

Multi-Purpose Service Program (MPSP)

Webinar #15

Aged care reforms: Impacts on the MPSP & providers

25 May 2026

Thin Markets Branch

What do we intend to cover today?

Agenda Item	Speaker
<p>1. Introduction and acknowledgement of country</p> <p>2. General updates</p> <ul style="list-style-type: none">• Transitional Clients Leaving MPS• MPSP Funding Model Review <p>3. 2025-26 MPSP Place Allocation Round</p>	<p>Kate Harkins Director, MPSP Section</p>
<p>4. MPSP Reform Trials and Updates</p> <ul style="list-style-type: none">• 24/7 RN Obligation Commences 1 July 2026• Direct Care Targets trial	<p>Tanya Clancy Assistant Director, MPSP Section (Trial Lead)</p>
<p>5. Questions and Answers</p>	

Agenda Item 2: General Update

Kate Harkins, Multi-Purpose Service Program



MPSP Funding Model Review

- Consultation summary report (from the 2025 deep dive discussions with MPSs) has been finalised and shared with jurisdictions
- Jurisdiction workshops completed (March–April, 8 sessions)
- Key feedback gathered on interim changes, “quick wins” and future funding arrangements
- Draft discussion paper underway – expected to be shared with jurisdictions in July 2026
- IHACPA input to the review is progressing



Agenda Item 3: 2025-26 MPSP Place Allocation Round

Kate Harkins, Multi-Purpose Service Program

2025-26 MPSP Residential Place Allocation Round

- 2025–26 allocation round for MPSP residential places ran from 27 April to 22 May. Assessment process now underway
- Outcomes expected before the end of June.
- Next round (2026–27) for 100 places which will be available to existing and new MPS. More information will be added to the [MPSP web pages](#).
- Places are allocated ‘out of effect’ - bringing a place into effect requires a separate application to the department. May also require the provider to seek ACQSC approval of additional physical beds.
- Information regarding bring a place into effect is included within the Allocations Round Guidance on the [MPSP web site](#).



Bringing a place into effect - example

An MPS has 15 aged care beds but wants to expand services. The provider takes the following steps:

- Submit a request for an allocation of additional places (e.g. 3 residential places).
- Department approves the request – allocates 3 out of effect places.
- If needed, the provider applies to ACQSC to vary their registration to increase the number of approved beds (e.g. from 15 to 18 residential places). ACQSC assesses the provider's application and evidence; approves and varies the provider's registration.
- The provider includes the Commissions approval when applying to the department to bring places into effect. Where approved, department varies the funding agreement and additional funding is provided.



Agenda Item 4: MPSP Reform Trials and Updates

Tanya Clancy, Multi-Purpose Service Program



24/7 RN Obligation - trial reporting complete

- Trial reporting has concluded following submission of April 2026 data
- Compliance across MPS has been consistently high
- Focus now shifts to implementation from **1 July 2026**
- 24/7 RN mainstream resources are being updated to include the MPSP



Your ongoing engagement and efficient reporting is greatly appreciated!

Moving to formal 24/7 RN arrangements

- Legislation was updated in April to introduce the 24/7 RN obligation to the MPSP from 1 July 2026.

Schedule of implementation



- Planned ICT changes will enable MPSP providers to report directly to GPMS from 1 October 2026.

24/7 RN Obligation - Exemptions

- MPS sites that need to can now apply for an exemption prior to 1 July 2026
- Mainstream exemption criteria will apply to the MPSP
- Exemptions may be granted for up to **12 months** and providers must **still submit the 24/7 RN report** each month
- Having an exemption or reporting non-compliance will not impact funding
- MPS should report on their compliance at the **service level** – not on individual buildings



Provider support

- An instructional webinar is planned prior to Oct to demonstrate how MPSP providers can report 24/7 RN in GPMS



Direct care targets trial – context and purpose

- Direct care minutes are part of the Australian Government's broader aged care reforms following the Royal Commission.
- While care minutes apply in mainstream residential aged care and the NATSIFACP, the MPSP operates under different service, workforce and funding arrangements and requires a tailored approach.
- AN-ACC assessments and time in motion studies were undertaken as part of the trial with a number of MPS participating.
- The MPSP Working Group have now agreed to proceed to a full trial of direct care targets in the MPSP from 1 October 2026, with 215 care minutes subsidy to apply to all MPS from 1 January 2027.
- The MPSP Reforms Subgroup will provide advice and guidance relating to reporting approach and guidance materials.

Role of MPSP Reforms Subgroup

- The MPSP Reforms Subgroup is the jurisdiction-led forum to work through the *policy and implementation considerations* for introducing Direct Care Targets in MPS settings
- Provides jurisdictional advice on whether proposed approaches are workable across different MPS service models. Identify implementation issues, unintended consequences or risks early.
- Supports refinement of guidance and trial settings prior to broader rollout.

Proposed timeline - Direct Care Target Trial – Phase 2

All participating sites – staged approach with funding increase from January 2027

● October 2026

- 200 minutes achieved (Yes / No)
- Quarterly reporting

● January 2027

- Funding increases to 215 min rate
- 215 minutes achieved (Yes / No)
- Quarterly reporting

● September 2027

- Trial evaluation survey

Next steps – Direct care target trial



- Update to be provided at the next webinar on progress.
- Please contact mpsreforms@health.gov.au with any questions.

Questions

