

ANNUAL ACTIVITY REPORT (AAR) FOR THE MULTI-PURPOSE SERVICE PROGRAM (MPSP)

This is the approved form for the Annual Activity Report (AAR) required to be completed by providers who deliver services under the MPSP. This relates to aged care service delivery only and does not include health service delivery.

Reporting period and scope

This AAR 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 MPSP.

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

Associated Provider (Previously Sub-contracted services)

Where your MPS contracts the delivery of services in the home or community to another provider, the registered provider is responsible for liaising with the Associated provider 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*.

Submission deadline

The AAR must be submitted by **31 July** each year together with the Service Demographics Report. The Annual Statement of Financial Compliance and Income and Expenditure must be submitted by **31 October**.

Purpose of the report

Information collected through the AAR is used to support policy development, planning, and monitoring of the MPSP, including the delivery of aged care services in rural and remote communities.

Submission method

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

Declaration

Submission of the AAR 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 MPSSagedcare@health.gov.au to discuss amendment options.

PART A – Registered Provider Details

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

A.1 Please confirm the details of your MPS below:

State/Territory

Provider

MPS Name

PART B – REFERRAL AND INTAKE

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

B.1 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*?

B.2 For residents who entered the MPS 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)
- Alternative entry pathway.

B.3 For residents who entered the MPS 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.

C.1 Did your MPS charge daily care fees for consumers receiving specialist aged care program fee?

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

C.1.a 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%.

C.2 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
 Not Applicable

PART D – SERVICE PROVISION

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

D.1 What aged care services did the MPS provide during the reporting period? Select the Service Type.

Note: When submitting the data via Qualtrics, the types of services you have provided during the reporting period will be available to select on the following screen.

Service group	Service type	Services
Home or community setting		
Home support	Allied health and therapy	<ul style="list-style-type: none">• Allied health assistance• Podiatry• Social work• Speech pathology• Diet or nutrition• Aboriginal or Torres Strait Islander Health Practitioner assistance• Aboriginal or Torres Strait Islander Health Worker assistance• Physiotherapy

- Psychology
- Exercise physiology
- Occupational therapy
- Counselling or psychotherapy
- Music therapy

Care management	<ul style="list-style-type: none"> • Home support care management
Community cottage respite	<ul style="list-style-type: none"> • Cottage respite
Domestic assistance	<ul style="list-style-type: none"> • General house cleaning • Laundry services • Shopping assistance
Hoarding and squalor assistance	<ul style="list-style-type: none"> • Hoarding and squalor supports
Home maintenance and repairs	<ul style="list-style-type: none"> • Gardening • Assistance with home maintenance and repairs • Expenses for home maintenance and repairs
Home or community general respite	<ul style="list-style-type: none"> • Flexible respite • Community and centre-based respite
Meals	<ul style="list-style-type: none"> • Meal delivery • Meal preparation
Nursing care	<ul style="list-style-type: none"> • Registered nurse clinical care • Enrolled nurse clinical care • Nursing assistant clinical care • Nursing care consumables
Nutrition	<ul style="list-style-type: none"> • Nutrition supports
Personal care	<ul style="list-style-type: none"> • Assistance with self-care and activities of daily living • Assistance with self-administration of medications • Continence management (non-clinical)
Restorative care management	<ul style="list-style-type: none"> • Home support restorative care management
Social support and community engagement	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Acupuncture • Chiropractics • Diversional therapy • Remedial massage

		<ul style="list-style-type: none"> • Art therapy • Osteopathy
	Transport	<ul style="list-style-type: none"> • Direct transport (driver and car provided) • Indirect transport (taxi or rideshare service vouchers)
Assistive technology	Equipment and products	<ul style="list-style-type: none"> • Managing bodily functions items (loan) • Managing bodily functions items (non-loan) • Self-care items (loan) • Self-care items (non-loan) • Mobility items (loan) • Mobility items (non-loan) • Domestic life items (loan) • Communication and information management items (loan) • Communication and information management items (non-loan) • Assistive technology prescription and clinical support
Home modification	Home adjustments	<ul style="list-style-type: none"> • Home modification items • Home modifications prescriptions and clinical support
Approved residential care home		
Residential care	Residential accommodation	<ul style="list-style-type: none"> • Accommodation • Accommodation administration
	Residential everyday living	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Care and services administration • Personal care assistance • Communication • Emotional support • Mobility and movement needs • Continence management • Recreational and social activities
	Residential clinical care	<ul style="list-style-type: none"> • 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 services

D.2 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

D.2.a 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.

E.1 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

E.2. 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?

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

E.2.a Please indicate why people were waiting?

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

E.3 Did the MPS identify older people that needed to leave their local community to access residential care?

- Yes
- No

E.3.a 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)

E.4 What is the total number of physical residential aged care beds for MPSP clients held within the Multi-Purpose Service as at 30 June 2026?

PART F – INFECTION PREVENTION AND OUTBREAK MANAGEMENT

F.1 Does the MPS have an Outbreak Management Plan?

- Yes
- No

F.2 Please provide an indication of what activities you undertake to prevent and manage disease outbreaks in your MPS.

(Please select which categories apply)

- Infection Prevention and Control (IPC) (i.e., training, hiring or on boarding, 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

F.3 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.

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 – SERVICE DEMOGRAPHICS REPORT

H.1 Please complete the Service Demographics spreadsheet and upload via Qualtrics no later than **31 July** each reporting period (with the AAR). Alternatively, you can email to MPSagedcare@health.gov.au by 31 July each reporting period.

Part I - ANNUAL STATEMENT OF FINANCIAL COMPLIANCE AND INCOME AND EXPENDITURE

I.1 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 J – 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 K – DECLARATION / SUBMISSION OF AAR

K.1 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 Service Demographics Report (spreadsheet)
- 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.

Not for Submission