MPS arrangements in Act

System Entry

Eligibility requirements not outlined in legislation

Younger people able to access services

Older Australians referred for services, with no formal assessment required

Services

MPS provide residential care, residential respite and home care

No specific list of services or restrictions on services that can be provided

MPS provides aged care services alongside health services in remote and regional areas

Regulation

Potential gaps in regulation

Requirements on providers can be unclear

Harmonised accreditation arrangements through ACSQHC and the MPS Aged Care Module

Funding

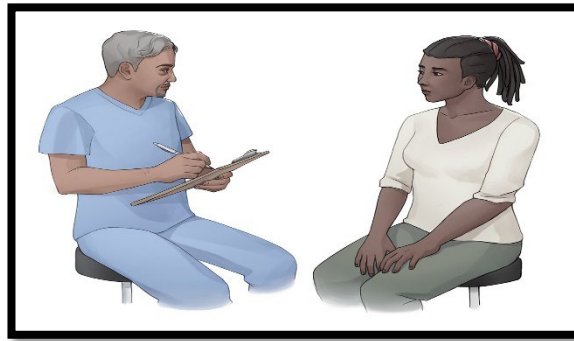
S/T fund health service component and capital infrastructure

Providers can access flexible care subsidy – i.e. block funding paid quarterly in advance

Client services fees at the discretion of provider/jurisdiction

System entry & services: what is changing with the new Act?

- Individuals must be approved for services (unless alternative entry arrangements or transitional arrangements apply). They must be:
 - assessed as meeting **eligibility** criteria (e.g. 65 or above with aged care needs)
 - approved for specific services (or groups of services) following a formal **assessment** by an independent assessor
- Providers can **deliver services** on the *service list* through certain service groups (as opposed to '*flexible care*') to individuals consistent with their approval decision



Understanding the new service list when finalised

Expected service groups (TBC)	Relevant to MPS program	Examples of expected included service types	Examples of expected included services
Permanent residential care	✓	Accommodation Services Care and Services	Cleaning services Nursing
Residential respite care	✓		
Ongoing home support/care*	✓	Domestic assistance Transport Meals Personal care Clinical care	House cleaning Direct transport Meal delivery Medication assistance RN clinical care
Short term home support/care*	✓		
Transition care	✗ - transition care program only	Specialist transition care services	Transition care management

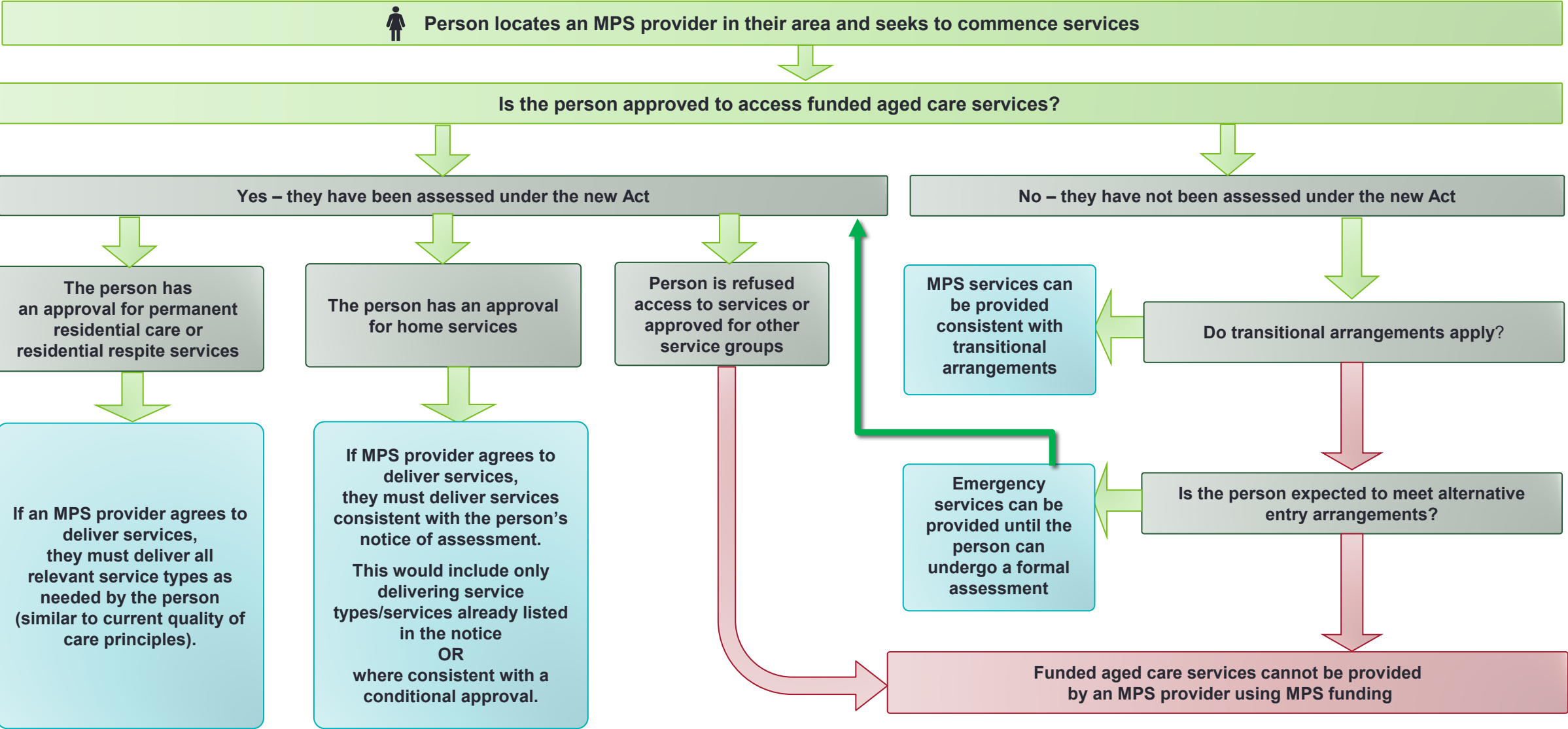
*Amendments required to accommodate Support at Home when introduced

System entry & services: what will be similar or the same?

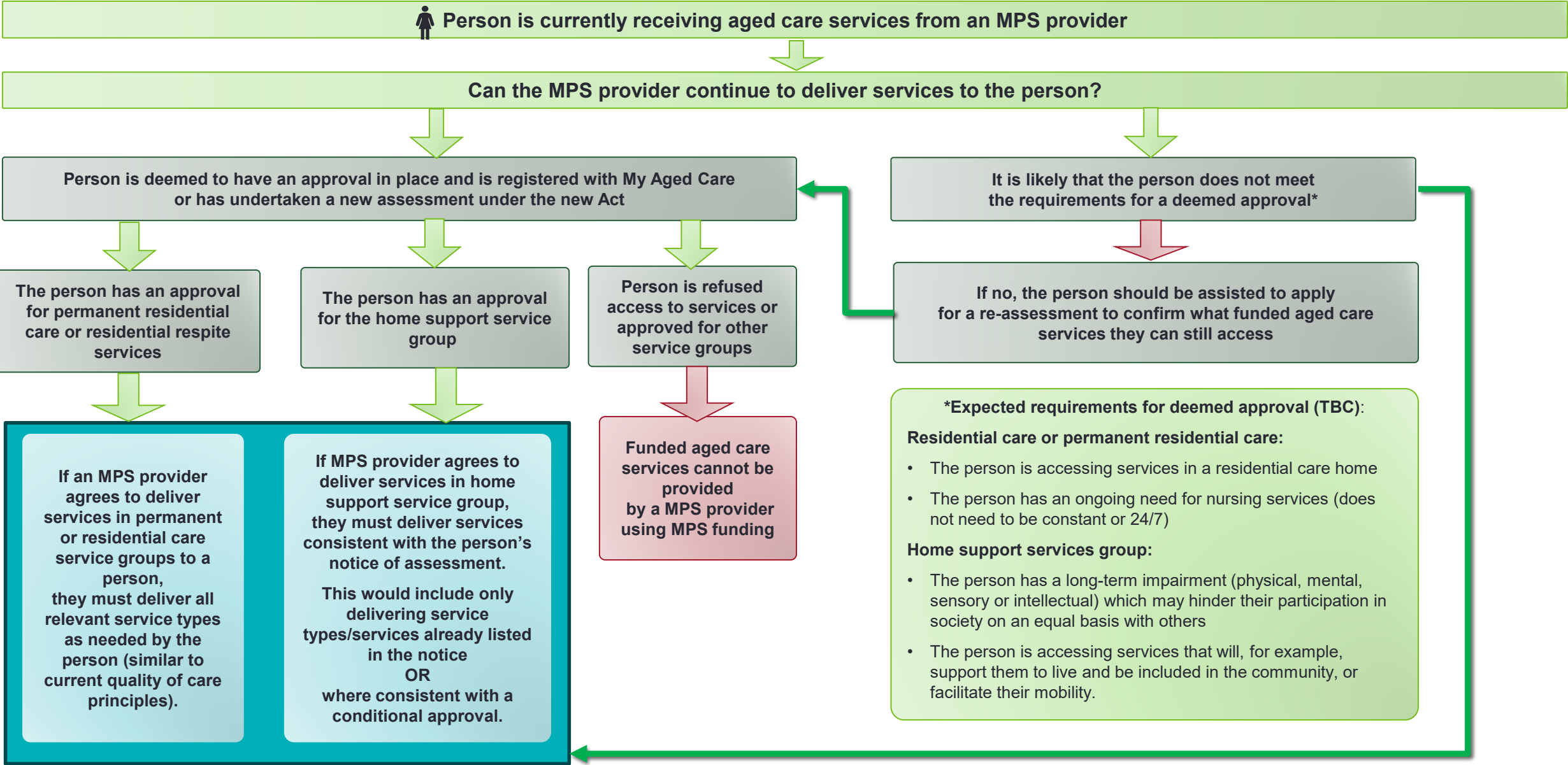
- MPS providers will continue to provide residential care and residential respite services
 - These services will be delivered at a *residential care home*
 - Respite services will not be time-limited as for mainstream services
- Some MPS providers will continue to deliver services in a home or community setting
- Delivery of services by an MPS:
 - does not need to align to any 'classification' of a person's needs (e.g. funding threshold for mainstream services)
 - will not be subject to prioritisation of the person



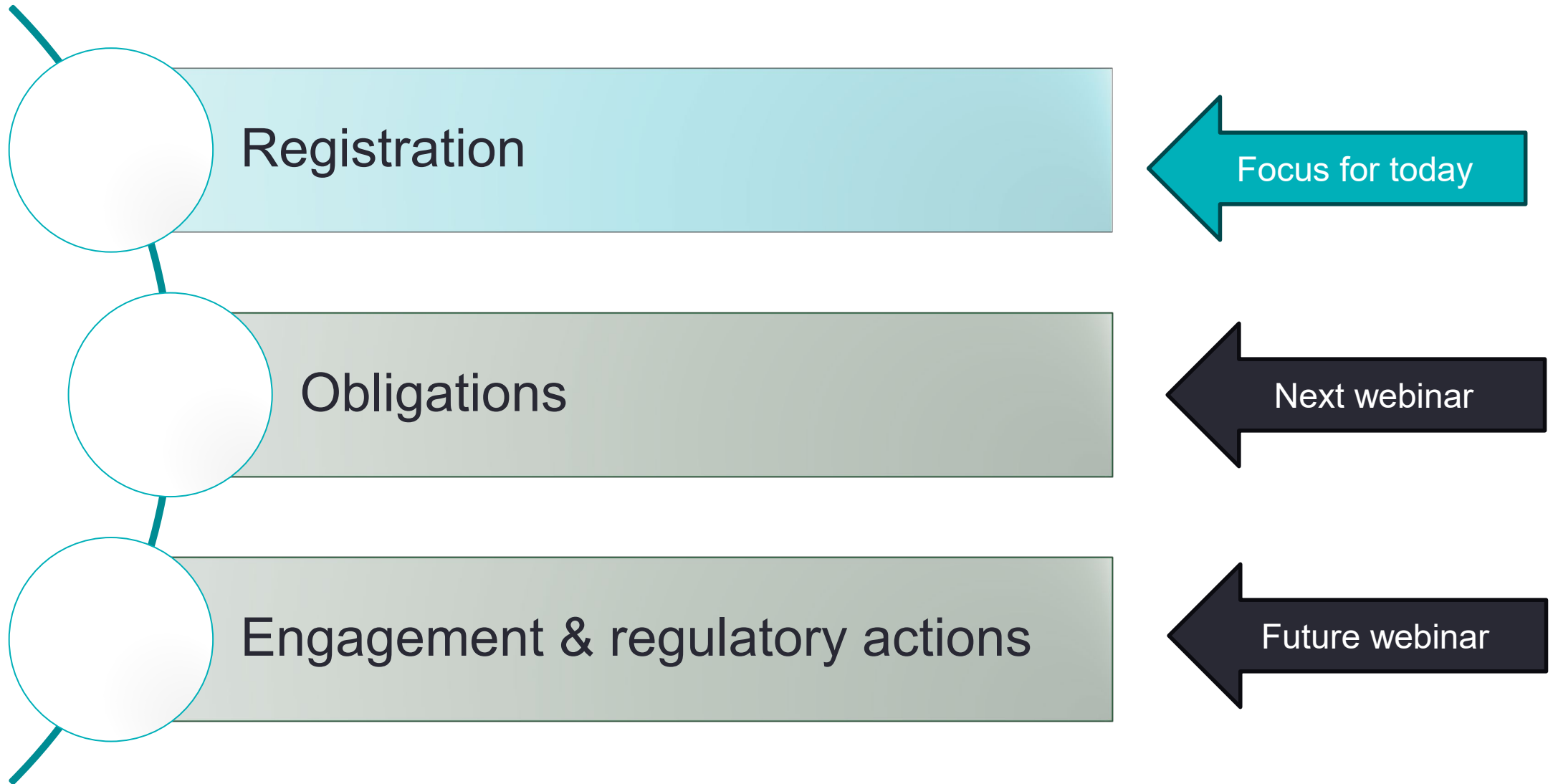
Delivery of MPS services under the new Act – new clients



Delivery of MPS services under the new Act – existing clients (TBC)



Regulation of providers under the new Aged Care Act





Registration as a provider under the new Act

Simon Christopher, Director, Harmonisation and Regulatory Strategy Branch

What happens for existing MPS providers?

- Existing providers are expected to be ‘deemed’ to be registered for a specified period (e.g. 3 years)
 - all MPS providers are expected to be registered in the *residential care category* so that they can continue to deliver permanent residential care and residential respite
 - some MPS providers will also be registered in additional categories to reflect the types of home services they deliver (see below)
- We will be writing to you to confirm which additional categories of registration are appropriate (taking into account recent home care service results)
- Government MPS providers will need to ‘opt in’ to these deeming arrangements.

Proposed registration categories for home services under the new Aged Care Act

Category 1- Home and Community Services

e.g. for domestic assistance, home maintenance and meals assistance

Category 2- Assistive technology and home modifications

e.g. for digital technologies, goods and home modifications

Category 3- Advisory services

e.g. for basic care management and specialised supports

Category 4 – Personal and social care in the home or community (including respite)

e.g. for personal care, social supports, cottage respite, allied health

Category 5- Nursing and complex care management

e.g. for nursing and complex care management

What about new providers and registration renewal?

- A new provider who enters into an MPS agreement with the Commonwealth will also need to **apply** and be registered with the Aged Care Quality and Safety Commission (ACQSC) in a category (permanent residential care + other relevant categories).
- The new provider must also apply to the ACQSC for approval of at least one residential care home at which they will deliver services.

Note: All existing MPS providers (government and private) who are deemed to be registered will also need to go through this application and assessment process when their deemed registration is up for renewal. They will be prompted to do so by the ACQSC at the appropriate time.



What will the application process be?

- Providers will need to apply using an approved form and pay a fee if specified.
- They will need to specify certain information including:
 - the category they are applying to register in
 - the service types they intend to deliver and via which service group
 - that they intend to deliver services through the MPS program (i.e. type of *specialist aged care program*)
 - each residential care home that they are seeking approval for and any additional information required by the Rules for each home (e.g. address, person in charge, bed numbers, proof of ownership or permission to use, certificate of occupancy)
 - each responsible person of the entity and for government providers, nominated contact person
 - business location and service coverage information

Which criteria needs to be met at registration?

- All new MPS providers will need to meet certain requirements at the time of initial registration, and when renewing their registration. These are expected to include the following:
 - have an ABN
 - be suitable (ACQSC will need to consider provider's compliance with law and history of banning orders and other/current NDIS sanctions), and have suitable *responsible persons*
 - have an understanding of the services they intend to deliver (which need to align with the proposed registration category)
 - have the commitment, capability and capacity to deliver these services

Note:

- Private MPS providers will also need to demonstrate a record of sound financial management.
- Unlike other providers, MPS providers will not need to be audited by the ACQSC against the quality standards as part of the registration processes, if they have already been accredited by the Australian Commission on Safety & Quality in Health Care (i.e. existing NSQHS Standards/MPS aged care module processes will continue to apply, with an updated MPS module being developed).

Who is a responsible person?

- The proposed Exposure Draft definition of responsible person is being given further consideration, following community feedback.
- We consider that it may not be appropriate for (a) and (b) to apply to MPS government providers (for example, because these provisions could inadvertently capture Ministers or departmental officials who are not involved in the day to day running of an MPS).
- We welcome your further feedback on this definition.

*Each of the following is a **responsible person** of a registered provider:*

(a) any person who is responsible for the executive decisions of the registered provider;

(b) any other person who has authority or responsibility for (or significant influence over) planning, directing or controlling the activities of the registered provider;

(c) if the registered provider delivers, or proposes to deliver, a funded aged care service:

(i) any person who has responsibility for overall management of the nursing services delivered by the registered provider, or overall management of the nursing services delivered at an approved residential care home of the registered provider, and who is a registered nurse; and

(ii) any person who is responsible for the day-to-day operations of the registered provider.

(2) Without limiting paragraph (1)(a), a person who is responsible for the executive decisions of a registered provider includes a member of the governing body of the provider.

Feedback to QADRegDesign@health.gov.au

What about my residential care home?

- All MPS sites will need to meet the definition of *residential care home*.
- This definition, included in new Act, remains under discussion and is expected to need some adjustments to fully cater for all types of MPS.
- Your further feedback on this is very welcome – key parts relevant to MPS are extracted below.

***Residential care home** means a place that is:*

- *the place of residence of individuals who, by reason of sickness, have a continuing need for aged care services, including nursing services; and*
- *fitted, furnished and staffed for the purpose of providing those services.*

*To avoid doubt, a **residential care home** includes any of the following places:*

...a place within a hospital or other health service that is covered by an agreement with the Commonwealth to deliver aged care services alongside existing health services as a part of an integrated service arrangement;

*To avoid doubt, a **residential care home** does **not** include any of the following places:*

...a facility for which a declaration under subsection 121-5(6) of the Private Health Insurance Act 2007 is in force (other than a place referred to in paragraph (3)(a));

Note: only the aged care parts/beds of an MPS are expected to be captured by this definition.

Feedback to QADRegDesign@health.gov.au

Questions

