



**Australian Government**

**Department of Health, Disability and Ageing**

# **Multi-Purpose Services Program (MPSP) Annual Activity Report (AAR) User Guide**



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# 1. Purpose

This document has been created to provide basic information on accessing, navigating, and using the online version of the Multi-Purpose Services Program (MPSP) Annual Activity Report (AAR).

For the purposes of this User Guide, the *Multi-Purpose Services Program (MPSP)* refers to the Commonwealth program under which funding and reporting obligations apply, while a *Multi-Purpose Service (MPS)* refers to the individual site at which services are delivered.

## 2. Introduction

The Multi-Purpose Service Program (MPSP) delivers integrated health and aged care services to rural and remote communities that cannot support both a separate aged care home and a hospital. MPSP registered providers receive funding through a combination of aged care subsidies from the Australian Government and state or territory government funding for health services, capital works and infrastructure.

Under Chapter 5, Subdivision H of the Aged Care Rules 2025 (Sections 166-725, 166-730 and 166-735), MPSP registered providers must submit to the Commonwealth Department of Health, Disability and Ageing an AAR, and an Annual statement of financial compliance and income and expenditure. Timely completion and submission of these reports is a legislative requirement.

The department provides reporting templates each year. From the 2025-26 reporting period, the AAR must be completed online. Each MPS must submit one report, and MPS operating for less than a full reporting period must provide information from the date they commenced service delivery.

## 3. Compliance and Enforcement

Providers must ensure that all information submitted is accurate, complete and not misleading. While late submission of reports may be managed through compliance processes, knowingly providing false or misleading information may result in civil penalties under the Aged Care Act 2024.

The *Aged Care Act 2024* (the Act) provides the enforcement framework that applies where a registered provider, including a Multi-Purpose Service (MPS), fails to comply with obligations imposed under the Act or the Rules, including reporting obligations (section 557).

Failure to comply with reporting requirements may result in regulatory action under the Act's compliance and enforcement provisions.

## 4. False or Misleading Information

Under the Act, it is unlawful for a registered provider to give information that is false or misleading in a material particular, or to omit information where the omission makes the information misleading.

Specifically:

- An entity is liable to a civil penalty if it gives information in compliance or purported compliance with the Act knowing that the information is false or misleading in a material particular, including by omission (section 529).

- This provision applies to information provided under the Act or the Rules, including information required to be given to the Secretary.

In addition, an entity contravenes the Act if it knowingly provides false or misleading information or documents in, or in connection with, an application, claim or request made under the Act (section 591).

## 5. Privacy and Client Data

All use and handling of client data is undertaken in accordance with the Privacy Act 1988, including the Australian Privacy Principles, and in line with Departmental privacy governance arrangements, including relevant Privacy Impact Assessments (PIAs). This includes ensuring that personal information is accessed, used and disclosed only where authorised, and that appropriate safeguards are in place to protect the privacy and security of individuals.

Registered providers should note that they remain responsible for complying with their obligations under the Privacy Act 1988, including Australian Privacy Principle 12, in relation to any personal information they access or handle.

Client data used for reporting purposes, including the Service Demographics Report, may be drawn from information held within the My Aged Care system.

The Department intends to use client-level data held in My Aged Care to generate aggregated, non-identifiable service demographic reporting for the MPSP. This use is analytical and statistical in nature and does not involve publication of identifiable information.

## 6. Objectives of the Annual Activity Report

The AAR aims to collect a range of information on the provision of Aged and Health care services at each MPS. Information is used to help the department undertake policy development and reporting on compliance with Aged Care Quality standards and the costs for MPSP clients. Importantly the AAR is used to measure current and future demand for services and the challenges that MPSP registered providers face in service delivery. Overall, the information in the AAR is used to help the department to manage the MPSP and undertake planning for the future.

The data 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 (ROACA) and the MPSP Factsheet.

## 7. Accessing the Online Annual Activity Report

At the beginning of each reporting cycle, a secure Qualtrics link will be emailed to all registered contact persons. The AAR must be submitted through the Qualtrics online reporting platform, which is the approved form required under the Rules, (section 166-725). Each MPS is responsible for completing and submitting the report.

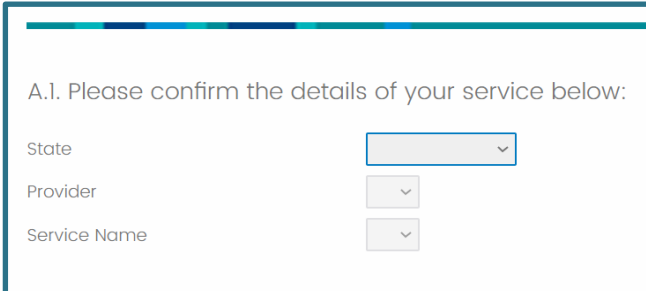
A PDF version of the report is available upon request to help users gather information and prepare their responses before completing the final submission online. This PDF is provided for reference and preparation only and cannot be used for formal submission. All completed reports must be

entered and submitted through Qualtrics to meet legislative and compliance requirements under the Act and the Rules.

Using the Qualtrics platform ensures a streamlined and consistent reporting process. The system guides users through mandatory fields, applies automated skip logic for non-relevant questions, and allows supporting documents to be uploaded directly to the department. This reduces errors and ensures that all required information is captured accurately in the approved format.

## 8. Navigating the Online Report

To progress through the system, select the [NEXT] button at the bottom of the screen. Only one report can be completed for each MPS.



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

State

Provider

Service Name

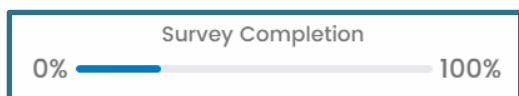
After a question has been reviewed and responded to select the [NEXT] button to proceed.

**Note:** that if a response or further information is required, a prompt will appear. The user cannot proceed until a response is provided in the correct format.

The user can return to previous screens by selecting the [BACK] button on any screen.

The user can choose to Restart the survey by selecting 'Restart Survey' button located at the top right-hand corner of the screen. A user may also bookmark their place and return later by selecting the 'Place Bookmark' button.

Report Progress - A bar appears at the top of the screen showing the progress and how much of the report has been completed which is expressed as Survey Completion.



The survey is divided into multiple sections. The questions have been numbered with the section letter prefixing the question number e.g., E4.

Only numerical characters can be entered into certain fields where numbers are required. The system cannot validate numbers, so the user needs to take great care when entering numbers into fields. Please use whole numbers or numbers with decimal points, if appropriate, do not use commas in numbers. E.g., if the number to be entered is 3,456 simply enter 3456.

Only one report can be completed per MPS.

Previously, responses entered into the system were saved for up to 90 days. Under the Act and the Rules (section 166-725), the Annual Activity Report must now be submitted no later than 31 July each year.

The Annual Activity Report has been designed to support review prior to submission. This is facilitated through the review page in Qualtrics, which includes a warning that proceeding beyond this point constitutes a declaration. This step is intended to allow all relevant parties to review the data before final submission.

Please review your responses to the Annual Activity Report before completing a declaration.

Please note: Once you have completed your review via the table of contents, you may be required to click "next" twice to progress to the declaration page.

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.

Once you proceed past the declaration stage, the data can no longer be reviewed in Qualtrics.

In such cases, we can reset the link to allow for further review.

If the user needs to change their responses after submitting the report, please contact [mpsagedcare@health.gov.au](mailto:mpsagedcare@health.gov.au) and an opportunity to edit the responses can be arranged.

## 9. Sections in the Annual Activity Report

### PART A – REGISTERED PROVIDER DETAILS

The State, Registered Provider and Service Name details are pre-populated; please check and confirm the pre-filled details before progressing. If the pre-filled details are incorrect, there is an option to enter the correct details.

### PART B – REFERRAL AND INTAKE

This section captures the sources of referrals to the MPS. You must provide the number of referrals received from My Aged Care and the number that were accepted. You must also report the number of individuals who accessed funded aged care services in, or from, the approved residential care home, as well as the number of individuals who began 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.

These figures must reflect the **actual number of referrals**, not the percentage of clients, as this information is used to identify referral pathways.

### PART C – FEES AND PAYMENTS

This section captures the daily fees charged to MPS clients. This includes the daily fees for Residential Care and Respite Care, as well as the daily or hourly fees for home or community Care services. You must also report any fees or contributions charged to clients who accessed Commonwealth funded aged care services delivered in, or from, an approved residential care home.

A registered provider delivering services under the MPSP may charge older people a specialist aged care program fee (Rules, section 286-10).

The Rules provide that the fee **can be NO 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 registered provider has a financial hardship policy. This policy must be considered when charging any specialist aged care program fee.

## PART D – SERVICE PROVISION

The Service Provision section collects information on the aged care services delivered by the MPS during the reporting period.

An MPS is the location where, or from which, aged care services are delivered under the Multi-Purpose Service Program (MPSP). While MPSs also deliver health services as part of their broader service model, this section of the report relates only to aged care services delivered under the MPSP and does not seek information on health service delivery.

### Current Services

The first question in this section asks providers to identify the aged care services delivered during the reporting period. A list of service types is provided, covering both residential and home or community-based aged care services. Providers should select **all services** that were delivered as part of the MPSP.

### Home or Community Care Services

If the registered provider delivers MPSP funded home or community care services, these must be selected from the list.

The information collected relates only to aged care services funded under the MPSP (including services delivered through residential or home care funding streams) and does not include services delivered under other funding arrangements.

### Home or Community Care Sub-Contracting

If any home or community care services are delivered by an associated provider, details of each associated provider must be provided. Multiple associated providers can be recorded where applicable.

## PART E – SERVICE DEMAND

The Service Demand section collects information about waiting lists and service capacity. You **must** report the number of older people on a waiting list with an appropriate referral code to enter the facility or access home or community care services, along with the reasons why they are waiting. If there were no older people on a waiting list, select the option indicating this.

In this context, a “waiting list” refers to older people assessed as needing to access MPSP aged care services in the immediate future, but for whom a place is not yet available. It does not include the people on a waiting list for future planning or expressions of interest.

You will also be asked to report:

- The number of older people who had to leave the local community to access residential care, and the reasons why they were required to leave.

- The total number of physical residential aged care beds for MPS clients, if the number of beds changed during the year, record the number available at the end of the reporting period.

## **PART F – INFECTION PREVENTION AND OUTBREAK MANAGEMENT**

This section collects information about the registered providers preparedness and response to outbreaks. You must indicate if there is an Outbreak Management Plan in place. If a plan exists, you are required to provide details of the activities undertaken for outbreak management at each.

These activities may include infection prevention and control measures (such as staff training, onboarding, study leave, or backfilling), client support activities (including communication with clients, carers, families, GPs and government), and preventative measures (such as purchasing PPE, RATs, outbreak planning, cleaning, laundry and waste management). You can also report on hiring additional employees or agency labour, other outbreak management activities, or confirm if no outbreak management activities were undertaken.

Additionally, you are asked to provide further information about any major challenges or difficulties experienced in managing outbreaks within the MPS. This helps the department to identify areas for improvement and support needs across MPSP services.

## **PART G – ADDITIONAL COMMENTS**

This section provides an opportunity for services to share feedback that can help improve the MPSP and reduce administrative burden. Your comments assist in shaping policy development, improving aged care service delivery in rural and remote areas, and assessing current and future demand for services.

You may wish to comment on:

- Challenges or successes experienced during the reporting period
- Suggestions for service improvement
- Emerging needs in your community
- Any other matters relevant to the MPSP

Additionally, this section asks for the time your organisation spent completing the Annual Activity Report and associated files. Please enter the number of hours taken to:

- Complete the Annual Activity Report
- Complete the Annual Statement of Financial Compliance and Income and Expenditure

This includes time spent reading and understanding the questions, conducting research, and completing the required information. Your input is valuable and helps improve reporting processes.

## **PART H – ANNUAL STATEMENT OF FINANCIAL COMPLIANCE AND INCOME AND EXPENDITURE (Section 166-730)**

The Annual Statement of Financial Compliance and Income and Expenditure is sent to registered providers with the Commonwealth Contribution for the financial year already pre-filled. For further details, please refer to section 'Attachment C' below, which outlines the information required and the format for completing the statement.

The Statement must be provided in the required editable file format (Excel), as approved by the department. Submissions provided in PDF format do not meet reporting requirements and will not be accepted.

A physical or scanned signature is not required. Submission of the completed Statement constitutes the registered provider's signature and declaration, confirming acceptance of all declarations and compliance statements contained in the Statement.

Providing false or misleading information may expose a provider to civil penalties under the *Aged Care Act 2024* and, in serious cases, criminal liability under the Criminal Code (Cth) (Act, section 591).

The completed form can be uploaded into the online Annual Activity report if completed early or emailed separately to: [mpsagedcare@health.gov.au](mailto:mpsagedcare@health.gov.au) by 31 October annually.

## 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](mailto:MPSagedcare@health.gov.au) and an opportunity to edit your response will be arranged.

## PART J – DECLARATION

The declaration is to be signed by the delegate who completes the Annual Activity Report and who has been authorised by the registered provider to sign the form. To sign the form, use the mouse to draw the user signature on the screen. After completing the declaration, click next and the report will be submitted.

When the declaration has been completed, the Report will close. Please ensure the answers provided are complete and accurate before completing the final declaration.

If the registered provider needs to change their responses after submitting the report, please contact the MPSP Aged Care team via the following email address: [mpsagedcare@health.gov.au](mailto:mpsagedcare@health.gov.au) and an opportunity to edit the responses can be arranged.

**Note:** You will receive an email confirming submission of the survey. If this is not received, you can request a pdf version of your submission by emailing [mpsagedcare@health.gov.au](mailto:mpsagedcare@health.gov.au).

### Repeating the Annual Activity Report for another MPS

Each MPS is setup with its own unique weblink. After completing the report for one MPS, the registered provider will need to use the unique weblink for the other MPS for which they need to complete the MPSP Annual Report.

## 10. Contacts

For assistance or enquiries completing the report email, or if adjustments are required to the responses after the report has been submitted email: [mpsagedcare@health.gov.au](mailto:mpsagedcare@health.gov.au).

# 11. Attachment

## Attachment C: Annual Statement of Financial Compliance and Income and Expenditure template

To complete this form, you will need to provide detailed financial information for your MPS for the reporting period. The form is divided into two main parts:

### Part A – Annual Statement of Financial Compliance and Income and Expenditure

In Part A, providers must report both projected (budget) and actual revenue and expenditure for the relevant financial year. Information entered in this section must accurately reflect the financial position and operations of the Multi-Purpose Service (MPS) for the reporting period.

All sources of revenue must be included. This includes State Government funding, Commonwealth funding provided for the Multi-Purpose Services Program (MPSP) aged care services and Outbreak Management Support, funding received under other Commonwealth programs such as the Commonwealth Home Support Programme (CHSP) and Support at Home, fees and contributions received from MPSP clients for residential and home or community-based services, Daily Accommodation Payments, and any other revenue such as donations or investment income.

All expenditure incurred during the financial year must also be reported. This includes salaries and wages for aged care workers and responsible persons, together with associated labour-related costs such as superannuation, leave loadings, payroll tax, workers' compensation, insurance, subsidised services and training. Providers must also include non-salary related expenditure, capital expenditure (for example, capital works and information technology costs), and expenditure related to outbreak management activities, including personal protective equipment (PPE), rapid antigen tests (RATs) and workforce costs.

Providers are required to calculate the surplus or deficit by subtracting total expenditure from total revenue for the financial year. Where there is a variance of greater than 5 per cent between total expenditure for the current year and the previous year, an explanation of the variance must be provided.

### Part B – Certification

Part B must be completed and signed by an authorised person of the registered provider. By signing this section, the authorised person certifies that the information provided is correct, that all terms and conditions of the Multi-Purpose Services Program Agreement have been met, and that MPSP funding has been used for the delivery of aged care services in accordance with the Aged Care Act 2024 (Chapter 4, Part 2, Division 5). The authorised person also acknowledges that providing false or misleading information is an offence under the [Criminal Code Act 1995](#).

### Tips for Completion:

Providers should ensure that all figures reported are accurate and consistent with supporting documentation. Refundable Accommodation Deposits (RADs) **must not be included** in revenue or expenditure, as RAD information is reported separately as part of the Aged Care Financial Report (ACFR). Providers are not required to duplicate information that is submitted through other Commonwealth reporting mechanisms.

The Annual Statement of Financial Compliance and Income and Expenditure must be provided in the required editable file format, as approved by the department. Submissions provided in PDF format **do not meet reporting requirements and will not be accepted.**

A physical or scanned signature is not required. Submission of the completed Statement constitutes the registered provider's signature and declaration, confirming acceptance of all declarations and compliance statements contained in this document.

Providers should use the definitions and instructions provided in the template when completing each category.

## 12. Document Versions, Approvals

<b>Trim Number</b>	D26-2263094
<b>Owner</b>	Kate Harkins Director, MPSP Payments and Reporting Team
<b>Date issued</b>	January 2026
<b>Version no.</b>	2.3

### Revision History

This table lists all versions of this document:

Revision Date	Version	Author	Changes marked
21-10-2022	1.0	Rhonda Parrish	n/a
14-4-2023	1.1	Rhonda Parrish	yes
01-09-2023	2.0	Stuti Patel	Yes
10/05/2024	2.1	Karina Harding	Yes
24/06/2025	2.2	Karina Harding	Yes
17/12/25	2.3	Karina Harding	Yes

### Approvals

This document requires the following approval:

Name	Title	Version	Date of Issue
Tony Lloyd	Assistant Director	1.0	21/10/22
Tony Lloyd	Assistant Director	2.0	30/08/23
Tony Lloyd	Assistant Director	2.1	30/06/2024
Tony Lloyd	Assistant Director	2.2	30/06/2025
Kate Harkins	Director	2.3	

### Reference Documents

List of related documents:

Name	Reference/Section
Aged Care Act 1997 (Cth)	No Longer In Effect; Section 96-1 of the Aged Care Act 1997
Subsidy Principles 1997	No Longer In Effect; Section 104 of the Subsidy Principles 1997
Multi-Purpose Service Agreement	Clause 3.6 and Item F of each Schedule of the MPSP Agreement
Aged Care Act 2024	Chapter 5—Governance of the aged care system
Aged Care Rules 2025	Subdivision H—Multi-Purpose Service Program

Name	Reference/Section
MPSP Policy Manual	Section 8.6 – MPSP specific reports

### **Related Documents – Brief Descriptions**

#### **Aged Care Act 1997 (Cth)**

Former legislation governing the provision of aged care services in Australia. Section 96-1 outlined requirements for reporting and compliance. This Act is no longer in effect.

#### **Subsidy Principles 1997**

Previous regulations detailing how subsidies for aged care services were administered. Section 104 covered specific subsidy arrangements. These principles are no longer in effect.

#### **Multi-Purpose Service Agreement**

The formal agreement between the Commonwealth and registered providers for the Multi-Purpose Service Program (MPSP). Clause 3.6 and Item F of each Schedule set out reporting and compliance obligations for registered providers.

#### **Aged Care Act 2024**

Current legislation governing aged care in Australia. Chapter 5 covers governance of the aged care system, including registered provider responsibilities and reporting requirements.

#### **Aged Care Rules 2025**

Regulations supporting the *Aged Care Act 2024*. Subdivision H specifically addresses the Multi-Purpose Service Program, including reporting and operational requirements.

#### **MPSP Policy Manual**

The official manual outlining policies and procedures for the Multi-Purpose Service Program. Section 8.6 details requirements for MPSP-specific reports.