

(MPSP) ANNUAL ACTIVITY REPORT (AAR)

Reporting period and scope

This Annual Activity Report is for the **2025-26 financial year** and must be completed at the individual MPS level, with one report submitted for each approved residential care home delivering services under the Multi-Purpose Services Program (MPSP).

Where a registered provider operated an MPS for less than a full reporting period, information must be reported from the date services commenced.

Sub-contracted services

Where home care or community care services are sub-contracted to another provider, the registered provider is responsible for liaising with the subcontracted organisation to ensure all relevant information for the MPS is accurately reported.

Legislative requirement

The completion and submission of this report is a requirement under the *Aged Care Act 2024* and *Aged Care Rules 2025*, and forms part of the registered provider's obligations under the MPSP Agreement with the Commonwealth.

Submission deadline

Registered providers **must** submit the Annual Activity Report **by 31 July** each year.

Purpose of the report

Information collected through the Annual Activity Report is used to support policy development, planning, and monitoring of the Multi-Purpose Services Program, including the delivery of aged care services in rural and remote communities.

Submission method

The Annual Activity Report must be completed and submitted in the approved form, via the Qualtrics platform, with one report completed for each MPS.

Declaration

Submission of the Annual Activity Report includes a declaration that the information provided is **true, complete and accurate**, and that the person submitting the report is **authorised by the registered provider** to do so.

Amendments after submission

If changes are required after submission, registered providers should contact mpsagedcare@health.gov.au to discuss amendment options.

These reports are **approved forms** for the purposes of the *Aged Care Rules 2025* and must include all required information for the relevant financial year.

PART A – Registered Provider Details

For the reporting period, 1 July 2025 to 30 June 2026.

Please confirm the details of your service below:

State	<input type="text"/>
Provider	<input type="text"/>
Service Name	<input type="text"/>

PART B – REFERRAL AND INTAKE

For the reporting period, 1 July 2025 to 30 June 2026.

How many individuals commenced accessing funded aged care services without an access approval and were later approved via the alternative entry pathway under section 71(2) of the *Aged Care Act 2024*?

For residents who entered the service **on or after 1 November 2025**:

Please identify the referral pathways clients utilised to access MPS aged care services:

- Integrated Assessment Tool (IAT)
- MPSP Client deemed (Transitional Provisions)
- Aged Care Assessment (ACAT) (Please include all clients who entered throughout the year).

For residents who entered the service **on or before 31 October 2025**:

- Family
- GPs
- Health Services
- Hospitals including other hospitals
- Integrated Assessment Tool (IAT)
- Regional Assessment Service (RAS)
- Self-referral
- Other - please specify

PART C – FEES AND PAYMENTS

For the reporting period, 1 July 2025 to 30 June 2026.

Did your MPS charge daily care fees for consumers receiving residential respite?

- Yes - all consumers.
- Yes - some consumers.
- No

As at 30 June 2026, how much were the average DAILY care fees charged by the MPS?

(Please complete relevant categories)

- Residential Care – Daily Fee
- Residential Respite Care – Daily Fee
- Daily fee – home or community care
- Hourly Fee – home or community care

NOTE: The specialist aged care program fee cap for an individual for a day must **not exceed** a percentage of the basic age pension amount (calculated per day):

- Residential care service group: up to 85%.
- Home support, assistive technology, or home modifications service group: up to 17.5%.

As at 30 June 2026, what is the most customary practice for charging for home or community care services?

- Hourly Fee
- Daily Fee
- Per Service

PART D – SERVICE PROVISION

For the reporting period, 1 July 2025 to 30 June 2026.

What Aged Care services did the MPS provide during the reporting period?

Service Type	Services Include:
Nursing care	Registered nurse clinical care Enrolled nurse clinical care Nursing assistant clinical care Nursing care consumables Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible participants.
Allied health and other therapeutic services	Aboriginal and Torres Strait Islander Health Practitioner assistance Aboriginal and Torres Strait Islander Health Worker assistance Allied health therapy assistant Counselling or psychotherapist Dietitian or nutritionist Exercise physiologist Music therapist Occupational therapist Physiotherapist Podiatrist Psychologist Social worker Speech pathologist
Nutrition	Nutrition supports Providers may apply for the supplementary Enteral Feeding for Aged Care Supplement through Services Australia for eligible participants.
Care management	Home support care management
Restorative care management	Home support restorative care management

Personal care	Assistance with self-care and activities of daily living Assistance with the self-administration of medication Continence management (non-clinical)
Social support and community engagement	Group social support Individual social support Accompanied activities Cultural support Digital education and support Assistance to maintain personal affairs Expenses to maintain personal affairs
Therapeutic services for independent living	Acupuncture Chiropractic Diversional therapy Remedial masseuse Art therapy Osteopathy
Respite	Cottage respite
Home or community general respite	Flexible respite Community and centre-based respite
Transport	Direct transport (driver and car provided) Indirect transport (taxi or rideshare service vouchers)
Equipment and products	Managing body functions items (non-loan) Managing body functions items (loan) Self-care items (non-loan) Self-care items (loan) Mobility items (non-loan) Mobility items (loan) Domestic life items (non-loan) Domestic life items (loan) Communication and information management items (non-loan) Communication and information management items (loan) Assistive technology prescription and clinical support
Home adjustments	Home modifications items Home modifications prescription and clinical support
Hoarding and squalor assistance	Hoarding and squalor supports
Residential accommodation	Accommodation Accommodation administration
Residential clinical care	Care and services plan oversight Allied health, rehabilitation and therapeutic exercise therapy programs Medication management Nursing Dementia and cognition management General access to medical and allied health services
Residential everyday living	Operational administration and emergency assistance Communication services Utilities Cleaning services and waste disposal Communal furnishings Bedroom and bathroom furnishings Toiletry goods Personal laundry Meals and refreshments
Residential non-clinical care	Care and services administration Personal care assistance

	Communication
	Emotional support
	Mobility and movement needs
	Continence management
	Recreational and social activities
Domestic assistance	General house cleaning
	Laundry services
	Shopping assistance
Home maintenance and repairs	Gardening
	Assistance with home maintenance and repairs
	Expenses for home maintenance and repairs

Are any of the home or community care services that you have selected, delivered by an associated provider (formerly referred to as a 'sub-contractor')?

- Yes
- No

Please provide the details of the associated provider(s).

Provider Name _____

Contract Period _____

Service(s) sub-contracted _____

An associated provider is an organisation that delivers funded aged care services on behalf of a registered provider. An associated provider may be registered under the Aged Care Act 2024, but registration is not required where services are delivered under an arrangement with a registered provider.

Add another associated provider.

PART E – SERVICE DEMAND

For the reporting period, 1 July 2025 to 30 June 2026.

Does the MPS maintain a waiting list for services for older people with an appropriate referral?

"Waiting list" in this context refers to people assessed, with a valid referral that are needing to enter the MPSP in the immediate future, but a place is not yet available – it does not include people on a waiting list for future planning or expressions of interest.

- Yes
- No

As at 30 June 2026, how many older people were waiting to access MPSP aged care services **with an appropriate referral**?

As at 30 June 2026, how many older people were waiting to access MPSP aged care services because they had been assessed as needing immediate entry, but no place was available?

- Home and Community Care
- Residential Care
- Respite Care
- The MPS did not have a waiting list for any of the services listed above.

Please indicate why people were waiting for places?

- No service vacancies
- Workforce limitations
- Client not ready for care
- Other, (please specify)

Did the MPS identify older people that needed to leave their local community to access residential care?

- Yes
- No

Please indicate the reasons below:

- Care needs could not be met by the MPS
- No Dementia specific environment
- No service vacancies available
- Workforce limitations
- Other (please specify)

What is the total number of physical residential aged care beds for MPSP clients held within the Multi-Purpose Service on 30 June 2026?

PART F – INFECTION PREVENTION AND OUTBREAK MANAGEMENT

Does the MPS have an Outbreak Management Plan?

- Yes
- No

Please provide an indication of what activities you undertake for outbreak management in your MPS.

(Please select which categories apply)

- Infection Prevention and Control (IPC)
(i.e., training, hiring or onboarding, study leave, backfilling and training non-IPC Leads)
- Client support
(i.e., additional communicating with clients, carers and families, GPs, Government)
- Preventative measures
(i.e., purchase of additional PPE, RATs, outbreak planning, cleaning/laundry, and waste management)
- Hiring additional employees and Agency labour
- Other outbreak management activities (please specify)
- No outbreak management activities

Please provide further information in relation to major challenges or difficulties in managing outbreaks for the MPS. Please outline any challenges or lessons learned.

PART G – ADDITIONAL COMMENTS

We welcome any additional comments or feedback about the MPSP you believe the program area should consider. Your insights will help shape policy development for the MPSP and improve the delivery of aged care services in rural and remote Australia. This question is voluntary.

Provide your comments, including any challenges or successes experienced during the reporting period, suggestions for service improvement, emerging needs within your community, and any other matters relevant to the MPSP.

PART H – ANNUAL STATEMENT OF FINANCIAL COMPLIANCE AND INCOME AND EXPENDITURE

Please complete the Annual Statement of Financial Compliance and Income and Expenditure spreadsheet and email to MPSagedcare@health.gov.au no later than **31 October** each reporting period.

PART I – REVIEW

Please review your responses to the Annual Activity Report before completing the declaration below. After completing the declaration, and you press the submit button, the report will be submitted, and you will not be able to edit the report through this online link. If you need to change your responses after submitting the report, please contact MPSagedcare@health.gov.au and an opportunity to edit your response will be arranged.

PART J – DECLARATION / SUBMISSION OF AAR

How many hours did your organisation take to complete the Annual Activity Report and associated files? (Please enter the time, in hours, that was spent completing the Annual Activity Report and associated files. This includes the time taken to read and understand the questions on this form, conduct research and complete the questions.)

- Time spent completing the Annual Activity Report
- Time spent completing the Annual Statement of Financial Compliance and Income and Expenditure

This part must be completed by one of the Approved Provider's personnel who is authorised by the Approved Provider to sign this statement.

I declare that the information provided in this report and associated attachment(s) is correct.

Name:

Position:

Date (dd/mm/yyyy)

E-mail

Note: *We will send a copy of your submitted responses to this email address.*

Signature:

We thank you for your time in completing this report.