

## People who live in rural or remote areas

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To complete this application, you will need to:

- Provide details of the outlet the application relates to (Section 1).
- Indicate which criteria you wish to demonstrate to support your application (Section 2).
- Provide the required information for your selected criteria and confirm that you have included any attachments needed (Section 3). Please ensure you have removed any individuals' names from evidence provided, except where explicitly requested. Leave the sections relating to other criteria blank.
- Upload this form together with all required attachments to your application within the My Aged Care Service and Support portal.

Please refer to the [My Aged Care provider specialisation verification: aged care provider guidance manual](#) (provider guidance manual) for more detail about the application process.

### Privacy

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health and Aged Care for the primary purpose of verifying the eligibility of aged care providers against the criteria set out in the Specialisation Verification Framework to ensure that aged care provider profiles on My Aged Care reflect information, which is accurate and relevant, for the purposes of providing aged care recipients and their representatives with specialised healthcare services. Your personal information may also be used and disclosed for other purposes such as delivering and evaluating the initiative and for statistical, performance, policy development and research purposes.

The department will not disclose your personal information to any overseas recipients.

If you do not provide this information, the department will be unable to verify the eligibility of your application.

You can get more information about the way in which the Department of Health and Aged Care will manage your personal information, including our privacy policy, at [Privacy Policy | My Aged Care](#).

# Section 1. Applicant details

**Name of outlet:**

**Outlet ID number:**

## Confirmation

- ☐ I declare that the information provided as part of this application is true and correct to the best of my knowledge. I understand that once the claims to specialisation in the delivery of care made in this form have been verified by the assessor my organisation will make best efforts to maintain the specialisations through adherence to the requirements set out by the My Aged Care provider specialisation verification framework. In the event that this specialisation cannot be maintained, a representative of my organisation will inform the department (by emailing [macspecialisation@health.gov.au](mailto:macspecialisation@health.gov.au)) to remove the specialisation from My Aged Care. I understand that if I wish to reinstate this specialisation, I will need to re-apply for verification by the assessor. I understand that if my organisation is not able to produce the required evidence, my organisation will not be able to claim to provide specialised services on its My Aged Care provider profile. I understand that representative contact information may be used by the department where further evidence or clarifications are required to progress the application.

**Name of Primary Representative**

**Date**

**Primary Representative Ph. No.**

**Primary Representative Email**

**Name of Secondary Representative**

**Secondary Representative Ph. No.**

**Secondary Representative Email**

## Section 2. Criteria

For this specialisation, you must meet the **Tier 1** criterion – **OR** – all of the **Tier 2** criteria listed below.

Please indicate on this page which criterion or criteria you wish to demonstrate.

### Tier 1 (select one)

- ☐ **Criterion 1:** Provider receives the Viability Supplement (applies to Home Care Package providers and residential aged care only).

### Tier 2 (select all)

- ☐ **Criterion 2:** Provider is located or provides services to aged care recipients in a rural (MM3 to MM5) or remote (MM6 or MM7) area under the Modified Monash Model.<sup>1</sup>
- ☐ **Criterion 3:** There are established connections and regular engagement between the provider and local government, local health service(s) or other local organisation(s) which assists people who live in rural and remote areas.
- ☐ **Criterion 4:** At least half of provider outlet staff live in a rural or remote area (MM3 to MM7) under the Modified Monash Model.

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<sup>1</sup> Further information about the [Modified Monash Model](#) can be found on the department's website.

## Section 3. Evidence

In this section, please fill out all fields required for the criterion or criteria you selected in Section 2 above.

### Tier 1 criterion

☐ **Criterion 1:** Provider receives the Viability Supplement. (Applies to Home Care Package providers and residential aged care only.)

#### Supporting evidence

No evidence required – the assessor will undertake a desktop review of departmental records which list providers receiving the supplement.

### Tier 2 criteria

☐ **Criterion 2:** Provider is located or provides services to aged care recipients in a rural (MM3 to MM5) or remote (MM6 or MM7) area under the Modified Monash Model.

#### Supporting evidence

No evidence required. The postcode of the provider will be checked to confirm it is located in MM3 to MM7.

☐ **Criterion 3:** There are established connections and regular engagement between the provider and local government, local health service(s) or other local organisation(s) which assists people who live in rural and remote areas

**Please describe the established connection and regular engagement with a local government, local health service or other local organisation.**

Include the name of the service(s) and/or organisation(s) and any activities conducted in the past 12 months and/or planned for the next 12 months.

Note that involvement in a relevant community of practice meets this criterion.

### Supporting evidence

Please check the relevant box below to confirm that you have attached the required evidence:

- ☐ A Memorandum of Understanding **or**
- ☐ A letter from a representative of the service, community organisation or chair/leading organisation of a community of practice.

The letter should be on official letterhead of the external organisation and include:

- name of representative
- name of service provider or community organisation
- name of provider outlet seeking specialisation
- nature of the connection and confirmation of regular engagement.

☐ **Criterion 4:** At least half of provider outlet staff live in a rural or remote area (MM3 to MM7) under the Modified Monash Model

☐ **Please check this box to affirm that at least 50% of all outlet staff live in rural or remote areas (MM3 to MM7) according to the Modified Monash Model.**

**Please describe and/or provide example(s) of how these staff use their rural/remote experience to inform the provision of specialised services for people who live in these areas.**