

Multi-Purpose Service (MPS) Webinar 3:

Aged care reforms: impacts on the MPS program & providers

29 July 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
Reform schedule developments and other quick updates: <ul style="list-style-type: none">• New Act and the Rules• Integrated Assessment Tool (IAT)• 24/7 RN trial• Payments• Annual Activity Report	Cathy Milfull
Direct care targets trial	Tanya Clancy, Assistant Director, Rural & Remote Policy and MPS Section
New Quality Standards and the MPS Module	Margaret Banks - Australian Commission on Safety and Quality in Health Care (ACSQHC)
Provider obligations under the new Act (Part 2)	Simon Christopher Harmonisation and Regulatory Strategy Branch
Q&A and next steps	Panel discussion chaired by Cathy Milfull

Future webinar topics

Month	Items under consideration
August	Eligibility and 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
September	New statutory duties under the new Act Regulation of MPS providers under the new Act Report back on Residence Experience Survey trial
October	Place allocations under the new Act MPS subsidies under the new Act Update on 24/7 and care minutes trials
November	Progressing a new funding model for MPS Client contributions and the MPS

Other ideas? Your suggestions are welcome!

Quick updates

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

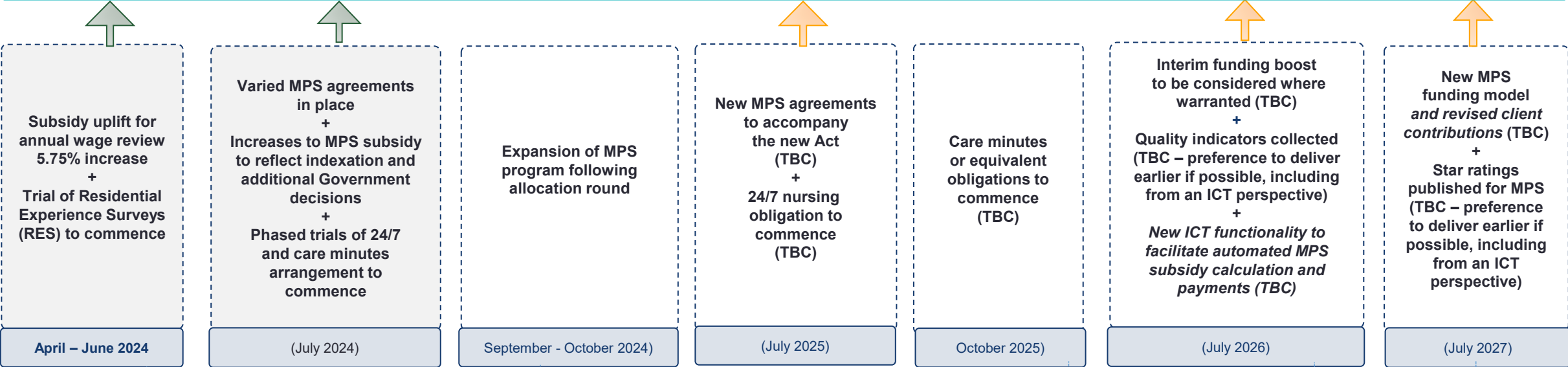
Updated schedule of MPS reforms (as at 22/7/2024)

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)



Jan 24 Jan 28

\$ change

\$ change

\$ change (TBC)

\$ change (TBC)

\$ change (TBC)

What's next with 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.
- We await confirmation of a date for introduction into Parliament, as parliamentary discussions continue around the Bill and the Government's response to the Aged Care Taskforce.
- In the meantime, drafting of the Rules continues – these are expected to be shared in priority groupings alongside parliamentary passage.
- We will continue to engage with you via these webinars on the expected content of these Rules where we can, to identify any issues as early as we can.
- Work on the transitional and consequential bills is also now the priority:
 - *transitionals* will preserve the position of existing aged care clients/providers under the new Act
 - *consequentials* will cover changes required to other legislation (non-aged care) which references the current Aged Care Act



Integrated assessment tool (IAT) in place as of 1 July 2024

- The IAT has replaced the National Aged Care Screening and Assessment Form – it is the new tool used to assess the eligibility of older people for Commonwealth subsidised aged care.
- Such assessments are still not mandatory from an MPS perspective, but we encourage you to get clients assessed where you can, to assist with the transition to the new Aged Care Act.
- The Support Plan, completed after the IAT, still has the same look and feel.
- There are no changes to the services/programs that can be recommended in the IAT support plan – that is, CHSP, HCP levels 1-4, TCP, STRC, MPS and residential aged care (respite or permanent).
- If you'd like to see what type of questions are asked in the new IAT, the new IAT 'Offline Form' is available on the department's website.



Why the IAT?

- Benefits of the IAT include:
 - Pre-population of relevant information from triage and screening, so older people will only have to tell their story once.
 - One dynamic tool for all assessment types with the flexibility to adjust based on various factors, previous answers, and whether the assessor is clinical or non-clinical.
 - New assessment questions and focus areas, including medical, financial, legal, social and behavioural matters, as well as frailty considerations and other supports and services.
 - Nested questions to tailor assessments, only diving deeper into areas where needed, ensuring a proportionate assessment process
 - Threshold questions that trigger additional questions for clinical assessors, allowing more in-depth exploration of flagged concerns.
 - Validated tools to improve the depth and clinical relevance of the assessment.
- An IAT assessment will be required to support assessment decisions made under the new Aged Care Act – this includes for MPS clients.

Other quick updates

- **24/7 RN Trial**

- For participating sites, the first trial reporting period will take place in August reporting will occur in the month of August.
- A reminder email will be sent with the template for completion, as well as a link to an accompanying survey to provide feedback/comments.

- **Payments**

- First quarter payments went out earlier this month.
- Workbooks that explain payment calculations have also been distributed.

- **Annual Activity Report**

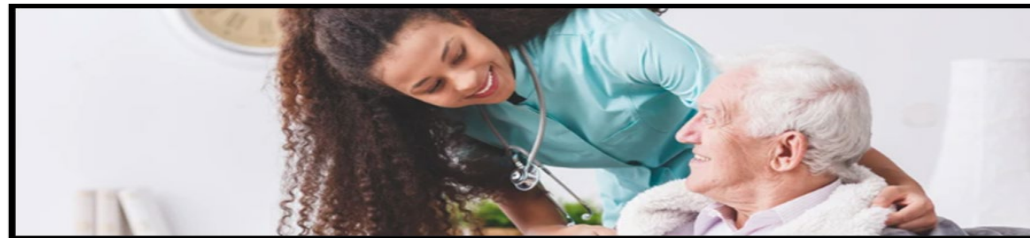
- Tune into the webinar on 31 July to hear more about the new Annual Activity Report.

Direct care targets trial

Tanya Clancy, Assistant Director, Rural & Remote Policy and MPS Section

Reminder: what is the direct care targets initiative?

- This initiative is designed to identify an equivalent mechanism to the *care minutes requirements* for mainstream residential care.
 - Mainstream residential care providers are currently required to provide an average of 200 minutes of care per care recipient per day, including 40 minutes of direct care by an RN.
 - This will increase to a sector wide average of 215 minutes (including 44 minutes of direct care by a RN) from 1 October 2024. From this time, providers will also have the flexibility to meet up to 10 per cent of their service-level RN targets with care time provided by Enrolled Nurses.
- We recognise that a tailored approach to such targets will be required for MPS, given the circumstances they are operating in and the absence of AN-ACC classifications for MPS residents.
- The integrated health and aged care environment in which MPS operate may also offer other methods for providing assurance that MPS residents are being provided with sufficient levels of direct care.



Direct care targets trial for MPS

- A phased trial of direct care targets for MPS has now commenced in participating States and Territories.
- Participating sites in these jurisdictions have been nominated through their state and territory representatives on the MPS working group
- As at 26/7/2024, 47 MPS sites have agreed to participate - SA (11), QLD (26), WA (1), VIC (8).



Direct Care Targets Trial: Timeline



PHASE 1 - JUL 2024 – DEC 2024 : Initial Design

Working with nominated trial sites to develop and agree to a direct care target approach to be trialled in Phase 2



PHASE 2 – JAN 2025 – JUN 2025 : Pilot and further co-design

Subject to Phase 1 results, and further discussion with the MPS Working Group trial of agreed direct care targets approach(es) in nominated MPS sites from January 2025 to test workability and the need for any further adjustments



PHASE 3 - JUL 2025 (TBC) : Trial commences

Trial of an agreed direct care target approach in all MPS sites anticipated to commence 1 July 2025



PHASE 4 – DATES TBC IN 2025-2026 : Full implementation

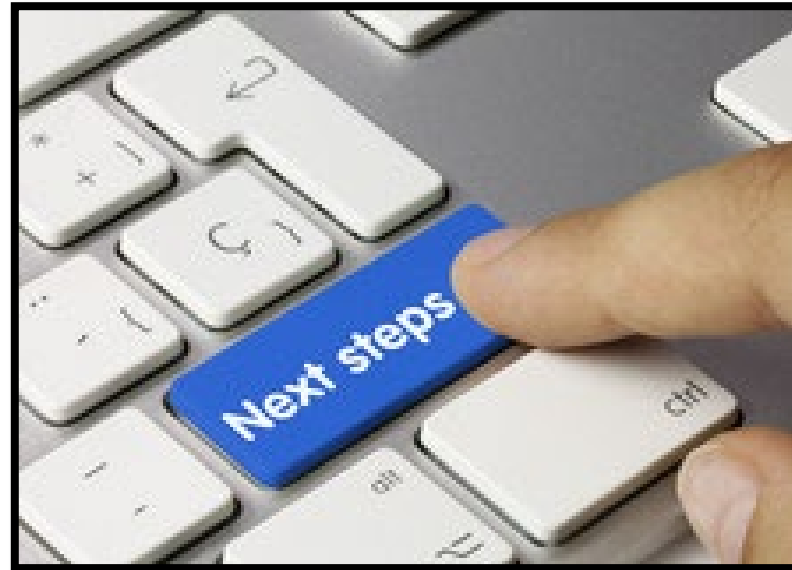
Formal commencement of direct care requirements or equivalent at a date determined in agreement with states and territories

What is the purpose of the direct care target trial?

- Develop an approach to direct care targets that **best suits the circumstances of the MPS program**, while retaining our shared strong commitment to ensuring appropriate staffing time for residents.
- The purpose of Phase 1 of the trial is to work collaboratively with MPS providers to undertake planning and design work to:
 - determine how direct care targets can/should apply in an integrated health/aged care context, including in the absence of an AN-ACC classification assessment
 - consider the potential need for alternative reporting/assurance mechanisms
 - consider the potential need for any alternative terminology to be used when considering direct care target requirements for MPS
- This work will be used to determine next steps for the Phase 2 Trial where a direct care target approach(es) will be actively trialled in nominated sites.

Next steps

- If you are a participating site, you should have received an email with a factsheet and a link to a survey for completion by the **end of August**.
- If you believe you are a participating site and have not received the email, please get in touch at MPSReforms@health.gov.au.



New Quality Standards and the MPS Module

Margaret Banks, Director, National Standards Program

Australian Commission on Safety and Quality in Health Care (ACSQHC)

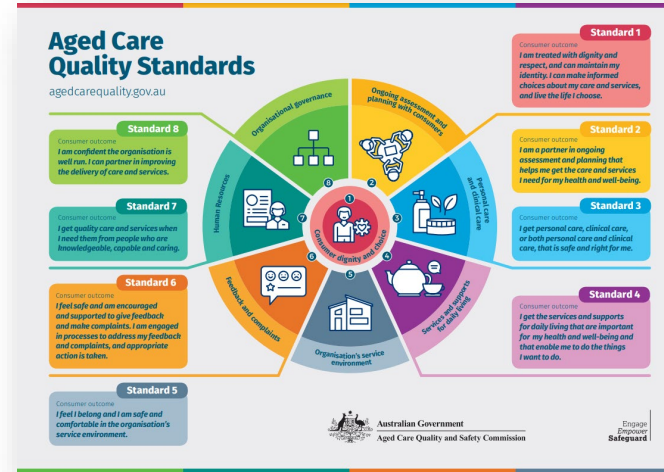
MPS Module origins

- Providers delivering **acute and sub-acute health services** are required to meet the National Safety and Quality Health Service (NSQHS) Standards
- Providers of **aged care services** are required to meet the Aged Care Quality Standards (ACQS)
- Multi-Purpose Services (MPS) required to meet both sets of standards were able to have a **single assessment** of the NSQHS Standards and the MPS Aged Care Module
- The MPS Aged Care Module identifies the **requirements of the ACQS not covered by the NSQHS Standards**



Updating the Module

- Health Care Commission has updated the **gap analysis** between the NSQHS Standards and the strengthened ACQS
- The updated MPS Module will be informed by the gap analysis to identify a small number of additional actions in a similar approach to the existing MPS Module
- New user guide for the MPS Module will support MPS's **implementing the strengthened ACQS**
- The Health Care Commission will conduct a **consultation in 2024** to identify areas in the updated MPS Module that require further implementation resources

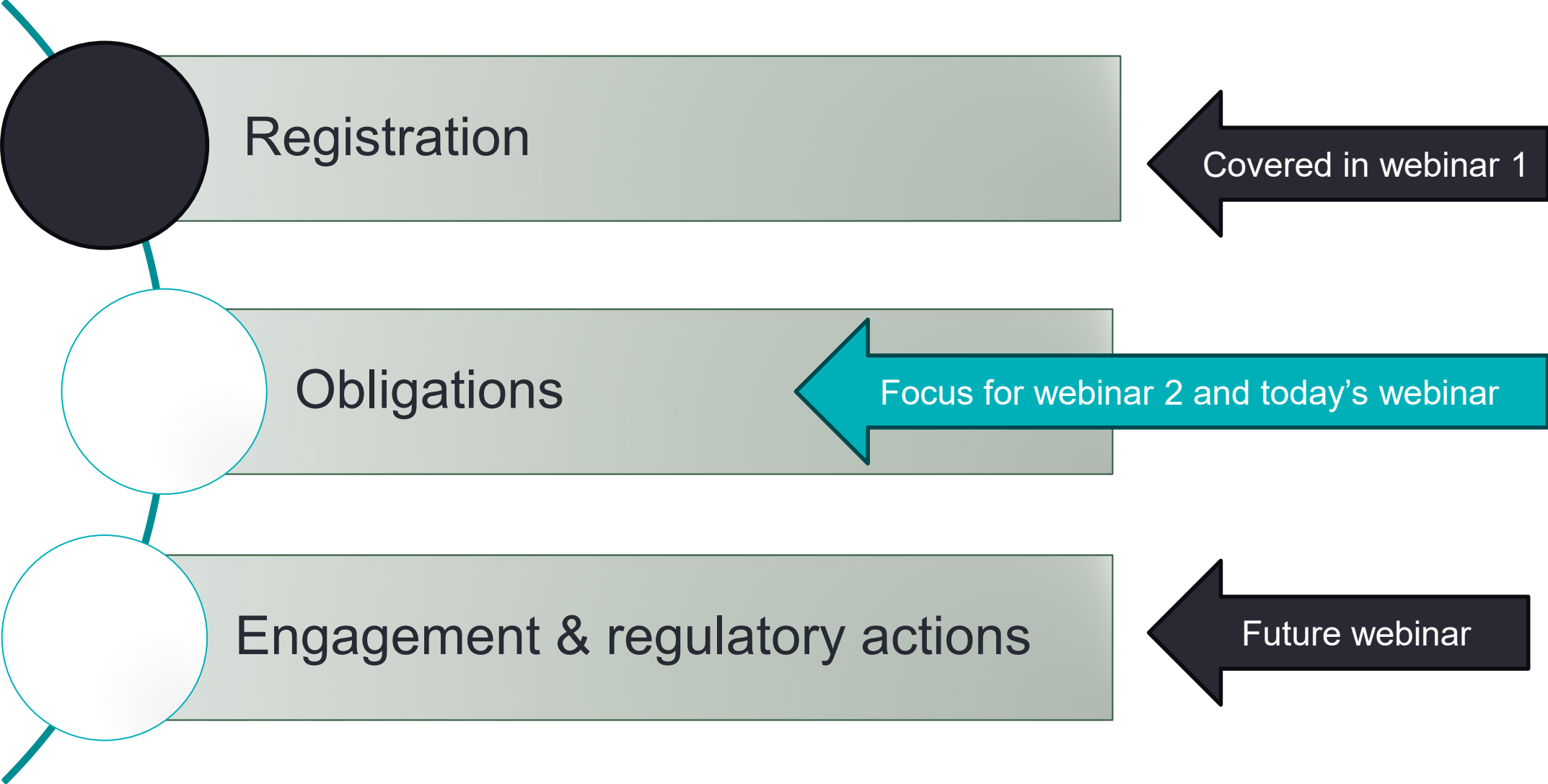


**Strengthened
Aged Care
Quality
Standards**

Provider obligations under the new Act (Part 2 – continued from previous webinar)

Simon Christopher, Director, Harmonisation and Regulatory Strategy Branch

Regulation of providers under the new Aged Care Act



Reminder : What's different in terms of provider obligations under the new Act

- Revised provider obligations will be in place.
- These will be presented as either:
 - conditions on registration (includes conformance with the Quality Standards)
 - **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 2: other obligations

- These obligations are outlined in Chapter 3, Part 4, Division 2 of Bill for the new Act (see Exposure Draft).
- For some obligations, significant additional details will be provided in the Rules, including:
 - the details of requirements to be met, and
 - the kinds of providers that must comply
- Provider obligations (as opposed to conditions) often relate to matters that are relevant to DoHAC's functions as the aged care system Steward, as well as the Commission's functions as the regulator.
- 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.

Other obligations – 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
Reporting	s 109	<p>There may be some additional/varied reporting obligations on MPS providers.</p> <p>There will also be a clear obligation to ensure that information reported is accurate (i.e. not false and misleading)</p> <p>The Rules will outline which reports will be required, when they need to be provided and to whom.</p> <p>Additional client data may need to be reported.</p> <p>This is a civil penalty provision (250 units).</p>	<p>Existing reporting requirements are expected to continue to apply – but they will be streamlined (i.e. co-located in the one place in the Act/Rules and any duplication removed).</p> <p>This would include:</p> <ul style="list-style-type: none"> - existing annual reporting (activity report; statement of financial compliance, income and expenditure) - basic daily fee supplement quarterly report - SIRS reporting - vaccination reporting, and - required reporting about complaints
Notification requirements	S110	<p>There may be some additional/varied notification obligations on MPS providers.</p> <p>This is expected to include notifying of:</p> <ul style="list-style-type: none"> - significant changes in the scale of service delivery (e.g. area covered in terms of home care services) - changes in the services types delivered, and - changes in associated providers of the provider. <p>A notification must:</p> <ul style="list-style-type: none"> • be given within <u>the earlier of</u> 14 days after either the event has occurred, or the provider becoming aware of the change in circumstances; and • be in an approved form; and • include any prescribed information in relation to a change of circumstances or event of a kind prescribed by the rules. <p>This is a civil penalty provision (30 penalty units)</p>	<p>Existing notification obligations are expected to continue to apply.</p> <p>This would include notifying of:</p> <ul style="list-style-type: none"> - changes in circumstances that affect the suitability of a provider or a responsible person - changes in responsible persons - significant changes in organisational arrangements

Other obligations – 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
Notification by responsible persons	s 111	No significant changes expected	Responsible persons are required to tell their provider if they become aware of a change of circumstances that could impact their suitability.
Suitability of response persons	s 113	No significant changes expected	Registered provider must take an action specified in a notice of a determination made by the Commissioner.
Suitability checks	s 114	No significant changes expected	A registered provider must regularly consider <u>suitability</u> matters in relation to their responsible persons/be satisfied they are suitable to be involved in the delivery of funded aged care service.
Cooperation with regulatory authorities	s 115	No significant changes expected	Registered providers must cooperate with person performing functions/exercising functions under the Act (e.g. DoHAC, Commission, Pricing Authority).
Personal information	s 117	No significant changes expected	Registered providers must ensure the protection of personal information, relating to an individual to whom the registered provider delivers funded aged care services
Code of Conduct	s 118	No significant changes expected	An aged care worker of a registered provider must comply with the Aged Care Code of Conduct.
	s 119	No significant changes expected	A responsible person of a registered provider must comply with the Aged Care Code of Conduct.
Non-permitted use of refundable deposits	N/A	No significant changes expected	Registered providers must not use refundable deposits in a way that is not permitted.

Questions

