



**Australian Government**

**Department of Health and Aged Care**

**2024-25**  
**MULTI-PURPOSE SERVICES ALLOCATIONS ROUND**  
**(RESIDENTIAL CARE PLACES)**

**APPLICATION GUIDE**

## THE 2024-25 MULTI-PURPOSE SERVICES ALLOCATIONS ROUND (RESIDENTIAL CARE PLACES) – APPLICATION GUIDE

This document provides you with information about the 2024-25 Multi-Purpose Services Allocations Round (residential care places) process.

### What is the MPS program?

The [MPS Program](#) is a joint initiative of Commonwealth, and State and Territory governments. It provides integrated health and residential care services for small rural and remote communities. It has an important role as it allows services to exist in regions that could not viably support a stand-alone hospital or aged care home.

### What is an allocations round?

The Australian Government is committed to providing a sustainable system that supports older people who need care. The process for planning the annual allocation and distribution of new residential care places is set out in the *Aged Care Act 1997* (the Act).

An allocations round is the process the Department of Health and Aged Care (the department) uses to allocate places to providers in respect of the residential care subsidy.

The broad objectives of the allocations process are to identify community needs, including people with special needs, and to allocate places in a way that best meets the identified aged care needs of the community.

Consistent with the recommendations from the Royal Commission into Aged Care Quality and Safety and the spirit of the MPS Program, the 2024-25 allocations round will also prioritise applications that meet the following:

- improves access to funded residential care services so rural and remote communities can age in place
- provides culturally safe and appropriate care specific to the regional needs
- provides a homelike environment
- provides a dementia friendly environment
- contributes to delivery of sustainable residential care services in thin markets
- supports integrated care solutions in thin markets to address supply and workforce gaps
- will not create competition for other aged care providers in the area
- provides evidence of support for the application from the relevant State or Territory health department in which the service is or will be located, including that the area needs a MPS.

### Making places effective in a timely manner

The department is committed to supporting the delivery of care for older people within reasonable timeframes.

The Act allows for an extension of the provisional allocation period for residential care places to four years and permits two, twelve-month extensions before the places are expected to become effective. If, after six years, the places have not been made effective, further extensions will only be granted where exceptional circumstances for not providing care within this timeframe can be demonstrated.

Should provisionally allocated residential care places not be effective within six years from the date of allocation, and no exceptional circumstances exist, the provisionally allocated places will lapse.

Please note: Exceptional circumstances are limited to situations that are unusual and outside the control of the approved provider. Organisations are encouraged to visit the [Management of Places Forms and Guidance Material for Approved Providers](#) webpage.

## HOW MANY PLACES ARE AVAILABLE?

### How many places are available?

In the 2024-25 allocations round, up to 100 residential care places are available to expand existing MPSs or establish new MPS.

### What is not available?

As agreed with the States and Territories, home care places will not be allocated in this round.

## COMPLETING YOUR APPLICATION

### Applicant responsibilities

It is your responsibility to present a comprehensive, evidence-based proposal that supports identified need.

You are required to certify that you are aware of your responsibilities prescribed in the [Act](#) and associated [subordinate legislation](#).

MPS are required to meet both the [National Safety and Quality Health Service \(NSQHS\) Standards](#) and the [Aged Care Quality Standards](#).

To streamline the accreditation processes, an aged care [module](#) has, however, been developed. The Australian Government Department of Health and Aged Care has agreed MPS completing the NSQHS Standards and the MPS Aged Care Module do not need to be assessed separately against the Aged Care Quality Standards.

### Which section of the form to complete

Applying for:	Part of the application form:
Residential care places (new service)	<ul style="list-style-type: none"><li>• <b>Part A</b> – Applicant Details and Endorsement of Application</li><li>• <b>Part B</b> – Residential Care Places - NEW SERVICE</li></ul>
Residential care places (existing service)	<ul style="list-style-type: none"><li>• <b>Part A</b> – Applicant Details and Endorsement of Application</li><li>• <b>Part C</b> – Residential Care Places - EXISTING SERVICE</li></ul>

### Word limits and attachments

Where applicable, you are required to respond to questions within the prescribed word limits in a clear and concise manner and include attachments where indicated. Word limits do not apply to required attachments, unless specified. Responses exceeding the prescribed word limits may not be considered in full during the assessment process. To count words in each response, simply select the text and refer to the status bar at the bottom of the workspace. If you don't see a word count in the status bar, right-click the status bar and then click 'Word Count'.

### False or misleading information

You should be aware that giving false or misleading information is a serious offence. An approval based on false or misleading information may later be revoked.

Your application may be deemed invalid should the department identify false or misleading information in your application.

### **Application not a contractual arrangement**

An application is not evidence of a contract or other form of legal agreement. Should you enter into contractual arrangements with other parties before being advised in writing of the results of the application process, you do so at your own risk.

### **Invalid applications**

At the department's discretion, an application may be deemed invalid for the following reasons:

- late submission
- application not submitted on the approved application form
- application submitted on an altered application form
- incomplete applications.

Applicants will be notified in writing if their application has been deemed invalid.

### **Submitting a query**

Please note, the department cannot provide assistance or advice to you about your application and business strategy during the application period. Departmental officers will not comment on the content or merit of your application. The department may only provide advice on matters of fact and technical issues related to the completion or submission of your application. If you have any questions of this nature, you must submit them in writing to the department at [MPsagedcare@health.gov.au](mailto:MPsagedcare@health.gov.au).

## **HOW TO LODGE YOUR APPLICATION**

You are required to submit your application and associated attachments via email to the department at [MPsagedcare@health.gov.au](mailto:MPsagedcare@health.gov.au) by the closing date.

You are required to submit **one** signed copy of your application as part of your electronic lodgement to the above email address. Electronic signature blocks can be used to endorse your application.

The department will send you an acknowledgment of application received. If you have not received an acknowledgment it is your responsibility to seek confirmation via email at [MPsagedcare@health.gov.au](mailto:MPsagedcare@health.gov.au).

Please note:

- your application may be deemed invalid if it is not submitted in accordance with the above requirements
- applications will not be accepted by facsimile
- documents should only be attached where required and referenced in the application.

### **Paper applications**

The department will only accept paper applications in exceptional circumstances. Permission must be sought from the department prior to submission at least two days prior to the lodgement due date, and evidence to support the requirement for a paper application may be required. Please contact the MPS Program team for further advice at [MPsagedcare@health.gov.au](mailto:MPsagedcare@health.gov.au).

### **Instructions for email submission**

There are limitations on the size of emails that can be accepted by the department. The department cannot guarantee acceptance of emails over 12mb. Additionally, your Internet Service Provider (ISP) may impose limitations on the size of emails being sent.

In submitting an application via email, you must follow the steps below:

1. Complete the application form. Save the application form in Microsoft Word as a 'doc' file.
2. Ensure the endorsement page in Part A of the form is signed. Electronic signature copies can be inserted directly into your application form. However, should you wish to hand sign the endorsement page you are able to send that page as a PDF. The rest of the completed application form should be submitted in the correct Microsoft Word 'doc' file format.
3. Email the completed application form and any referenced attachments to [MPSagedcare@health.gov.au](mailto:MPSagedcare@health.gov.au). Your email should include completed Part A and Part B and/or Part C as appropriate.

## CLOSING DATE FOR APPLICATIONS

All applications for the 2024-25 Multi-Purpose Services Allocations Round (residential care places) **MUST** be received by the **department on or before 2pm AEST Friday, 25<sup>th</sup> October 2024**.

It is your responsibility to ensure that your application is received by the closing date. An application that is received after the closing date may be regarded as invalid and may not proceed to assessment.

### Notification of any changes

You should notify the department in writing of any change that will significantly affect your capacity to implement your proposal.

Notification should be made as soon as any change becomes evident. This must be submitted in writing, by email to [MPSagedcare@health.gov.au](mailto:MPSagedcare@health.gov.au).

## THE DEPARTMENT'S ASSESSMENT OF EACH APPLICATION

### Probity

The department is required to ensure that all potential applicants are treated in a fair and equitable manner, and that no unfair advantage is given to any applicant.

Strict probity and ethics guidelines govern the assessment of the 2024-25 Multi-Purpose Services Allocations Round (residential care places) applications. These guidelines are in accordance with the *APS Code of Conduct* (described in Section 13 of the *Public Service Act 1999*) which requires that 'an APS employee must disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection with APS employment'.

### Approved provider status

New service applications - you will need to be an approved provider under the Act in order to receive an allocation of places **or** be an approved provider at the time the allocation takes effect and your places become effective. Information about being an approved provider can be found on the [Aged Care Quality and Safety Commission](#) website.

Existing service applications – to be eligible, you need to be an approved provider currently in receipt of a residential care; subsidy for services delivered through an MPS.

### Applications will be assessed on the following:

- **Selection criteria**  
Any allocation of residential care places must meet the requirements of the Act and any relevant subordinate legislation.

This includes that the Secretary, or the Secretary's delegate, must be satisfied that the place allocation would best meet the needs of the aged care community in the region.

In making their assessment, the delegate will take into consideration relevant matters including the following:

- whether the people who manage, or propose to manage the residential care service have the necessary expertise and experience to do so
- if applicable, whether the premises used (or to be used) is suitably planned and located for the provision of aged care
- the ability of the applicant to provide the appropriate standard of care
- if the applicant has been a provider of aged care - the applicant's conduct as a provider and compliance with their responsibilities
- the measures that the applicant proposes to implement to protect the rights of older people and ensure delivery of culturally safe and appropriate care
- whether, if the application is approved, the service to which the application relates would be more likely to be able to offer continuity of care to current and future residents, and
- whether, if the application is approved, the places allocated are made effective in a timely manner.

**Note:** these matters align with those that the Secretary must consider under s28(1) of the *Allocations Principles 2014* when making an allocation of places in respect of the residential care subsidy.

- **Suitability**

The 2024-25 Multi-Purpose Services Allocation Round (residential care places) application form is designed to ensure you provide information to assist the delegate of the Secretary to make a decision under section 14-1 of the Act. In assessing an application, the department:

- will consider your responses to each question in the application form, as the response relates to each of the criteria identified above
- will consider information provided by you in the light of the requirements of:
  - the Act
  - relevant subordinate legislation
- may consider any other relevant information available to the department.

- **Capacity to make places effective in a timely manner**

You are required to demonstrate that the places being sought will be made effective as quickly as possible. Particular regard will be given to:

- the key milestones detailed in your application
- the responses and documentation provided to support these milestones
- any past record of making places effective in a timely manner.

### **Applications missing information**

The department has the discretion to seek clarification or additional information from you as part of the application assessment process. Any request for clarification is to allow consideration of your application and should not be taken as an indication of the likely outcome of your application.

The information provided in your application (including any supporting documents) will form the basis of any subsequent conditions of allocation imposed in respect of the places in accordance with Sections 14-5 and 14-6 of the Act. It is an approved provider's responsibility to comply with any conditions of allocation.

## AFTER THE ASSESSMENT

### Announcing the results

It is anticipated that the outcome of the 2024-25 Multi-Purpose Services Allocations Round (residential care places) will be announced in late 2024 so that places can be effective as soon as possible after that date. The announcement date will, however, depend on the number of applications received.

Details of the allocations made to successful applicants will be made available on the department's website. Changes to existing services' funding will commence for effective places as soon as practicable following allocation.

All applicants will receive written advice about the outcome of their application. Successful applicants cannot commence providing care through allocated places until formal advice is received from the department and a MPS Agreement is in place.

### Allocation of places

You should be aware that where large numbers of applications are received, it is possible that your application may be found suitable, but you will not be allocated places due to the level of competition.

### Review of decisions

The final decision about the allocation of places is made under Section 14-1 of the Act by the delegate of the Secretary of the department. This is not a reviewable decision under the Act.

### Feedback process

If you are unsuccessful, you will be able to request specific written feedback from the department.

### Confidentiality and Protection of Personal Information

Information provided by applicants may be considered *protected information* under Section 86-1 of the Act, including where it relates to the affairs of an approved provider. However, you should note that the results of the 2024-25 Multi-Purpose Services Allocations Round (residential care places), including the details of successful applicants and the number of places allocated will be publicly available and published on the department's website.

### Conditions of allocation

Conditions will be imposed on the allocation of new places. The [Act](#) stipulates a number of mandatory conditions and gives the Secretary, or the Secretary's delegate, the authority to determine other conditions specific to each allocation of places. If your application is successful, the conditions of allocation will be imposed to reflect the details provided in your application.

### Applications used for other purposes

Information contained in your application may be considered as part of the assessment of applications in other processes.

## APPLICATION INSTRUCTIONS

### PART A – APPLICANT DETAILS

#### SECTION 1 – APPLICANT DETAILS

Provide the Approved Provider name and GPMS ID.

List the services you are making an application for, the number of places sought and if it is an existing service. If the number of services exceeds the number of rows, please add additional rows to the table.

##### Applicant Contact Details

Provide the telephone and email contact details for your organisation's primary and alternate contacts. This contact is responsible for your organisation's application, and as such should have a detailed understanding of your application.

#### ENDORSEMENT OF APPLICATION

This application can be signed only by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the applicant. Electronic signature blocks can be used when endorsing the application.

In signing this endorsement, you are affirming that this proposal has the full consent and support of your organisation's Board of Directors, State or Territory health department or other equivalent relevant authority.

Giving false or misleading information is a serious offence.

There are offences established by the Act and the *Criminal Code Act 1995* relating to providing false or misleading information. Approvals based on false or misleading information may be revoked. In endorsing the application, you are confirming that you;

- are aware of your responsibilities as prescribed in the Act and relevant subordinate legislation, including that the provisional allocation period for making residential care places effective is currently four years after the day on which the allocation is made, unless extended, in accordance with Section 15-7 of the Act.
- are aware that any provisional allocation of residential care places made through this, and subsequent processes will not be extended beyond six years from the date of allocation, without exceptional circumstances.
- have informed yourself of the implications of changes to the rate of subsidy and supplements that will result from an increase to the total number of places allocated to a service.
- declare that all information provided in the application and associated attachment(s) is true and complete.

##### Receipt of application

A receipt will be sent to the primary email address provided in Part A, for the lodgement of applications. The department will send you an acknowledgment of application received. If you have not received an acknowledgment it is your responsibility to seek confirmation via [MPSagedcare@health.gov.au](mailto:MPSagedcare@health.gov.au).



## PART B – RESIDENTIAL CARE PLACES – NEW SERVICE

### SECTION 1 – SERVICE DETAILS

You are required to complete Part B, if you are applying for residential care places to establish a new MPS. Each new MPS will require a separate Part B application.

Before applying to establish a new MPS, applicants should be familiar with the requirements of the Act and associated principles and ensure that the relevant state or territory government health department has agreed to and supports the application. Evidence of state or territory government health department support should be attached in support of your application.

Provide the details of the approved provider and the service name.

Provide the physical address of the service including the street number and name, suburb or town, state or territory and postcode.

### SECTION 2 – PLACES SOUGHT TO ESTABLISH A NEW SERVICE

#### Q B2.1 Number of places sought for this service.

Enter the number of residential care places sought.

Note that the department is unable to guarantee the number of places requested will be available.

#### Q B2.2 If the new service is combining with any existing mainstream residential or hospital service to become a MPS, how many residential care beds are currently available\* at the service (if not applicable, continue to question B2.3)?

Enter the number of beds that exist at the service to provide residential care to aged care clients. Do not include acute or sub-acute care beds unless you intend to convert these to residential care under this application.

Note that this number must be actual, physical beds available for MPS residential care services.

\*Available includes beds that are currently occupied or unoccupied.

#### Q B2.3 Are any capital works required to accommodate the places sought in this application and/or to create an environment suitable for the delivery of residential care?

If the response is 'yes', you need to complete Q B2.3 a) to c) inclusive.

B2.3 a) the scope of the works, detailed project plan and relevant approvals

B2.3 b) the source of funding for the project, including whether quotes have been obtained and funds committed.

B2.3 c) the building commencement and completion dates.

The word limit for this question is 300 words.

**Q B2.4 When will the requested places become effective?**

Please provide the expected timeframe after the date of allocation that your organisation plans to make the residential care places effective. This may be within 3 months, 4-12 months, 13-18 months, 19-24 months, 25-48 months.

B2.4 a) Provision is made on the application form to provide details of a phased implementation of places in the event that not all places can become effective at the same time.

The word limit for this question is 300 words.

**Q B2.5 Identify any known risks that may affect the organisation's ability to meet the timeframes specified in Q B2.4.**

Detail the risks that may impact on the organisation's ability to meet the timeframes specified in Q B2.4. For example:

- when funding will be available to complete building works
- ongoing organisational/service capacity to continue delivering existing services while establishing service provision for the new places (if relevant)
- obtaining agreement from the relevant State or Territory health department that a MPS is needed.

The word limit for this question is 250 words.

**Q B2.6 How will these risks be managed?**

Detail any risk mitigation strategies and/or contingency plans that have been developed to manage the risks identified in Q B2.5. For example:

- staffing strategies to ensure the service can deliver the places sought within the timeframe
- linkages, formal or informal, with other organisations that will enable your organisation to commence service delivery within the timeframes.

The word limit for this question is 250 words.

## SECTION 3 – NEW SERVICE PROPOSAL

You may wish to attach a copy of a Service Development/Delivery Plan and/or Feasibility Study to support the application. If using these documents to answer these questions, references to these documents should include specific page numbers.

**Q B3.1 Provide a detailed description of the planning undertaken to establish this service and specify the aged care, health or other services that will also be delivered.**

refer to *Subsidy Principles 2014, Chapter 4, Part 1, Division 3 – Section 104*

Your response should include a detailed description of the proposal for this service and could include details of:

- all the health and residential care services that are, or will be, delivered from the MPS
- the service delivery model, including staffing levels
- how the service supports wellness or reablement approaches and promotes independence
- how the service will incorporate residential respite days, if proposed
- any innovations proposed and how these will provide benefits and diversity of choice to residents, their families and their carers
- relevant cross references to a Service Delivery Plan.

The word limit for this question is 750 words.

**Q B3.2 Provide a detailed description of the organisation's board and/or senior management's relevant expertise and experience in aged care, or health or other services.**

Your response should include a detailed description of the organisation's board and/or senior management's relevant expertise and experience in relation to this service and could include details of:

- any other services managed by the organisation
- the organisation's experience in aged care
- the measures employed by the organisation to ensure an appropriate number of qualified staff to deliver the relevant levels of care
- any established linkages to service delivery organisations in the region.

The word limit for this question is 500 words.

**Q B3.3 Describe the suitability of the location for the delivery of residential care including the geographic area that the MPS will be located in and evidence that:**

- the service will be in an area that is not a major city\*
- the area is able to sustain a viable MPS.

refer to *Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – sub-paragraphs 109(2)(b) (i) and (ii)*  
*Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – paragraph 109(3)(c)*

\*Under the Subsidy principles, **major city** means one of the major cities of Australia within the meaning of the *Australian Statistical Geography Standard (ASGS): Edition 3—Remoteness Structure*, July 2021 (noting a new release is expected in July 2024) produced by the Australian Bureau of Statistics. To check the classification of an area, select the 2023 Remoteness Area (RA) and search by address or place [here](#).

**Note:** Under current policy, the Commonwealth generally only supports the establishment of MPS in rural and remote locations, that is, in locations classified as MM5-7 under the Modified Monash Model (MMM).

In responding to this question, you may wish to refer to, or elaborate on, the responses you provided at B3.1 and B3.4 and any relevant cross references to a Service Delivery Plan.

The word limit for this question is 250 words.

**Q B3.4 Outline the evidence that demonstrates that there is a need in the area for residential care places and how being an MPS will:**

- **improve access to residential care services in the region**
- **increase the coordination and flexibility of service delivery in the local area**
- **provide cost effective services.**

refer to [Subsidy Principles 2014, Chapter 4, Part 2, Division3 – sub-paragraphs 109\(2\)\(b\) \(i\) and \(ii\) and \(iii\)](#)  
[Subsidy Principles 2014, Chapter 4, Part 2, Division3 – paragraph 109 \(3\)\(b\)](#)

Your response should include empirical evidence to demonstrate the need for residential care places. The term ‘area’ refers to the service’s intended catchment area. The size of the service’s catchment area will depend on whether the service is to be located in a remote or regional setting.

Types of information that could be included in your response to this question include:

- details of the aged care needs of the region and the needs of the identified geographical area(s), residents from a diverse range of groups and backgrounds and/or key issues, including dementia
- how the allocation of residential care places will improve access to care for older people in the area
- how an integrated health and aged care model of service delivery is a cost-effective option which achieves economies of scale
- why a standalone residential care service is/would not be viable
- any research conducted in support of this application, including:
  - demographic data from the Australian Bureau of Statistics (ABS) about people most likely to need aged care services
  - data on people aged over 80 years old that provides a picture of immediate need
  - data on people aged over 70 years old, that would be used for medium term planning
  - proximity of the service in relation to other residential care services within the area
- how the service would not be a barrier to other services existing or entering the region.

The word limit for this question is 750 words.

**Q B3.5 Describe how the service will provide person-centred, culturally safe and appropriate care.**

refer to [Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – sub-paragraph 109\(2\)\(a\)\(iv\)](#)

Types of information that could be included in your response to this question include:

- how the service will provide culturally appropriate care, having regard to the particular cultural, physical, social, spiritual and environmental care needs of individual residents
- workforce training - cultural awareness, cultural security or other relevant programs

- whether the service will have the expertise and experience to provide care to people from the groups below:
  - people from Aboriginal and/or Torres Strait Islander communities (First Nations Peoples)
  - people from culturally and linguistically diverse backgrounds (CALD)
  - people who live in rural or remote areas (R-R)
  - people who are financially or socially disadvantaged (FSD)
  - veterans (VET)
  - people who are homeless or at risk of becoming homeless (HOM)
  - care-leavers (CLV)
  - parents separated from their children by forced adoption or removal (PSC)
  - lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual people and others (LGBTIQA+).

The word limit for this question is 300 words.

**Q B3.6 Provide a detailed description of how the service intends to provide appropriate care to older people with dementia.**

Your response should include a detailed description of the service's ability to provide care to older people with dementia. Types of information that could be included in your response to this question include:

- details of any building designs and/or features incorporated into the service that relate to the provision of care for people living with dementia
- how you have, or will, identify the particular care needs of people living with dementia, including:
  - management and staffing issues, including the qualification and skills of the staff who will be providing care for people living with dementia and/or complex high care needs
  - practical examples of how you have, or will, provide this type of care including your admissions policy, philosophy of care, management of challenging behaviour, provision of activities, medication management and involvement of family members
- the linkages you have established, or steps you intend to take to establish linkages with relevant key organisations and services
- the measures you have in place to provide for the safety and security of staff such as Work Health and Safety requirements
- the measures you have in place to provide for the safety and security of residents.

The word limit for this question is 300 words.

**Q B3.7 Describe how the service will provide continuity of care for current (if any) and future individuals to whom they deliver Commonwealth funded residential care services.**

Your response should provide a detailed description of how the service will provide continuity of care to aged care clients. Types of information that could be included in your response to this question include:

- how the service will manage ageing in place
- how the service will manage the changing care needs of residents, including continuity of care if residents need to move to a new service because of changing care needs

- how the service will co-ordinate care with other services that residents may need to access and established networks or linkages with other health and residential care service providers in the area such as: hospitals, residential care facilities, Commonwealth Home Support Programme providers, Home Care Package providers, allied health providers, primary health care providers, retirement villages.

The word limit for this question is 300 words.

**Q B3.8 Describe how the service will ensure the rights of older people in their care will be protected.**

Your response should demonstrate an understanding of the obligations in relation to protecting the rights of older people in care (including providing them with relevant information), as well as whether the organisation has strategies in place to ensure that this occurs. In developing this response, you should consider any requirements outlined in the Aged Care Principles, for example the Charter of Aged Care Rights.

The department will consider your understanding of, and commitment to, implementing:

- arrangements for ensuring that all prospective residents and existing care residents have relevant information about fees and payments
- complaints procedures
- arrangements to ensure availability of advocacy services
- appropriate security of tenure arrangements (where relevant)
- systems to protect the privacy of residents.

Your response to this question could include details of:

- how your organisation will ensure residents' rights are protected in line with legislative requirements
- your understanding of your responsibilities as an approved provider
- your understanding of the rights and responsibilities of residents
- any communication strategies that you have in place or will implement
- examples of how you will ensure residents' rights are protected, and will provide adequate information to them about their care and services
- relevant cross references to a Service Delivery Plan.

The word limit for this question is 300 words.

**Q B3.9 Provide a detailed description of how the organisation has engaged with the local community, existing service providers and other health and residential care providers and agencies in the area in which the service will be located. Include evidence of support from all relevant parties for a MPS. You may wish to include proof of engagement such as emails, letters, etc.**

*refer to Subsidy Principles 2014, Chapter 4, Part 2, Division2 – sub-paragraph 109(2)(b)(iii)  
Subsidy Principles 2014, Chapter 4, Part 2, Division2 – paragraph 109(2)(c)  
Subsidy Principles 2014, Chapter 4, Part 2, Division2 – paragraph 109(2)(d)  
Subsidy Principles 2014, Chapter 4, Part 2, Division2 – paragraph 109(3)(d)  
Subsidy Principles 2014, Chapter 4, Part 2, Division2 – paragraph 109(3)(e)*

Your response should provide a detailed description of how the organisation has undertaken consultations with the local community, other health and residential care service providers, the relevant

State or Territory health department and other agencies in the area. Types of information that should be included with your response to this question are:

- details of community consultations undertaken
- how the information collected through consultations with local community, health and/or residential care services or other interested stakeholders has been utilised in development of the service proposal
- evidence of support from relevant parties, including state and territory health departments in the area
- relevant cross references to a Service Delivery Plan.

The word limit for this question is 500 words.

**Q B3.10 Explain how the organisation will evaluate the MPS including, but not limited to:**

- **the outcomes that the service provider intends to provide in respect of the provision of residential care services in the area**
- **the impact of the service on other residential care services in the area.**

*refer to Subsidy Principles 2014, Chapter 4, Part 2, Division 2 – sub-paragraphs 109(3)(f)(i) and (ii) and (iii)*

Your response should provide a detailed description of the MPS evaluation strategy and how the service is evaluated to measure, monitor and improve performance. All applicants must demonstrate, with reference to approved providers' responsibilities outlined in the Act and Quality of Care Principles, the reporting systems in place to enable performance monitoring, achieve outcomes, oversee continuous quality improvement and manage risk.

The word limit for this question is 750 words.

**B3.11 Provide details of the physical environment where residential care services will be delivered. You may include a copy of the floor plan.**

Your response should include information on how the places will be accommodated in the service, including any:

- re-organisation of existing space
- details concerning room configuration (e.g. single with ensuite, double, etc.)
- use of non-effective, unfunded or provisionally allocated places
- current tenancy/occupancy agreements in place (if relevant)
- details of how the physical environment will accommodate residents from diverse groups and backgrounds and/or people living with dementia (e.g. room for wheelchair access, a secure wing, or external features such as secure outdoor areas, landscaping, circular paths, or raised garden beds)

## PART C – RESIDENTIAL CARE PLACES – EXISTING SERVICE

### SECTION 1 – SERVICE DETAILS

You are required to complete Part C, Section 1 if you are applying for residential care places for an existing MPS. You will need to complete a new Part C for each service applying for additional places.

It is important that applicants understand the implications of changes to the rate of subsidy and supplements that would result from an increase to the total number of places allocated to a service.

For example, an increase in the number of places may impact scoring, which is used in the calculation of the viability supplement component of funding. Details can be found in the [\*Aged Care \(Subsidy, Fees and Payments\) Determination 2014\*](#).

Provide the details of the service provider name (this may be the same as the approved provider name), the service name and the GPMS ID (if known).

Provide the physical address of the service including the street number and name, suburb or town, state or territory and postcode.

#### Q C1.1 Number of additional residential care places.

Enter the number of residential care places sought.

Note that the department is unable to guarantee the number of requested places will be available.

#### Q C1.2a) Number of residential care beds (physical) that exist at the service to provide residential care.

Enter the actual number of residential care beds that exist at the service to provide residential care. Do not include acute or sub-acute care beds.

Note that this number must be actual, physical beds available for residential care services.

#### Q C1.2b) Are any of these beds not funded by the Commonwealth MPS program?

If you provide any residential care beds that are not funded by the Commonwealth MPS program, please select yes, and continue to C1.2C.

If all of your residential care beds are funded through the Commonwealth MPS program, please select no and continue on to C1.3.

#### Q C1.2c) How many residential care beds do you provide that are not funded by the Commonwealth MPS Program?

Enter the number of residential care beds provided at the service that are not funded through the Commonwealth MPS Program.

#### Q C1.3 Are any capital works required to accommodate the places sought in this application and/or to create an environment suitable for the delivery of residential care?

If the response is 'yes', you need to provide the following details:

- the scope of the works, detailed project plan and relevant approvals
- identify the source of funding for the project, including whether quotes have been obtained and funds committed
- the building commencement and completion dates
- How you will ensure residents are cared for while building works are undertaken.

Include any evidence to support these responses, for example, copies of approvals.

The word limit for this question is 500 words.



**Q C1.4 When will the places become effective?**

Please provide the expected timeframe after the date of allocation that your organisation plans to make the places effective. This may be within 3 months, 4-12 months, 13-18 months, 19-24 months or 25-48 months.

C1.4 a) Provision is made on the application form to provide details of a phased implementation of places in the event that not all places can become effective at the same time.

**Q C1.5 Identify any known risks that may affect the organisation's ability to meet the timeframes specified in Q C1.4.**

Detail the risks that may impact on the organisation's ability to meet the timeframes specified in Q C1.4. In your response, you may provide details outlining your organisation's capacity to meet the proposed timeframes, such as:

- staffing strategies to ensure the service can deliver the places sought within the timeframe
- linkages, formal or informal, with other organisations that will enable your organisation to commence service delivery within the timeframes
- ongoing organisational/service capacity to continue delivering existing services while establishing service provision for the new places (if relevant)
- obtaining support from the relevant State or Territory health department.

The word limit for this question is 250 words.

**Q C1.6 How will these risks be managed?**

Detail any risk mitigation strategies and/or contingency plans that have been developed to manage the risks identified in Q C1.5.

The word limit for this question is 250 words.

**Q C1.7 How many additional residential respite bed days per annum will be provided at the service as a result of this proposal?**

Applicants must specify how many additional residential respite bed days per annum are expected to be provided at the service, should your proposal be successful.

If none of the places you are seeking will be used to provide additional respite care, insert 0 in the box.

## SECTION 2 – EXISTING SERVICE PROPOSAL

In answering these questions, you may wish to include specific references (which must include page numbers) to other relevant documents, for example, the MPS Service Delivery Plan or a Feasibility Study, in which case these should be attached to the application.

It is important that applicants understand the implications of changes to the rate of subsidy and supplements that would result from an increase to the total number of places allocated to a service.

For example, an increase in the number of places may impact the scoring, which is used in the calculation of the viability supplement component of funding. Details can be found in the [Aged Care \(Subsidy, Fees and Payments\) Determination 2014](#).

**Q C2.1 Provide a description of the proposal to expand residential care service delivery at this service.**

refer to [\*Subsidy Principles 2014\*, Chapter 4, Part 2, Division 2 – paragraph 109\(2\)\(a\)](#)  
[\*Subsidy Principles 2014\*, Chapter 4, Part 2, Division 2 – paragraphs 109\(3\)\(d\) and \(e\) and \(f\)](#)

Your response should include a detailed description of the proposal for this service and could include details of:

- evidence that demonstrates the current and ongoing need in the area for additional residential care places. For example, waitlist as per 2023 Annual Activity report or occupancy data.
- relevant workforce information that demonstrates the service's ability to deliver increased residential care services
- any relevant information about the infrastructure for the site and the interface between health and residential care services
- how the additional places will:
  - improve access to care
  - increase coordination, flexibility and innovation in the delivery of care in the area
  - be cost effective
  - provide care that is appropriate for residents from a diverse range of groups and backgrounds and/or people living with dementia
  - provide continuity of care for current and future residents, including if capital works are required before new places become effective
- how the organisation has engaged with the local community, existing service providers, State and Territory health department and agencies in the area, including evidence of support from relevant parties for additional places
- details of the physical environment that residents will be in; you may include a copy of the floor plan and/or site plan showing relevant external features

and any other relevant information to support the allocation of additional places, which could include details of:

- how the places will be accommodated in the service, including any:
  - re-organisation of existing space
  - details concerning room configuration (e.g. single with ensuite, double, etc.)
  - use of non-effective, unfunded or provisionally allocated places
  - current tenancy/occupancy agreements in place (if relevant)
- the service delivery model
- how the service supports wellness or reablement approaches and promotes independence
- how the service will incorporate residential respite days, if proposed
- relevant cross references to the MPS Service Delivery Plan (if applicable).

The word limit for this question is 1000 words.