



Australian National Aged Care Classification (AN-ACC) - Specialised Status Guide for Residential Aged Care Approved Providers



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Purpose

The purpose of the Specialised Status Guide for Residential Aged Care Approved Providers (the Guide) is to provide information to approved providers on the AN-ACC funding model in relation to specialised status.

Disclaimer

This Guide addresses legislation in relation to the AN-ACC funding model that commenced on 1 October 2022.

The AN-ACC funding model is governed by the applicable aged care legislation and not this Guide. Residential care providers are responsible for understanding and complying with all legislation that is relevant to the delivery of residential care and respite care provided in a residential setting. This Guide is a general guide only and aspects of the legislation and policy have been simplified for ease of understanding. It is not a substitute for, and is not intended to replace, independent legal advice or legal obligations under the aged care legislation or provide any interpretation of the legislation.

Residential aged care providers and care recipients should consider the need to obtain their own independent legal advice relevant to their particular circumstances.

While we make every effort to make sure the information in this Guide is accurate and informative, the Department of Health and Aged Care (the department) does not make any representations nor provide any guarantees as to its accuracy, reliability, completeness or currency of the information. The department disclaims all and any liability to any person in respect of anything done by a person in reliance on this Guide, whether in whole or in part.

Guide updates

Date	Version	Content
08/12/2022	1.0	Initial publication
22/12/2022	1.1	To align the guide with the amendments made to the Specialised Homeless Care Recipient Assessment Form (sections 2.4, 3.5 and 6.5)
28/03/2023	1.1.1	Section 3.5 – Update on retaining copy of the Specialised Homeless Care Recipient Assessment Form
21/03/2024	1.2	Update to reflect changes to categories under the Modified Monash Model New Section 1.4 on IHACPA pricing advice
6/11/2024	1.3	Update to align with 1 October 2024 AN-ACC changes



Section 1: Introduction

1 Introduction

1.1 Purpose

This Guide outlines the eligibility criteria, application process, and operational requirements for Specialised Homeless and Specialised Aboriginal and Torres Strait Islander status (each a specialised status) under the [Australian National Aged Care Classification \(AN-ACC\) funding model](#). It should be used by approved providers of residential care services who have been determined to have or are intending to apply for specialised status in respect of any of their services.

1.2 Introduction

The AN-ACC funding model is a key component of the major aged care reforms being implemented in response to the [Final Report](#) of the [Royal Commission into Aged Care Quality and Safety](#). The AN-ACC funding model aims to provide more equitable funding to approved providers in respect of care recipients that better reflects the costs of delivering care.

The AN-ACC funding model comprises three components:

- a variable component that reflects the casemix classification of individual care recipients determined by an independent assessment (AN-ACC assessment) of their aged care needs
- a fixed component that reflects the characteristics of each residential aged care service, including its classification under the 2019 Modified Monash Model and/or specialised status
- a one-off adjustment payment to cover the extra costs associated with transitioning a care recipient into a residential care service.

1.3 What is Base Care Tariff (BCT) funding?

BCT funding represents the ‘fixed’ component of care funding that is paid to an approved provider of a residential care service under the AN-ACC funding model.

BCT funding covers care costs that do not change significantly if there are changes in individual care recipient characteristics, or with small changes in occupancy of a residential care service. For example, the cost of providing general oversight of care recipients eating in common areas is determined by the overall needs of the residential care service and the number of care recipients, rather than the individual needs of any specific care recipient.

There are 7 BCT categories including four standard BCT rates that are determined by a service’s MM location and, in some circumstances, the number of operational places a service has, and three BCTs rates in respect of services that have specialised status (specialised BCT rates) (refer [Table 1](#)).

Each rate of BCT has a corresponding National Weighted Activity Unit (NWAU) that determines the amount of funding provided under that BCT. Rates of BCT are paid per occupied place for residential care services in MM 1 – 5 locations and all services with Specialised Homeless status, or per operational place (excluding provisionally approved and offline places) for services with Specialised Aboriginal and Torres Strait Islander status and residential care services without Specialised Aboriginal and Torres Strait Islander status in MM 6 or 7 locations.

Table 1 – Rates of BCT, including NWAUs and payment calculations

BCT Category	Funding Basis	NWAU
Standard MM 1	Occupied place	0.50
Standard MM 2 – 3	Occupied place	0.55
Standard MM 4 – 5	Occupied place	0.57
Standard MM 6 or MM 7	Operational place	Two-stage payment scale: 0.68 (rate for the first 29 beds) 0.52 (rate for beds 30+)
Specialised Homeless	Occupied place	0.92
Specialised Aboriginal and Torres Strait Islander, located in MM 6	Operational place	0.78
Specialised Aboriginal and Torres Strait Islander, located in MM 7	Operational place	1.80

Residential care services automatically receive a rate of BCT based on their MM location unless they have been determined to have a specialised status.

The rate of BCT is determined at the individual residential care service level. A service can only have one rate of BCT at any time.

1.4 Pricing updates

The Government is responsible for setting the AN-ACC price and weightings that apply to AN-ACC's fixed (BCT) and variable (classification) funding components. The [Independent Health and Aged Care Pricing Authority](#) (IHACPA) provides annual pricing advice to the Government to inform AN-ACC price adjustments.

IHACPA's pricing advice reflects costing studies and analysis of financial data reported by providers. IHACPA may also make recommendations regarding adjustments to the NWAU values (weightings), including the weightings that apply to specialised BCTs, to ensure specialised BCT funding reflects the actual costs of delivering specialised care.

1.4.1 IHACPA's 2024-25 pricing advice

IHACPA's [2024-25 pricing advice](#) recommended BCT NWAU reductions for all non-specialised services in remote and very remote MM 6 and MM 7 locations, as well as specialised homeless and specialised Aboriginal and Torres Strait Islander services.

This advice reflected low reported expenditure by these services compared with AN-ACC funding. IHACPA's findings were supported by the department's analysis of provider financial reports.

However, rather than reduce BCT funding for these services on 1 October 2024, Government has asked the department to review BCT policy settings for specialised and remote services to ensure that the additional funding provided is appropriate and spent as intended.

The review will consider:

- the eligibility rules for specialised status
- the need to deliver appropriate care programs for vulnerable cohorts consistent with the additional care funding that is provided
- understanding the relationship between care costs and the proportion of specialised residents
- whether these costs are appropriately captured in financial reporting by providers
- under-occupancy levels in remote and very remote locations areas, including operational bed funding.

For more information, please contact AN-ACC Operations:

ANACCOperations@health.gov.au.

Section 2:

Specialised BCT

rates

2 Specialised BCT rates

2.1 What are specialised BCT rates?

The three specialised BCT rates are in respect of residential care services that have:

- Specialised Homeless status
- Specialised Aboriginal and Torres Strait Islander status and are located in a MM 6 location
- Specialised Aboriginal and Torres Strait Islander and are located in a MM 7 location.

Specialised BCT rates have a higher NWAU than the standard MM based BCT rates, to reflect the additional costs of providing these specialised services.

2.2 Eligibility for specialised BCT rates

Approved providers must apply to the department to for a determination that a residential care service has Specialised Homeless status or Specialised Aboriginal and Torres Strait Islander status. If a residential care service is determined to have a specialised status, the approved provider will be paid the relevant specialised BCT rate in respect of the services that have the specialised status.

In order for the Secretary (or delegate) to determine whether a residential care service has specialised status, the approved provider should provide evidence that they meet the relevant eligibility criteria. These criteria are summarised in [Table 2](#) below. Approved providers must continue to meet these criteria in relation to a residential care service to maintain their specialised status and therefore the specialised BCT rate (refer [Section 2.6](#)).

Table 2 Specialised status eligibility requirements

Base Care Tariff rate	Provider Requirements	Care recipient Requirements
Specialised Homeless Status	<p>The approved provider or one of its key personnel has demonstrated experience in providing, or the capacity to provide, specialist homeless programs.</p> <p>The residential care service is providing such specialist programs, or the approved provider gives an undertaking to begin providing the specialist programs within 3 months of the application being made.</p>	<p>On the day before the application was made, at least 50% of the care recipients (including continuing care recipients) provided with residential care as non-respite care through the service demonstrated complex behavioural needs and social disadvantage associated with their background as a homeless person.</p>
Specialised Aboriginal and Torres Strait Islander Status, located in MM 6	<p>The service is in a MM 6 location.</p> <p>The approved provider or one of its key personnel has demonstrated experience in providing, or the capacity to provide, specialist Aboriginal and Torres Strait Islander programs.</p> <p>The residential care service is providing such specialist programs or gives an undertaking to begin providing the specialist Aboriginal and Torres Strait programs within three months of the application being made.</p>	<p>On the day before the application was made, at least 50% of non-respite care recipients were Aboriginal and/or Torres Strait Islander persons.</p>

Base Care Tariff rate	Provider Requirements	Care recipient Requirements
Specialised Aboriginal and Torres Strait Islander, located in MM 7	<p>The service is in a MM 7 location.</p> <p>The approved provider or one of its key personnel has demonstrated experience in providing, or the capacity to provide, specialist Aboriginal and Torres Strait Islander programs.</p> <p>The residential care service is providing such specialist programs or gives an undertaking to begin providing the specialist Aboriginal and Torres Strait programs within three months of the application being made.</p>	On the day before the application was made, at least 50% of non-respite care recipients were Aboriginal and/or Torres Strait Islander persons.

If a residential care service has been has a specialised status during the transition period (being for up to six months from 1 October 2022 to 31 March 2023), and wishes to maintain this status after 31 March 2023, the approved provider will need to apply for the relevant specialised status following the process outlined in [Section 2.3](#) below (also refer [Section 5.3](#)).

2.3 Specialised status application process

Approved providers can apply for specialised status for any of their services at any time, however a determination will only be made if the applicable eligibility criteria are met. Approved providers should use either the [Specialised Homeless Status Approved Provider Application Form](#) (refer [Attachment A](#)) or the [Specialised Aboriginal and Torres Strait Islander Status Approved Provider Application Form](#) (refer [Attachment B](#)). Completed application forms and any supporting documentation should be emailed to [subsidiessupplements@health.gov.au](mailto:subsidiesandsupplements@health.gov.au).

New applications for the Specialised Homeless status must include a list of care recipients that meet the care recipient requirements. An example of what this list must include is at [Attachment C](#).

If a service is determined to have specialised status, the particular rate of BCT will apply from the start of the next payment period following the determination by the departmental delegate.

NB: If a determination of specialised status is revoked, either on application by the approved provider or at the Secretary's initiative, the BCT rate will revert to a standard BCT rate for services. A service whose specialised status has been revoked will be excluded from reapplying for the same specialised status until at least three months have passed since that revocation took effect.

2.4 Specialised status assessment process

The department will assess applications for specialised status using evidence supplied as part of the specialised status application process, as well as other information available to the department, such as resident assessment data (AN-ACC and/or ACAT), resident entry records, outcomes from the Verification of Specialisation project, and income information. The department may request additional information to further determine eligibility.

Approved providers will be advised of the outcome of their application for a specialised status in writing.

If a service is approved for the Specialised Homeless status, it is recommended that a [Specialised Homeless Care Recipient Assessment Form](#) be completed for each eligible non-

respite resident at that service who meets the relevant criteria in respect of homelessness.

2.5 Duration of specialised status

Outside of the transition period, a specialised status will have effect for up to three years. Approved providers of services with a specialised status must continue to meet all the eligibility requirements during the period of the determination.

Any change to a rate of BCT funding as a result of a change in specialised status will take effect from the beginning of the next payment period following the change.

2.6 Revocation of specialised status

The Secretary (or delegate) may revoke a service's specialised status at their own initiative if the percentage of care recipients at the service who are Aboriginal and Torres Strait Islander or homeless, as applicable, is less than 50% for three consecutive payment periods (see calculation below) or if the service did not provide specialised Aboriginal and Torres Strait Islander or specialised homeless programs, as applicable, within three months of the determination being made.

Figure 1 Minimum eligible non-respite resident requirement formula

$$\frac{\text{care for homeless/Aboriginal and Torres Strait Islander residents} \times 100}{\text{care for all residents}}$$

A service's specialised status may also be revoked where the approved provider ceases to deliver specialised programs at that service. This could be, for example, as a result of:

- the approved provider failing to provide evidence of ongoing specialised care and/or programs at the service
- relevant compliance action taken the Aged Care Quality and Safety Commission that may impact the provider's ability to deliver specialised care and/or programs.

Approved providers are also encouraged to contact the department to discuss any circumstances that may impact their ability to maintain their specialised status.

Approved providers can request reconsideration of a decision by the Secretary (or delegate) to revoke their specialised status (refer [Section 5.2](#)).

If a service's specialised status has been revoked, its rate of BCT will revert to the standard BCT that applies for that MM location from the beginning of the next payment period after notification of the revocation.

2.7 Provider relinquishment of specialised status

An approved provider can revoke the specialised status of a service at any time for any reason, by giving written notice to the Secretary. Revocation of a specialised status at the request of the approved provider takes effect from the beginning of the next payment period after the date that the approved provider gave written notice.

Section 3: Specialised Homeless status

3 Specialised Homeless status

3.1 What is the Specialised Homeless status?

The BCT rate paid in respect of services with Specialised Homeless status supports approved providers to cover the additional costs of providing specialised care to care recipients with the complex behavioural needs and social disadvantage associated with their background as a homeless person.

3.2 What are the Specialised Homeless status provider requirements?

To be determined to have Specialised Homeless status, an approved provider must demonstrate that the relevant service delivers, or will deliver within 3 months of the application being made, specialist homeless programs, including but not limited to:

- programs and interventions to manage complex behavioural needs of persons with a background of homelessness
- programs to promote social engagement and participation of persons with a background of homelessness
- any other relevant programs or activities that the Secretary may consider appropriate.

3.3 Specialised Homeless status - Provider requirements - evidence examples

The following are examples of specialist homeless programs and supports that a service seeking specialised homeless status could either be providing or have the capacity to provide.

Table 3 Examples of evidence in support of Specialised Homeless status

Specialised programs and supports	Examples
The approved provider, or one of its key personnel of the approved provider, has demonstrated experience in providing, or the capacity to provide, specialised homeless programs.	Previous experience in providing access and care for homeless people.
The approved provider has established or has demonstrated the capacity to establish connections with local services and communities, including agencies that may refer and support individuals with a background of homelessness.	Connections that have been or will be established, including how these benefit care recipients with a background of homelessness.
The approved provider has programs and interventions to manage the complex behaviours and needs of care recipients with a background of homelessness.	Relevant programs and interventions.
The approved provider encourages and facilitates access to a broad range of services and supports relevant to the needs of care recipients with a background of homelessness.	Describe how care recipients with a background of homelessness are encouraged and supported to access specialised support services and interventions.

Specialised programs and supports	Examples
The approved provider has programs to promote social engagement and participation by care recipients with a background of homelessness.	Describe how care recipients with a background of homelessness are supported to participate socially at this service.
The approved provider has an established connection with a local mental health service or other organisation that assists individuals with a complex behavioural diagnosis and high support needs.	Connections that have been or will be established, including how these benefit homeless residents.

NB: While there is no direct relationship between specialised status and the Verification of Specialisation project (refer [Section 5.4](#)), where a service has been recognised under that project as a specialised homeless service, this may be considered as relevant evidence Secretary's (or delegate's) consideration in determining eligibility for the Specialised Homeless status.

3.4 Specialised Homeless status – care recipient requirements

For the purposes of meeting the Specialised Homeless status care recipient requirements, on the day before the application is made, a service must demonstrate that at least 50% of non-respite care recipients have complex behavioural needs and social disadvantage associated with their background as a homeless person (homelessness criteria).

A non-respite care recipient who meets all of the following four criteria, as described in the [Specialised Homeless Care Recipient Assessment Form](#) may likely meet the care recipient criteria for Specialised Homeless status and the approved provider can rely on this evidence in support of their application:

1. Has a history of homelessness:
 - a) Was living in a public place or temporary shelter; short-term crisis, emergency or transitional accommodation; boarding house, rooming house or private hotel; or supported community accommodation
 - b) Had no recent housing address
 - c) Had a long history of unsuccessful tenancies or unstable housing arrangements
2. Is eligible to receive the maximum basic rate of Australian social security pension, allowance, or benefit:
 - a) Person is eligible for the maximum basic rate of social security pension or benefit as defined in the Social Security Act; or
 - b) Service pension or disability pension as defined in the Veterans' Entitlements' Act.
3. Has a behavioural diagnosis associated with one of the following disorders:
 - a) Dementia in Alzheimer's disease including early onset dementia, late onset dementia, atypical or mixed type of unspecified dementia
 - b) Vascular dementia including acute onset dementia, multi-infarct dementia, subcortical vascular dementia, mixed cortical and subcortical vascular dementia, other vascular or unspecified dementia
 - c) Dementia in other diseases classified elsewhere including Pick's Disease, Creutzfeld-Jakob disease, Huntington's disease, Parkinson's disease, human immunodeficiency virus (HIV)

- d) Other dementia including alcoholic dementia or unspecified dementia (such as presenile and senile dementia)
 - e) Delirium including delirium not superimposed on dementia, delirium superimposed on dementia, other delirium or unspecified delirium
 - f) Psychoses and depression/mood affective disorders including schizophrenia or other psychoses (such as paranoid states)
 - g) Neurotic, stress-related and somatoform disorders including phobic and anxiety disorder (such as agoraphobia and panic disorder), nervous tension/stress or obsessive-compulsive disorder
 - h) Intellectual and developmental disorders including mental retardation, intellectual disability or other developmental disorders including mental retardation, intellectual disability or other developmental disorders (such as autism, Rett syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific development disorder of motor function such as dyspraxia)
 - i) Other mental and behavioural disorders including mental and behavioural disorders due to alcohol and other psychoactive substance use (such as alcoholism, Korsakov's psychosis (alcoholic), adult personality and behavioural disorders, speech impediment (stuttering or stammering)) or other mental and behavioural disorders not otherwise specified or not elsewhere classified (such as harmful use of non-dependant substances (for example, laxatives, analgesics or antidepressants), eating disorders (for example, anorexia nervosa or bulimia nervosa) or mental disorders not otherwise specified).
4. Has challenging behaviours and need for intensive social support:
- a) The person displays challenging behaviours which require ongoing management and prevention including one or both of the following:
 - I. Episodic catastrophic behaviours such as severe physical and verbal abuse, violent mood swings, aggression
 - II. The person is considered at high risk of leaving without warning with ongoing staff intervention required to prevent this from occurring
 - b) The person requires intensive social support or intensive assistance with continuing to perform activities of daily living including initiation of and assistance with one or both of the following:
 - III. Personal care and hygiene matters (for example, shows aversion to showering and washing hands, has problems with toileting and dressing, requires assistance or guidance with meals)
 - IV. Social and recreational activities, with significant one-on-one staff intervention necessary to enable the person to participate in community activities.

3.5 Care recipient eligibility assessment

Approved providers should retain evidence that establishes that each care recipient identified as such meets the homelessness criteria.

If the care recipient entered the service before 1 October 2022, this would have been demonstrated by completion of an assessment using [Services Australia form AC024](#) (refer [Attachment D](#)). Approved providers should include these forms with an application if they are relevant.

If the care recipient entered the service after 1 October 2022, it is recommended that eligibility is assessed and recorded using the [Specialised Homeless Care Recipient](#)

[Assessment Form](#) (refer [Attachment E](#)), or through provision of other suitable evidence.

An approved provider should hold the form, and any other documents, that inform an application for specialised status as the department may request access to this information for the purpose of determining ongoing eligibility.

NB: Where an existing care recipient who entered care prior to 1 October 2022 has already been determined to meet the Homeless Supplement eligibility criteria using [Services Australia form AC024](#), this determination can be used as evidence in support of an approved provider's application for Specialised Homeless status in respect of a service.

3.6 Process for identifying care recipients with a background of homelessness in the Provider Portal

The homelessness criteria of a care recipient must be notified to Services Australia using the digital claiming channels. This can be done in the Services Australia Aged Care Provider Portal, by choosing the Homeless Indicator at Step 4 of the care recipient entry process (refer to screen shot below).

Figure 2 Homeless indicator in Services Australia portal

The screenshot shows the 'Aged Care Staff Portal' interface. At the top, there's a navigation bar with 'Care recipient', 'Funding classifications', 'Circumstances', and 'Supplements'. Below this, a header for 'CELICIA PALMER' displays her care recipient ID (412478001), SPARC care recipient ID (N/A), date of birth (24/06/1957), record type (N/A), and type of care (Permanent residential care). The 'Update entry' section on the left lists steps 1 through 4, with step 4 selected. The main form area contains three sections: 'Compensation details' with a question 'Has the care recipient received an award or settlement?' and radio buttons for 'Yes' and 'No' (where 'No' is selected); 'Homelessness/Indigenous details' with a question 'Has the care recipient been identified as having Homeless and/or Indigenous related care needs using Appraisal Tools A or B?' and a dropdown menu for 'Homelessness/Indigenous description' set to 'Indigenous Australian'; and 'Sighting of approval record' with a question 'Has a current aged care approval been sighted?' and radio buttons for 'Yes' and 'No' (where 'Yes' is selected). At the bottom, there are 'Cancel', 'Back', and 'Submit' buttons. A release date notice is visible at the very bottom: 'Release date 16 Oct 2021. Branch dev-main. App last changed 28/09/2021 04:37:04 PM. This information will not appear in Prod.'

For assistance in completing the care recipient with a background of homelessness indicator in the Aged Care Provider Portal, approved providers can call Services Australia on 1800 195 206 Monday to Friday, 9 am to 5 pm, AEST or via email at aged.care.liaison@servicesaustralia.gov

3.7 Case Scenario

The following scenario considers eligibility for Specialised Homeless status where the service is in a MM 1 location.

Example Scenario:

An approved provider of a 60-bed service in a MM 1 location applies for Specialised Homeless status in respect of that service. The service was not eligible to be paid the Homeless Supplement prior to 1 October 2022, as the proportion of care recipients with a background of homelessness at the service never exceeded 50%. The approved provider of the service has recently decided to specialise in caring for care recipients with a background of homelessness, and the number of non-respite care recipients at the service who have a background of homelessness has increased to 31 of the service's 58 occupied places.

The service introduces specific programs and supports for care recipients with a background of homelessness, including an outreach program, transport services, visiting medical and allied health services including general practice and counselling, and both individual and group activities to address specific behaviours and dependency issues. The service has provided evidence to support its eligibility, including of staff qualifications and experience, in accordance with the application form and Specialised Status Guide. The service has also been approved as a specialised homeless service as part of the Verification of Specialisation project.

The Secretary's assessment:

The Secretary's delegate may determine this service as meeting the requirements for Specialised Homeless status as the approved provider has demonstrated it has experience in delivering specialised services to individuals with a background of homelessness, and the service has proportion of care recipients with a background of homelessness that is over 50% as at the date before the application was made.

Section 4: Specialised Aboriginal and Torres Strait Islander status

4 Specialised Aboriginal and Torres Strait Islander BCT rates

4.1 What are the Specialised Aboriginal and Torres Strait Islander BCT rates?

The Specialised Aboriginal and Torres Strait Islander BCT rates aim to support approved providers to cover the additional costs of providing specialised care to Aboriginal and Torres Strait Islander care recipients in remote and very remote locations.

4.2 Aboriginal and Torres Strait Islander approved provider requirements

For a service to be determined to have Specialised Aboriginal and Torres Strait Islander status, an approved provider will be required to demonstrate that it or one of its key personnel has experience in providing, or the capacity to provide, specialist care and services to Aboriginal and Torres Strait Islander care recipients. This includes but is not limited to:

- programs to deliver care and services that are culturally safe for, and tailored to meet the particular needs of, Aboriginal or Torres Strait Islander care recipients
- programs to promote social and cultural engagement and participation of Aboriginal or Torres Strait Islander care recipients
- any other relevant programs and activities that the Secretary may consider appropriate.

4.3 Approved provider requirement - evidence examples

The following are examples of specialist homeless programs and supports that a service seeking specialised Aboriginal and Torres Strait Islander status could either be providing, or have the capacity to provide.

Table 4 Examples of evidence in support of Specialised Aboriginal and Torres Strait Islander status

Programs and supports	Examples
A significant proportion of staff members identify as Aboriginal and/or Torres Strait Islander and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	Description of the number, combined FTE and specific role the staff member(s) play(s) in championing specialised aged care for Aboriginal and Torres Strait Islander people and supporting other staff in professional development and learning opportunities. Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g., training).

Programs and supports	Examples
There are established connections and regular engagement between the approved provider and local Aboriginal and Torres Strait Islander community, including leaders and organisations.	<p>Details of the established connection and engagement with local Aboriginal and Torres Strait Islander community, including any recent and/or planned activities.</p> <p>The local Aboriginal and/or Torres Strait Islander community organisation(s) and leaders confirm(s) this connection. Evidence may include a Memorandum of Understanding.</p>
At least 90% of staff have completed annual training in the aged care needs of local/regional Aboriginal and Torres Strait Islander peoples, including cultural safety and trauma-informed care delivery.	<p>Details of training provided to staff over the past 12 months in the aged care needs of local/regional Aboriginal and Torres Strait Islander people, including cultural safety and trauma-informed care.</p> <p>Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). Training may include online training modules.</p>
Approved provider offers services in local Indigenous language(s).	<p>Details of services conducted and/or planned in local language(s).</p> <p>Proportion of staff who are bilingual and bicultural is specified, and provider affirms that this reflects the cultural and linguistic background of aged care recipients.</p>
Approved provider works in partnership with a local Aboriginal and Torres Strait Islander community organisation or appropriate representative to ensure that services are culturally safe and appropriate for the local Aboriginal and/or Torres Strait Islander community.	Details of the partnership with a local Aboriginal and Torres Strait Islander community organisation or appropriate representative and how services are designed or adapted for the Aboriginal and Torres Strait Islander community. Also supporting evidence of services' appropriateness (eg, acknowledgement from the community organisation).
At least one Aboriginal and/or Torres Strait Islander person sits on the governing body (eg, board) of the approved provider at the service level.	Description of governing body involvement/attendance by an Aboriginal and/or Torres Strait Islander representative.
Approved provider regularly recognises and participates in local cultural celebrations and/or days/events of local cultural significance.	<p>Evidence of the approved provider's recognition of/participation in/support for relevant events in the past 12 months.</p> <p>Description of how cultural participation is encouraged and supported within the care environment.</p>
Programs to deliver care and services are culturally safe for, and tailored to meet, the particular needs of the Aboriginal and Torres Strait Islander care recipients.	Describe how cultural safety is embedded in care and services, including respecting cultural traditions such as men's and women's business.

NB: While there is no direct relationship between specialised status and the Verification of Specialisation project, where a service has been recognised under that project as a specialised Aboriginal and Torres Strait Islander service (and is located in a MM 6 or MM 7 location), this may be considered as relevant evidence for the Secretary's (or delegate's) consideration in determining eligibility for the Specialised Aboriginal and Torres Strait Islander status.

4.4 Specialised Aboriginal and Torres Strait Islander status - care recipient requirements

For the purposes of meeting the Specialised Aboriginal and Torres Strait Islander status care recipient requirements, on the day before the application is made, at least 50% of a service's non-respite care recipients must be Aboriginal and/or Torres Strait Islander persons. That is, a person of Aboriginal and/or Torres Strait Islander descent and/or a person who identifies as an Aboriginal and/or Torres Strait Islander person and is accepted as such by the community in which they live.

The Secretary (or delegate) will determine whether a care recipient is an Aboriginal and Torres Strait Islander care person, primarily through information from each care recipient's pre-entry Aged Care Assessment Team (ACAT) assessment.

4.5 Case Scenario

The following scenario considers eligibility for a service in a MM 7 location for Specialised Aboriginal and Torres Strait Islander Status and the equivalent rate of BCT for that class.

Example Scenario

An approved provider with a 25-place service in a MM 7 location applies for Specialised Aboriginal and Torres Strait Islander status. Occupancy at the service over the preceding 12 months has averaged 20 places with an average of 12 out of 20 places occupied by non-respite care recipients who are Aboriginal or Torres Strait Islander persons (as evidenced by the care recipients' ACAT assessments). The approved provider provides specific programs and supports for Aboriginal or Torres Strait Islander care recipients through the service, including working closely with the local Aboriginal community, local Aboriginal medical service, drug and alcohol counselling service, and Elders group to address specific behaviours and dependency issues. Care recipients are encouraged to engage in local cultural celebrations, some of which have taken place at the service. Four of the 20 permanent staff, including a key staff member, identify as Aboriginal or Torres Strait Islander persons.

The Secretary's assessment

Based on the evidence provided by the approved provider, the Secretary (or delegate) may be satisfied this service meets the criteria for Specialised Aboriginal and Torres Strait Islander status, including that the service has the required proportion of current non-respite care recipients who are Aboriginal and/or Torres Strait Islander persons (that is, 60% of its occupied places as at the date before the application was made). As a result, the service amount for the service is the BCT rate for a service that is in a MM 7 location and has specialised Aboriginal and Torres Strait Islander status.

Section 5: Additional Information

5 Additional Information

5.1 The Modified Monash Model (MMM)

The MMM is a measure of remoteness and population size used by the department to define whether a location is a city, regional, rural, remote, or very remote. Locations are categorised from MM 1 – 7, with MM 1 denoting a major city and MM 7 a very remote location. MM categories are based on the [Australian Statistical Geography Standard – Remoteness Areas](#) framework and are updated after each Census.

The AN-ACC funding model currently relies on the 2019 MM categories to determine rates of BCT.

An approved provider will be notified in advance if a MM boundary change will affect a service's eligibility for Specialised Aboriginal and Torres Strait Islander status, and therefore its rate of BCT (eg, where a service that had been determined to have Specialised Aboriginal and Torres Strait Islander status changes from being in a MM 6 location to a MM 5 location).

Approved providers can find the MM category of their aged care services by typing the street address into the department's [health workforce locator tool](#) and selecting 2019 as the Modified Monash Model classification filter.

5.2 Reconsideration of a specialised status decision

Approved providers can request reconsideration of a decision by the Secretary (or delegate) not to make a determination of a specialised status, or of a decision to revoke specialised status where the revocation is at the initiative of the Secretary.

Reconsideration requests should be addressed to the Secretary of the Department of Health and Aged Care and emailed to subsidiesandsupplements@health.gov.au with any relevant information to support the request.

5.3 Specialised status transition arrangements

As a transitional measure for the AN-ACC funding model, some residential care services were taken to have a specialised status for the period from 1 October 2022 to 31 March 2023 (unless ceased earlier). These were residential care services which, during defined periods in the 2021-22 financial year, were in a MM 6 or MM 7 location with a majority of Aboriginal and Torres Strait Islander non-respite care recipients (for Specialised Aboriginal and Torres Strait Islander status) or were in receipt of the former Homeless Supplement and, if applicable, elected not to have Specialised Aboriginal and Torres Strait Islander status during the transition period (for Specialised Homeless status). The department contacted all affected services prior to 1 October 2022.

Services that were given specialised status under this transition process will retain this status for a period of up to three years from the first day of the first payment period after the date of the notice of the determination (subject to this service continuing to meet the specialised status requirements).

Note: It is recommended that approved providers lodge their application before the end of February 2023 to allow sufficient time for their application to be assessed and processed. This is because a determination that a residential care service has a specialised status will take effect from the first day of the month **after** the date the determination is made, **not** from the date the application is lodged.

Accordingly, lodgement of an application well before the end of the transition period end date will help prevent any gap in the continuity of the specialised status for eligible services.

5.4 Specialisation Verification Framework

The department has developed a [Specialisation Verification Framework](#) that independently verifies

claims by approved providers regarding specialisations in their delivery of services in relation to the nine special needs groups listed in the *Aged Care Act 1997*. This includes people from Aboriginal and Torres Strait Islander communities, and people who are homeless or at risk of becoming homeless.

The Specialisation Verification Framework was developed in response to the Royal Commission recommendation that claims by approved providers regarding specialisations are verified to improve the reliability of the [My Aged Care Find a Provider](#) tool.

If an approved provider has been verified as providing a specialised service under the Specialisation Verification Framework, this will be displayed on the My Aged Care website.

Recognition as a specialised provider on the My Aged Care website under the Specialisation Verification Framework does not have any relationship to a service's specialised status under the AN-ACC care funding model. Where a service of an approved provider has been recognised under the Specialisation Verification Framework as a specialised homeless service or a specialised Aboriginal and Torres Strait Islander service (in MM 6 or MM 7), this may be provided as evidence for specialised status under the AN-ACC care funding model.

Where a service has been recognised as a specialised service on the My Aged Care website under the Specialisation Verification Framework, this does not have any relationship to the service receiving specialised status under the AN-ACC care funding model.

Section 6: Attachments

6 Attachments

6.1 Attachment A - Specialised Homeless Status Approved Provider Application Form

[Specialised Homeless Status Approved Provider Application Form](#)

This form should be used by approved providers of residential care services to apply for Specialised Homeless status for any of their services that meet both the approved provider and care recipient requirements for Specialised Homeless Status described in Section 3 of this Guide. A separate form is required for each service.

6.2 Attachment B - Specialised Aboriginal and Torres Strait Islander Status Approved Provider Application Form

[Specialised Aboriginal and Torres Strait Islander Status Approved Provider Application Form](#)

This form should be used by approved providers of residential care services to apply for Specialised Aboriginal and Torres Strait Islander status for any of their services that meet both the approved provider and care recipient requirements for eligibility for Specialised Aboriginal and Torres Strait Islander Status described in Section 4 of this Guide. A separate form is required for each service.

6.3 Attachment C - List of aged care residents the approved provider considers meet homeless resident requirements

Aged care resident FULL NAME	Aged care resident ACMPS ID or Aged Care ID number
Mary Smith	XXXXXX

6.4 Attachment D - Services Australia Form AC024

[Services Australia form AC024](#) - Viability Expansion Component and Homeless Supplement Assessment (to be completed only for residents who entered the service prior to 1 October 2022).

6.5 Attachment E - Specialised Homeless Status Care Recipient Assessment Form

[Specialised Homeless Status Care Recipient Assessment Form](#) (it is recommended that this form be used to assess care recipients with a background of homelessness who entered the service on or after 1 October 2022).

