



Application to Transfer Service Delivery Branch to another Registered Provider

*This form provides notice to the Department of Health, Disability and Ageing (Department) about your intention to **Transfer a service delivery branch to another registered provider under the Support at Home program**. This occurs when individuals are transferred from one registered provider to another registered provider, typically due to an acquisition. To close a service delivery branch, submit a Service Delivery Branch Notification Form.*

Requirements

If a registered provider (transferor) intends to transfer a service delivery branch to another registered provider (transferee), the following requirements must be met:

- The application must be submitted at least 90 days before the proposed transfer date, in accordance with section 263-10 of the Aged Care Rules.
- If a shorter timeframe is requested, the application must include a justification for the reduced notice period. Supporting evidence may be attached to assist the application.
- All claims for the service delivery branch affected by the transfer must be up to date prior to day of the transfer date.
- If there are outstanding claims, the provider (transferor) must work with Services Australia to resolve them before proceeding. Transferor will have access to the service delivery branch once the transfer is complete.
- Individuals must be notified of the cessation of services at least 14 days prior to the cessation date, as required under sections 149-20 and 149-40.
- The notice must clearly outline the implications of the transfer and any changes to their care arrangements.
- The ceasing provider must notify both Services Australia and the Aged Care Quality and Safety Commission (Commission) of the cessation for each individual, in accordance with section 149-25.
- All relevant records must be transferred between providers as per section 149-80, ensuring continuity of care and compliance with privacy obligations.
- The new registered provider must be informed of account balances (if any) related to the individuals within 28 days of the individual entering into service agreement with the new registered provider, as outlined in section 149-46.
- Providers are to notify the Department to confirm the transfer has been settled.

Services Australia cannot transfer the service delivery branch until the date of transfer has occurred and departmental processes are complete. Registered providers may not see the changes reflected immediately upon the date of effect.

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.

Part 1 – Proposed Transferor (Ceasing Provider) – Registered Provider Details

This section must be completed by the registered provider that will cease providing services through the service delivery branch after the proposed transfer.

Name of registered provider:

Registered provider Integration ID:

Postal address of registered provider

Street address / PO Box:

Suburb

State/Territory:

Postcode:

Contact Officer for this Application

Title:

First name:

Surname:

Position:

Phone number:

Email address:

Transfer information – Service Delivery Branch to be transferred

Please provide details of the service delivery branch you want transferred to the new provider, in both My Aged Care and the Aged Care Management Payment System.

Name of service delivery branch to be transferred:

Service Delivery Branch ID:

Number of participants to be transferred:

Reason for transferring Support at Home service delivery branch:

Proposed transfer date:

If you are submitting this application less than 90 calendar days before the proposed transfer date, please state the reason why. You may attach additional evidence to this application. Be sure to include the proposed transfer date so that appropriate accommodations can be considered.

Part 2 – Proposed Transferee (New Provider) – Registered Provider Details

This section is to be completed by the registered provider that will be the provider for the service delivery branch after the proposed transfer.

Name of registered provider:

Registered provider integration ID:

Postal address of Registered provider

Street address / PO Box:

Suburb:

State/Territory:

Postcode:

Contact Officer for this Application

Title:

First name:

Surname:

Position:

Phone number:

Email address:

Transfer information –Change of Details for Service Delivery Branch following transfer

Please indicate which service delivery branch is the 'continuing' branch in both My Aged Care and the Aged Care Provider Portal. This is the service delivery branch that will deliver services to the transferred individual(s).

Name of continuing service delivery branch:

Physical address of service delivery branch:

Street address / PO Box:

Suburb:

State/Territory:

Postcode:

If the service delivery branch's physical address is different from its postal address, please provide the details below.

Postal Address of service delivery branch:

Street address / PO Box:	
Suburb:	
State/Territory:	
Postcode:	

Primary Contact for service delivery branch:

Title:	
First name:	
Surname:	
Position:	
Phone number:	
Email address:	

Part 4 – Declaration – All applicants to sign

This application must be signed only by key personnel who are legally authorised to sign for and on behalf of the registered provider. A person who gives information to a Commonwealth entity, or to a person exercising powers or performing functions under, or in connection with, a law of the Commonwealth, or gives the information in compliance or purported compliance with a law of the Commonwealth, and does so knowing the information is false or misleading, or omits any matter or thing without which the information is misleading, may be guilty of an offence under the *Aged Care Act 2024*.

I/We declare that all the information set out in all sections completed in this application, and any associated attachments, is true and complete.

I/We declare that the key personnel in my/our service delivery branch is, and will continue to be, suitable to provide aged care and are not disqualified individuals.

I/We consent to the Secretary of the Department of Health, Disability and Ageing obtaining information and documents from other persons or organisations, including the Australian Aged Care Quality and Safety Commission, state, territory and Australian Government Departments/authorities, to assist in processing the application.

Proposed transferor – Ceasing Registered Provider

Name: *

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Position: *

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Signature: *

Date: *

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Proposed Transferee – New Registered Provider

Name: *

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Position: *

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Signature: *

Date: *

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Part 5 – Next Steps

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

The Department may contact you to discuss, or request documentation to support your application.

Once you have submitted this form, the Department will:

- contact you to discuss the relevant considerations associated with this application and its feasibility
- investigate whether there are any sanctions in place with any of the services and consider the appropriateness of any transfers of service delivery branch(s)
- engage Services Australia to help ensure transfer readiness (such as assisting in finalising claims)
- confirm with you once the process has been completed

Providers are to confirm with the Department that a settlement between transferer and transferee was completed on the proposed transfer date.