



Provider Operations Reporting

Frequently asked questions (FAQs)

These FAQs help aged care providers understand their provider operations reporting obligations.

It also helps providers complete the Provider Operations Collection Form (Collection Form) in the Government Provider Management System (GPMS).

2024

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Provider Operations Reporting

What is Provider Operations Reporting?

Residential care, home care and transition care providers must report information about their operations to the Department of Health and Aged Care (the department) each year. We publish this information on the My Aged Care website to improve the quality and transparency of aged care services.

This reporting was introduced in response to the [Royal Commission into Aged Care Quality and Safety](#). The Royal Commission recommended older people in Australia have better access to information about approved providers' operations.

The Your Aged Care Update Newsletter gives alerts when the Collection Form is available. It also gives links to helpful resources and any other relevant updates. [Subscribe](#) to the Your Aged Care Update Newsletter.

What are key dates for the Provider Operations Reporting?

Providers can enter their information in the Provider Operations Collection Form from **1 July** each year.

The last date for submission, as required by legislation is **31 October**.

The reporting period covers the previous financial year (**1 July – 30 June**).

We encourage you to complete the Collection Form as soon as possible after 1 July. This will give you time to gather your data, resolve any issues you may experience in completing the Collection Form. It can also help you get the signed governing body declaration before the 31 October deadline.

Who completes the Provider Operations Collection Form?

Residential and home care providers both complete the Provider Operations Collection form.

Transition care providers complete the Transition Care Annual Accountability Report.

The following providers do not need to complete this form:

- short-term restorative care providers
- multi-purpose service providers
- providers that operate under a grant agreement, such as:
 - Commonwealth Home Support Programme (CHSP)
 - National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP).

If I am no longer an approved provider, do I need to complete the Collection Form?

If you provided a residential or home care service during the last financial year, you need to complete the Collection Form.

What provider operations information do I need to submit?

Residential and home care providers must submit the following:

- name and role of up to three executives (such as the Chief Executive Officer)
- governing body membership, including:
 - whether the provider's governing body has a majority of independent non-executive members and at least one member with experience in providing clinical care
 - whether the provider is exempt from these responsibilities
- a statement signed by the governing body stating whether the provider did or did not comply with its duties under the aged care legislation and:
 - each duty the provider failed to comply with
 - whether the non-compliance affected one or more services
 - the reasons why the provider failed to comply
 - actions taken to rectify the non-compliance
 - resolution of the non-compliance
- diversity information, including:
 - representation of First Nations, disability, gender diverse and cultural and linguistically diverse communities (or any other diversity demographic) within the provider's governing body
 - initiatives to support a diverse and inclusive environment for care recipients, residents and staff
- common kinds of feedback and complaints received by each service
- key improvements made to service quality.

Transition care providers submit a Transition Care Annual Accountability Report. It must include:

- most common kinds of positive **feedback and complaints** received by each service
- key **improvements** made to service quality.

How do I submit the information?

Residential and home care providers must submit the information using the Collection Form in the Government Provider Management System (GPMS).

Transition care providers submit their operations information through the Transition Care Annual Accountability Report that is sent to the department annually.

How do I access GPMS?

Contact your organisation's GPMS administrator to request access to the Collection Form. A GPMS User Guide and [supporting information](#) is available on the department's website.

More than one person in your organisation can add information to the Provider Operations Collection Form.

How will the department know if the response is for a residential or home care service?

Each provider has one Collection Form. It automatically includes a list of all the residential care and home care services that you operated during the reporting period. Each service has an ID.

You should check all services listed in the Collection Form were operating during the reporting period (ie the previous financial year).

If the list of services is incorrect, contact the GPMS helpline on **1800 836 799**.

If I am no longer an approved provider, do I need to complete the Collection Form?

If you provided a residential or home care service during the last financial year, you need to complete the Collection Form.

Can I view the Collection Form after I've submitted it?

After you submit the Collection Form, you can view to a read-only version in GPMS.

You can also view Collection Forms for previous financial years. Historical submissions cannot be edited.

What happens if I don't submit or submit late?

You are required by legislation to submit your provider operations data by 31 October each year.

The Collection Form is locked after this date. Contact ProviderOperationsData@Health.gov.au to unlock it.

If you do not submit your data, My Aged Care will show less information about your organisation than other providers. This means people have less information to help choose the best provider for them.

Failure to submit the completed Collection Form may breach provider responsibilities under the *Aged Care Act 1997* (Aged Care Act). This may lead to compliance action.

Can I change my responses after I submit?

If you need to change any of the information in the Collection Form after you have submitted it, contact ProviderOperationsData@Health.gov.au.

How is the department managing my data privacy?

We have ensured the Collection Form only collects necessary information.

More information on the collection and use of personal information for this purpose is in the [GPMS Privacy Notice](#).

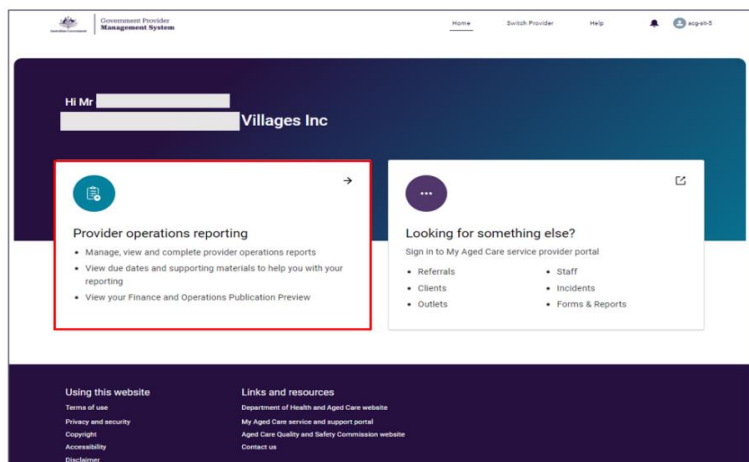
Personal information may be used and disclosed for the purposes of the department's functions under the Aged Care Act.

More information about how we manage personal information is on our website. See our [Privacy Policy](#) and [My Aged Care Privacy Policy](#).

Provider Operations Collection Form

How do I use the Collection Form?

Log onto GPMS. Click the Provider Operations Reporting tile to use the Collection Form.



Resources to help navigate the Collection Form are available on our [website](#).

Can I submit an incomplete Collection Form?

No. The final section (declaration and submission) will remain locked until all sections are complete.

Sections will show a white tick in a green circle when they are complete.

You can complete the sections in any order.

Key personnel

What are key personnel?

Key personnel are defined in the Quality and Safety Commission Act. They are people who:

- make executive decisions in the organisation
- have authority, influence or responsibility for planning, directing or controlling the activities of the organisation
- may hold a recognised qualification in nursing and may be responsible for the organisation's nursing services
- are responsible for the day-to-day operations of the service.

Approved aged care providers must tell the Aged Care Quality and Safety Commission (the Commission) when certain changes occur. These include:

- if a person becomes a member of the key personnel
- if a person ceases to be a member of the key personnel
- if a provider becomes aware of a change of circumstances that relates to a suitability matter in relation to a person who is one of their key personnel.

Why does the form ask for key personnel information?

This question has been included in the Collection Form so providers can nominate up to three people whose details will be published on My Aged Care. They must:

- hold an executive position with the provider
- be willing to have their name and role published on the My Aged Care website.

The list of key personnel reported to the Aged Care Quality and Safety Commission (Commission), can include a large number of individuals from within each organisation. Feedback from the sector indicated a preference for My Aged Care to only include details of a person to whom issues could be escalated.

In the Collection Form only list the names and contact details of people who are available to be contacted by care recipients and their representatives.

Can I list details of key personnel without their consent?

Consent must be obtained by the executive before providing their details for publication. The person is not obliged to give consent.

Governing body membership

What is the governing body?

The Aged Care Act defines the governing body of an approved provider as:

- the board of directors (if the provider is a body corporate incorporated, or taken to be incorporated, under the *Corporations Act 2001*); or
- the group of persons responsible for the executive decisions of the provider.

What are the governing body membership requirements?

Governing body membership requirements are legislative requirements for residential, home and flexible aged care providers. These providers approved under the *Aged Care Act 1997* must ensure their governing body has:

- a majority of independent non-executive members
- at least one member with experience in providing clinical care.

Some approved providers do not need to meet the governing body membership requirements. They are still required to complete the governing body membership section of the Collection Form to indicate they are exempt. These providers are:

- state or territory approved providers (including state or territory authorities), and local government authorities
- providers with a governing body with fewer than 5 members and who provide care to fewer than 40 care recipients
- providers that are an approved Aboriginal Community Controlled Organisation (ACCO)
- providers where the Commission determined that one or both governing body membership requirements did not apply during the reporting period.

What are independent non-executive members?

Information about independent non-executive members and their requirements is available on the [Commission's website](#).

What is clinical care experience?

Information about clinical care (experience) is available on the [Commission's website](#).

What is an Aboriginal Community Controlled Organisation (ACCO)?

Aboriginal Community Controlled Organisations are defined under the National Agreement on Closing the Gap. They are:

- incorporated under relevant legislation and not-for-profit
- controlled and operated by Aboriginal and/or Torres Strait Islander people
- connected to the community, or communities, in which they deliver the services
- governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Governing Body Statement

What is the Governing Body Statement?

The Governing Body Statement states whether the governing body believes the provider has complied with its responsibilities and requirements during the reporting period under:

- the *Aged Care Act 1997*

- the Aged Care Quality and Safety Commission Act.

The Statement is to include non-compliances identified by the governing body, as well as those identified by the Aged Care Quality and Safety Commission.

The Governing Body Statement demonstrates that governing bodies understand and are accountable for issues affecting the quality of care of recipients. Reporting this information increases accountability and helps drive continuous improvement. It also shows the governing body's commitment to addressing non-compliance. This can give care recipients confidence about the provider's commitment to quality and safety.

The Governing Body Statement must be signed by a member of the provider's governing body on behalf of all members of the governing body.

What personal information should I include in the Statement?

Only include the governing body member's details (name and role) in the Governing Body Statement form. The governing body member's details are not published. No other personal information is to be included.

What non-compliances must I report?

Include all non-compliances that occurred during the reporting period. These can be identified by:

- the governing body
- the Aged Care Quality and Safety Commission.

Up to 30 non-compliance types can be reported. Group similar issues together if possible.

What happens if a non-compliance is identified?

You should include the following information for each non-compliance included in the Statement:

- the type of non-compliance
- whether the non-compliance affected one or more services
- the reasons why the provider failed to comply
- actions taken to rectify the non-compliance
- resolution of the non-compliance.

The information in the Governing Body Statement must be reported in a way that can be published. Do not include personal information in your response.

What is in the ‘responsibilities and requirements’ dropdown menu?

Aged Care Quality Standards

Approved aged care providers must comply with the Aged Care Quality Standards (Quality of Care Principles 2014).

Aged Care Code of Conduct

Approved aged care providers must comply with the Aged Care Code of Conduct (Quality of Care Principles 2014).

Charter of Aged Care Rights

Approved aged care providers must comply with the Charter of Aged Care Rights (User Rights Principles 2014).

Fees and payments

Approved aged care providers must comply with requirements on fees, costs, and charges (User Rights Principles 2014)).

Incident management

Approved aged care providers must manage and resolve complaints and reported incidents from care recipients (Quality of Care Principles 2014).

Report all reportable incidents under the Serious Incident Response Scheme (Accountability Principles 2014; Records Principles 2014).

Management of refundable deposits, accommodation bonds and entry contributions

Approved aged care providers have legislated responsibilities for managing care recipients’:

- refundable deposits
- accommodation bonds
- entry contributions.

Notification of changes to key personnel

Approved aged care providers must notify the Aged Care Quality Safety Commission when certain changes or events occur. Examples include:

- if a person becomes or ceases to be key personnel
- where the provider becomes aware of a change of circumstances that relates to a suitability matter in relation to a person who is one of their key personnel (Section 9-2A(1) of the Aged Care Act).

Notification of material changes

Approved aged care providers must notify the Aged Care Quality Safety Commission when certain changes or events occur. For example, a change of circumstances that materially affects the providers' suitability as an approved provider (section 9-1 of the Aged Care Act).

Prudential standards

Approved providers are expected to comply with the Prudential Standards.

Security of tenure

Approved aged care providers must ensure security of tenure for residential aged care recipients. They must also allow access to persons acting for residents (User Rights (User Rights Principles 2014)).

Specified care and services

Approved aged care providers must provide a range of legislated specified care and services at no extra cost (Quality of Care (Quality of Care Principles 2014)).

Use of restrictive practices

Approved aged care providers must minimise the use of restrictive practices (Quality of Care (Quality of Care Principles 2014)).

Other

Choose 'Other' if a type of non-compliance is not listed in the drop down menu. Use the free text area to add detail within the 50 character limit.

What is in the 'reasons for failing to comply' dropdown menu?

Issues related to having a culture of inclusion and respect for care recipients

Approved providers are expected to have a culture of inclusion and respect for care recipients (*Aged Care Quality Standard 1: Consumer dignity and choice*).

Issues related to supporting care recipients to exercise choice and independence

Approved providers are expected to support a care recipient to exercise choice and independence (*Aged Care Quality Standard 1: Consumer dignity and choice*).

Issues related to respecting the privacy of care recipients

Approved providers are expected respect care recipients' privacy (*Aged Care Quality Standard 1: Consumer dignity and choice*).

Issues related to initial and ongoing assessment and planning for care and services in partnership with the care recipient

Approved providers are expected undertake initial and ongoing assessment and planning for care and services in partnership with care recipients (*Aged Care Quality Standard 2: Ongoing assessment and planning with consumers*).

Issues related to the delivery of safe and effective personal care, clinical care, or both personal care and clinical care

Approved providers are expected tailor personal and clinical care that meets the needs, goals and preferences of care recipients (*Aged Care Quality Standard 2: Ongoing assessment and planning with consumers*).

Issues related to the provision of safe and effective services and supports for daily living

Approved providers are expected ensure that care recipients get safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life (*Aged Care Quality Standard 4: Services and supports for daily living*).

Issues related to the provision of a safe and comfortable service environment for care recipients

Approved providers are expected provide a safe and comfortable service environment that promotes the care recipient's independence, function and enjoyment (*Aged Care Quality Standard 5: Organisation's service environment*).

Issues related to seeking regular input and feedback from care recipients, carers, the workforce and others and using the input and feedback to inform continuous improvements

Approved providers are expected to seek regular input and feedback from care recipients, carers, staff and others to inform continuous improvements for individual care recipients and the whole organisation (*Aged Care Quality Standard 6: Feedback and complaints*).

Issues related to having a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services

Approved providers are expected have a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services (*Aged Care Quality Standard 7: Human resources*).

How do I send a request for electronic signature to the governing body member?

The Governing Body Statement must include a Declaration signed by a member of the provider's Governing Body on behalf of all members of the governing body. The Declaration can be signed electronically or in hard copy.

If you use DocuSign, enter the email address of the Governing Body Member. A green banner appears when the request has been successfully sent.

The governing body member will receive an email from noreply@signature.health.gov.au. It will ask them to sign the Declaration. It will have the subject title 'For Action: e-Signature Request - Governing Body Declaration'.

Diversity and inclusion – Provider's governing body

What diversity information about the governing body is collected?

Providers can include information about the diversity your governing body's members. Forms of diversity and/or lived experience may include:

- Older member (over 65)
- Aboriginal and/or Torres Strait Islander
- Carer
- Cognitive diversity
- Dementia
- Cultural and linguistic diversity
- Disability
- LGBTIQ+
- Representation of women
- Financially disadvantaged
- Religious diversity
- Rural and remote
- Veterans
- Other diversity.

Providers must have consent from individual governing body members to give information about their diversity and/or lived experience. Individual members of the governing body are not obliged to disclose this information.

If governing body members do not consent, please respond that consent has not been provided in the Collection Form. This will allow you to complete the Collection Form.

Do we have to select and complete ‘Other forms of diversity’?

No. This section is optional.

Why is this information being collected and published?

The diversity of a provider’s governing body can help support a diverse and inclusive environment in the organisation.

Publishing information about diversity and lived experience in a provider’s governing body helps older people decide if a provider is a good fit for them. It will also help older people and their loved ones talk to the provider about inclusive practices and meeting their needs and preferences.

Want diversity information about services is collected?

Information is collected about how each residential and home care service supported a diverse and inclusive environment during the reporting period. The information includes:

- policies and procedures for culture, diversity and inclusion
- policies and procedures for cultural safety
- social activities to support culture, diversity and inclusion.

Policies and procedures for culture, diversity and inclusion create an environment where people:

- are treated with dignity and respect regardless of their background and life experiences
- can and are encouraged to maintain their full identity
- can participate in their culture
- feel included regardless of their background and life experiences.

Examples include:

- policies requiring staff to participate in relevant training about to delivery of appropriate care for diverse cohorts
- policies requiring staff to interact appropriately with clients, about their cultural background
- visible indicators of support for diverse people in a facility, such as rainbow flags

- facilitating access to care, resources and information in a client's preferred language
- employing bilingual, bicultural staff that reflect the cultural and linguistic demographic of clients at your service (this may change over time)
- developing or strengthening your service's policies around cultural safety, anti-discrimination, or codes of conduct for staff and clients
- appointing a diversity champion from senior levels of staff to motivate improvements to cultural competency
- obtaining LGBTI accreditation (such as Rainbow Tick)
- entering into a formal commitment to improving cultural safety and responsiveness that is visible in all aspects of core business, including vision and mission statements, organisational principles and values, and continuous improvement activities.

What are policies and procedures for cultural safety?'

- Cultural safety is about creating an environment that is safe and inclusive for Aboriginal and Torres Strait Islander people, and does not deny their identity and experience. Cultural safety is about how care is provided rather than what care is provided.
- Policies and procedures for cultural safety are those that facilitate care, and an environment, where a client's cultural safety is fostered.
- The Aged Care Quality Standards require care and services to be culturally safe. The Aged Care Quality and Safety Commission considers compliance with this requirement when it is assessing providers' performance against the Aged Care Quality Standards.

Examples include:

- Putting in place governance structures which support partnerships with Aboriginal and Torres Strait Islander communities, consumers and carers and enable dissemination of relevant and culturally appropriate information.
- Where the number of Aboriginal and Torres Strait Islander clients reaches 5 per cent, appointing at least one Aboriginal or Torres Strait Islander person to the Board of the provider organisation from amongst partner/ collaborating organisations.
- Ensuring organisational leadership actively models cultural safety and responsiveness by staff at all levels and across the organisation.

- Partnering with Aboriginal community-controlled organisations in the development and delivery of shared and flexible service delivery models for Aboriginal and Torres Strait Islander older people.

What are social activities to support culture, diversity and inclusion?

Examples of social activities to support culture, diversity and inclusion include:

- Facilitating links with local cultural and/or community groups relevant to the client (e.g. providing a space on-site for gatherings).
- Recognising and facilitating participation in days/events of cultural significance, celebration and commemoration (such as NAIDOC week, ANZAC Day, Pride Month, World AIDS Day, Diwali, Lunar New Year).
- Facilitating social groups encouraging clients' participation in their culture, or social interaction with other members of their diverse background.

What if we have cultural 'policies' but don't have 'procedures'?

If your service doesn't have cultural policies and procedures, select the response 'Developing'.

Will the diversity and inclusion information be published?

Yes - The information collected on the diversity of your organisation's governing body and policies and procedures, and activities, to support diversity and inclusion may be published on the My Aged Care website.

Feedback, complaints and improvements

What information will be collected?

As part of the Collection Form, providers must submit information for each of the following questions for each service operated by the provider:

- the three most common kinds of positive feedback received about each service operated by the provider during the reporting period
- the three most common kinds of complaints received about each service operated by the provider during the reporting period
- the three main kinds of improvements made in relation to the quality of the service.

Which complaints can be included?

All complaints received by the provider. Please include all complaints made in regard to the service, including those made to the provider, as well as those made to the Aged Care Quality and Safety Commission or other agencies that the provider is aware of.

Why have you categorised responses?

We have tried to make the completion of this Collection Form as simple as possible, including using drop down menus. If the desired category is not listed in the drop down menu, please select 'Other'.

Listing categories allows the department to track and theme the information for all providers across the sector, to understand the areas of greatest need and support and where improvements are being conducted.

Free text responses must **not contain personal information** of about any individuals. Free text responses are published on My Aged Care as submitted by the provider.

Can the feedback/complaint relate to multiple categories?

Yes - Each piece of feedback or complaint can relate to multiple categories. It is not expected that providers will reclassify each piece of feedback and complaint received during the reporting period according to the categories listed in the Collection Form. Rather providers should consider how classifications that they have used, in analysing their feedback and complaints, relate to the categories used in the Collection Form.

Why is this information being collected?

Information about positive feedback and complaints received about each service, and information about the key improvements made at each service during the reporting period, is being collected and published to help older people, their families and carers to choose a provider that is right for them.

The information is to support consumers and their families when having conversations with the providers about how the provider encourages and manages feedback and complaints, and actions they take to improve their service.

The reporting of improvements provides opportunities for providers to indicate how they respond to issues raised by care recipients and others.

Will this information be published?

The top three categories of positive feedback, complaints and improvements will be published on My Aged Care.

Declaration and submission

How do I submit the Collection Form?

Providers will not be able to submit their Collection Form unless it is fully completed. Providers are encouraged to carefully check the data entered through the Collection Form.

A person authorised by the provider submitting the Collection Form must certify that all particulars disclosed in the Collection Form are true and correct and that any personal information is only provided where necessary.

If the authorised person can confirm the above, they agree to the declaration and submit the Collection Form.

Providers will receive an acknowledgement to let them know their Collection Form has been successfully submitted.

Publication of provider operations information

Is the provider operations information published?

The information submitted in the Collection Form will be published on the '[Find a Provider tool](#)' on [My Aged Care](#).

Providers have the opportunity to preview their submitted information before it is published. This is done through the "Publication Preview" functionality on GPMS. Providers will be notified when their operations and financial information is available to preview on GPMS.

What information will be published?

The provider operations information is integrated with other information on My Aged Care, including financial information. The following finance and operations information is published on My Aged Care:

- breakdowns of income, expenses and surplus or deficit budget positions
- minimum, maximum and average hourly wage rates for registered nurses, enrolled nurses and personal care workers
- name and role of up to three executives (such as the Chief Executive Officer)
- information from the statement signed by the governing body
- representation of different demographic groups in the membership of the governing body
- Initiatives that the approved provider has implemented to support a diverse and inclusive environment
- common kinds of feedback and complaints received by each service
- key improvements made to service quality
- food preparation
- total number of persons to whom care is provided through the service
- occupancy rate (residential care services only)
- number of persons who entered the service
- number of persons for whom the approved provider ceased to provide care.

Support

Resources

Australian Department of Health and Aged Care website:

- [Responsibilities of approved aged care providers](#)
- [Aged care provider reporting](#)
- [Provider Operations Collection Form](#)
- [Publishing provider reporting for stakeholders and the community](#)
- More [Resources](#)

Aged Care Quality and Safety Commission website

- [Strengthening provider governance](#)

Contacts

My Aged Care Service Industry, Provider and Assessor Helpline, including GPMS

- If you have concerns regarding **IT or technical errors** visit the [Accessing the GPMS webpage](#), or contact the My Aged Care Service Provider and Assessor Helpline on **1800 836 799**, Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia.

Provider Operations Collection Form

- Contact ProviderOperationsData@Health.gov.au if you have questions about provider operations reporting, preview and publication.

Annual Transition Care Reporting

- Contact TCP@health.gov.au if you have questions about the Transition Care Program.

Translating services

- For translating and interpreting services, call 131 450.
- For Aboriginal and Torres Strait Islander interpreting services, call My Aged Care on 1800 200 422 and ask for an interpreter. A list of languages is available on the [Accessible for all](#) page.
- To use the National Relay Service (NRS) visit [About the National Relay Service \(NRS\) | Access Hub](#) or call the NRS Helpdesk on 1800 555 660.
- To access Sign Language Interpreting Services through [Deaf Connect](#), call 1300 773 803 or email interpreting@deafconnect.org.au well in advance to ensure an interpreter is available.