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Department of Health, Disability and Ageing

Multi-Purpose Service Program Manual

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Version Control

Version control keeps track of document modifications. Major changes are reflected by updating the version number by 1.0 and minor changes by amending the version number by 0.1.

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Contents

DISCLAIMER

The *Aged Care Act 2024* (the Act) governs the delivery of funded aged care services by registered providers (providers). The information in this manual is intended to help people understand the laws around the government-funded aged care system.

This manual is a summary of multiple legal documents in accessible, simple language, so it doesn't contain every detail of the law. It is not intended as legal or professional advice on interpretation of the legislation or how it applies in individual circumstances.

Providers are responsible for complying with all relevant legislation when delivering funded aged are services. In addition to legislation referred to in this manual, other Australian Government portfolios and state and territory jurisdictions may have separate legislation relevant to providers' operations as a registered provider. It is the provider's responsibility to understand and meet their obligations as they relate to all applicable legislation.

Providers should consider obtaining their own legal or professional advice relevant to their circumstances, especially in relation to requirements and obligations for delivering funded aged care services that may be new or different under the Act and related rules.

The department will review and update the information in this manual as needed. The most up-to-date version of the manual will be published on the department's website.

Please refer to the online version of the manual to ensure that you have the most recent version. The footer on the front page includes the issue date.

If you are reading a printed copy of this manual, please make sure it is the same as the most up-to-date version published on the department's website. The revisions and summary of changes made to the manual are outlined at the beginning of the document in the version history.

The department does not guarantee the accuracy or completeness of information in the manual. The department also does not accept liability for any loss or damage resulting from reliance on the manual or the information it contains.

Additional information and resources that may further support providers understand their responsibilities and obligations will be available through the following Australian Government resources:

- Department of Health, Disability and Ageing https://www.health.gov.au
- My Aged Care www.myagedcare.gov.au
- Aged Care Quality and Safety Commission http://www.agedcarequality.gov.au/
- Services Australia www.servicesaustralia.gov.au
- Australian Competition and Consumer Commission http://www.accc.gov.au/
- Australian Taxation Office http://www.ato.gov.au/

1 Introduction

This manual provides general information and guidance about the Multi-Purpose Service Program (MPSP). It explains the Australian Government's policy context and operational requirements for funded aged care services provided through the MPSP.

The manual should be read alongside the Aged Care Act 2024 (the Act), the Aged Care Rules 2025 (the Rules), and related subordinate legislation, which take precedence over this manual. The guidance provided in this manual does not constitute legal advice.

The intended audience for this manual includes program officers in government agencies, providers delivering services under the MPSP and their staff.

The Department of Health, Disability and Ageing (the department) will update the manual, as required, to ensure its currency and accuracy. Please refer to the online version of the document located on the department's website to ensure you have the most recent version. The footer of each page includes the issue date of the guidelines.

Comments on the manual are welcome at MPSAgedCare@health.gov.au.

2 Overview of the MPSP

2.1 Overview

This section explains the objectives of the MPSP and relevant aged care legislation.

2.2 What is the MPSP?

The MPSP provides integrated health and aged care services for older people living in small rural towns and remote areas where stand-alone aged care and health services cannot be supported. The MPSP supports older people in these areas to use health and aged care services closer to home.

The program is jointly funded by the Commonwealth and the relevant state or territory government. It seeks to achieve the following objectives for communities in rural and remote Australia:

- improved access to quality and safe health and aged care services that meet community needs
- innovative, flexible and integrated service delivery
- flexible use of funding and infrastructure, and
- improved cost-effectiveness and long-term service viability.

2.3 Relevant legislation

The MPSP is managed and regulated under the Act as a type of specialist aged care program.

The program operates in accordance with the Act and the Rules. This includes relevant transitional provisions under the *Aged Care* (Consequential and Transitional Provisions) *Act 2024* (the CAT Act). Relevant sections of the Act and the Rules are referenced in this manual where possible.

2.4 What is a Multi-Purpose Service (MPS)?

An MPS is the place where, or from which, aged care and health care services are delivered under the MPSP.

Subject to any transitional arrangements in place, this must include the delivery of residential aged care services, plus at least one health service (see section 247-5 of the Rules).

There is no one model of service required. Services delivered under the MPSP are designed to meet the needs of local communities and recognise differences in existing infrastructure at MPS sites across Australia.

The part of the MPS where aged care services are delivered to residents is a residential care home under the Act. The provider may also deliver respite or home care services in a home or community setting.

Note: residential care homes cannot usually be located within a hospital. However, paragraph 10(3)(a) of the Act ensures that a residential care home can include a place within a hospital, or co-located within a hospital, when included in an MPSP agreement.

Accessing aged care services under the MPSP

2.5 Overview

This section explains who can access funded aged care services under the MPSP. This includes information about how older people get their aged care needs assessed and approved to use services. A factsheet that provides an overview of this information is available on the MPSP website.

2.6 Making an application

Any person interested in accessing Commonwealth funded aged care services under the MPSP must apply for access to services in the approved form (see section 56 of the Act)

The standard process for older people seeking access to funded aged care services includes the following steps:

- contact My Aged Care
- apply for access to funded aged care services by calling the Contact Centre or applying online
- be determined to be eligible for an aged care needs assessment (see section 2.7 of the manual below)
- undergo a needs assessment by an approved assessor, who recommends what services are required and other matters (see section 2.8 of the manual below)
- be provided with an access approval - that is, a delegate decision that they require access to aged care services and outlines the services required (see section 2.9 of the manual below), and
- approach a provider who delivers services under the MPSP and reach an agreement for services to be delivered.

Note: Alternative processes are available in limited circumstances. See section 2.12 of the manual below.

2.7 Who can get an eligibility determination

After an older person has made an application for funded aged care services in the approved form, a delegate of the System Governor (that is, the Secretary of the department) must consider if they are eligible to undergo an aged care needs assessment (see section 57 of the Act).

My Aged Care will first complete a soft eligibility screening. If the person wants to proceed to apply for access to services, they will then be referred to an assessment organisation who will determine whether the older person is eligible to undergo a needs assessment by an approved needs assessor.

Only individuals who are aged 65 or over (or aged 50 or over and an Aboriginal or Torres Strait Islander person or homeless or at risk of homelessness) will be eligible for funded aged care services. They must also have provided any information outlined in the Rules relating to the individuals care needs (see section 58 of the Act and section 58-5 of the Rules). For example, a declaration or statement about their care needs, or their written medical records.

If the person is not eligible, the delegate must also be satisfied that the individual has been informed of any alternative options to meet their care needs, and indicated they still want to proceed.

2.8 The needs assessment process

If it is determined that a person is eligible for an aged care needs assessment, an aged care needs assessment with an approved needs assessor must be arranged for them (section 61 of the Act).

This assessment will consider whether the person requires access to funded aged care services and the types of services they need.

Assessments can be done in person at the older person's home or in hospital if required, using the Integrated Assessment Tool (IAT), and will be the same for all aged care programs, including the MPSP.

Where face-to-face contact between the assessor and client is not possible, a teleconference, video conference or telehealth assessment may be undertaken. Where this occurs, the assessor must make additional efforts to ensure the quality of assessment is not compromised and that their recommendations remain evidence based.

You can also let an older person know that another suitably qualified person (such as a local health worker, Elder Care Support worker, care finder or OPAN advocate) or the client's registered support person may attend the assessment with the client to assist the assessment process.

An assessment must include a discussion about which service may assist the older person to maintain their independence, their preferences and goals, and the next steps in terms of their application for services.

Needs assessors will form part of the Single Assessment System workforce; with state and territory governments continuing to deliver all hospital-based assessments.

Aboriginal and Torres Strait Islander assessment organisations are also an option for older Aboriginal and Torres Strait Islander people seeking access to a culturally safe aged care assessment. A small number of organisations currently offer this service, but over time this assessment pathway will be extended to cover more of Australia. An older Aboriginal and Torres Strait Islander person can register their preference for an Aboriginal and Torres Strait Islander assessment organisation when they register with My Aged Care.

After a needs assessment is completed, the needs assessor will provide a report that details what services they consider are required by the individual (section 63 of the Act). This will be done via the development of a draft support plan in consultation with the individual.

2.9 Understanding access approvals

A delegate of the System Governor will consider the assessor's report on the individual's needs assessment and will decide whether the individual requires funded aged care services (section 65 of the Act).

If the delegate determines the individual requires funded aged care services, they must decide what services the individual should be approved for and determine whether the requirements for the relevant service groups, service types, services and classification types have been met (see sections 66-68 of the Act and sections 65-10 to 65-30 of the Rules). This should be done within 14 days of an assessment report or other relevant information being received.

The delegate will also make additional decisions, for example, on the level of funding the person can access, their priority category, and whether a relevant place should be allocated.

The priority category awarded will not, however, impact when a person can access services under the MPSP; and the classification level will not impact how much funding is available under the MPSP.

A written decision notice (the 'notice of decision') will be provided to the older person. Where the delegate decides the person requires access to services, this will include their formal 'access approval' together with a support plan.

A support plan records and identifies the client's areas of concern regarding care, their goals to address those concerns and any recommendations for services or actions to achieve those goals. A draft plan will be developed by the client and their assessor during the face-to-face assessment.

The access approval will outline the service groups the individual is approved for, for example, residential care services group, the classification type for that service group and, where relevant, the classification level and priority category the person has been approved for.

The classification type determines on what basis the care is provided, for example, a classification type of ongoing means the person can access permanent residential care, whereas a classification type of short-term means the person can access residential respite.

The specific service types and services an individual is approved for will be outlined in the individual's support plan.

Note:

- Section 4 of this manual has more information about what services can be delivered under the MPSP, including on a short-term basis.
- The table below outlines the range of service groups and classification types that a person can be approved for that they may seek to access under the MPSP.
    - Classification levels are provided for information only, noting they are not used to determine funding of, or services available, under MPSP.
    - Nevertheless, they do offer some guidance to providers about the level of the service needs for the person that has been identified through the assessment process.
- There are some restrictions under the Act and the Rules of how long services can be delivered where a person is only approved for 'short-term' services. The section below explains how this impacts services delivered under the MPSP.
- Where the needs assessor discussed accessing services via an MPS with the older person, because, for example, they live in a rural or remote area, additional information will be provided about the MPSP and the person will have been referred to an MPS in their area (see section 2.11 of the manual below).
- In this scenario, if the older person was approved to access home support services, they will not be placed in the Support at Home Priority System for access to services.
- Any older person with an access approval can approach their local MPS to access services (that is, even if a referral to an MPS did not occur).
- Individuals transitioned over to the new Act on 1 November 2025 under the CAT Act will generally have been approved for either:
    - either Residential Care services group (short-term and ongoing) or

Home Support (short-term and ongoing), Assistive Technology (short-term) and Home Modifications (short-term).

Service Group	Classification types	Classification levels
Home support	Short Term	SAH restorative care pathway SAH end-of-life pathway
Home support	Ongoing	CHSP class SAH class 1 to 8
Assistive technology	Short Term	AT CHSP AT low, AT medium, AT high
Home modifications	Short Term	HM CHSP

		HM low, HM medium, HM high
Residential care	Short Term (i.e. respite)	Class 0 to 3
Residential care	Ongoing (i.e. permanent residential care)	Class 0 to 13

2.10 Finding a provider

To find a provider who delivers services under the MPSP, an older person can talk to their local MPS or:

- call My Aged Care on 1800 200 422
- make an appointment at a Services Australia service centre to discuss their options in person with an Aged Care Specialist Officer (ACSO), or
- use the Find a Provider tool on the My Aged Care website.

When using Find a Provider, the person can select their location and then search for an aged care home. Any residential care homes (both mainstream and MPS) in the area should then display.

Alternatively, they can 'search by name' for a particular MPS. In this case, we recommend including 'Multi-Purpose Service' in the search field.

The older person should check the provider offers the services they need, as not all MPS will, for example, offer residential respite services. They may also not offer all services under the home support, assistive technology, or home modification services groups.

If an older person chooses to access their approved services through an MPS in their area which offers the relevant services, they can do so in agreement with the provider. They do not need to be allocated a place for a classification type for the relevant service group(s). This is because providers are funded differently under the MPSP and block funding arrangements are in place (see Section 6 of this manual).

The older person should provide their MPS referral code if they have one (see section 2.11 below).

Referrals

The support plan provided to an older person (or to their registered supporter with consent to access their information) may contain one or more referral codes. This can include referral codes for the person to access particular groups of services from a mainstream provider (for example, under the Support at Home program).

Where the needs assessor discussed the person seeking access to services through their local MPS, the decision and plan should also include a specific referral code that a provider delivering services under the MPSP can use. This referral code will appear towards the bottom of their support plan, under the heading Multi-Purpose Service Program (MPSP).

Once the older person has the referral code, they can give it to their registered service provider so that the provider can view the client record in My Aged Care, accept the referral, and commence delivery of services.

If an older person has misplaced their letter and their code, the older person can log in to their My Aged Care Online Account to see it. The Your Online Account Guide: Services can show how to do this.

Alternatively, if a referral code for the MPS was not included in the support plan, the older person will need to contact My Aged Care and request a support plan review. This will prompt the assessor to review the referral codes and include the MPSP option. My Aged Care will be unable to manually add a code for the MPS even if other referral codes are present.

Alternative entry arrangements

In most cases, older people will need to go through the application and assessment processes outlined above and only access Commonwealth funded aged care services from the date of the access approval decision. However, limited alternative entry arrangements are available.

This means that a person can commence accessing services at a MPS or through a mainstream provider immediately in some circumstances before going through the above application and assessment processes.

Alternative entry can only be supported when the older person commenced accessing services, if the person:

- urgently needs access to funded aged care services and there is a significant risk of harm if those services are not delivered
- there is a significant delay in the availability of an approved needs assessor to undertake an aged care needs assessment, or
- is an Aboriginal or Torres Strait Islander person and at the time the individual was seeking to access funded aged care services there is a lack of availability of an approved needs assessor to undertake a culturally safe aged care needs assessment.

If an older person receives services at an MPS through the alternative entry pathway, the older person must ensure they still make an application for funded aged care services within 30 days of commencing services at or through the MPS (see section 71 of the Act and section 71-5 of the Rules). An older person can also apply to the delegate to have the period for making an application extended (See subsection 71(5) of the Act).

Where the delegate is satisfied that that the application has been made in the relevant period and that one of the circumstances listed above applies, they may backdate the approval to the date the first service at the MPS was delivered.

Note: Alternative entry arrangements will cover both residential care services and services delivered in the home or community under the MPSP.

2.11 Transitional arrangements

Transitional arrangements will be in place to ensure that older people who are accessing services from the MPSP before 1 November 2025, or are on the waitlist, can continue to access services without undergoing the new assessment process. This will include older people who:

- are already accessing aged care services through a MPS before 31 October 2025, and
- have an agreement in place before 31 October 2025 to start services with a MPS by 31 January 2026.

Older people covered by these arrangements will be formally notified of this as soon as practicable after 1 November 2025. A letter will be given to their provider and subsequently uploaded to their record in My Aged Care.

Note: Further updates to relevant client records will also be made by mid 2026 to facilitate any future changes of provider for these older people (see section 2.16 below).

2.12 What if an older person's needs change?

An older person can only access funded aged care services consistent with their access approval.

If their needs change, for example, a person accessing services in the home or community now requires more assistance and may need to access residential care, the older person will need to seek a re-assessment of their needs.

A needs assessor will then consider what services are now required and make appropriate recommendations to inform a new delegate's decision. This may involve a new IAT assessment being

undertaken, or the assessor may agree to recommend to a delegate that minor amendments be made to the person's access approval based on the information available.

Note: a full new IAT assessment will be required where there has been a significant change in the person's circumstances, as outlined at section 64-5 of the Rules, for example, where a carer for the individual has permanently ceased to provide some or all of the care to the individual.

2.13 Can a person access other aged care services at the same time?

An older person cannot usually access services in the home and community and in a residential care home at the same time. However, if a person is approved for home support, assistive technology and/or home modification service groups, they may be able to access some services through an MPS, and other services through a mainstream provider who, for example, delivers services under the Support at Home program. For instance, an older person could access gardening and meal delivery services through Support at Home, while accessing nursing care through the MPSP.

The only restriction is that an older person cannot access the same service on the same day from an MPS and another service provider.

Providers should ensure MPSP funds are not used to deliver services already being funded under other aged care programs. You will be able to check what other referrals an older person has by checking their support plan.

Note: There is also nothing stopping a person approved for home support accessing services through an MPSP while they are waiting to gain access to the Support at Home program – see further information in section 2.16 about moving between the MPSP and mainstream aged care programs.

2.14 What if a person moves from the MPSP to a mainstream aged care program?

An older person must be supported to change providers if they request a change. Such support might include:

- discussing the reasons for wanting to move
- referring them to the My Aged Care's Find a Provider tool
- suggesting they contact My Aged Care for help.

While the provider should support the older person to make the best choice for them, the provider must also meet their obligations regarding security of tenure for the older person (section 149-55 of the Rules). This includes ensuring that the older person is not made to leave unless suitable alternative accommodation is available.

If the person is seeking to transfer to a mainstream residential care provider, they should be advised that they will need to undertake a classification assessment at their new residential care home to determine their ongoing AN-ACC classification. They will already have a place allowing them to access services once their preferred home agrees they can commence services. This applies both to older people who commenced accessing residential care services at an MPS before the commencement of the new Act and those commencing after the new Act.

If the person is seeking to transfer to a Support at Home provider, they should be advised that they may need to undergo a re-assessment and wait to be allocated a place allowing them to access services.

- This will be the case if, for example, they were part of the transitional MPSP cohorts for 1 November 2025 and have never undertaken an ACAT or IAT assessment before.
- If they commenced services at the MPS post 1 November 2025, they will not need to undergo a re-assessment unless their needs have changed. They will still, however, need to contact My Aged Care and indicate that they are now seeking to access services under the Support at Home program, and may also need to wait to be allocated a place before they can access mainstream services.

Important:

Given potential waiting periods, older people who are considering transferring out of the MPSP should be encouraged to contact My Aged Care as soon as possible if they are planning a future move to an area where they will no longer be able to access services under the MPSP to avoid any disruption to service provision.

Not all client information will be available online until July 2026. If your MPS has an older person who needs to transition to a RACH, please notify mpsreforms@health.gov.au as soon as possible. We will work with you to ensure that the system can support the older persons entry into the facility.

It is important for older people to understand their fees and charges are likely to change, and may increase, when they leave the MPSP. What fees they will be charged will depend on a number of factors. They should seek advice on the nature of these fees in advance. Older people can access a fact sheet about fees in the MPSP.

3 Who can deliver aged care services under the MPSP

3.1 Overview

This section explains who can deliver services under the MPSP and where these services can be delivered.

In summary, services can only be delivered by a provider that:

- has an agreement in place with the Commonwealth (see section 3.2 below)
- has been allocated places for use under the MPSP that are in effect (see section 3.7 below), and
- is a registered provider with the Aged Care Quality and Safety Commission (ACQSC) in the relevant categories under the Act (see section 3.8 below).

3.2 MPSP agreements

Providers delivering services under the MPSP must have entered into an agreement with the Commonwealth under section 247 of the Act.

Note: In practice, this will generally be a tripartite agreement between the service provider, the State in which the MPS is located it (as represented by the relevant state health department) and the System Governor (Secretary of the department). Other more tailored agreements are in place in some circumstances.

Subject to any transitional arrangements in place, subsection 247(3) and the Rules outline circumstances which must be met for the System Governor or their delegate to enter an agreement on behalf of the Commonwealth. This includes that they are satisfied that:

- the provider will deliver funded aged care services in an approved residential care home and will also deliver a health service in the same location as the home
- the home is not located in the a MM 1 area (i.e. a metropolitan area) based on the Modified Monash Model 2023 – see here
- there has been *adequate consultation* about the delivery of services by that provider (see section 3.3 below)
- there is demonstrated need for the delivery of funded aged care services under the MPSP to improve access to those services for individuals in the area surrounding the home (see section 3.4 below), and
- it will be viable to have an arrangement for the integrated delivery of funded aged care services and health services in that area (see section 3.5 below).

This agreement must be in writing and must be with the service provider. The agreement can also include another party – that is, the state or territory where services will be delivered under the MPSP.

Agreements are generally in place for a 3-year period, with the agreements able to be extended for an additional 12 months with the agreement of all parties.

While the agreement can be signed before a provider is registered (see section 3.8 below), the agreement must cover the activities that the provider will undertake as a registered provider.

Amendments to an MPSP agreement

MPSP agreements provide for amendments to be made. This will generally be achieved through a written variation following agreement by all parties. The agreements also provide for amendments to be made by notification in certain circumstances. This includes, for example, where an agreement is updated to reflect:

- changes to the Commonwealth contribution for a financial year as calculated under the Act and the Rules for an MPS site (that is, Item D of the relevant Schedule to an agreement), or
- the State Contribution for a financial year following notification by the relevant state or territory (that is, Item E of the relevant Schedule to the agreement).

See section 6 of this manual for more information about these processes.

3.3 What is adequate consultation?

For the System Governor to enter an MPSP agreement, adequate consultation must have taken place. To meet this requirement, it is expected that the provider will have undertaken consultation with the local community, other health and aged care providers operating in the area, the state or territory health department, and other government agencies in the area.

Consultation can take many forms including virtual options and face to face engagement. Methods could include a public meeting, displaying information in public spaces, or preparing a survey. Regardless of the method, the provider should consult in a genuine and timely way with affected businesses, community organisations and individuals. The community and local providers should be engaged and given a chance to provide feedback on the proposal for a new MPS in the region.

As a result, any request for places for a new MPS (see section 5 of the manual below) should be supported by details of community consultations undertaken, including how the information collected through consultations with local community, health and/or residential care services or other interested stakeholders has been utilised in development of the proposal for a new MPS. Providers are also encouraged to provide evidence of support from relevant parties, including state and territory health departments in the area.

3.4 Demonstrated need

Demonstrated need for the delivery of funded aged care services under the MPSP requires evidence to demonstrate:

- the care needs of older persons in the region, and
- how the MPS would improve access to Commonwealth funded aged care services in the region.

3.5 Service viability

Viability for the integrated delivery of funded aged care services and health services in an area can be demonstrated through evidence showing that:

- an integrated health and aged care model of service delivery is a cost-effective option which can achieve improved economies of scale compared to alternative service delivery models
- the service would not be a barrier to other services existing or entering

- there is unmet and immediate need for aged care services in the region, and
- a standalone aged care home would not be viable.

3.6 Place allocation

To operate and be funded for Commonwealth aged care services delivered at or through an MPS, the registered provider must have one or more places allocated to them for a service group and are able to use those places to deliver funded aged care services (see section 5.5 of the manual below).

Each year the Minister for Aged Care will determine how many places are available to be allocated under the MPSP. This process will follow any updates made to the funding available to the MPSP through the annual Budget process to reflect any expected growth in the number of places.

The department will seek a determination from the Minister outlining the new places that will be available to be allocated for a financial year based on the allocated funding approved through the Budget process. A determination must be made before the end of the financial year it relates to and can be made before it starts.

Under section 95 of the Act, the System Governor (or their delegate) can then allocate these places to a provider. A place can be allocated on the request of the provider or on the System-Governor's own initiative. See section 5 of this manual for more information regarding the place allocation process.

3.7 Registration requirements

To operate and be funded for Commonwealth aged care services delivered at or through an MPS, a provider will need to be registered in the appropriate categories for the services they intend to deliver.

They will need to apply for registration (section 104 of the Act) and the Aged Care Quality and Safety Commissioner will need to consider their application and decide to register them if they meet requirements (section 105 of the Act).

MPSP providers will need to register under the residential care category (category 6) and have the residential care home through which services will be delivered approved by the ACQSC (see section 4 of this manual below). They will also need to register in any additional registration categories which correspond to the services that they intend to deliver in a home or community setting (if any).

Providers can only be registered if the Commissioner is satisfied, they meet the registration requirements in section 109 of the Act, including general and category-specific criteria (such as audit requirements as outlined below at section 3.9). More information on the ACQSC's provider registration policy is available on the their website.

Note:

Transitional arrangements are in place under the CAT Act to facilitate existing providers on 31 October 2025 being deemed to be registered providers on 1 November 2025.

Providers will need to undergo a registration renewal process every three years when invited by the ACQSC.

Providers that deliver services under the MPSP are encouraged to register in all categories where possible, unless they for example, do not deliver any services in a home or community setting, or only very limited service types.

3.8 Audit requirements

Under subsection 109(2) of the Act, a provider must either:

undergo an audit with the ACQSC to demonstrate they can conform with the Aged Care Quality Standards or

- meet the circumstances prescribed by the Rules.

Section 109-10 of the Rules then outlines circumstance alternative arrangements are in place for certain groups of providers and an audit is not required – for example, where a provider is delivering services under the MPSP as part of an integrated service arrangement.

These arrangements mean that an MPSP does not need to complete an ACQSC audit if, within 3 years of their aged care provider registration application, where they have been assessed as complying with the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme requirements for both:

- the National Safety and Quality Health Service Standards (NSQHS Standards) and
- the Integrated Health and Aged Care Services (IHACS) Module (previously the MPS aged care module).

Under these arrangements, approved accrediting agencies will:

- conduct assessments to assess compliance with the NSQHS Standards and against the IHACS Module, and
- submit the data and reports of these assessments to the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The health service standards assessment conducted under the AHSSQA must cover all residential care homes where, or through which, services will be delivered by the provider. More information on AHSSQA arrangements is available on the ACSQHC's website. This includes fact sheets which help organisations to implement standards and prepare for an assessment.

The provider will need to provide a final accreditation or audit report to the ACQSC as part of any registration or re-registration application, or when requested.

Note: where an existing registered provider establishes a new MPS that operates under the same governance structures and policies, they will generally not undergo an audit or accreditation assessment immediately, rather the new residential care home will be included in the next round of accrediting agency assessments and/or ACQSC auditing activities (i.e. based on the 3 year accreditation/registration cycle). See section 3.11 below, for further information.

3.9 Residential care home approval

For a provider to be registered in the residential care category, they must have at least one residential care home approved by the ACQSC (see section 109 of the Act).

Consistent with section 111 of the Act, providers must seek approval of any home(s) in the approved form and indicate the total number of beds covered by the approval for each home. This cannot be greater than the number of beds stated within the certificate of occupancy for the home. The application must also specify the following information for each home specified in the application (see 111-10 of the Rules):

- the name of the home
- the street address of the home
- the name of the responsible person in charge of the home
- a copy of the certificate of occupancy or equivalent certificate (however described) for the home, or any other document that specifies or relates to the number of beds in the home or the total number of individuals that may occupy or reside in the home;
- documentary evidence demonstrating that the building or buildings that comprise the home are permanent and will not present a risk to the delivery of quality and safe residential care including, but not limited to:
    - floor plans and bed layout; and

- fixtures, furnishings and design; and
- an explanation of the design of the home.

The ACQSC can only approve a home under section 112 of the Act when satisfied of certain criteria. This includes the requirements in section 113 of the Act that the provider is registered in the residential care category, and the home meets the definition of a residential care home in section 10 of the Act.

Section 10 of the Act defines a residential care home as a place that:

- is the place of residence of individuals who, by reason of sickness, have a continuing need for aged care services, including nursing services; and

is fitted, furnished and staffed for the purpose of providing those services.

A residential care home generally cannot be in a hospital. However, to cover MPSP arrangements, the Act specifically provides that a residential care home can include a place within, or co-located with, a hospital or other health service that is covered by an agreement with the Commonwealth to deliver aged care services alongside health services as a part of an integrated service arrangement.

3.10 Bringing a new MPS online

If you would like to consider bringing a new MPS online, the first step is to discuss this with your jurisdiction and the department. You will then need to apply for places to be allocated to the proposed new MPS.

Section 5 of this manual explains how places are allocated for providers to use at, or through, their MPS, including the steps to get the associated beds ready to be used before they can become 'in effect' and counted for subsidy purposes.

Providers should also ensure that the responsibilities of a provider under the MPSP (as set out in the legislation, MPSP agreement and MPSP manual) are understood on site at each residential care home for which they are responsible.

Sections 8 and 9 of this manual summarise the obligations on providers delivering aged care services under the MPSP, and how they are regulated.

3.11 Government Provider Management System

The Government Provider Management System (GPMS) is progressively being improved to make it easier for providers to access and report information to government. In the future it will be a master source of information across the aged care system. Providers need to use GPMS to:

- enter and manage information about your services
- see your service's care minutes target
- manage referrals
- update client records
- generate reports
- ask assessors to review a client's support plan.

There are resources available to help you navigate GPMS. Information about how to log in and functionality, as well as reference guides and videos are available. There is also a guide for providers that discusses digital changes made to reflect the Act.

If you require further assistance, please contact the My Aged Care service provider and assessor helpline on 1800 836 799, Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia.

4 What services are delivered under the MPSP

4.1 Overview

This section provides information about what aged care services can be delivered under the MPSP. This must be services in the aged care services list, which are included in a service agreement with the older person who will be accessing the services (see section 4.5 of the manual below).

Services in the service list are delivered through particular service groups (see table in section 2.9) as outlined in the manual below. They are also grouped into service types.

Note: If a provider delivering services under the MPSP engages a third-party (associated provider) to deliver services, the registered provider remains responsible for ensuring that the associated provider complies with all relevant obligations. Subsection 11(6) of the Act has more information on associated providers. Section 8 of this manual has more information on provider obligations.

4.2 Delivery of permanent residential care services

Permanent residential care services must be delivered in an approved residential care home. Residential care services can be delivered to individuals who are approved to access the residential care service group and who have an ongoing classification type.

The person accessing care must be provided with all the services available through the residential care service group where they need them (see section 148-33 of the Rules). Their access approval gives them access to all the services under each service type included in the residential care service group. This is detailed in section 65(2)(b) of the Act.

4.3 Residential respite

Residential respite services can also be delivered under the MPSP. Respite can be delivered in an approved residential care home to individuals who are approved to access the residential care service group and who have a short-term classification type. The person accessing care must be provided with all the services available through the residential care service group when they need them (see section 148-33 of the Rules). Their access approval gives them access to all the services under each service type included in the residential care service group.

There is no limit to the number of respite care days available per year to someone in an MPS. The length of stay is negotiated directly with the provider. This means the time limits that apply to mainstream residential care homes do not apply.

4.4 Residential care service types and services

Further detailed information on the four residential care service types and services within the residential care service group, which apply to both permanent and respite residential care in the MPSP, is in the guide to Residential Care Service List and Higher Everyday Living Fee. This guide also includes information about the higher living everyday fees (HELF) which does not apply to specialist aged care programs such as the MPSP. This is because of the different funding arrangements for specialist aged care programs.

4.5 Delivery of services in a home or the community

Home or community aged care services can also be delivered at or through the MPS.

Where home or community places are being used (see section 6 of this manual below), they must be delivered in the location specified in the relevant MPSP agreement. In most cases this is the town or the district your MPS is located in. Check the schedule to your MPSP agreement if you are unsure. In all cases, such services should be delivered through the MPS and not in an MM 1 area.

Remember that if a person has two referrals and are approved for home support, assistive technology and home modification service groups, they may access some services through an MPS, and other services through a mainstream registered provider (for example, a provider who delivers services under the Support at Home program). See section 2.14 for more details.

Important: Where a person is approved for short-term home support, there are currently no legislative time limits imposed in the context of the MPSP on service delivery. However, under policy, MPSP providers are encouraged to deliver services in a manner consistent with the individual's needs, as well as standard time limits where appropriate, that is:

- *Restorative Care Pathway* – support for up to 12 weeks, plus 4 week extension, where needed to ensure the person has support to increase their independence to remain at home and restore function

End of Life Pathway – support for 16 weeks to help people stay at home for as long as possible.

4.6 Service agreements and care and services plans

Services delivered to an individual under the MPSP should be reflected in the person's service agreement. A service agreement template for the MPSP has been developed. A care and services plan must also be completed. See Section 8 for more information.

5 Allocation of places under the MPSP

5.1 Overview

To facilitate block funding arrangements for the MPSP, places are allocated to providers for use at or through their MPS (see sections 5.3 and 5.4 of the manual below). Places may be allocated with conditions (see section 5.6) and can be *in effect* or not *in effect* (see section 5.5).

The System Governor (or their delegate) can allocate a place to an MPS under section 95 of the Act, either at the request of the entity or on the System Governor's own initiative. This section provides an overview of how places are allocated to providers under the MPSP. It is important to remember that the allocation of places to providers is a separate process and not related to the referral process that an older person completes before accessing care, and any place they are allocated individually.

Note: Transitional arrangements are in place for 1 November 2025 under the CAT Act and its Rules to facilitate existing places remaining allocated to providers for use at specific MPS sites.

5.2 Processes for requesting new places under the MPSP

Each year states and territories will be asked to provide advice about the number of new places they expect to need over the next 24 months. This will be used to inform the allocation processes and decisions outlined below.

5.3 Allocation of places to expand an existing MPS

If a provider is already delivering services under the MPSP and wishes to expand their services, they can make a request to be allocated additional places. Currently, only residential care places can be requested. This may be revisited during 2025-26.

The request should be made using the relevant form (request for allocation of places to existing MPS) available on the department's website.

- On a quarterly basis, a delegate of the System Governor will then decide whether to allocate the requested places taking into account:
- the needs of the community in the relevant areas, and
- how the allocation of any places that are available for allocation in that financial year can best be used to improve access to funded aged care services in rural and remote Australia.

In making their decision, the delegate will take into account the views of the department's Local Network regarding the benefits that will be delivered if places are allocated and the readiness of the relevant provider to deliver services. Other information held by the department regarding the performance of the provider will also be considered.

The delegate must give written notice to the provider within 14 days of a decision to allocate a place. The notice must include the specialist aged care program and service groups the provider must deliver with the place, any conditions on the allocation of the place, details about when the place takes effect, and any other information prescribed by the Rules (see section 5.5 below regarding bringing places into effect).

5.4 Allocation of place to create a new MPS

A registered provider can also request new places where they are seeking to support the establishment of a new MPS in their region – this can be an entirely new residential care home, or a request to convert an existing part of a hospital or a mainstream residential care home into the aged care wing of a new MPS.

The request should be made using the relevant form (request for allocation of places to create a new MPS) which will be available on the department's website when required.

Currently, only residential care places can be requested. This may be revisited during 2025-26.

Note: Government providers who are not yet registered can also seek places through this process. Relevant entities are asked to first contact the department at MPSagedcare@health.gov.au before completing the relevant form.

- On a bi-annual basis, a delegate of the department will then decide whether to allocate the requested places taking into account:
- the needs of the community in the relevant areas, and
- how the allocation of any places that are available for allocation in that financial year can best be used to improve access to funded aged care services in rural and remote Australia.

Applications that involve creation of a new MPS will also be referred to an assessment committee for consideration against specified criteria, using a methodology outlined in the relevant assessment plan. The assessment committee will include members from the department's Ageing and Aged Care Group including representatives from the department's Local Network and the MPSP team in Thin Markets Branch. The assessment process will be conducted in accordance with relevant probity guidance to ensure fairness and equity.

The assessment process will be informed by information and insights from each relevant Local Network on applications in their state/territory. This may include any feedback and priority applications identified by the Local Network, based on intelligence gathered through ongoing, on-the-ground engagement with services and providers in their state/territory on supply gaps and other issues.

The assessment may also consider issues such as demographics and the availability of other local services, to determine if there is a demonstrated need for the requested places. Other information held by the department regarding the performance of the provider will also be considered.

Recommendations from the assessment committee will be submitted to the delegate for a decision on the allocation of any places that are available for allocation in that financial year.

Note: Providers are encouraged to discuss plans for new MPS, or the expansion of existing MPS with their state or territory health organisation.

5.5 Places can be in effect or not in effect

When does a place come into effect for the first time?

When places are allocated they will either be in effect or not in effect.

A place allocated to deliver funded aged care services under the MPSP will come into effect on the first day the provider satisfies the conditions specified in 97-5 of the Rules.

These conditions include the following:

- the provider is registered in one or more service groups through which they will deliver funded aged care services through the MPSP
- a MPSP agreement is in force
- for places intended to deliver funded aged care services in an approved residential care home, the System Governor or delegate is satisfied that there is a bed ready to be used for the delivery of funded aged care services under that place.

Generally, a place allocated for the purposes of delivering funded aged care services in an approved residential care home under the MPSP, will not be in effect. This is because as the provider will need to take steps to get the associated bed ready to be used before the place can become 'in effect' and counted for subsidy purposes. For example, the provider may need to secure additional staffing prior to beds becoming available for an older person.

Where a registered provider with a MPSP agreement in force considers that a bed is ready to be used for the delivery of care, they can make a request for a place that is currently not in effect to come into effect. This can be done by using the form on the department's website. Bringing a place into effect can be undertaken within 5 years of the place being allocated. This means that if the place has not come into effect within 5 years after the day on which the place was allocated, it can never come into effect.

A request for a place to come into effect will be processed by the department's Local Network. The department's MPSP team will also be advised when the place will come into effect. When this occurs:

- The MPSP team will calculate the revised funding of the provider at each site(s) and organise a variation to the MPSP agreement to reflect any additional places that are in effect.
- If the places relate to a new MPS, the department will advise the ACQSHC and the ACQSC, so that the new MPS is included in future audit activities.

Note: places that were 'provisional' on 31 October 2025 have been transitioned over as places that are not 'in effect' on 1 November 2025. Each of these places needs to be 'in effect' before 31 October 2030 or the allocation will cease. Providers will receive a notice advising them when places only have 12 months left to be made in effect.

When do places go out of effect temporarily?

The Rules (section 97-10) outline when a place, which has come in effect, can go out of effect temporarily, this includes:

- when the System Governor and provider agree that the provider does not have the capacity to deliver funded aged care services using the place (for example, the provider advises they are shutting the whole aged care wing for renovations for a year)*
- the period for which a provider's registration is suspended, or
- the provider has a condition placed on their registration and that condition which means they can't deliver services using the place.

*This corresponds to the requirement for providers to advise the System Governor if they are unable to deliver services using a MPSP place for 12 months or more (see section 5.6 below).

Note: Places will not be temporarily placed 'out of effect' without discussions and agreement with the provider.

When do places go out of effect permanently?

The Rules (section 97-15) outline when the circumstances when a place will permanently cease to be in effect. This means the place can never resume to have effect.

A place will permanently cease to have effect if:

- the entity ceases to be a provider
- there is an agreement between the provider and the System Governor/delegate to relinquish the place. If this occurs, the System Governor/delegate must not agree to relinquish the place unless they are satisfied that the provider has complied with Division 4 of Part 4 of Chapter 4 of the Rules (which deals with continuity of care), or
- the System Governor revokes the place because the place has not been used by the provider to deliver funded aged care services for at least 12 months.

5.6 Conditions on allocated places

Under the Act and the Rules, a place allocated to a provider for use under the MPSP is subject to certain conditions (see section 99 of the Act and section 99-5 of the Rules). Except where transitional arrangements are in place, this includes that:

- the provider must notify the System Governor if they will not be able to, or do not intend to, use the place to deliver funded aged care services for a period of 12 months or more
- if the place is to be used for delivery of services through the residential care service group, it must be used at the residential care home specified in the notice of allocation, and
- if the place is to be used for the delivery of services through another service group (that is, in a home or community setting), it must be used at a location specified in the allocation notice.

Note:

- In practice, MPSP agreements will specify the residential care and home and community places that have been allocated to a provider and are in effect.
- As discussed in section 6 of this manual, funding associated with these places can be used interchangeably between service settings, but relevant conditions regarding the location of service delivery should still be met.
- The required location can be found in the provider's MPSP agreement (as well as in notices of allocation sent post 1 November 2025) – that is:
    - residential care services should be delivered at the residential care home listed in Table B of the relevant Schedule to the MPSP agreement, and
    - other services should be delivered in the location specified in Table C.
- **For places allocated to a provider prior to 1 November 2025**, the new conditions specified above will **not** apply. Instead, the department will work with the relevant jurisdictions to confirm the status of transitional places as part of its MPSP funding review, which is now underway.
- **For places allocation to a provider after 1 November 2025**, where a notification of a place not being able to be used is made, the department and the provider will discuss the best way forward. No automatic change in subsidy will be generated following a notification.

5.7 Varying conditions on allocated places

Providers can apply to the System Governor to vary any conditions on a place allocation (see sections 100 and 101 of the Act, and section 101-5 of the Rules).

The application must be in the approved form and specify the following:

- the day the variation is proposed to take effect;
- the condition the entity is seeking to vary;
- any other requirements prescribed by the rules.

For example, if a provider wants to use a residential care place at a different MPS, they should email the MPSP team at mpsagedcare@health.gov.au and explain why the relevant condition should be varied.

Providers should be aware that, when considering whether to vary a condition as requested, the System Governor (or delegate) must take into account:

- the objectives of the specialist aged care program for which the place is allocated
- the needs of the communities of which individual members are expected to be able to access funded aged care services delivered under the place
- the Statement of Principles, and
- any information or documents given by the provider in relation to the variation of the condition.

If a provider makes an application to vary a condition, the System Governor must decide whether to vary the condition and must provide written notice of that decision to the provider within 14 days of making their decision. This notice will specify details of the System Governor's decision about whether to vary the condition and the reasons for the decision. Where the System Governor has decided to vary a condition, the decision will take effect on the day the notice is given. If the System Governor specifies a later day in the notice, the decision will take effect from that day.

6 Funding available for the delivery of services under the MPSP

6.1 Overview

The MPSP is funded jointly by the Commonwealth and the relevant state or territory in which services are delivered.

The Commonwealth's funding is intended to cover the cost of aged care service delivery.

The state/territory contribution is expected to cover the costs of delivering health and/or other service(s) delivered at the same location (or nearby), as well as required infrastructure.

An important feature of the MPSP is that funding from the Commonwealth and state/territory may be used flexibly in the delivery of aged care services, as part of an integrated health and aged care service. This flexibility allows an MPS to use Commonwealth funding across both residential and home care settings. Health and aged care staff and infrastructure can also be used across both settings at the same location.

Commonwealth funding under the MPSP is paid to providers in advance, and is not based on occupancy rates in the MPS or the level of demand on their home or community services. This ensures that small MPS in rural and remote locations can be certain of funding levels across the financial year.

State funding is provided for under the MPSP agreement between a service provider, the relevant state or territory and the Commonwealth (in some cases the provider is also the state or territory) and reported annually.

Commonwealth funding is provided for under the Act and the Rules through a subsidy arrangement for the delivery of funded aged care services under specialist aged care programs, including the MPSP. Funding is calculated and paid in accordance with the relevant legislative provisions and administrative arrangements, as explained in more detail below.

Note:

- The total amount of funding a provider will receive for services delivered at, or through, an MPS is based on many factors; but the main factor is the number of places that are allocated to the provider that are in effect for the relevant payment period (see Section 5 of the manual).

- Providers delivering services under the MPSP may also seek additional Commonwealth capital grant funding, or other financial supports, through separate aged care programs that are designed to support thin market service delivery.

Information about such programs, including the Aged Care Capital Assistance Program (ACCAP), is available here.

Consideration is being given to forecasting ACCAP grant opportunities further in advance to assist potential applicants in planning their grant applications. This may assist state and territory government operators of MPS in securing funding contributions from their respective jurisdictions towards ACCAP grant opportunities, when cost-sharing is required.

6.2 State contribution

As outlined in the MPSP agreements, providers are required to notify the department of the amount of the relevant state or territory contribution for the delivery of health services each financial year, at each residential care home that is part of the agreement. This must be done by 31 December of that financial year each year of the funding period.

The Commonwealth is required to update the schedule(s) to the relevant MPSP agreement and notify the provider and the state or territory that this has occurred.

6.3 MPSP subsidy arrangements

A registered provider is eligible to be paid the MPSP subsidy (see section 248 of the Act) in relation to the delivery of funded aged care services to individuals through a service group under the MPSP, if on that day:

- the provider has an MPSP agreement with the Commonwealth that includes the relevant service group(s) through which the funded aged care services are being delivered
- one or more of the places allocated to the provider are being used, or are able to be used, to deliver funded aged care services
- those places are in effect, and
- all conditions that apply to those places have been met.

Important: The note at the bottom of section 248 of the Act clarifies that the registered provider may be eligible for subsidy for a day even if the registered provider did not deliver any funded aged care services to individuals on that day. In practice, this means that to remain eligible for MPSP funding a provider must ensure their agreement remains in place, the places remain in effect and they meet any conditions on those places (see section 5.6 of this manual).

6.4 Amount of the MPSP subsidy

Section 249 of the Act provides for the amount of the MPSP subsidy to be set in the Rules and confirms that the subsidy can be based on factors other than the actual delivery of funded aged care services to a person on a particular day. This is consistent with the flexibility built into the MPSP.

Section 249-10 of the Rules state that the MPSP subsidy is worked out in accordance with the following formula:

ACWSA + BDFSA + DCSA + DVEA + HCAA + HCPA + RCPA + RSEA + VEA

The table below explains each of the above subsidy components in detail.

Subsidy Component	Full Name	Applies to residential or home & community places or both	Background/explanation
ACWSA	Aged Care Wage Supplement Amount	Both	Provides additional funding to certain providers listed in the Rules to support certain award wage rises, consistent with the Fair Work Commission Aged Care Work Value Case. State and territory government providers do not receive the supplement as they pay their staff under state health awards and enterprise agreements. See sections 249 –10 and 249 –25 of the Rules.
BDFSA	Basic Daily Food & Nutrition Supplement Amount	Residential	Provides an additional funding per resident per day to providers to improve food and nutrition services in residential aged care. See section 249 –10 of the Rules.
DCSA	Direct Care Supplement Amount	Residential	Provides additional funding to providers in jurisdictions that are participating in the direct care target trial. See section 249 –30 of the Rules. **Note:** the amount of the supplement varies based on the location of the residential care home, with providers in MM 6 or 7 areas, based on the Modified Monash Model (MMM) 2023, receiving additional funding.
DVEA	Dementia and cognition supplement and veterans' supplement equivalent amount	Home	Helps with the cost of caring for veterans with a mental health condition related to their service. See section 249 –10 of the Rules.
HCAA	Home or Community Additional Amount	Home	Additional amount paid to a provider to support older people with the costs of living at home within their community. See sections 249 –10 and 249 –35 of the Rules. **Note**: the amount received by a provider will depend on the location of their residential care home(s) and its classification under the MM2023. For MPSs that operated prior to 1 January 2017, the amount is based on the Accessibility/Remoteness Index of Australia (ARIA).
HCPA	Home or Community Place Amount	Home	Base daily amount of funding given to a provider to deliver a home or community place for a day. See section 24910 of the Rules.
RCPA	Residential Care Place Amount	Residential	Base daily amount of funding given to a provider for a residential care place. See

Subsidy Component	Full Name	Applies to residential or home & community places or both	Background/explanation
			section 249-10 and 24940 of the Rules. **Note:** sections 249 –50 to 249 –65 set out the viability supplement that may apply, with the amount dependant on the location of the residential care home, the number of places that are in effect, and the groups of older people that access services at the home.
RSEA	Respite Supplement Equivalent Amount	Residential	Supports the provision of respite care under the MPSP. The amount increases as the number of places in effect increase. See sections 240 –10 and 249 –45 of the Rules.
VEA	Veterans' Supplement Equivalent Amount	Residential	Helps with the cost of caring for veterans with a mental health condition related to their service. See section 249 –10 of the Rules.

6.5 Calculating the subsidy

The MPSP subsidy for each provider at each of their residential care homes is calculated based on the:

- number of residential or home or community places in effect
- daily funding amount (worked out using the formula above), and
- number of days and places in effect for the funding period.

The amount of the subsidy for the next financial year is calculated, taking into account any increases for indexation, with payments then split into quarterly payment amounts (see section 6.6 of the manual below).

Note: Once the department has calculated the MPSP subsidy rates for the next financial year for all providers, the department will update the MPSP agreements, including the Commonwealth contribution listed in the schedule(s) to each agreement, and will advise the provider and the relevant state or territory.

6.6 Payment of the subsidy

Section 260-10 of the Rules requires that payments be made quarterly:

- within 21 days after the start of the quarter, or
- on a day in that quarter or a subsequent quarter agreed between the System Governor and the provider.

Importantly, subsection 260(3) of the Act also outlines the conditions on which subsidies are paid. In practice this means that MPSP subsidies are paid to a registered provider on the condition that:

- the services are delivered through a place that is in effect for the program and service group
- the conditions on that place are met.
- the provider's registration is in effect and includes the relevant registration categories of the service delivered

- any funded aged care services are delivered only to individuals who have an access approval in place and that covers the services being delivered (for example, residential care services are only provided to individuals approved to access residential care service group)*

Note:

- The above arrangements are not intended to restrict the use of funding for residential care places to residential care service delivery, or funding for home and community places to the delivery of services in the home or community. However, services do need to be delivered to approved people consistent with their access approval, and conditions on places do need to be met (see section 5.6 of the manual for more information).
- *It is recognised that where alternative entry arrangements apply, an access approval will only be put in place retrospectively. This is considered acceptable under policy.

MPSP subsidy payments in practice

The MPSP team enters payments into the Department of Social Services Grants Payment System together with a funding agreement for each provider, an activity for each residential care home and a milestone for each quarterly payment.

Note:

- The current MPSP agreement must be uploaded to Gov GPS for every provider. The MPSP team is responsible for this.
- It is also important the correct bank account details for MPSP subsidy payments are recorded. If the provider needs to update their bank account details, they should email MPSAgedCare@health.gov.au and request a banking update form.
- When the provider returns the completed form to the above email address, the MPSP team will forward the completed paperwork to the Gov GPS helpdesk and ask them to amend the banking details. Such requests must come from the MPSP team to Gov GPS.
- The MPSP team will notify the MPSP provider once the bank account has been added to their profile, which usually takes up to 5 business days.

6.7 Managing changes to the MPSP subsidy

The amount of MPSP subsidy that a provider is eligible to be paid during a financial year can change. This may occur in the following scenarios. In both scenarios, the relevant schedule(s) to the MPSP agreement will need to be updated.

Changes to number of places that are in effect

If the number of places in effect at an MPS change, a variation to the MPSP agreement needs to be signed by both parties. This would occur, for example, if new places are allocated to the provider and brought online, or it is agreed that certain places will be temporarily out of effect for a period. The agreement must be updated to reflect the correct number of places and the revised Commonwealth contribution towards services delivered at the relevant residential care home.

Changes to MPSP subsidy under the Rules

At least once a year, the department will seek the Minister's approval to amend the Rules. This is generally to provide for minor increases to some MPSP subsidy component amounts to cater for indexation. However, it can also be to reflect the introduction of new subsidy components which have been agreed by Government for a particular purpose.

In this scenario, there is no requirement for an agreement variation to be negotiated or signed by both parties, as the department must pay the legislated amount to eligible providers with a current MPSP agreement. The department will make the required amendments, notify each provider and the relevant state or territory of the revised Commonwealth contribution for the rest of the financial year, and provide an updated schedule(s) to the agreement.

Consistent with the MPSP agreement, any r decrease in subsidy amount will be made following consultation with providers and the states and territories.

7 Fees and payments under the MPSP

7.1 Overview

Providers delivering services under the MPSP can ask people accessing services to contribute to the costs by paying fees and charges. This section provides information about what charges can be collected. As outlined below, this includes specialist aged care program fees (see section 7.2), and in certain circumstances, accommodation payments (see section 7.3). A provider must take into account their financial hardship policy when imposing such fees or charges (see section 7.4)

It is important to recognise that the types of fees that can be charged and collected for services delivered under the MPSP are different to those that can be charged by mainstream residential care and Support at Home providers (see section 286 of the Act).

7.2 Specialist aged care program fee

A registered provider delivering services under the MPSP may charge older people a specialist aged care program fee (see section 286-10 of the Rules). This fee is intended to help cover the costs of daily living like meals, cleaning, laundry, heating and cooling.

Providers can decide the amount payable at their discretion, but it cannot be more than the amount agreed between the registered provider and the individual in a written agreement.

The Rules also provide that the fee cannot be more than:

- 85% of the basic age pension amount (worked out on a per day basis) for residential care, or
- 17.5% of the basic age pension amount (worked out on a per day basis) for home support, assistive technology or home modifications services.

The Rules also require that the provider has a financial hardship policy (see section 7.4 of the manual below). This policy must be considered when charging any specialist aged care program fee.

7.3 Accommodation payments

When a resident enters permanent residential care in an MPS, the provider can charge an accommodation payment to cover the costs of their accommodation in certain circumstances.

An MPSP can only charge this if the resident's means assessment indicates they must pay an accommodation payment. The resident's means are determined via a pre-entry means assessment from Services Australia.

If a resident is **not** to be eligible for Commonwealth Government assistance for their accommodation costs, or insufficient information is provided for a means assessment to be determined, the person must pay the room price agreed with their MPSP provider prior to entering the residential care home as an accommodation payment.

If a resident is ordinarily eligible for Commonwealth Government assistance with their accommodation costs, a MPSP provider cannot charge the resident for accommodation. This means a MPS resident can **not** be charged an accommodation contribution. See section 288-5 of the Rules which clarifies that s298 of the Act, which prescribes when you can charge an accommodation contribution, does not apply to the MPSP for more information.

Important:

- To request a pre-entry means assessment, an older person should use complete the Residential Aged Care Calculation of your cost of care form (SA457), and submit this to Services Australia. When completing this form in the context of the MPSP to avoid processing issues MPS residents

should selection Option 1 at Question 15 (Options 2 and 3 apply to mainstream residential care only).

- A residential aged care fees notice issued by Services Australia after a means assessment may include information that suggests an older person must pay an accommodation contribution and other fees relevant to mainstream residential care services. This is because it is intended to provide advice for individuals who will access mainstream residential care services. It does not apply to services delivered by a MPSP provider.
- The accommodation payment cannot be more than the maximum accommodation payment in section 289 of the Rules, unless a higher amount is approved by the Independent Health and Aged Care Pricing Authority. Currently, the maximum accommodation payment, expressed as a refundable accommodation deposit (RAD) amount, is $750,000 (indexed on 1 July each year).
- The Accommodation Bond Guarantee Scheme covers the RADs that providers may collect.
- MPSP providers can apply RAD retention and daily accommodation payment (DAP) indexing arrangements to eligible individuals who make these kinds of accommodation payments in the same manner as mainstream residential aged care providers. The calculation for indexation is in section 302-10 and 302-15 of the rules.

Making accommodation payments

Accommodation payments, when required, can be paid in two forms:

- Refundable accommodation deposit (RAD): This is a lump sum paid when an older person is paying the full amount of the agreed accommodation price.
- Daily accommodation payment (DAP): This is a daily fee paid when an older person is paying the full amount of the agreed accommodation price.

Note:

- Section 289-10 of the Rules provides a formula for providers to work out the maximum accommodation payment when paid as a daily accommodation payment amount.

Obligations on providers regarding RADS

- If a provider does accept payment via a refundable accommodation deposit (RAD) in an MPSP context, they have the same prudential responsibilities as mainstream residential aged care providers. This includes requirements regarding RAD retention, the accommodation agreements and the indexation of daily payments. You can find current information about prudential obligations, including the management of refundable deposits on the ACQSC website.

7.4 Financial Hardship

Some people accessing funded aged care services may experience financial hardship and have difficulty in paying required fees and charges.

Under section 286-20 of the Rules, MPSP providers must have a financial hardship policy that outlines how the MPS will charge fees when an older person is experiencing financial hardship.

The policy should include details about:

- how an individual can apply for a reduction in their specialist aged care program fees due to financial hardship
- what evidence of financial hardship the individual must submit to the provider (and how that evidence must be submitted)
- the principle/s or calculation/s the provider will use to determine the amount and duration of any reduction they will apply if the individual's application is successful.

8 Obligations on providers delivering aged care services under the MPSP

8.1 Overview

Providers delivering services under the MPSP need to comply with any applicable obligations on them under the Act (Chapter 3) and related Rules, just like any other provider. If they fail to do so, regulatory action may be taken against them (see section 9 below).

Some obligations will not apply or will be varied where the provider is delivering services under a specialist aged care program such as the MPSP. The application of some obligations may also be affected by other characteristics (for example, if the provider is a government entity and/or which categories they are registered in).

Obligations on providers include conditions on registration (see section 8.2 of the manual below), obligations outlined in the Act (see section 8.3) and statutory duties under the Act (see section 8.10).

This manual, together with complementary advice for providers on the ACQSC website, is intended to provide a summary of the obligations that apply to providers delivering services under the MPSP.

A search tool to help users understand provider requirements under the Act and rules is also available at Aged Care Provider Requirements Search. This brings together registration conditions, obligations and statutory duties in one place. It is a summary resource only, with links to legislation and source documents.

Important:

Providers are expected to deliver services under the MPSP program in a manner consistent with their MPSP Agreement with the Commonwealth, which includes delivering services diligently, efficiently, effectively and in good faith to a high standard, in addition to other obligations.

- Certain obligations under the Act and the Rules also apply separately to responsible persons (see section 8.8 below) or aged care workers (see section 8.9 below).

8.2 Conditions on registration

Providers delivering services under the MPSP must comply with conditions on their registration as outlined in Chapter 3 of the Act (under Division 1 of Part 4) and related Rules. The table below summarises the key groups of conditions and how they apply to providers that deliver services under the MPSP.

Obligation Category	Section(s) of the Act	Who does it apply to within the MPSP	Rules reference and page reference	Summary of key obligations
Aged Care Code of Conduct	ss14 & 145	All providers	Part 5 of Chapter 1	Must comply with the Aged Care Code of Conduct (which is included in the Rules) and ensure their aged care workers also comply.
Quality Standards	ss15 & 146	All providers	Part 6 of Chapter 1	Must comply with the strengthened quality standards (which are included in the Rules).
Incident Management – including SIRS	ss16 & 164	All providers	Part 7 of Chapter 1 & Part 10 of Chapter 4	Must have an incident management system in place, and manage incidents as required.

Obligation Category	Section(s) of the Act	Who does it apply to within the MPSP	Rules reference and page reference	Summary of key obligations
Restrictive Practices	ss17 & 162	All providers	Part 7 of Chapter 1 & Part 9 of Chapter 4	Must comply with restrictive practice and behaviour support plan requirements. For example, if an individual needs a behaviour support plan, it must be included in their care and services plan.
Rights & Principles	s144	All providers	Part 3 of Chapter 4	Must demonstrate the provider understands the Statement of Rights and have in place practices to ensure they act compatibly with the Statement. Must demonstrate they understand the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services.
Continuous Improvement	s147	All providers	Part 4 of Chapter 4	Must demonstrate the capability for, and commitment to, continuous improvement towards the delivery of high-quality care, and have a continuous improvement plan.
Delivery of funded aged care services	s148	All providers	Part 4 of Chapter 4	Must deliver services as required in the Rules, maintain and manage residential care homes as required, have a service agreement and a care and services plan for individuals to whom services are being delivered. See section 8.4 below in terms of service agreements and care and services plans.
Starting and ceasing services	S149	All providers though some exemptions for MPSP	Division 4 of Part 4 of Chapter 4	Must comply with obligations related to continuity of care.
Financial and prudential standards	s150 and s150A	Non-govt providers only	N/A	Must comply with the Financial and Prudential Management Standard, the Liquidity Standard, and the Investment Standard.
Fees, payments, contributions and subsidies	s151	All providers	Part 9 of Chapter 8 & Part 2 of Chapter 8	Must comply with obligations related to fees, payments, contributions and subsidies.
Workforce	s152	All providers	Part 6 of Chapter 4	Must comply with worker screening requirements (existing police certificate or NDIS requirements for

Obligation Category	Section(s) of the Act	Who does it apply to within the MPSP	Rules reference and page reference	Summary of key obligations
				aged care workers will remain in place until new worker screening arrangements commence). Must ensure aged care workers have the appropriate qualification, skills or experience to provide funded aged care services.
Vaccination	s153	All providers	Part 6 of Chapter 4	Must provide access to vaccinations to older people and workers in accordance with the Australian Immunisation Handbook, including an influenza vaccination, a COVID-19 vaccination, a pneumococcal vaccination and a shingles vaccination.
Personal information and record Keeping	s154	All providers	Part 7 of Chapter 4	Must meet record keeping obligations.
Personal information and record Keeping	s154	Non-govt providers only	Part 7 of Chapter 4	Must keep records regarding governing body membership and quality of care advisory body.
Provision of information to individuals	s155	All providers	Part 7 of Chapter 4	Must provide information about Statement of Rights and to assist individuals to choose services, as well as clear and understandable invoices.
Access by supporters	s156	All providers	Part 7 of Chapter 4	Must allow and facilitate access by supporters, legal advisors, aged care advocates and volunteer visitors.
Membership of governing bodies	s157	**Non-govt providers only**	Part 8 of Chapter 4	Must generally ensure majority of governing body are independent non-executive members, and at least one member has experience in clinical care.
Advisory body requirements	s158	**Non-govt providers only**	Part 8 of Chapter 4	Must establish and continue a quality care advisory body and meet related requirements.
Complaints, feedback and whistleblowers	s165	All providers	Part 10 of Chapter 4	Must have complaints and feedback management system, and manage complaints and feedback as required.

Obligation Category	Section(s) of the Act	Who does it apply to within the MPSP	Rules reference and page reference	Summary of key obligations
				Must have a whistleblower policy in place and manage disclosures as required.

8.3 Other obligations for providers under the Act

Providers delivering services under the MPSP must also comply with obligations on their registration as outlined in Chapter 3 of the Act (under Division 2 of Part 4) and related Rules. The table below summarises the key groups of obligations and how they apply to providers that deliver services under the MPSP.

Note: This table does not include specific obligations for responsible persons and aged care workers outlined in section 173 and 174.

Obligation category	Section of the Act	Who does it apply to	Rules reference and page reference	Summary of key obligations
Reporting on vaccination	s166	All providers	Part 2 of Chapter 5	Must report on influenza and COVID-19 vaccinations for staff and other individuals.
Reporting on complaints	s166	All providers	Part 2 of Chapter 5	Must provide a complaint and feedback management report to the Commissioner within 4 months of the end of the financial year. Must provide a complaint and feedback management report to the System Governor or the Commissioner on request.
Reporting on financial and prudential matters	s166	All providers	Part 2 of Chapter 5	Must complete quarterly financial report (BDF only – see section 8.5 below).
Reporting on financial and prudential matters	s166	All providers that accept RADS	Part 2 of Chapter 5	Must complete prudential compliance statement (see section 8.5 below)
Incident reporting – including SIRS	s166	All providers	Part 2 of Chapter 5	Must notify the Commissioner of reportable incidents as required – see section 8.7 below)
Reporting on provider governance and operations	s166	All providers	Part 2 of Chapter 5	Must provide a report regarding compliance with the Act and report on certain matters.
MPSP specific reporting	s166	Providers delivering	Part 2 of Chapter 5 (sections 166-	Must complete and submit MPSP specific reports – see section 8.6 below.

Obligation category	Section of the Act	Who does it apply to	Rules reference and page reference	Summary of key obligations
		services under the MPSP only	725, 166-730 and 166-735).	
Change in circumstances	s167	All providers	Part 3 of Chapter 5	Must notify the System Governor and/or Commissioner when specified events occur – see section 8.8 below.
Protection of personal information	s168	All providers	N/A	Must only use personal information collected for specified purposes.
Co-operation with other persons	S177	All providers	Part 7 of Chapter 5	Must cooperate with any person who is performing functions, or exercising powers, under this Act.

8.4 Service agreements and care and services plans

Service agreements

Providers delivering services under the MPSP must enter into a service agreement with each individual within 28 days of commencing the delivery of services (see section 148-65 of the Rules).

Providers must review service agreements at least once every 12 months and when requested by the individual. A variation to the agreement can occur with the consent of both the individual and the provider, provided there has been adequate consultation about the variation between the individual and the provider and the variation is not inconsistent with *A New Tax System (Goods and Services Tax) Act 1999* or the Act. In the individual's case, that consent can be given verbally.

The matters that must be included in a service agreement are outlined in section 148-70 of the Rules and depends on what services a provider delivers. This includes:

- the basic details specified at section 148-70(2)
- specified information, including fee and contributions information, where services are being delivered in the home or community (see section 148-70(6), and
- specified information, including fee and contributions information, where services are being delivered in a residential care home (see section 148-70(11) and (12).

Basic details include:

- the name and contact details of the individual
- the name and contact details of the provider
- the contact details of the supporters of the individual (if any)
- a copy of the individual's access approval
- the approved residential care home (if any) in or from which the provider will deliver funded aged care services to the individual
- the date when the service agreement commences
- the start day for the individual
- the date the service agreement is to be reviewed, and
- how the individual will be involved in decisions relating to how, when and by whom funded aged care services are delivered to the individual.

For home care services, providers also need this additional information included:

- the name of each service that will be delivered (as described in the service list)

- which, if any, services will be delivered by the associated provider
- a statement that the provider may only cease delivery of funded aged care services to the individual in the circumstances specified in subsection 149-35(2)
- how and when the service agreement may be terminated, and
- what fees and contributions the registered provider will charge the individual for each of the funded aged care services the provider will deliver to the individual.

For residential care services, the following additional information must be included:

- what fees or contributions the provider will charge the individual
- a statement that the provider may only ask the individual to leave the approved residential care home in the circumstances specified in subsection 149-60(1)
- a statement about what assistance the provider will provide to the individual to obtain suitable alternative accommodation if the individual is asked to leave the approved residential care home, and
- how and when the service agreement may be terminated.

Transitional arrangements are also in place from 1 November 2025, giving providers 6 months to get service agreements in place for people already in their care, and allowing existing service agreements to remain in place until the next regular review.

To assist providers meet their obligations, a draft service agreement template is available at Appendix A.

Care and services plans

Consistent with section 148-80 of the Rules, providers must develop a care and services plan for each individual within 28 days of commencing the delivery of services.

Providers must ensure the plan is reviewed at least once every 12 months.

Transitional arrangements are also in place from 1 November 2025, giving providers 6 months to get care and services plans in place for people already in their care, and allowing existing plans to remain in place until the next regular review.

Note: Attachment A to this manual is a MPSP Service Agreement template that may assist providers.

A*ccommodation agreements*

Any person receiving residential care services will need an accommodation agreement in place before they access residential care. Section 292, 293 and 294 of the Act outlines what must be included in an accommodation agreement for all providers, this includes all MPSP providers.

A comprehensive guide to what must be included and what information must be provided to the older person for mainstream residential care is on the department's website.

In addition to these requirements, an MPSP accommodation agreement must also include information about the providers financial hardship policy (section 288-20 of the rules).

Section 288-5 also outlines certain requirements that don't apply to MPSP accommodation agreements. That is, there is no requirement to include information in the agreement about matters that don't apply in an MPSP context (e.g. daily means tested amounts, fee reduction supplements and accommodation contributions).

8.5 Required standard care provider reporting

Quarterly reporting

Providers delivering services under the MPSP are required to complete the aged care Quarterly Financial Report (QFR) in the approved report form (see section 166-340 of the Rules).

In practice, this is done electronically through GPMS. Providers delivering services under a specialist aged care program, such as the MPSP, will be prompted to use a different approved form to complete the QFR and are only required to complete a small component related to food and nutrition.

This involves providing information on how much they spend on food and nutrition including:

- oral nutrition supplements
- oral health living costs
- allied health costs and hours
- the food preparation model, including catering type and location
- food catering costs, including whether food and ingredients are classified as 'fresh'
- food preparation hours.

The QFR is due to the System Governor within 35 days after the end of each quarter (or 45 days after the end of the quarter ending 31 December). Further information on the QFR can be found here.

Annual reporting

The Aged Care Financial Report (ACFR) allows the government to collect financial information about providers. Providers that only deliver services through the MPSP do not need to include a financial support statement or the General Purpose Financial Report (see section 166-310 of the Rules). However, they will need to complete the Annual Prudential Compliance Statement (APCS) within the ACFR.

Providers delivering services through the MPSP are required to complete the APCS but this only requires them to complete a single declaration, unless they accept Refundable Accommodation Deposits (RADs) during the reporting period. If the MPS collects RADs, it will also need to complete the relevant sections within the ACFR. If at any time through the year the provider refunded a RAD balance or entry contribution balance, they will be required to report the total value of the refundable accommodation payment balances and or entry contributions balances that were refunded.

Registered providers will be notified when the ACFR for the reporting period is available for online completion. Reports must then be uploaded through the Forms Administration portal using a myID login. More information is available here.

8.6 MPSP specific reports

As outlined in section 8.3 of this manual, registered providers need to comply with various reporting requirements.

Additional information is provided below on the reports that apply only under the MPSP. These reporting requirements are also outlined in Part 2 of Chapter 5 (sections 166-725, 166-730 and 166-735).

Registered providers delivering services under the MPSP must submit these reports each year in an approved form by the dates specified below each year. They must include the required information for the relevant financial year for each approved residential care home of the registered provider which delivers services under the MPSP.

The data collected through these reports is used to inform policy development on the MPSP and the delivery of aged care series in rural and remote Australia. It is also used to measure current and future demand for services under the MPSP, with data provided to other areas within the department to calculate occupancy rates and publish other data sets as part of the Report on the Operation of the *Aged Care Act 1997* (ROACA) and the MPS Factsheet.

Note:

- The reports listed below must be submitted through the Qualtrics platform, with one report to be completed for each MPS. This ensures that data is directly uploaded to the department and all mandatory data is provided.
- The reports must be accompanied by a declaration signed by the person who completed the report and who has been authorised to do so by the registered provider.
- A link to Qualtrics is distributed to nominated users by email on the day the reporting cycle commences.
- The responses entered will be saved for a period of 90 days. If the relevant report is not submitted within this timeframe, their answers will be automatically deleted.
- For assistance or enquiries completing the below reports, or if adjustments are required to the responses after the report has been submitted email: mpsagedcare@health.gov.au.

Annual Activity Report

Registered providers must submit an annual activity report by 31 July (or date otherwise agreed with the System Governor) which includes the following information:

- the number of individuals who have accessed funded aged care services in, or from, the approved residential care home
- the number of individuals who commenced accessing funded aged care services without an access approval and were later approved through the alternative entry pathway under subsection 71(2) of the Act
- the number of individuals waiting to access such funded aged care services
- any fees or contributions charged to individuals who accessed funded aged care services delivered in, or from, an approved residential care home
- the service types of aged care services delivered
- the activities undertaken by the residential care home to prevent and manage disease outbreaks.

Registered providers must submit this statement by 31 October each year (or date otherwise agreed with the System Governor) which includes the following information:

- the amount of subsidy received under Division 5 of Part 2 of Chapter 4 of the Act to deliver funded aged care services at each approved residential care home;
- individual fees or contributions paid to the provider under Part 3 of Chapter 4 of the Act by individuals accessing funded aged care services at each approved residential care home;
- the amount of expenditure on:
    - salaries or wages of aged care workers and responsible persons
    - any labour costs in addition to salaries in wages such as such as superannuation benefits, leave loadings, payroll tax, workers compensation and other liability insurance, cost of subsidised services to employees and training costs
    - non-salary related other expenditure
    - capital expenditure
    - Disease Outbreak Management activities

Service demographics report

Registered providers must submit this report by 31 July (or at date otherwise agreed with the System Governor) which includes a list of individuals who accessed aged care services at each MPS for the financial year, together with the following data for **each** individual:

- the service types, including the services where specified in the individual's access approval, delivered;

- classification type for the service group for the individual;
- where requested in the report form, specified demographic information including
    - the name of the individual;
    - the gender of the individual; and
    - the date of birth of the individual; and
    - whether the individual is an Aboriginal or Torres Strait Islander Person; and
    - whether the individual has been diagnosed with dementia or has suspected dementia symptoms;
- whether the individual had an access approval when they commenced services;
- date when the individual commenced services;
- date when the individual ceased services;
- reason for ceasing any services.

8.7 Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) aims to reduce abuse and neglect among people receiving aged care. Like all registered providers, providers delivering services under the MPSP must manage and report incidents involving a person's care to the Commission. This includes reporting incidents that fall within one of the eight reportable incident types, and occurs or is alleged/suspected of occurring to a person accessing aged care.

Reportable incidents need to be notified to the Commission through My Aged Care's provider portal, with reporting timeframes dependent on the priority level of the incident.

Note:

The SIRS decision support tool helps providers identify an incident's priority level and decide if it needs to be reported.

The My Aged Care User Guide is designed to inform 'administrators', 'team leaders' and 'staff members' about how to access and use the portal.

If a provider has a SIRS enquiry, they can email the ACQSC at sirs@agedcarequality.gov.au.

8.8 Change in circumstances

Like all registered providers, providers delivering services under the MPSP must notify the Aged Care Quality and Safety Commission of specified changes in circumstances – for example, changes impacting the suitability of a responsible person or the provider, or of the scale of their operations. The department may also need to be notified in some circumstances (section 167 of the Act).

The notification requirements are outlined in Chapter 5, Part 3 of the Rules. Some of the notification requirements only apply to non-government providers, for example the notification of changes to governance arrangements, financial and prudential matters, and liquidity issues. Additional notification requirements apply for the responsible persons of registered providers. Detailed information about these requirements is available on the Commission's website.

8.9 Responsible persons

The Act creates additional obligations for the responsible persons of a registered provider. Responsible persons are defined under section 12 of the Act. For government providers, the definition of responsible person is limited to person(s) responsible for the overall management of nursing services and day to day operations at an approved residential care home (section 12(1)(c)). For non-government providers in includes members of governing bodies. Detailed information about these requirements is available on the Commission's website.

8.10 Statutory duties

The Act includes specific statutory duties on providers and some responsible persons.

Under section 179 of the Act, a provider must ensure so far as is reasonably practicable, that their conduct does not cause adverse effects to the health and safety of individuals to whom they are providing services. Civil penalties may apply where a provider's conduct amounts to a serious failure to comply with this duty.

Subsection 179(2) outlines that 'reasonably practicable', in relation to a duty imposed under this Part, means that which is, or was at a particular time, reasonably able to be done, taking into account and weighing up all relevant matters including:

- the likelihood of the adverse effect concerned occurring; and
- the likely degree of harm from the adverse effect; and
- what the person concerned knows, or ought reasonably to know, about ways of preventing the adverse effect; and
- the availability and suitability of ways to prevent the adverse effect; and
- the rights of individuals under the Statement of Rights.

Civil penalties may apply where a provider's conduct amounts to a serious failure to comply with this duty.

Under section 180 certain responsible persons also have a duty to exercise due diligence to ensure their provider complies with the above duty. In the context of the MPSP, this will only be relevant to responsible persons of non-government providers.

9 Regulation of providers who deliver services under the MPSP

9.1 Overview

This section outlines the role of the department and relevant regulators in regulating how providers deliver services under the MPSP. If registered providers fail to meet their obligations under the Act or Rules, regulatory action may be taken and penalties can be imposed. The department may also take action if providers fail to comply with their MPSP agreement.

9.2 The Australian Commission on Safety and Quality in Health Care (ACSQHC)

Under the *National Health Reform Act 2011*, the ACSQHC is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the safety and quality standards including the National Safety and Quality Health Service (NSQHS) Standards and the Integrated Health and Aged Care Services (IHACS) Module (previously known as the MPS aged care module).

Accrediting agencies, approved by the ACSQHC, assess health service organisations against the specified standards. The ACSQHC also develops and maintains the relevant standards, undertakes liaison on opportunities to improve the standards and the accreditation system, and reports to health Ministers annually on safety and quality.

As a result, the ACSQHC supports streamlined accredited arrangements for integrated health and aged care providers that deliver services under the MPSP, by facilitating their assessment against the Integrated Health and Aged Care Services Module as well as the NSQHS (avoiding the need for them to be audited twice under two separate regulatory schemes every three years). This is referred to as a health service standards assessment under the Rules (see section 109-10). This is only an option for providers that meet all the requirements in the rules.

In all other situations, the regulation of a MPS for their delivery of aged care services is the responsibility of the Aged Care Quality and Safety Commission (ACQSC) - see section 9.3 of the manual below.

To ensure quality and safety risks are managed effectively across the regulators, the ACSQHC will therefore inform the ACQSC if:

- a significant risk to the health and safety of people accessing aged care at an MPS is identified at the time of an AHSSQA assessment
- a service provider is accredited but only after significant initial compliance issues are identified and a further re-assessment, or
- a service provider delivering funded aged care services fails to be accredited.

For more information, see: Australian Commission on Safety and Quality in Health Care.

9.3 The Aged Care Quality and Safety Commission (ACQSC)

The ACQSC is the national regulator of aged care services and protects the health, safety and wellbeing of older people. As a result, it is responsible for the regulation of aged care services delivered by registered providers including those delivering services under the MPSP.

The functions of the ACQSC are outlined in the Act and include safeguarding functions, engagement and education functions, and registration of providers functions. The Commissioner may also make

the Financial and Prudential Standards. Complaints functions are also managed by the Complaints Commissioner.

As a result, the ACQSC is responsible for:

- registration and re-registration of providers to delivering aged care services under the MPSP
- resolving complaints about aged care services delivered under the MPSP
- monitoring providers' conformance with the Aged Care Quality Standards and compliance with other obligations
- regulating aged care workers under the Aged Care Code of Conduct, and
- undertaking compliance and enforcement actions, including the imposition of penalties where appropriate (see section 9.5 of the manual below).

For more information, see the ACQSC's Regulatory Strategy and Compliance and Enforcement Policy.

9.4 The Department of Health, Disability and Ageing

Providers delivering services under the MPSP must have entered into an agreement with the Commonwealth under section 247 of the Act. This agreement must be signed by the System Governor (Secretary of the department), or their delegate.

The department is also responsible for managing each MPSP agreement on behalf of the Commonwealth, which includes ensuring that providers are aware of any obligations under the agreement in addition to those already outlined in legislation. These provider obligations include, for example:

- delivering services diligently, efficiently, effectively and to a high standard
- delivering aged care services through the MPS to individuals in a manner consistent with the individual's needs and access approval
- providing the health service(s) specified within the Schedule(s) to the agreement
- providing at its own cost, all facilities, equipment and sufficient resources to perform the services specified in, and meet the requirements of, the agreement
- not spending aged care funding on services to an individual if that person accesses the same aged care services paid from another source
- ensuring any subcontractor (associated provider) has the necessary and relevant expertise and insurances to perform the work for which they are engaged
- ensuring the state is advised where complaints have been made by an individual about the aged care or health services being delivered
- complying with any additional reporting requirements (for example, 24/7 registered nursing reporting requirements during the trial)
- notifying the department of the state's funding contribution
- taking all reasonable steps to ensure its personnel comply with the agreement and don't take actions that would put them in breach of the agreement and
- co-operating with all reasonable requests from the department and/or the state.

The department also has overall responsibility for the management of the MPSP and reforming the program where required (see section 10 of this manual).

10 Reform of the MPSP

10.1 Outline

This section describes why reforms to the MPSP are being implemented and provides information about the different reforms that will be rolled out between now and 2028. The department will continue to work with the states and territories to encourage innovation and delivery of care through the MPSP consistent with the objectives of the Act, through existing consultation arrangements (see section 10.3 of the manual).

10.2 Reforming the MPSP

To ensure that the MPSP continues to meet the needs of older people into the future, reforms are underway to ensure that it:

- is future focussed and continues to improve access to services in rural and remote areas
- supports equity of access, improved assessment of need and better data capture as recommended by the Royal Commission
- encourages providers to improve their services and deliver high quality care in a home-like, accessible and dementia-friendly environment where possible
- supports continued flexible funding arrangements critical to thin market service delivery viability
- ensures delivery of quality and safe care, consistent with the Statement of Rights, and
- remains appropriately funded and supported by state or territory governments.

These reforms will also address Recommendation 55 of the Royal Commission into Aged Care Quality and Safety. This called for the MPSP to be maintained and extended, and provided specific recommendations about:

- the establishment of new MPS sites
- ensuring that people accessing services under the MPSP are:
  a) subject to the same eligibility and needs assessments as people accessing aged care services under mainstream aged care programs (implemented on 1 November 2025)
  b) required to make contributions to the cost of their care and accommodation on the same basis as under mainstream aged care programs (reforms in progress)
- permitting MPSP providers to access all aged care funding programs on the same basis as other providers (implemented and ongoing)
- developing a new funding model for the MPSP (reforms in progress - see section 11.4 of the manual below), and
- establishing cost-shared capital grant funding for MPSP providers (implemented via the Aged Care Capital Assistance Program – see: Aged Care Capital Assistance Program for more information).

Other reforms are also underway to address other recommendations of the Royal Commission (see sections 10.5 and 10.6 of this manual below). For further information see our MPS Reforms webpage.

10.3 Engagement with jurisdictions and providers

All reforms to the MPSP are being progressed in consultation with relevant state or territory governments, and providers who deliver services under the MPSP. This includes through regular MPSP Working Group meetings with state or territory representatives, and MPSP reform webinars for providers. These mechanisms may also be used to inform the ongoing development and updating of this manual.

The MPSP Working Group was established under the direction of the Intergovernmental Health and Aged Care Senior Officials Group (SOG). The department is responsible for the secretariat, which can be contacted at MPSAgedCare@health.gov.au.

10.4 Funding reform

A review of the MPSP funding model is underway. This review will be informed by specialist advice from the Independent Health and Aged Care Pricing Authority (IHACPA).

10.5 24/7 registered nursing (RN) responsibility

In response to Recommendation 86 of the Royal Commission into Aged Care Quality and Safety, the Australian Government identified that staffing levels are vital to the quality of residential care and implemented 24/7 RN arrangements in mainstream residential aged care facilities as of 1 July 2023.

Since 1 July 2023, providers of mainstream residential aged care have been required to have at least one RN on-site and on duty at each residential care home they operate 24 hours a day, 7 days a week. This requirement, known as the '24/7 RN responsibility' aims to provide individuals with better access to clinical care in facilities and improve individual safety (see section 175 of the Act).

These 24/7 RN arrangements were introduced to MPS on a trial basis from 1 July 2024, with all MPS participating in the trial from 1 March 2025. This trial has been extended until 30 June 2026.

Formal implementation of these arrangements is targeted for 1 July 2026 subject to trial progress and outcomes, with reporting planned to commence from 1 October 2026.

During the trial period, providers must submit a monthly report in respect of each of their residential care homes in relation to the 24/7 RN responsibility via a manual excel template were requested by the department. This includes providing the following information:

- whether or not an RN was on-site and on duty at all times
- every period of 30 minutes or more on a day that there was not at least one RN on site and on duty at the MPS and the reason for this for each such period
- alternative arrangements that were made to ensure the clinical care needs of individuals at the residential care home were met while an RN was not on-site and on duty (or that alternative arrangements were not made) for each such period.

Note:

- Until 24/7 reporting for the MPSP is available through GPMS, completed excel reports must be submitted to mpsreforms@health.gov.au within 7 days of the end of the relevant reporting period.
- It is up to the provider as to whether they choose to complete the report in 'real time' or at the end of the reporting month. The provider can add entries at any time during the month. However, the provider should not submit the report until after the end of the reporting month.
- If the Provider has any overdue reports, they should submit them prior to the submission of the current report.
- For further information please visit our MPS Reforms webpage.

10.6 Direct Care Targets

In 2021, the Royal Commission into Aged Care Quality and Safety recommended that every aged care home should have a minimum care minutes responsibility based on the needs of their residents.

In response, the Government introduced mandatory amounts of direct care minutes in residential aged care from 1 October 2023, with the aim of ensuring residential aged care homes are funded to provide residents with an appropriate standard of skilled care.

- Care minutes refers to the minimum direct care time provided to residents by approved residential aged care services through RNs, enrolled nurses (ENs), and personal care workers and assistants in nursing (PCW/AINs).
- Time spent providing direct clinical care and personal care activities can be counted towards care minutes.
- These requirements are outlined in section 176 of the Act and the Rules.

The requirements do not currently apply to the MPSP. However, a trial of direct care targets in the MPSP is currently underway. It will consist of multiple phases:

- Phase 1 - identification of suitable approaches to pilot (complete)
- Phase 2 – pilot of selected approaches to calculate, and measure, direct care targets (underway)
- Phase 3 – consideration of pilot outcomes and expansion of trial to all MPS sites in 2026
- Phase 4 – formal implementation under legislation (on a date to be agreed with states and territories no earlier than in 2027).

11 Acronyms

Acronyms	Description
ACQSC	Aged Care Quality and Safety Commission
ACAT	Aged Care Assessment Team
ACCAP	Aged Care Capital Assistance Program
ACFR	Aged Care Financial Report
ACQSC	Aged Care Quality and Safety Commission
ACQSHC	Australian Commission on Safety and Quality in Health Care
ACSO	Aged Care Specialist Officer
ACQS	Aged Care Quality Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACWSA	Aged Care Wage Supplement Amount
AHSSQA	Australian Health Service Safety and Quality Accreditation Scheme
AIN	Assistants In Nursing
ALIS	Aged Care Learning Information Solution
AN-ACC	Australian National Aged Care Classification
APCS	Annual Prudential Compliance Statement
ASGS	Australian Statistical Geography Standard
BDF	Basic Daily Fee
BDFSA	Basic Daily Fee Supplement Amount
CAT	Consequential and Transitional Provisions Act
DAP	Daily Accommodation Payment
DCSA	Direct Care Supplement Amount
DVEA	Dementia and Cognition Supplement and Veterans' Supplement Equivalent Amount
EN	Enrolled Nurse
GPMS	Government Provider Management System
GPS	Grants Payment System
HCAA	Home or Community Additional Amount
HCPA	Home or Community Place Amount
IAT	Integrated Assessment Tool
IHACPA	Independent Health and Aged Care Pricing Authority
IHACS	Integrated Health and Aged Care Services Module
MM	Modified Monash (MM) category

Acronyms	Description
MMM	Modified Monash Model
MPS	Multi-Purpose Service
MPSP	Multi-Purpose Service Program
NDIS	National Disability Insurance Scheme
NSQHS	National Safety and Quality Health Service (NSQHS) Standards
OPAN	Older Persons Advocacy Network
PCW	Personal Care Worker
QFR	Quarterly Financial Report
RACH	Residential Aged Care Home
RAD(s)	Refundable Accommodation Deposit(s)
RCPA	Residential Care Place Amount
RN	Registered Nurse
ROACA	Report on the Operation of the Aged Care Act
RSEA	Respite Supplement Equivalent Amount
SIRS	Serious Incident Response Scheme
SOG	Inter-Governmental Health and Aged Care Senior Officials Group
STO	State and Territory Office/s (Department Engagement Network/s)
VEA	Veterans' Supplement Equivalent Amount.

Attachment A Multi-Purpose Service Program (MPSP) - Service Agreement – Template

Overview

Under the *Aged Care Act 2024* (the Act) and the Aged Care Rules 2025, it is a condition of registration that a registered provider delivering services under the MPSP must have an agreement with each individual accessing funded aged care services (a ***service agreement***). This agreement must comply with any applicable requirements prescribed by the Rules. This is outlined in paragraph 148(c) of the Act.

The MPSP Service Agreement template (the Template) below can be used by providers to enter new service agreements. It is not mandatory to use the template and providers may develop their own service agreements in accordance with the requirements of the legislation.

Providers are free to include contextual information in service agreements that goes above the minimum requirements in the Template. They are encouraged to do so where it will assist individuals to understand the funded aged care services you will deliver to them and how you will deliver them.

Important:

- This Template also includes a checklist of information registered providers are required to give to an individual accessing aged care services under section 155 of the Act, where that information should be provided before, or when, you start delivering services to an individual, or soon after. It does not cover all requirements on providers under this section. **Note:** This information may also be required to be given to a supporter of an individual (see section 29 of the Act).
- Where required under section 293 and/or paragraph 147(e) of the Act respectively, providers will also need to prepare an *accommodation agreement* and/or a *care and services plan* for a person to whom they are delivering services. This Template, as drafted does not cover these provider obligations. Providers should create these documents separately where required, or combine with this document where considered appropriate.
- If an older person seeks to access your service for the first time **after 1 November 2025** and refuses to sign a service agreement, you are not required to provide services to them.
- If an older person starts accessing your service **before 1 November 2025** and they refuse to sign this agreement, you cannot pause service provision without first complying with security of tenure requirements under section 149 of the Act.

DISCLAIMER:

The template and the attached information sheet is not a substitute for legal advice. The Commonwealth of Australia as represented by the Department of Health, Disability and Ageing (the Department) is not providing any legal advice to your organisation when making the Template available to your organisation. Before any action or decision is taken by your organisation to use this Template, your organisation should obtain, and rely on, appropriate independent legal advice to understand the legal rights and obligations your organisation will have and whether the Template is suitable for use by your organisation.

Use of the Template is entirely at your own risk. The Template is provided to your organisation as a free resource and is general in nature. It does not take into account your particular circumstances or specific legal requirements. To the maximum extent permitted by law, the Department excludes all liability and accepts no responsibility for any damage or loss arising directly or indirectly from your organisation’s use of the Template.

Multi-Purpose Service Program (MPSP) - Service Agreement

This service agreement has been developed and negotiated in partnership with yourself and, if requested, your supporter, family member, carer, advocate or other significant person. We will help you to understand all terms of this service agreement and ensure it is written in plain language that is readily understandable.

<table>
<tr><td colspan="3">Your details</td></tr>
<tr><td>Name</td><td colspan="2"></td></tr>
<tr><td>Address</td><td colspan="2"></td></tr>
<tr><td>Phone</td><td colspan="2"></td></tr>
<tr><td>Email</td><td colspan="2"></td></tr>
<tr><td>Date of birth</td><td colspan="2"></td></tr>
<tr><td colspan="3">Our details</td></tr>
<tr><td>Registered provider</td><td colspan="2"></td></tr>
<tr><td>Approved residential care home at, or through, which services will be delivered</td><td colspan="2"></td></tr>
<tr><td>Address</td><td colspan="2"></td></tr>
<tr><td>Phone</td><td colspan="2"></td></tr>
<tr><td>Email</td><td colspan="2"></td></tr>
<tr><td colspan="3">Empowering you to be involved in decisions about your care</td></tr>
<tr><td colspan="3">The steps your registered provider agrees to take to involve you, and if you request it, your supporter, a family member or carer, in the decisions about how, when and by whom funded aged care services are delivered to you:
[Please outline agreed steps].</td></tr>
<tr><td colspan="3">Services to be delivered (circle relevant categories)</td></tr>
<tr><td>Access Approval</td><td>Date access approval received: xx/xx/202x
☐ copy of access approval attached</td><td>Please tick the box
☐ I have provided a copy of my access approval to my provider</td></tr>
<tr><td rowspan="2">Residential care</td><td>☐ Residential care - ongoing (i.e. permanent)</td><td rowspan="7">Please tick the box
☐ I have read and agreed to the information captured under ‘Services to be delivered’</td></tr>
<tr><td>☐ Residential care - short term (i.e. respite care)</td></tr>
<tr><td rowspan="5">Services in the home or community</td><td>☐ Home support ongoing</td></tr>
<tr><td>☐ Home support – short term (Restorative Care)</td></tr>
<tr><td>☐ Home support – short term (Palliative Care)</td></tr>
<tr><td>☐ Assistive technology</td></tr>
<tr><td>☐ Home modifications</td></tr>
</table>

	Please provide below, or attach a separate document, outlining details of service types and/or services to be delivered in the home or community noting these must be consistent with the access approval of the individual. [insert details of services/service types or indicate attachment provided]	
When services will start and end		
Start date		
End date (if applicable)		
What you must pay – specialist aged care program fees (insert any fees where applicable)		
Prices	☐ no fees charged OR Residential care Residential respite care **$ xx** Home support/assistive technology or home modifications **$ xx**	*Please tick the box if fees are charged* ☐ I have read and agreed to the information captured under 'What you must pay - Prices'
What you must pay – accommodation (insert any fees where applicable)		
Prices	☐ no fees charged OR ☐ accommodation fees are specified in a separate accommodation agreement	*If no fees are charged* ☐ I understand that the provider has elected not to charge fees me currently, and that this can change with the appropriate notice given in writing. *If accommodation fees are included in an accommodation agreement* ☐ I understand that I will need to contribute to the cost of my accommodation and that this will be outlined in my accommodation agreement. ☐ I understand that what I contribute to the cost of my accommodation may change if my circumstances change.
Process for regular price increases		
Our specialist aged care program fees may increase every year in line with changes to the basic aged care pension. Where you are required to contribute to the cost of your accommodation, the way in which we will manage any increases to those costs will be outlined in your accommodation agreement.		
By signing this agreement, you agree to pay the above contributions for funded aged care services we deliver to you.		
Cooling off period		

There is a cooling off period where you may withdraw from this agreement by notifying us verbally or in writing.
If you are entering this agreement to receive funded aged care services other than ongoing residential care, you can withdraw from this agreement anytime within 14 days of signing, as long as we have not commenced delivering services to you. Where this occurs, the service agreement will have no effect and we will refund any amount paid to us under the agreement.
If you are entering this agreement because you need ongoing residential care, you can withdraw from this agreement within 28 days after the date of signing this agreement. Where this occurs, the service agreement will have no effect and we will refund any amount paid to us under the agreement.

Reviewing your service agreement

We will review this agreement on or before [enter date] [must be not more than 12 months from date of agreement] or upon your request. When doing so, we will ensure you have the opportunity to participate in the review. We will give consideration to whether any updates need to be made and if necessary, we will vary the service agreement to ensure it is consistent with the A New Tax System (Goods and Services Tax) Act 1999.

Varying your service agreement

You can approach us to vary the agreement at any time. There may also be times when we request a variation. We will only vary the agreement if we both agree.
Any variations must comply with the Aged Care Act 2024 and A New Tax System (Goods and Services Tax) Act 1999.
We may also vary this agreement where this is necessary so that it complies with the *A New Tax System (Goods and Services Tax) Act 1999.* When this occurs we will provide you with reasonable notice in writing.

When can we ask you to leave the residential care home if you are a resident with us?

We can only ask you to leave the home and terminate this service agreement if:

- the residential care home is closing or,
- we can no longer provide you with the services that are suitable for your needs as reflected in your aged care needs assessment or
- where you are accessing care services under a specialist dementia care agreement and it is determined by a clinical advisory committee or at least 2 other independent medical or health practitioners that it is not suitable for you to continue accessing those services or,
- you no longer need the services at your MPS, as assessed by an approved needs assessor or,
- you have not paid any agreed fees within 42 days after the day when it is payable, for a reason within your control or,
- you have intentionally caused serious damage to the residential care home, or serious injury to a member of staff or to another resident, or
- you are away from the home for a period of at least 7 days other than where leave has been agreed.

If we do ask you to leave, we will ensure suitable accommodation is available for you with an alternative registered provider that meets your needs and you can afford. We will also provide you with at least 14 days notice of our decision to ask you to leave. This will include the reasons for our decision, explain your rights and include a copy of a continuity of care plan. (provider to ensure that the person agreeing understands these terms, and include any complaint/review processes for this decision)

When can we stop delivering services to you in your home or in the community ?

You can terminate this agreement if you notify us in writing (provider to include detail of process) that you:

- no longer wish to access services that we deliver, or
- are moving to a location where we do not deliver services.

We can only stop delivering services to you and terminate this agreement if:

- you can no longer be cared for with the resources available to us, or
- your condition changes to an extent that you no longer need our services or an approved needs assessor assesses your needs are more appropriately met through other types of funded aged care services, or
- you have intentionally caused serious injury to a member of staff or have intentionally infringed the ability of a member of staff to work in a safe environment, or
- you have not paid any of the fees specified above to us within 42 days after the day when it is payable, for a reason within your control and have not negotiated an alternative arrangement for payment of the fee(s),

We must provide you with written notice of our intention to cease delivery at least 14 days/28 days (provider to update based on what services are being accessed) before the date the delivery of services is to cease.

People we can contact in relation to your service agreement		
Contact person/registered supporter/guardian 1	Name	
	Address	
	Phone	
	Email	
	Relationship	
	Authority: Date authority has been enacted [enter date] What matters they can be contacted for [enter information]	
Contact person/registered supporter/guardian 2 where applicable	Name	
	Address	
	Phone	
	Email	
	Relationship	
	Authority: Date authority has been enacted [enter date] What matters they can be contacted for [enter information]	

Further information and support
You can ask for assistance from a registered supporter or an unregistered friend or family member. In addition, you can seek legal and financial advice, or seek the services of the Older Persons Advocacy Network on 1800 700 600 or by visiting www.opan.org.au.
Important information you need to understand about your care

I have been provided a copy of key documents that relate to my care and I understand what my rights are.	*Please tick the box* ☐ a copy of the Statement of Rights and information about my rights ☐ a copy of the Code of Conduct ☐ information about how I can make a complaint or provide feedback ☐ information about how my personal information will be protected ☐ information to assist me to choose the services that best meet my assessed needs and preferences within the limits of the resources available ☐ information about any 'policies or protocols' that are relevant to the individual [delete if not applicable] ☐ information about the financial hardship policy ☐ information about the process of developing a care and services plan ☐ information about how my refundable deposits will be managed and used [delete if not applicable]
This agreement has been developed in partnership with me, and I understand all parts of the agreement	
Please tick the box ☐ I agree that this service agreement has been developed following discussion and in partnership. I have had opportunity to ask questions, and I understand what I am agreeing to.	

Signing section

If you would like to access the services specified above, you agree to the best of your knowledge that the above information is accurate and agree to the conditions in this document.

You may wish to obtain independent legal or financial advice before signing. You can also seek assistance from:

a supporter, family member, carer, advocate, or other significant person, and/or

a translation service if needed.

For new participants:

Date service agreement will commence: [enter date]

Date first service will be delivered: [enter date]

Cessation date: [only if needed]

For transitioning participants:

Date service agreement will commence under this agreement: [enter date]

Date first service will be delivered under this agreement: [enter date]

Cessation date: [only if needed]

INSERT EXECUTION BLOCK here for the aged care provider

INSERT EXECUTION BLOCK here for the participant. If signed by an authorised representative, please specify their name and authority to enter into this agreement on behalf of the participant (e.g,

power of attorney/guardian or your authorised guardian), and the date the authority has been enacted.