

# Multi-Purpose Service (MPS) Webinar 2:

## Aged care reforms: impacts on the MPS program & providers

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19 June 2024

Thin Markets Branch

# What do we intend to cover today?

Agenda Item	Speaker
Introduction, acknowledgement of country	Cathy Milfull, A/g Assistant Secretary Thin Markets Branch
The new Aged Care Act and MPS reform schedule – recap and what's changed	
24/7 RN trial in MPS – recap and what's next	
Provider obligations under the new Act (Part 1)	Simon Christopher, Director, Harmonisation and Regulatory Strategy Branch
Q&A and next steps	Panel discussion chaired by Cathy Milfull

# Future webinar topics

Month	Items under consideration
July	MPS provider obligations under the new Act (Part Two) Assessment arrangements under the new Act (new entrants to an MPS) Transitional arrangements for current individuals accessing the MPS program Update on 24/7 and care minutes trials
August	Regulation of MPS providers under the new Act Proposed approach to care minutes (or equivalent) pilot Report back on Residence Experience Survey trial
September	MPS subsidies and place allocations under the new Act Update on 24/7 and care minutes trials
October	Progressing a new funding model for MPS Client contributions and the MPS

**Other ideas? Your suggestions are welcome!**



# The new Aged Care Act & MPS reform update

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Cathy Milfull, A/g Assistant Secretary, Thin Markets Branch

# Update on the new Aged Care Act

- Subject to parliamentary processes, the Government has announced the new Aged Care Act (new Act) will commence on 1 July 2025.
- The Department published its Exposure Draft consultation feedback report on 30 May 2024.
- This followed:
  - over 320 submissions made
  - more than 800 surveys submitted
  - hearing from more than 10,000 people at 3 webinars, 42 workshops and 5 roundtables
- Some of the most common matters raised included:
  - the time available to implement the new Act
  - how people's rights will be upheld
  - how supported decision-making, whistleblower protections and the new definition of high-quality care will work in practice
  - the proposed new duties on board members and responsible people
  - the Complaints Commissioner's independence.



# What else has changed since our first webinar?

- MPS variation agreements have been sent out for signature and almost all are signed. Thank you!
- Next MPS allocations round has been approved by the Minister and will be formally announced prior to the opening of the round (target date September/October 2024).
- Revised subsidy determination has been approved by the Minister and will be published.
- Trial of the Residential Experience Survey to commence on 24 June 2024.
- Decisions were made at Budget 2024-25 that impacted some of our planning and timeframes for MPS reforms.
- The Department has continued to work closely with the States and Territories via the MPS working group to progress individual initiatives (e.g. 24/7 and care minutes (or equivalent trials)).



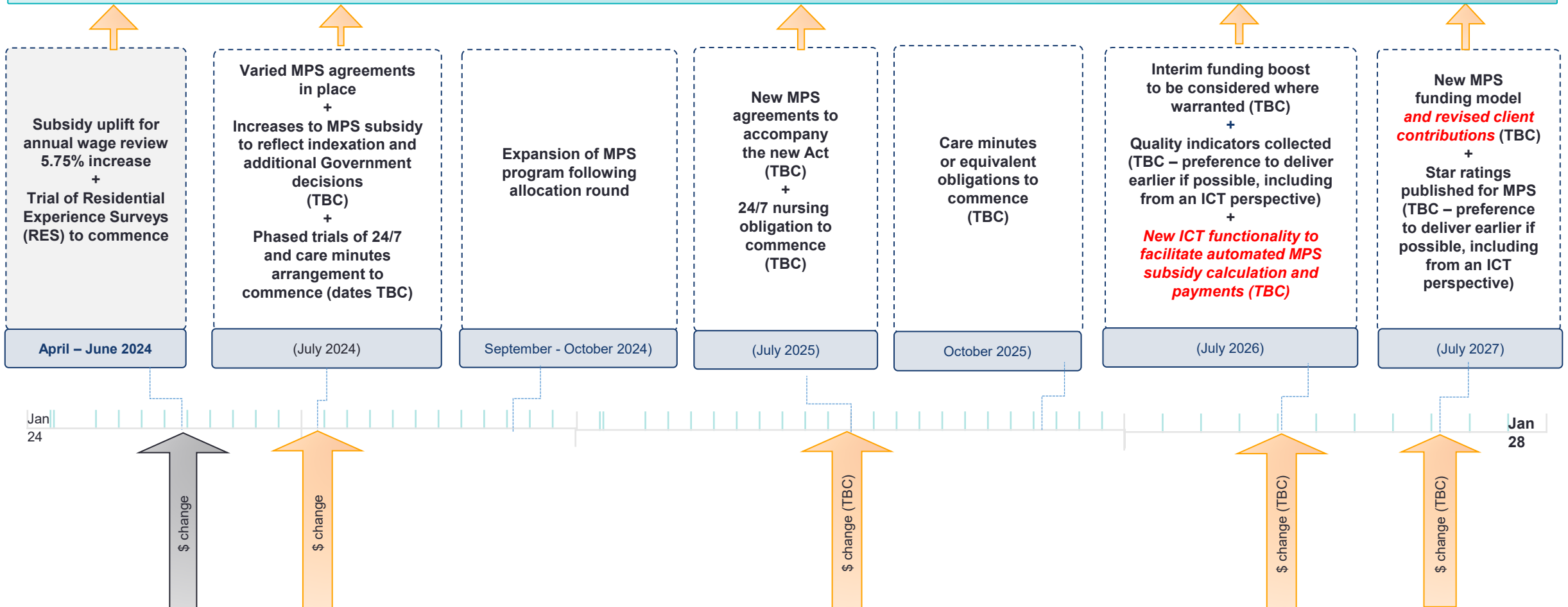
# Proposed schedule of MPS reforms (as at 6/6/2024)

New Aged Care Act commences on or after 1 July 2025  
(with timeframes subject to parliamentary passage), including:

- new eligibility and assessment requirements, and requirements for delivery of home care under MPS
- new regulatory model and new quality standards (with MPS module)
- new subsidy framework based on current funding model
- transitional arrangements in place for existing providers and care recipients

Further amendments made to the new Act (TBC)

MPS related amendments made to subordinate legislation where required (TBC)





# 24/7 RN trial in MPS – 1 July 2024

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Cathy Milfull, A/g Assistant Secretary, Thin Markets Branch



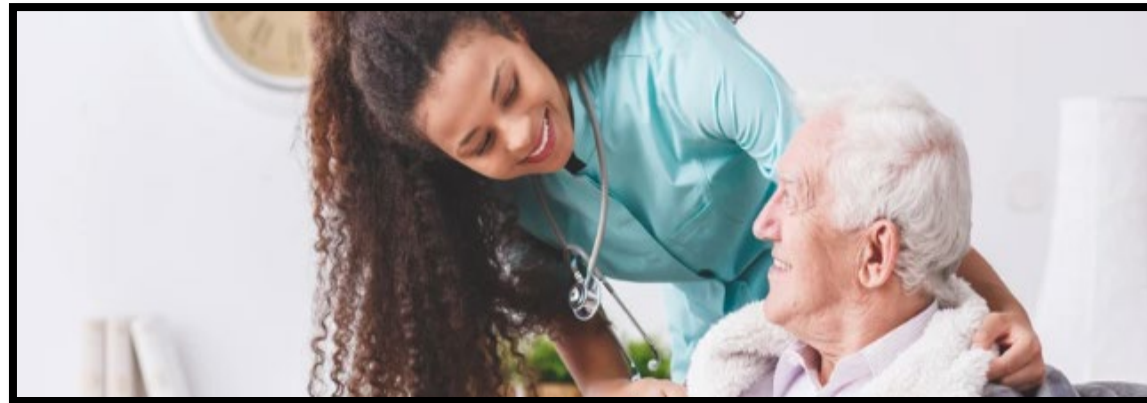
# Reminder: what is the 24/7 RN initiative?

- From 1 July 2023, approved providers of mainstream residential aged care must have at least one RN on-site and on duty at each residential facility they operate 24 hours a day, 7 days a week.
- This provides residents with better access to clinical care in facilities and improves resident safety.
- 24/7 RN is being introduced to MPS with a trial commencing on **1 July 2024**.
  - The trial will be phased – with nominated MPS trial sites only to participate in Phase 1 (July – December 2024).
  - Phase 1 will commence with a ‘soft launch’ to ensure participating trial sites have a shared understanding of trial requirements before formal trial activities commence.
  - There will be no penalties for non-compliance during the trial period.
  - Subject to initial trial results:
    - a broader trial for all MPS will commence in January 2025 (Phase 2), and
    - formal implementation will be considered for on or after 1 July 2025.



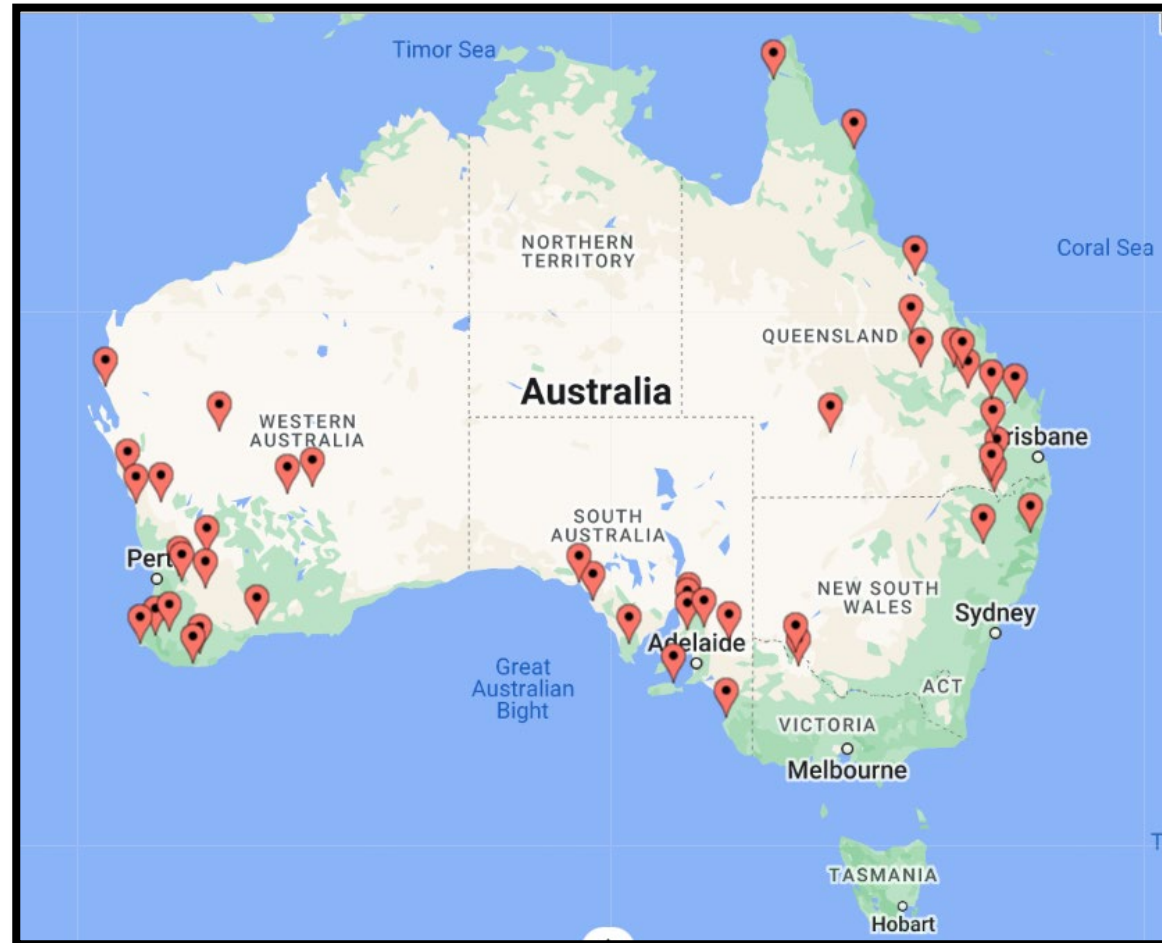
# What is the purpose of the 24/7 RN trial?

- To work collaboratively with MPS providers to:
  - provide assurance that, and recognition of, MPS providers who already have a RN available on site and on duty 24/7
  - test 24/7 reporting in an MPS context to determine if adjustments are required prior to full implementation including online reporting
  - facilitate real time assessment of barriers to compliance for providers
  - consider any necessary exemptions for smaller providers
  - develop an evidence base for any additional funding required to sustain compliance (currently no funding allocated for RN compliance in MPS)



# Where are our trial sites?

- More than **46 MPS sites** have agreed to participate in the 24/7 trial so far, across NSW (2), VIC (2), SA (10), QLD (15) and WA (17).



# Proposed phase 1 trial timeline – July to December 2024

## JUNE – JULY 2024

DOHAC to send out guidance pack post webinar and organise discussions with trial sites prior to commencement of the trial

## AUGUST 2024

Proposed Round 1 reporting period to run from 1 – 31 August 2024

## SEPTEMBER 2024

Trial sites to submit reports & reform implementation sub-working group meeting to be held to discuss outcomes and suggest improvements before Round Two

## OCTOBER 2024

Subject to Round 1 outcomes, proposed Round 2 reporting period to run from 1 – 31 October 2024

## NOVEMBER 2024

Trial sites submit trial reports & reform implementation sub-working group meeting to be held to discuss outcomes and suggest improvements before further expansion of trial

## DECEMBER 2024

Trial outcomes to be discussed with the MPS working group and agreement to expansion of trial in early 2025 sought if appropriate

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

1

Meeting with staff from the MPS team to discuss the trial prior to reporting commencing from 1 August 2024, and preparing for the initial trial reporting period(s)

2

Completing two trial reporting templates and submitting to the MPS team, as well as providing further advice regarding costs involved with compliance

3

Providing suggestions, advice and feedback to be incorporated into the Phase 2 trial, including via the new reform implementation sub-working group

4

For sites that identify challenges with compliance, commence initial discussions regarding scope of required exemptions (to be further tested in Phase 2).

# How will MPS sites be supported throughout the trial?

- Following feedback from this webinar and MPS working group members, DOHAC will finalise and send out a guidance pack to all trial sites
- The MPS team also plan to either visit or organise a bilateral discussion with trial sites during Phase 1 where we can.
- Ongoing support will also be made available to all participating trial sites where required through multiple communication channels, including the provision of additional support materials where required, email and phone.





# What will the reporting look like?

- For Round 1, we proposed to use the mainstream 24/7 reporting in MPS (including any useability improvements already planned).
- However, reports will be submitted manually via an excel spreadsheet, rather than GPMS.
- The template is currently being finalised and detailed guidance will be provided to participating sites shortly.
- For Round 2, we proposed to use an amended template which incorporates feedback from trial sites where appropriate and agreed.

24/7 Registered Nurse Coverage Report								
Reporting Month			August					
Reporting Year			2024					
Report was submitted by (staff member name)						Service to complete		
Role title (staff member role)						Service to complete		
Service Name						Service to complete		
Service ID						Service to complete		
Date	Nurse on-site and on duty all day? <i>Yes or No</i>	Time period nurse not on-site and on duty Start and end time a nurse was not on-site and on duty Insert a new row for multiple periods Time from 24 hour time format      Time to 24 hour time format			Absence was planned or not planned?	When a Registered Nurse was not on site and not on duty, who had delegated responsibility for nursing practice and clinical care delivery?	Person or persons providing care had access to support?	On call support had access to residents' clinical records?
1-Aug-24	Yes			0:00				
2-Aug-24	Yes			0:00				
3-Aug-24	Yes			0:00				

# What else will we want to know?

- We will also be keen to get feedback from MPS sites for Phase 1 regarding:
  - any situations that are not covered by the guidance pack/proposed policy guidelines
  - any required changes to operational arrangements
  - the work effort resources/associated with completing reporting templates
  - any suggestions for improving reporting templates
  - situations where sites fall short of compliance and why
  - what would assist sites with short falls in availability to move towards compliance
  - will some sites be unlikely to ever comply – and if so, would they effectively be covered by mainstream exemptions?
  - any additional costs associated with ensuring 24/7 nurse availability
  - if additional funding were required, what would be the most effective approach to funding to ensure providers are supported to move towards compliance – i.e. is the 24/7 supplement for mainstream providers appropriate in an MPS context?



## What is the benefit to our MPS in participating in the trial?



By participating in the 24/7 trial, you will help the Department to test and refine the 24/7 RN model for MPS, and be able to influence the final model to ensure it is fit for purpose in an MPS setting.

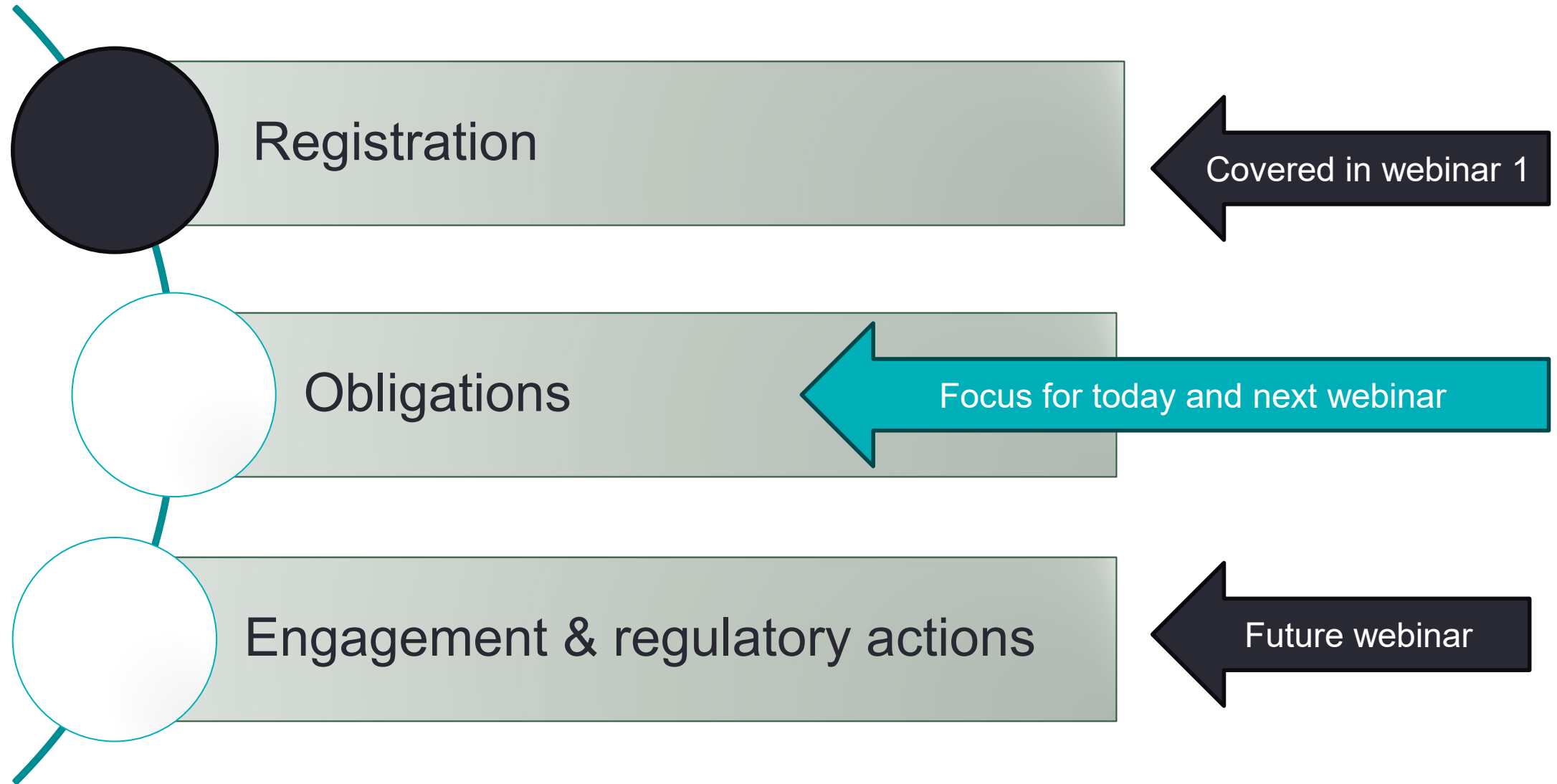


# Provider obligations under the new Act

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Simon Christopher, Director, Harmonisation and Regulatory Strategy Branch

# Regulation of providers under the new Aged Care Act



# Ongoing requirements: What's new? What's different?

- Revised provider obligations will be in place.
- These will be presented as either:
  - conditions on registration
  - specific obligations under the new Act, or
  - new duties placed on providers.
- They will reflect obligations that already apply via Part 4 of the current Act, related principles and standards, as well as MPS agreements (e.g. service principles).
- They will be co-located and easier to understand.
- Obligations will apply to MPS providers where they are NOT specifically excluded from application in the Rules.
- There will be some new obligations, but most are similar or varied, and streamlined where possible.



# Overview of provider obligations – part 1: conditions

- Registration conditions are described in Chapter 3, Part 4, Division 1 of Bill for the new Act (see Exposure Draft).
- For some conditions, significant additional details will be provided in the Rules, including:
  - the details of requirements to be met
  - the kinds of providers that must comply - for example, providers:
    - registered in a particular category
    - delivering a particular type of service
    - delivering services through a specialist aged care program like MPS
    - which are a government entity
- Key parts of the new Rules are expected to be released for public consultation post the Bill for the new Act being introduced to Parliament. This will support Parliamentary discussions on the Bill, including Committee investigations.
- We welcome your further feedback/suggestions as the Rules continue to be drafted and are released for consultation. Don't assume we know that something is particularly problematic in an MPS context.



# Conditions on providers – summary for MPS

Area	ED reference	What is expected to change upon commencement?	What is <u>not</u> expected to change when the new Act commences
Code of Conduct	S90	No significant changes expected	<ul style="list-style-type: none"> <li>Must comply with the Code of Conduct and ensure their aged care workers do so.</li> </ul>
Workforce	S91	No significant changes expected on commencement BUT: <ul style="list-style-type: none"> <li>new worker screening arrangements will need to be complied with when they commence</li> <li>additional English language requirements are being considered (TBC)</li> </ul>	<ul style="list-style-type: none"> <li>Existing police certificate requirements for aged care workers will remain in place</li> </ul>
Rights and Principles	S92	<ul style="list-style-type: none"> <li>Providers must not act in a manner inconsistent with Statement of Rights,</li> <li>Need to be aware of these rights and put appropriate processes in place.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Personal information and record keeping	S93	No significant changes expected	<ul style="list-style-type: none"> <li>Existing requirements around use and disclosure of personal information are expected to apply.</li> <li>Existing requirements around keeping and retaining records are expected to apply.</li> </ul>
Fees and payments	S94	No significant changes expected on commencement BUT: <ul style="list-style-type: none"> <li>new consumer contribution requirements being considered post 2025 (TBC)</li> </ul>	<ul style="list-style-type: none"> <li>Must charge no more than amounts specified in the Rules/determination</li> <li>Must charge no more than agreed before-hand</li> <li>Must comply with rules relating to RADS and accommodation bonds</li> </ul>
Incident management	S95	No significant changes expected	<ul style="list-style-type: none"> <li>Must have incident management system in place</li> <li>Must manage incidents as required.</li> </ul>
Complaints and whistleblowers	S96	<ul style="list-style-type: none"> <li>Rules to provide more guidance regarding objects of required complaints and feedback management system</li> <li>Must have whistleblower policy in place (TBC)</li> </ul>	<ul style="list-style-type: none"> <li>Must have internal complaints mechanism in place.</li> <li>Must assist ACQSC with any complaints investigations.</li> </ul>
Quality Standards	S97	<ul style="list-style-type: none"> <li>Strengthened quality standards will be in place</li> </ul>	<ul style="list-style-type: none"> <li>Must comply with quality standards</li> </ul>

# Conditions on providers – summary for MPS

Area	ED reference	What is expected to change upon commencement?	What is <u>not</u> expected to change when the new Act commences
Financial and prudential standards	S98	<ul style="list-style-type: none"> <li>Revised financial and prudential standards in place and made by the Commissioner</li> </ul>	<ul style="list-style-type: none"> <li>Prudential Standards will apply</li> </ul>
Continuous improvement	S99	No significant changes expected	<ul style="list-style-type: none"> <li>Providers must manage services in a way that demonstrates a commitment to continuous improvement, and have a continuous improvement plan in place.</li> </ul>
Membership of governing bodies	S100	No significant changes expected – only relevant to non-Government providers	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Advisory body requirements	S101	No significant changes expected – only relevant to non-Government providers	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Staff to have appropriate, qualifications/skills	TBC	<ul style="list-style-type: none"> <li>New requirements being considered</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Delivery of services	S105	<ul style="list-style-type: none"> <li>Some new and/or varied requirements expected</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Restrictive practices	S106	No significant changes expected	<ul style="list-style-type: none"> <li>Restrictive practice requirements must be complied with.</li> </ul>
Ceasing of services	S107	No significant changes expected	<ul style="list-style-type: none"> <li>Must provide security of tenure for residents</li> </ul>
24/7 RN	TBC – currently in S116	<ul style="list-style-type: none"> <li>New requirements may apply on commencement subject to the outcomes of our upcoming trial, or alternatively, they may come into effect later in 2025-26</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Care minutes (or equivalent)	TBC – currently in S105	<ul style="list-style-type: none"> <li>New requirements not expected to begin until post commencement of the new Act, with timing to be agreed with the States and Territories, and subject to outcomes of our upcoming trial</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Representatives	TBC	<ul style="list-style-type: none"> <li>New requirements being considered to ensure access for representatives</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

# Registration conditions: Workforce requirements

- A new [aged care worker screening framework](#) is being introduced, alongside the new Act.
- Implementation will be phased – with interim arrangements in place upon commencement, and a transitional period after aged care worker screening laws are introduced in your jurisdiction.
  - A national intergovernmental agreement is being negotiated with the states and territories.
- Workers in a risk assessed role will need to be screened. That is:
  - responsible persons, and
  - a person involved in direct delivery of funded aged care services, whose duties are likely to require more than incidental contact with an individual to whom services are delivered.
- They will need either an:
  - aged care clearance (when care worker screening checks commence)
  - NDIS clearance, or
  - AHPRA registration

**Note:** initially and for a transitional period, police certificate are also expected to be acceptable in certain circumstances.





# Registration conditions: Rights and principles

- Providers will need to demonstrate that they:
  - understand the rights in the Statement of Rights, and have in place practices to ensure services are not delivered in an incompatible manner
  - understand that the safety, health, well-being and quality of life of an individual is the primary consideration of the delivery of funded aged care services.
- This will be subject to necessary limits to balance competing or conflicting rights. For example, the rights of other individuals in the same residential aged care home.
- This builds upon existing requirements already outlined in the Charter of Rights and the Quality Standards, but goes further to ensure the rights of older people are central to the new Act.
- Individuals will be able to make complaints to the Complaints Commissioner (ACQSC) where they consider their rights have been breached.
- Identified breaches of specified rights are also expected to involve breaches of provider obligations under the new framework, with formal compliance and enhanced enforcement pathways available to take action in serious cases.



# Registration conditions: Complaints and whistleblowers

- As currently required, MPS providers will need to:
  - maintain a complaints and feedback management system
    - The Rules are expected to outline the required details of the system (e.g. must receive, record and assess complaints; enable complaints to be given anonymously; enable them to be withdrawn; require role of advocates to be supported).
  - manage complaints and feedback in accordance with this system
    - The Rules are expected to outline how this must be done (e.g. open disclosure process, reasonable steps that must be taken, providing appropriate support and assistance to complainants)
  - maintain a whistleblower system and policy (TBC)



# Registration conditions: Delivery of services

- This condition is quite broad with details expected to be included in the Rules.
- It will:
  - facilitate important requirements in the Quality Standards, applying to category 1-3 providers
  - apply obligations to providers delivering particular service types or groups
    - For example, requirements for residential care providers to deliver all services within the scope of residential care if, and when, an individual needs them; and outlining the expected scope of services to be delivered (similar to the current Quality of Care Principles).
  - require certain information to be provided to individuals accessing services
    - For example, information about rights, only accurate information about your registration, a written plan of services, specific fee and payment information.
- We consider further discussions are needed about possible extension of some requirements under this condition to MPS providers. For example, requirements to:
  - maintain and manage homes in a state of good repair, consistent with Cth/State and local laws
  - provide monthly care statements to residents, and
  - deliver certain combinations of services in the home or community.



# What will we discuss next time?

- New Quality Standards and the MPS Module (ACSQHC)
- Financial and prudential standards (ACSQC)
- Other provider obligations
- New statutory duties

**Note:** the Department will also reach out in July to confirm your registration categories for deeming purposes



# Questions

