

# Support at Home Service Delivery Branch Merger Form

This form provides notice to the Department of Health, Disability and Ageing (Department) of a merger of service delivery branches through which a registered provider proposes to provide services under the Aged Care Act 2024 (the Act).

**Before completing this form**, your organisation must be a **registered provider** of Support at Home services under the Act.

### **About this form**

As required by section 166 of the Aged Care Rules 2025, this form serves to notify the Department that a registered provider intends to deliver home support services through a service delivery branch. Providing service information is required before your organisation can claim and receive subsidies for the provision of services through a service delivery branch.

This form will allow you to merge up to 5 service delivery branches into one continuing service ID.

### Merging service delivery branches

This form serves to notify a merger of service delivery branches of the same provider. The registered provider must notify individual recipients of the proposed merger in relation to accessing funded aged care services.

The Department must be notified of any changes relating to the merger at least 90 days before the proposed date, if less than 90 days' notice period is needed, this must be in writing between the Department and the registered provider, as required by section 166-920 of the Aged Care Rules 2025.

If a provider wishes to update the contact information of a service delivery branch that is remaining open, this notification can be completed by the provider through Government Provider Management System (GPMS).

### No longer intends to merge service delivery branch

If the registered provider no longer intends to merge service delivery branches, the provider must notify the Department no later than 28 days before the proposed merger date as per section 166-930 of the Aged Care Rules 2025.

If a registered provider does not comply with reporting obligations under section 166 of the Aged Care Rules 2025, the department may take compliance action. For record keeping purposes, a registered provider must retain records about service delivery branches for any reports given under section 166 of the Aged Care Rules 2025 for at least 7 years starting from the date the record was made as per section 154-300 of the Aged Care Rules 2025.

You can access the Department's privacy policy at <a href="www.health.gov.au">www.health.gov.au</a>.

### How to use the form

- Use the Tab Key on your computer to move between fields marked "Click here to enter text."
- Use the Mouse to change the status on a check box or to "Choose an Item."
- Provide accurate, clear, and complete information regarding service delivery branches.

### **OFFICIAL**

### Registered provider details Registered provider name \* Registered provider Integration ID: \* Section A: Report for a merger of service delivery branches Note this report must be provided at least 90 days prior to the proposed merger date. Continuing service delivery branch name: \* Continuing service delivery branch ID: \* Proposed date of merger (the merger date must be the first day of a month): \* Merging service delivery branch(es) Service Delivery Branch Name Service Delivery Branch ID Declaration: registered provider has notified or will notify participants of merger, and if appropriate, will provide notice to cease services at least 14 days prior to merger date\*: Declaration: the registered provider will provide a cessation notification to the Department and the Commissioner for each individual within required periods following the completion of the merger\*: ○ Not applicable $\bigcirc$ No Provider comments or notes.

### OFFICIAL

## Section B: Report if provider no longer intends to merge service delivery branch

Note the report must be given no later than 28 days before the proposed merger date.		
Provider has provided the original report of the	change*:	
○Yes ○No		
If 'Yes', please provide information on the follow	wing sections.	
If 'No', the change cannot to be processed.		
Please provide the service delivery branch name	ne from the original report.	
Continuing service delivery branch name: *		
Continuing service delivery branch ID: *		
Merging service delivery branch(s)		
Service Delivery Branch Name	Service Delivery Branch ID	
Reason provider is no longer proceeding with the merger *		

### **OFFICIAL**

### **Endorsement and Declaration**

The person signing the Support at Home Service Delivery Branch Merger Form must be an authorised representative and someone who is legally authorised to give assurances and enter into contracts and commitments on behalf of the registered provider.

#### **Endorsement:**

 This endorsement covers all information provided in the form and must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the organisation.

### **Declaration:**

• I/we understand that the Criminal Code applies to offences against the Act and that providing false or misleading information in this notification is a serious offence.

### **Authorising Officer**

Name of Authorised Representative	/e: * Position: *	
Date: *		

### **Next Steps**

Before you submit the form, check that you have completed all mandatory responses. The form will not be processed if mandatory questions are incomplete.

Please send the completed form to the Department of Health, Disability and Aging: <u>ServiceDeliveryBranchRequests@health.gov.au</u>

You will be notified once the information has been successfully processed.

The Department may contact you if further information is required.