

Multi-Purpose Service (MPS) Webinar 5:

Aged care reforms: Impacts on the MPS program & providers

28 November 2024
Thin Markets Branch

What do we intend to cover today?

Agenda Item	Speaker
Introduction and acknowledgement of Country	Cathy Milfull A/g Assistant Secretary Thin Markets Branch
Update on the new Aged Care Act and related Rules	
Update on transitional arrangements for the new Act	
Update on other MPS reforms and activities <ul style="list-style-type: none">• Reform schedule• 2024-25 MPS Allocations Round and ACCAP Round• 24/7 RN trial – results from Phase 1 and what is next?	
Q&A	Panel discussion chaired by Cathy Milfull, with participation from Roger Hunt and Tanya Clancy

Future webinar topics

Month	Items under consideration
January	MPS subsidies and place allocations under the new Act Fees and payments and the MPS New funding agreements development 24/7 RN trial: Phase 1 outcomes and next steps
February	Regulation of MPS providers under the new Act New statutory duties under the new Act Phase 2 of the 24/7 RN trial (TBC) Report back on the residential experience survey
March	Progressing a new funding model for MPS Finalising new funding agreements
April	Aged care services in the home or community under the new Act

Other ideas? Your suggestions are welcome!



Update on the new Aged Care Act and related Rules

Cathy Milfull, Thin Markets Branch

New Aged Care Act update



- **The Aged Care Bill 2024 passed the Parliament!**
- The new Aged Care Act will commence on 1 July 2025 unless another date is proclaimed earlier.
- There is now a list of draft Rules and when they will be released on our website:
[Aged Care Rules - topics by release](#)
 - To date, the service list and Support at Home subsidy provisions have been released.
 - Rules regarding MPS subsidies, fees and payments are in the next tranche (January 2025) – so will now be covered in the January webinar.

What has changed in the Bill? Does it impact MPS?

- You can see a full list of amendments made by the Senate on the [APH website](#).
- These included some changes to definitions including the definition of 'responsible person'.
 - This was amended for government entities only consistent with the existing definition of key personnel from section 8B of the *Aged Care Quality and Safety Commission Act 2018*, which exempts government providers from the equivalent paragraphs.
- Some adjustments were also made to the definition of high quality care, for example:
 - to include care that prioritises *the delivery of high quality nursing services by sufficient numbers of qualified and experienced direct care staff members*.
- An additional right was added to:
 - *have access, at any time the individual chooses, a person designated by the individual, or a person designated by an appropriate authority*



What has changed in the Bill? Does it impact MPS?

- A note was also added to clarify that:
 - it is a registration condition to demonstrate understanding of the Statement of Rights and have in place practices to ensure that the provider acts compatibly with the Statement
 - a person can make a complaint to the Complaints Commissioner about a registered provider acting in a way that is incompatible with the Statement.
- Other amendments related to:
 - required reporting on waiting periods (specialist programs not included).
 - arrangements for supporters
 - provision for a review of accommodation pricing
 - provision for a review of the Rules once tabled
 - delegations
 - complaints





Update on transitional arrangements

Cathy Milfull, Thin Markets Branch

Update on Transitional arrangements

- The [Consequential and Transitional Amendments Bill](#) has now been introduced to Parliament.
- If passed, the Bill and related Rules will set out how we can preserve the position of existing:
 - aged care **providers** – including MPS providers
 - **clients** – including older people accessing services under the MPS program, and
 - **MPS place allocations**under the new Aged Care Act.



Transitional arrangements for providers

- Non-government MPS providers have been contacted regarding proposed categories of registration for deeming purposes.
- This has not yet occurred for Government providers due to ongoing discussion around the optimal 'level of registration' for MPS entities.
- A revised approach is now proposed:
 - Government providers to be deemed to be registered in all categories.
 - They can then '**opt-out**' if desired.
 - Subject to further discussion and agreement with jurisdictions, this can be done following a 'preview period' in April 2025, or just at the time of re-registration.
- MPS sites will also be deemed to be registered aged care homes
 - Some discussions may be required where existing MPS sites are split across a number of locations - we would encourage you to reach out to us at mpsreforms@health.gov.au where this is the case.
 - **Note:** This is not necessary if the MPS team recently visited your site.



Transitional arrangements for individuals

- We want to avoid disruption for older people already accessing MPS services.
- Older people in particular cohorts specified in the legislation will be ‘deemed’ to be approved for relevant services under the new Act so that they can continue to access them.
- This will include individuals:
 - accessing services already before the new Act commences

and

 - who have already entered into an agreement with an MPS to commence services within 3 months of the Act commencing.
- We want to work with MPS providers to complete the deeming task ahead of the transition date (1 July 2025 TBC).
- The details are still being finalised, but we now have more information about what will be required to achieve this.



What do we need from MPS providers?

- MPS providers will have a critical role to play in helping the Department ensure that deeming arrangements are correctly in place in the required timeframes.
- The department will need to collect client level information from MPS providers in order to:
 - identify transitioning individuals who fit within specified cohorts
 - review the services they are accessing/have agreements to access
 - confirm they meet the requirements for transition
 - decide who fits within the transitioning cohorts provided for by legislation
 - document their status under the new Act and the services that they are approved to access from the transition day (i.e. 1 July 2025 TBC)
- The intention is that individuals would be deemed to be approved for the services they are already accessing (or have an agreement in place to access) at a high level – that is:
 - **home care services** or **residential care services** or both.

The proposed approach

- The MPS Section will receive client level information from MPS providers to confirm that identifying individuals meet minimum requirements.
- This information must be received **before** we can make decisions about deemed approvals.
 - Assuming that 1 July 2025 is the transition date, it is proposed to receive an initial information batch from MPS providers on or before **30 April 2025**.
 - Two further transfers (identifying new clients and those who have left since the previous transfer) would then occur on or before **1 June 2025** and **30 June 2025** – to facilitate all clients having deemed approvals in place on 1 July 2025.
- An Excel template for the transfer of information to the MPS Section and a proforma for certification will be made available to MPS providers early in 2025.
- The department will receive and store client level information by secure means for the purpose for which it was collected.



How much information about existing clients will we need?

- The level of information required for the Department to be satisfied requirements are met will depend on:
 - what sort of services the individual is accessing
 - residential or home care?
 - their assessment history
 - ACAT/IAT completed?
 - RAS completed?
 - no assessment completed?



The intention is that existing clients will not, however, need a new formal assessment to continue the same or similar services at an MPS on 1 July 2025 .

What sort of information will we need?

For MPS residents (i.e. individuals accessing residential care in an MPS)

- Individuals who have an existing assessment (ACAT/IAT) will be considered under legislation, by reason of their approval, to have a sufficient need for continued access to care.
 - This means that only basic information will be required, not additional clinical information.
- Additional information will, however, be needed from MPS providers in respect of individuals without one of the above assessments to support their transition to accessing services under the new Act.

For individuals accessing home care services through an MPS

- Additional information will need to be provided for all individuals by their current provider to support their transition to accessing home support services under the new Act.
- This is because the department needs assurance that the services being provided/to be provided, satisfy at least one of the following (known as Convention on Rights of Persons with Disability (CRPD) reasons).
 - support to live in the community; to facilitate mobility; a health service; is habilitation or rehabilitation or to assist access; to prevent further impairment; is a medical service.

Proposed client cohorts for deeming

To manage this deeming process effectively and ensure we have the information we need, we propose placing MPS clients into one of **4 cohorts**:

1. Existing clients approved under the current Act who are accessing services on 30 June 2025.
2. Existing non-approved clients accessing services on 30 June 2025.
3. Individuals approved under the current Act, who have an agreement with the MPS provider to commence accessing a service after **1 July 2025 and before 30 September 2025**
4. Non-approved individuals, who have an agreement with the MPS provider to commence accessing a service after **1 July 2025 and before 30 September 2025**.

Note:

- there are **no age requirements** proposed for the above cohorts.
- clients will be approved where they completed an ACAT or IAT assessment with the department
- we are still confirming requirements where a RAS assessment was completed



Proposed information requirements for cohort 1

Scenario	Scope of proposed deemed approval	Information required – all clients	Information required – Residential care	Information required – Home care (MPS funded)
Cohort 1: Existing MPS clients, who have been approved under the current Act following an ACAT or IAT assessment and are <u>already accessing</u> MPS home care and/or residential care before the new Act commences.	<ul style="list-style-type: none"> • <i>If accessing residential care:</i> deemed for residential care services group (ongoing and short-term) • <i>If accessing home care:</i> deemed for the new home support (ongoing and short-term), assistive technology (short term) and home modification (short term) service groups, and all related service types/services • <i>If approved for both home care and residential care:</i> deemed for all of the service groups referenced above) 	<ul style="list-style-type: none"> • Full name • Age • Date of Birth • MPS Client Identifier • Confirmation of ACAT/IAT– yes/no • Aged Care Client Identifier (where available) • Date client consented to their details being given. 	<ul style="list-style-type: none"> • Services currently being accessed (e.g. permanent residential care or respite) • Date service delivery commenced 	<ul style="list-style-type: none"> • Services currently being accessed (e.g. home support and/or assistive technology and/or home modifications – as per the proposed aged care service list) • Date service delivery commenced

Proposed information requirements for cohort 2

Scenario	Scope of proposed deemed approval	Information required – all clients	Information required – Residential care	Information required – Home care (MPS funded)
Cohort 2: Existing MPS clients, who have not been assessed/approved under the current Act and are <u>already accessing</u> MPS home care and/or residential care before the new Act commences.	<ul style="list-style-type: none"> <i>If accessing residential care:</i> deemed for residential care (ongoing and short-term) <i>If accessing home care:</i> deemed for deemed for the new home support (ongoing and short-term), assistive technology (short term) and home modification (short term) service groups (TBC – some limitations on approved service types may be required) 	<ul style="list-style-type: none"> As for Cohort 1 	As for Cohort 1 and: <ul style="list-style-type: none"> a certification by the provider that they consider the person has an infirmity (can include frailty), illness, disease or incapacity, and as a result needs access to residential care, including nursing, and advice on whether this certification is based on an assessment by a medical practitioner, an assessment by another health professional, information on their client file or other. 	As for Cohort 1 and: <ul style="list-style-type: none"> a certification by the provider that they consider the person has a long-term physical, mental, sensory or intellectual impairment which may hinder their participation in society on an equal basis with others as a result of its interaction with various barriers.

Proposed information requirements for cohort 3

Scenario	Scope of proposed deemed approval	Information required – all clients	Information required – Residential care	Information required – Home care (MPS funded)
Cohort 3: Existing MPS clients, who have been approved under the current Act following an ACAT or IAT assessment, who have an <u>agreement</u> with the MPS provider to commence accessing a service after 1 July 2025 and before 30 September 2025.	<ul style="list-style-type: none"> • <i>If accessing residential care:</i> deemed for residential care services group (ongoing and short-term) • <i>If accessing home care:</i> deemed for the new home support (ongoing and short-term), assistive technology (short term) and home modification (short term) service groups, and all related service types/services • <i>If approved for both home care and residential care:</i> deemed for all of the service groups referenced above) 	<p>As for Cohort 1; and</p> <ul style="list-style-type: none"> • confirmation that the individuals have an agreement in place to commence accessing MPS after the new Act commences and by 30 September 2025. 	<ul style="list-style-type: none"> • The service the individual is assessed for (e.g. permanent residential care or respite). • Confirmation that individuals have an agreement in place for accessing care by 30 September 2025. • The latest date service delivery is expected to commence or has been agreed to commence. 	<ul style="list-style-type: none"> • A certification by the provider that they consider the person has a long-term physical, mental, sensory or intellectual impairment which may hinder their participation in society on an equal basis with others as a result of its interaction with various barriers.

Proposed information requirements for cohort 4

Scenario	Scope of proposed deemed approval	Information required – all clients	Information required – Residential care	Information required – Home care (MPS funded)
Cohort 4: Individuals who do not have a an ACAT or IAT assessment, who have an <u>agreement</u> with the MPS provider to commence accessing a service after 1 July 2025 and before 30 September 2025 (TBC).	<ul style="list-style-type: none"> <i>If accessing residential care:</i> deemed for residential care (ongoing and short-term) <i>If accessing home care:</i> deemed for deemed for the new home support (ongoing and short-term), assistive technology (short term) and home modification (short term) service groups (TBC – some limitations on approved service types may be required) 	As for Cohort 1 ; and <ul style="list-style-type: none"> confirmation that the individuals have an agreement in place to commence accessing MPS after the new Act commences and by 30 September 2025. 	<ul style="list-style-type: none"> A certification by the provider that they consider the person has an infirmity (can include frailty), illness, disease or incapacity, and as a result needs access to residential care, including nursing, and Advice on whether this certification is based on an assessment by a medical practitioner, an assessment by another health professional, information on their client file or other. The service the individual is seeking access to (e.g. permanent residential care or respite). Confirmation that individuals have an agreement in place for accessing care by 30 September 2025. The latest date service delivery is expected to commence or has been agreed to commence. 	<ul style="list-style-type: none"> A certification by the provider that they consider the person has a long-term physical, mental, sensory or intellectual impairment which may hinder their participation in society on an equal basis with others as a result of its interaction with various barriers.

What happens from the transition day?

- Individuals with a deemed approval can continue to access MPS services consistent with their deemed approval.
- They will also be deemed to have an eligibility determination, a priority category and a classification level – but this won't be needed unless they seek to access mainstream aged care services.
- They will need to undergo:
 - a new aged care assessment if they move from home care to residential care and are not yet approved for residential care
 - additional requirements may need to be met if they are under 65 (under 50 for a First Nations person) (TBC)
 - a new classification assessment if they move from an MPS to a mainstream home support provider.

What do we still need to confirm?

- The level of information required for individuals who only obtained a RAS assessment and what service types/services they can be deemed to be approved for.
- How client data will be submitted, stored and managed, and privacy requirements are met, including:
 - how to manage clients that don't consent to give their information to the Department, and
 - information to be made available to clients regarding the purpose of this data collection exercise, and how their data will be used and managed
- What form the 'deemed approval' will take and how it will be communicated to clients.



- We will write to you (or your jurisdiction) in January with instructions and the template.
- But in the meantime, you may wish to consider
 - how you will manage internal arrangements to collect the information the department will require for deeming purposes including:

How can MPS providers get ready?

- processes that would ensure that no clients are overlooked (implications could include consequence of client being unable to be deemed), and
 - how to obtain consent to release clients' information to the department
- ensure new residential care clients obtain an IAT assessment to reduce data collection requirements



Prepare for
Success



Update on other MPS reforms and activities

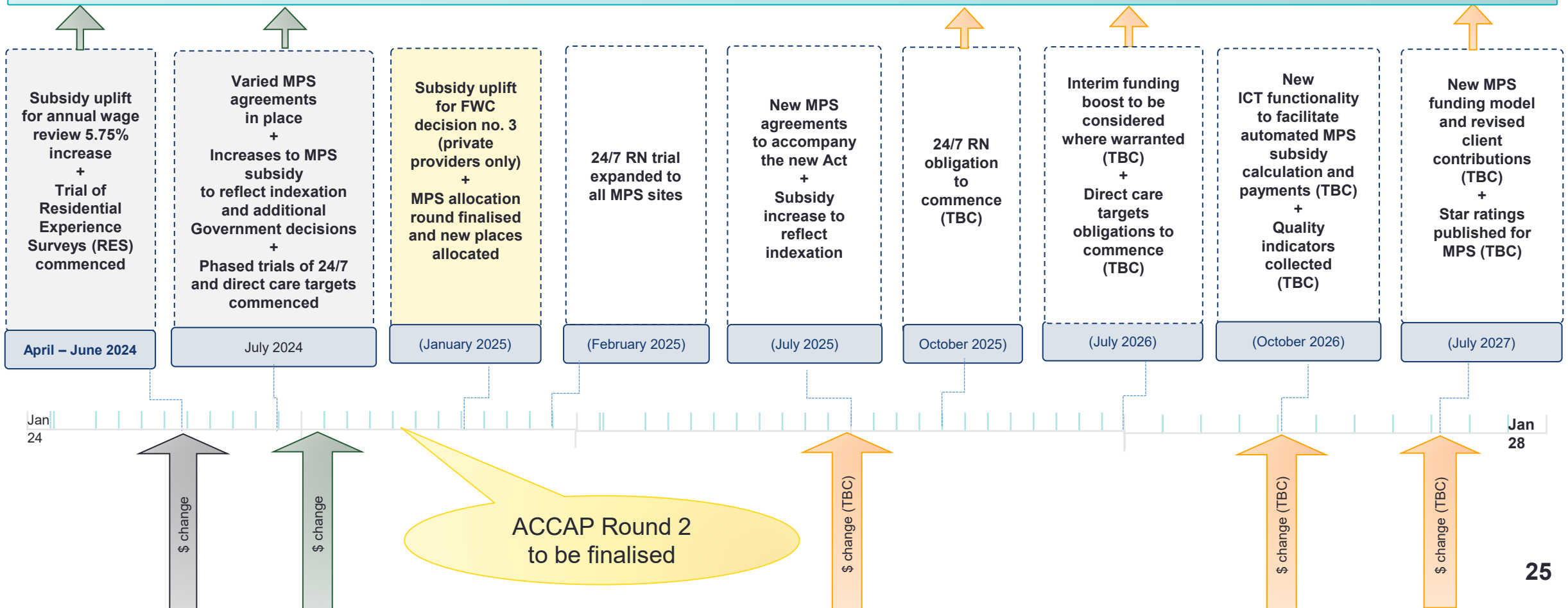
Cathy Milfull, Thin Markets Branch

Updated schedule of MPS reforms (as at 25/11/2024)

- 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, individuals and places

Further amendments made to the new Act (TBC)

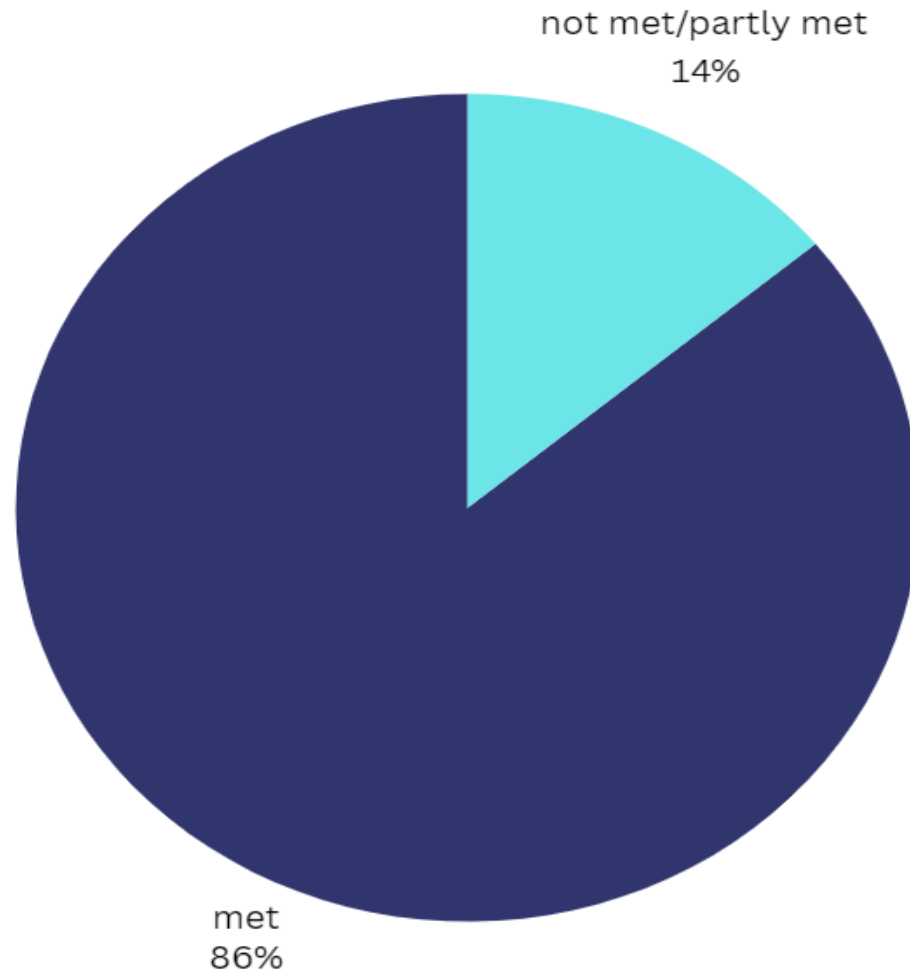
MPS related amendments made to subordinate legislation where required (TBC)



Phase 1 - MPS 24/7 RN reporting

- **60 MPS sites participated** in Phase 1 of the 24/7 RN trial and completed reporting of their RN coverage for the months of August and October 2024.
- **57 reports** were received for August and **59 reports** for October using the provided Excel template and submitted by sites. Only **4 sites** failed to submit a required report.
- To support trial participants, the MPS team travelled to MPS sites from August to October visiting **22** of the **60** trial sites across NSW, Vic, SA, WA and Qld.
- Initial findings from site visits confirmed Phase 1 reporting outcomes and initial assumptions that the integrated care model of MPS confirmed most sites **met** the 24/7 RN requirement.
- Nuances across MPS sites identified some further thinking is needed to determine if the current mainstream exemptions are fit for purpose for MPS. This will be progressed through the Reform Implementation Subgroup and during Phase 2 of the trial.

Levels of RN coverage across trial sites



- The level of RN coverage was high and 86% (52 sites) **met** the RN coverage
- Only 8 sites reported they **did not** or **partly met** the RN requirement

Clarification of 24/7 RN requirement

- The sites that reported they did not or partly met the requirement appeared to be either:
 - *scenario A: sites that reported an RN absence due to triaging of ED/acute patients*
 - *scenario B: sites that have a low acuity lodge or hostel not co-located on the main MPS site.*
- Further clarity was provided to MPS sites around the definition of RN on-duty and on-site as follows:
 - *If an RN employed to work at the MPS is required to provide clinical care to a patient in either the ED or acute ward, then the RN is still deemed to be 'on-duty and 'on-site' (normal triage process)*
 - *If an RN working at an MPS (and they are the only RN) is required to travel with a critically ill patient to another facility, then for the time period the RN is absent, the MPS would need to report the time period that the RN is offsite.*
- This resulted in a decrease in scenario A non-compliance reporting for the October period.
- It is intended that scenario B will be addressed as part of Phase 2 of the trial once more information is collected about the total number of MPS sites impacted.

Reform Implementation Sub-Working Group (SWG)

discussions and next steps

- The SWG meeting on 23 October identified no major concerns in terms of compliance with 24/7 reporting requirement or related reporting.
- As recommended by the SWG and subsequent agreement by the MPS Working Group, it has been agreed that Phase 1 to be extended to 31 January 2025 (focus on refining communication products)
- The trial will then be extended to include all MPS sites from **1 February 2025**, following a webinar in late January 2025 and the provision of updated communication materials.
- 2 months of trial reporting to occur in **March** and **May 2025** for **all** MPS sites
- The results of Phase 2 will be discussed with the SWG and MPS Working Group before confirming the transition to Phase 3 and the commencement of the 24/7 RN obligation under legislation.
- Phase 3 would happen no earlier than **1 October 2025** (extended from 1 July 2025).

24/7 RN MPS TRIAL IMPLEMENTATION TIMELINE

April – July 2024



PLANNING

- Develop high level implementation plan and circulate to MPS WG Members for feedback/discussion
- Subject to SOG's in principle agreement to timeframes in April, seek out-of-session SOG approval of 24/7 implementation approach and trial timeframes
- Members to nominate Phase 1 trial sites
- Develop Phase 1 trial parameters, guides and a communications plan
- Establish and test reporting channels
- State and territory contacts identified
- Establish 24/7 sub working group
- Progress required legislative amendments

Aug 2024 - Jan 2025



PHASE 1 TRIAL

- Trial sites to provide 24/7 RN data for August and October 2024
- Real time assessment of enablers and barriers for implementation
- MPS RI subgroup meeting to discuss outcomes of initial data submission and survey results
- Identify structures required to support implementation, and champions to support implementation
- Design evaluation and feedback systems
- Determine staff training needs, capacity building and support requirements
- MPS WG Meeting to discuss outcomes of Phase 1 and agree to any changes for Phase 2
- Review 24/7 RN supplement and its applicability to MPS
- Progress required legislative amendments
- Progress online reporting solution
- All provider MPS 24/7 RN education webinar January 2025

Feb – Sept 2025



PHASE 2 TRIAL

- Trial to be extended to all MPS with reporting to be submitted for March and May
- Ongoing assessment of enablers and barriers, and monitoring and evaluation
- Hold regular subgroup meetings
- Monitor implementation, service and client outcomes
- Use data and feedback to inform ongoing improvements
- Planning for sustainability
- MPS WG Meeting to discuss outcomes of Phase 2 trial and agree to any recommended changes for full implementation
- Confirm required legislative amendments subject to agreement to progress to full implementation
- Consideration of providers who may require an exemption

Oct 2025 →



FULL IMPLEMENTATION

- Amendments made to legislative framework to apply 24/7 nursing obligations to MPS providers
- All MPS providers required to comply with new obligations and complete required reporting (adjusted as necessary following trial period)
- Exemptions in place for small providers where required
- Reporting to be completed via GPMS system (where functionality available)
- Relevant media/comms announcements

Questions

