Multi-Purpose Service Program (MPSP) Webinar 8

Aged care reforms: Impacts on the MPSP & providers

29 April 2025 Thin Markets Branch



What do we intend to cover today?

Agenda Item	Speaker Speaker	
Introduction and acknowledgement of country	Cathy Milfull A/g Assistant Secretary	
Quick MPSP reform updates	Thin Markets Branch	
Regulation of providers delivering services under the MPSP under the new Act	Paul Heinemann Executive Director, Compliance Management Group Aged Care Quality & Safety Commission	
Supported-Decision Making (SDM)	Aimee Chambers Assistant Secretary Navigation & Access Branch	
Tranche 4b of the Rules for the new Act	Cathy Milfull A/g Assistant Secretary Thin Markets Branch	
Q&A session	Panel discussion chaired by Cathy Milfull	

Future webinar topics

Month	Items under consideration				
May	Update on transitionals Update on MPS funding model (IHACPA guests TBC) Place allocations under the new Act Aged care services in the home or community under the new Act				
June	Update on transitionals New statutory duties under the new Act Final preparations for the new Act				

Other ideas? Your suggestions are welcome!

MPSP reform updates

Cathy Milfull, Thin Markets Branch

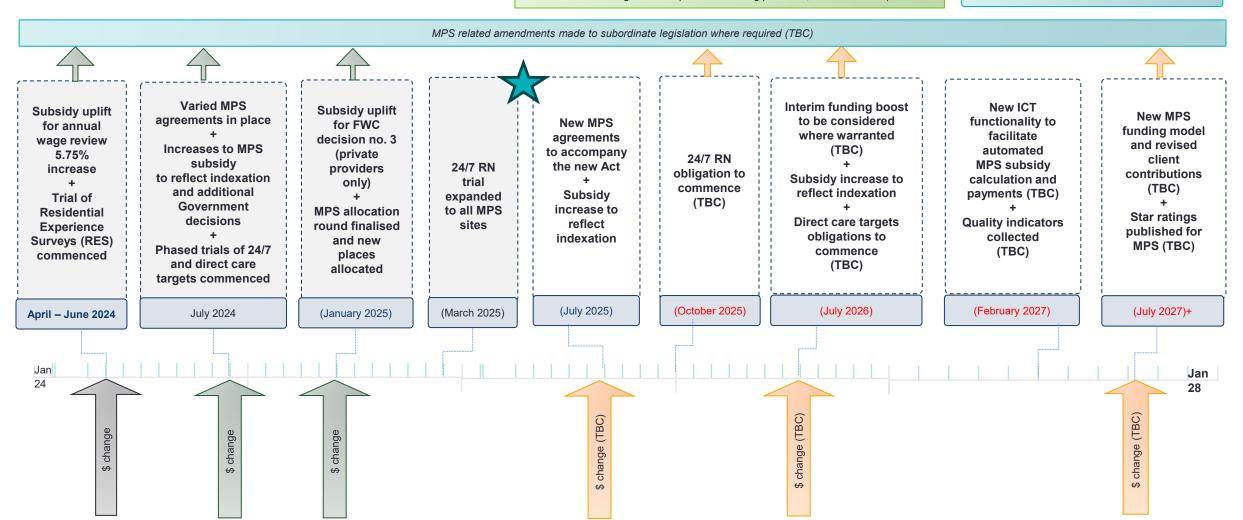


Updated schedule of MPS reforms (as at April 2025)

Aged Care Act 2024 commences on 1 July 2025 including:

- new eligibility and assessment requirements, and requirements for delivery of home care under the MPSP
- 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)



Where are we up to with our MPSP trials?

- 24/7: first reporting month for phase 2 complete with 92% compliance for sites that reported
- Direct Care target trial: AN-ACC assessments pilot to commence in May

State	MPS	
VIC	Ouyen	
	Sea Lake	
	Bright	
	Weipa	
QLD	Julia Creek	
	Munduberra	
	Quorn	
SA	Crystal Brook	
	Waikerie	
	York	
WA	Boyup Brook	
	Gnowangerup	
TAS	Campbell Town	
	Balranald	
NSW	Hillston	
	Kyogle	



New Aged Care Act preparations continue...

- Final set of draft Rules released for consultation (Tranche 4b)
- Transitionals being progressed:
 - Client deeming data workbooks to be submitted by 30 April (Round 1)
 - Provider registration preview commenced on 1 April (closing 1 June)
 - > Questions can be sent to AgedCareRegModel@Health.gov.au
- New MPSP Agreements out for signature this week
- MPSP Policy Manual feedback from jurisdictions being incorporated
- Client and provider fact sheets being prepared & web page updates underway
- System changes being finalised including to support referrals to MPS post 1 July 2025, transitional arrangements, and ensure clear processes for individuals shifting between mainstream and specialist aged care programs

NEW MPSP AGREEMENTS 2025

Proposed timeline



feedback on 1st draft

session discussion as required

draft at MPS WG meeting

agreements sent to jurisdictions for signature

jurisdictions as required

received by department for execution and effect on 1 July

Regulation of providers delivering services under the MPSP under the new Act

Paul Heinemann, Aged Care Quality and Safety Commission



Registration and renewal as a provider under the new Act

- Providers delivering funded aged care services under the MPSP will need to be registered by the Commission into the registration category 'residential care', also known as 'Category 6', as well as other relevant home and community services categories with most providers expected to be registered in all categories
- Existing providers will be deemed to be registered in Category 6 from 1 July 2025. They will be assigned an initial registration period and will **not** need to go through a registration process until this period expires.
- We will register providers for a set period, usually 3 years, after which they will need to apply to renew their registration. Registration periods upon transition will vary based on risk, regulatory intelligence, workforce management, recency of accreditation audits.
- When registering and renewing providers, the Commission must be satisfied they meet registration requirements contained in Section 109 of the new Act. These include general suitability considerations, as well as registration category-specific requirements, including those related to approved residential care homes and audits.
- Registered providers have obligations and conditions of registration they must comply with. The Commission
 may also add conditions to a provider's registration to manage risk, either at the point of registration or at
 another time through a variation process.
- In February, the Commission published our updated Provider Registration Policy in preparation for the new Act.

All providers, including those delivering services under the MPSP, should read and be familiar with the <u>Provider Registration Policy</u> before 1 July 2025.

Approval of residential care homes

- Under the new Act, residential care services can only be delivered through approved residential care homes.
- Current operational MPS sites will be deemed to be an approved residential care home from 1 July 2025, and will not need to undergo the approval process, unless their approval is revoked.
- For the Commission to approve a residential care home, the home must meet the approval requirements in Section 113 of the new Act and the Rules, including that it:
 - > meets definition of a residential aged care home under section 10 of the new Act
 - > is permanent and permitted to be used as a residential care home
 - > that the layout/configuration of the building(s) will not present a risk to the delivery of quality and safe residential care
- A registered provider can apply to the Commission to remove or add an approved home to their registration or vary the total number of beds of an approved home.



Auditing providers delivering MPSP

- The purpose of audits has changed under the new Aged Care Act. They are now part of the initial registration, renewal and some variation of registration processes for providers in categories 4, 5 or 6.
- Audits help the Commission understand the degree to which providers are conforming with the Aged Care
 Quality Standards, and whether they will be able to comply in future.
- Providers delivering services under the MPSP need to meet audit requirements, but this can be through:
 - ➤ a health service standards assessment, conducted by an accrediting agency on behalf of the Australian Commission on Quality and Safety in Health Care, that:
 - assesses the provider's ability to comply with the National Safety and Quality Health Service Standards and the Integrated Aged Care Module (i.e. MPSP aged care module), and
 - finds that the provider is able to comply with those standards and the module

Note: Providers who deliver funded aged care services outside of the MPSP may also need to be separately audited by the Commission in respect of their non-MPSP service delivery.

Monitoring MPSP providers

The Commission uses a supervision model to monitor providers' compliance with their obligations, which enables a risk-proportionate approach to regulation and supports both the Commission and the provider to better understand risks associated with the delivery of funded aged care services.

There are 4 levels of supervision, with the level increasing in response to identified risks.

The 4 levels of supervision, in order of increasing regulatory intensity, are:

- 1. risk surveillance
- 2. targeted supervision
- 3. active supervision
- 4. heightened supervision.

The level of supervision of registered providers can change at any time based on their level of risk and ability and willingness to show the Commission that they are managing the risk.

We will tell providers if they are under targeted, active or heightened supervision.



Surveillance

Surveillance involves the ongoing monitoring and risk assessment of all providers. Providers in this category do not have specific identified risks or compliance concerns.



Targeted supervision

Targeted supervision applies to providers who need to take corrective action to address specific events or issues.
The Commission has confidence in the provider's ability to fix these issues in a timely and appropriate manner.



Active supervision

Active supervision applies to providers exhibiting high levels of risk or non-compliance that needs significant oversight.



Heightened supervision

Heightened supervision is reserved for providers with sustained, severe, or unresolved noncompliance. This level of non-compliance is often due to systemic issues or poor conduct. The Commission may be considering if the provider should be removed from the aged care sector.

Monitoring MPSP providers (cont'd)

- Under the new Act, the Commission has access to a range of tools to monitor and manage non-compliance and risk.
- The tools we use in specific scenarios are informed by the nature of risk to older people, type of non-compliance, the type of evidence needed, and whether the provider is willing and able to identify and address any risk and non-compliance.
- For example:
 - > The Commission will have access to a range of analytical and information-gathering powers to monitor providers and understand risk to older people, as well as test and/or confirm a provider's compliance with their obligations.
 - > If non-compliance is identified, the Commission will (in most instances) manage this by engaging with providers to address our concerns using a case management approach.
 - **Note:** where the non-compliance presents risks to the health or safety of individuals accessing funded aged care services, the Commission will, however, take a more interventionist approach from the outset.
 - > If a provider is unwilling to address risks or non-compliance, the Commission will increase its level of intervention consistent with the provider supervision framework on the previous slide, including through compelling providers to take (or refrain from taking) certain actions under threat of civil penalty where necessary.
- Where risks or non-compliance are serious or systemic, and/or are resulting (or may result) in serious harm, the Commission may take enforcement actions against a provider up to and including fines, revocation of registration and banning orders.

Obligations where services are provided under the MPSP

- The Commission acknowledges the unique circumstances that MPSP providers operate within, and the value of their contribution to the aged care ecosystem. In recognition of these circumstances, many obligations apply differently where services are provided under the MPSP.
- As outlined in detail in these webinars by the Department:
 - some obligations won't apply at all where services are being delivered under the MPSP (e.g. requirement to provide people in your care with a monthly care statement or submit a General Purpose Financial Report).
 - > others will be varied (e.g. required content of service agreement).
- In addition, many obligations apply differently to **government providers**, in recognition of their unique governance and financial structures, which will be relevant to almost all MPS.
- Some obligations are not intended to apply to government providers <u>at all</u>, such as requirements relating to the membership of governing bodies, and the Financial and Prudential Standards.
- Others will continue to apply, but differently (e.g. requirements relating to responsible persons and to notify the Commission of certain changes in circumstances).

Further resources

For providers ->

- Providers are encouraged to visit the Commission's website and access the "Reform changes for providers" page (under the "For providers" tab at the top of the Commission's home page).
- This page contains useful resources for providers to familiarise themselves with the changes coming on 1 July 2025, and the Commission's approach to regulating under the new, rights-based Act.



Reform changes for providers
Aged care service
requirements

Charter of Aged Care Rights
for providers

Quality Standards

Code of Conduct for Aged
Care
Workforce responsibilities
Care

Further resources (cont'd)

- The Department also continues to publish a significant amount of material on the new Act and regulatory framework, including the deeming process mentioned on earlier slides.
- For more information on the new Act and regulatory model, providers should visit:
 - https://www.health.gov.au/our-work/new-model-for-regulating-aged-care
 - https://www.health.gov.au/our-work/aged-care-act
- For specific information regarding the deeming process, providers should visit:
 - https://www.health.gov.au/our-work/new-model-for-regulating-aged-care/how-it-works/deeming

Supported Decision Making

Aimee Chambers, Navigation & Access Branch



The Supporter Role

Aged Care Act 2024



The Rights Based Act

The Statement of Rights will help make sure you are at the centre of your aged care.

It gives you the right to:

make your own decisions about your own life

- have your decisions not just accepted, but respected
- get information and support to help you make decisions
- communicate your wishes, needs and preferences
- feel safe and respected
- have your culture and identity respected
- stay connected with your community.

Independence, choice and control

You have the right to make your own decisions and have control over:

- what funded aged care services you use
- · how you access funded aged care services and who provides them
- your money and belongings.

You have the right to get support to make these decisions if you need to.

You also have the right to choose how you live, even if there is some personal risk. For example, choices about your social life and close relationships.

Support and connection with people and community

You may need support to understand your rights, make decisions or make a complaint. You have the right to get this support from an independent advocate or someone else you choose.

You have the right to communicate with your advocate or support person at any time you like.

Providers should respect the role of the people who are important to you. For example, family, friends and carers.

You have the right to stay connected with:

- the people who are important to you
- · your community, including by taking part in leisure or cultural activities
- your pets.

Aboriginal and Torres Strait Islander peoples have a right to stay connected with their community, Country and Island Home.

The supporter role and supported decision-making

The new Act establishes a legislative framework for the registration of supporters, which will help embed supported decision-making across the aged care system.

- A registered supporter is a person who (with the older person's consent) is registered on My Aged Care.
- My Aged Care is the central register for supporter relationships
- Older people can register as many supporters as they want.
- Supported decision-making is the process of providing support to older people to help them to make and communicate their own decisions and remain in control of their lives.
- There is no obligation or requirement for an older person to register a supporter, as not every older person will want or need a supporter.
- To be able to do this, supporters can generally receive information about the older person.
- Registered supporters have duties they must uphold including to act in line with the older person's wishes and preferences.



Transition Information – between now and 1 July

Currently, older people can have people registered with My Aged Care to support or act for them in My Aged Care.

These relationships are called regular representatives and authorised representatives.

Most representative relationships will go through changes to come under the new Act.

If an older person has a regular or authorised representative active in My Aged Care when the Act starts, they will become a supporter under the new Act, unless they opt out.



Regular representatives, authorised representatives, and older people with regular representatives, can opt out of having or being a supporter between now and the Act starting, by using their My Aged Care Online Account or calling My Aged Care on 1800 200 422.

Opting out will also end a representative relationship. When opting out, the older person or representative may be asked if they want their representative relationship to end immediately or when the Act commences.

There is no financial cost to opting out of the transition.

Until the Act starts, representative relationships will stay the same. New representative relationships can still be created in My Aged Care. Regular and authorised representatives will also continue to have the same powers and functions until the Act starts.

After 1 July, older people and supporters can still ask to end their supporter relationships online or by calling My Aged Care.

<u>Providers:</u> if you talk with trusted people of an older person regularly, to service the older person, <u>please ask the older person and their trusted person to consider registering the trusted person as a supporter with My Aged Care</u>

Case Study – The transition to the new supporter role for authorised representatives.

George has advanced dementia. Petra is George's daughter and is his enduring guardian. This means she has legal substitute decision making authority for her father for his financial, health and lifestyle decisions.

Petra has been registered in My Aged Care as an authorised representative for the last 3 years. My Aged Care has a copy of the legal documents which show the decision-making authority she has.

Petra understands the opt-out option for representative relationships in My Aged Care. This is an option open to her as part of the transition to the new supporter role, which starts with the new Aged Care Act on 1 July 2025.

Petra wants their details to automatically transition in My Aged Care, as this will assist Petra to be easily recognised across the aged care sector as a supporter of George. George does not have the capacity to give consent due to his advanced dementia. As Petra is George's authorised representative, Petra can make the decision without George's consent to allow their details to transition on 1 July 2025.



Petra recognises she can ask My Aged Care not to transition her across on 1 July as a supporter under the new Act. However, she knows her father preferred to use proper processes in all areas of his life and if he had capacity, he would likely have asked Petra to register and understand her duties as a supporter.

Petra is doing her best to make decisions based on her legal responsibility and what her father would have preferred for any decisions she makes on his behalf. Being a supporter gives her a clear way to promote his will and preferences.

Older people and their representatives registered in My Aged Care need to check if they want their representative relationship to become a supporter relationship in My Aged Care from 1 July 2025.

<u>If they want</u> their representatives' details to transition to supporters, they do not need to do anything, the details will automatically transition.

<u>If they do not want</u> their representatives' details to transition to supporters, they need to **call My Aged Care on 1800 200 422 or use their Online Account** and request to opt out of having a supporter relationship registered.

What if the older person is not registered in My Aged Care yet?

- Wherever possible, in the first instance ask the older person to make decisions about their aged care services and needs (rather than deferring to the supporter or substitute decisionmaker).
- Chat with the older person about who their trusted people are and explain their trusted people can be registered as supporters in My Aged Care.
- Help the older person to know that in an aged care assessment, the assessor will ask the older person if they want to register a supporter and can input those details during the assessment, if the older person wants.



- An older person's ability to make decisions and communicate their will and preferences may change from day to day.
- Supported decision-making is effective in <u>maintaining the decision-making capacity of the older person.</u>
- Supported decision-making focuses on what supports are needed to assist the older person to make their own decisions.
- Examples of supports used in supported decision-making could be:
 - more time to explore option
 - the decision options presented in ways the older person prefers, such as visually
 - only making one decision at a time
 - > the conversations about decisions, happening at a time and place most comfortable for the older person.

Where to access more information?

- Stay informed by, subscribing to newsletters and visiting the aged care reforms roadmap.
- Australian Government Department of Health and Aged Care (the Department of Health and Aged Care website)
- Access Australian aged care information and services | My Aged Care (the My Aged Care website)
- 1800 200 422 (the My Aged Care call centre)
- SupportedDecisionMaking@Health.gov.au (email)



Translating and Interpreting Services (TIS) are available for free. Call TIS on 131 450.

They can translate information about aged care into your language, making it easier for you to understand.

Older people and their representatives registered in My Aged Care <u>need to check</u> if they want their representative relationship to become a supporter relationship in My Aged Care from 1 July 2025.

<u>If they want</u> their representatives' details to transition to supporters, they do not need to do anything, the details will automatically transition.

<u>If they do not want</u> their representatives' details to transition to supporters, they need to **call My Aged Care on 1800 200 422** and request to opt out of having a supporter relationship registered.

Tranche 4b of the Rules for the new Act

Cathy Milfull, Thin Markets Branch

Tranche 4b of the Rules for the Aged Care Act 2024

- Now published at <u>Draft Aged Care Rules Release 4b.</u>
- The consultation period is open for 4 weeks until 13 May 2025.
- You can submit feedback via this <u>online form.</u>

Rules topics	Relevant for MPSP?
Eligibility to entry for Commonwealth funded aged care	Yes
Classification	No
Prioritisation and place allocation for individuals	No
Provider registration & residential care home approval process	Yes
Conditions of registration	Yes
Obligations of operators of aged care digital platforms	No
Accommodation Bonds	No
Governance of the Aged Care System, Information management & Miscellaneous	Yes

Eligibility to entry for Commonwealth funded aged care services (See Chapter 2, Part 2)

- Provide more details about new common eligibility requirements that apply across mainstream and specialist aged care programs (including MPSP) from 1 July 2025.
- Key inclusions:
 - o circumstances when re-assessments will occur, including when this can be done 'on the papers' or where a full formal IAT assessment is required
 - additional eligibility requirements for particular service groups (e.g. to be approved for the service groups assistive technology or home modifications an individual must also be approved for the home support service group)
 - the service types in the service list where individual service types need to be approved
 (i.e. allied health and therapy, therapeutic services for independent living)
 - application decision timeframes (14 days from assessment)
 - alternative entry timeframes for MPSP (i.e. must apply within 30 days of commencing services – rather than 5 in other scenarios/for other programs)

Provider registration & residential care home approval process (see Chapter 3, Part 2)

- Provide more details about Commission registration and approval processes from 1 July 2025.
- Key inclusions:
 - application fees
 - registration decision timeframes
 - alternative audit arrangements for MPSP (see section 109-10)
 - note: MPSP module to be referred to as <u>integrated aged care module</u>
 - audit arrangements and processes (see Division 2)
 - note: generally, not relevant in an MPSP context given alternative arrangements above
 - more details around approval process for residential care homes (see Division 3)

Provider registration variations & the provider register (see Chapter 3, Part 2)

 Provide more details about Commission variation application process from 1 July 2025, and additional information that will be included on the provider register.

Conditions on provider registration (Chapter 4, Part 4 and Part 7)

 Provides remaining Rules that specify obligations on providers. The table below sets out the obligation topics included and how they apply to services delivered under the MPSP.

Area	Draft Rules reference	Applies to MPSP	Summary/comments
	148-15	Yes	Must take reasonable steps to prevent damage to an individual's property
	148-20		New obligations regarding meals in a non-residential care context
Service	148-25		Obligations to the use of safe equipment in a non-residential care context
delivery	148-35		Relevant to TCP only
	148-40		
	148-45		Does not apply to specialist aged care program service delivery
Service agreements	148-65	Yes	Providers must enter into a service agreement before starting services or within 28 days of access approval for alternative entry cases; and review this at least once every 12 months, or where requested
	148-70	Yes – with variation	 Service agreements must include information specified in the Rules – for MPSP: matters specified at s148-70(2), and where the services are residential care services: which fees or contributions will be charged (if any) the circumstances in which an individual can be asked to leave, and the assistance that will be provided if this occurs how and when the agreement may be terminated

Rules applicable to the MPSP – conditions

Area	Draft Rules reference	Applies to MPSP	Summary/comments
Care and services plans	148-80	Yes	Providers must develop a care and services plan before starting services or with 28 days of access approval for alternative entry cases; and review this at least once every 12 months Note: this section relates to plans in a non-residential care context, but see also Aged Care Quality Standards and the services list for information about residential care plan requirements
	154-3000	Yes	Providers must keep records to demonstrate compliance with obligations and conditions for 7 years
Personal	154-3500	Yes	Must correct personal information where records are kept
information	154-3400	No	Does not apply to MPSP, as providers don't make claims for subsidy
and record keeping	154-3401		
	154-1210	Yes	Must keep records as specified – note: these records relate to the data that is required to meet MPSP specific report obligations (see below)
	154-1215	No	Applies to TCP only

Rules applicable to the MPSP - conditions

Area	Draft Rules reference	Applies to MPSP	Summary/comments
	155-15	Yes	Must provide information about Statement of Rights to individuals
	155-20		Must provide information to assist individuals to choose services that meet needs
	155-25		Invoices must be clear and understandable
	155-30	Yes – where	
	155-35	RADs accepted	Must provide information about management and use of RADs
155-36		General Purpose Financial Report requirements do not apply to MPSP	
Provision of	155-40	No	Monthly care statement requirements do not apply to MPSP at this stage
information to	155-45		Does not apply to specialist aged care programs
individuals	155-50		
	155-55	Yes	Must provide general information to individuals (e.g. copy of Code of Conduct)
	155-60	No	Does not apply to specialist aged care programs
	155-65	Yes	Must provide information to individuals on residential care home protocols/policies.
	155-70	Yes	Must provide information about financial position of home care provider
	155-80	No	Does not apply to specialist aged care programs
	155-85	Yes	Must facilitate access to information held about an individual

Rules applicable to the MPSP - obligations

Obligations on providers (Chapter 5, Parts 2 and 3)

 Provides remaining Rules that specify obligations on providers. The table below sets out the obligation topics included and how they apply to services delivered under the MPSP.

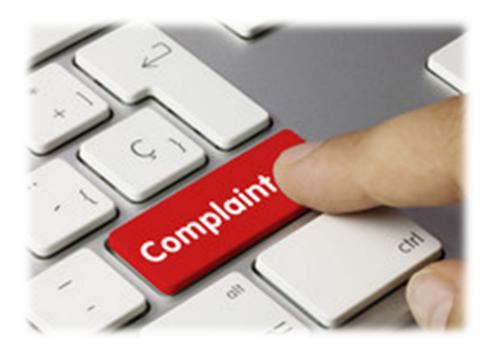
Area	Draft Rules reference	Applies to MPSP	Summary/comments
	166-627	No	Applies to CHSP only
	166-800		24/7 requirements still being trialled for MPSP
Reporting	166-725	Yes	Must provide MPSP annual activity report by 31 July or date as otherwise agreed with Department
	166-730		Must provide MPSP annual statement of financial compliance and income expenditure by 31 October
	166-735		Must provide MPSP service demographics report by 31 July or date as otherwise agreed with Department
	166-745	No	Applies to TCP only
	166-1500		Does not apply to specialist aged care programs as related to pricing for
	166-1505		mainstream aged care programs

Rules applicable to the MPSP- obligations

Area	Draft Rules reference	Applies to MPSP	Summary/comments
	167-20		Must notify of changes impacting suitability of provider
	167-25		Must notify of changes impacting suitability of responsible person
	167-30	Yes	Must notify of change of responsible person
	167-35		Must notify of change of organisational arrangements
Notification of	167-40	Non-government providers only	Must notify of change of governance arrangements
change of	167-45		Must notify of change to scale of operations
circumstances	167-50	Yes	Must notify of changes related to intended service types
	167-55		Must notify of changes to associated providers
	167-60	Non-government	Must notify of financial and prudential matters; liquidity issues
	167-65	providers only	
	167-70	Yes	Must notify of changes related to approved residential care homes

Governance of the Aged Care System, Information Management & Miscellaneous

- Provides more information about:
 - how the aged care commission can deal with reportable incidents (see Chapter 11, Part 2)
 - commission complaints processes (see Chapter 11, Part 2, Division 3)
 - what information the System Governor may publish (see Chapter 13, Part 4)
 - what additional decisions under the Act are reviewable (see Chapter 14, Part 2)



Questions

