Multi-Purpose Service Program (MPSP): guidance on places allocation processes for 2026-27

Contents

INTRODUCTION AND OVERVIEW

This document is designed to assist providers to make a request for places to be allocated to their **existing** Multi-Purpose Service (MPS) or a **new MPS** in 2026-27. Information on how to apply to bring places that are allocated out of effect, into effect, is also provided.

Please review all the information within this guide and any relevant sections for the Multi-Purpose Service Program Manual before proceeding to make a request.

Make a request using the relevant form available from the MPSP – Place Allocations web page.

- *Request for additional residential care places to expand an **existing** Multi-Purpose Service (MPS)*
- *Request for residential care places - **new** Multi-Purpose Service (MPS)*

What is the Multi-Purpose Service Program (MPSP)?

The MPSP is a joint initiative of Commonwealth, and State and Territory governments. The program provides integrated health and aged care services for older people living in small rural towns and remote areas, including where stand-alone aged care and health services may not be able to be supported. It allows older people in these areas to use health and aged care services closer to home.

Allocation and management of places under the MPSP

To facilitate block funding arrangements for the MPSP, places are allocated to providers for use at, or through, their MPS (i.e. at an approved residential care home).

Each financial year the Minister for Aged Care and Seniors determines how many places are available for allocation under the *Aged Care Act 2024* (the Act) for the MPSP. Once available, places can then be allocated by a delegate within the Department of Health, Disability and Ageing (the department). Places will be allocated out of effect and subject to certain conditions.

Commonwealth funding will only be payable for these places once allocated places are brought into effect within a 5-year period. Before this can occur, the department must be satisfied that there is a physical bed in the MPS 'ready' to be used to deliver these services.

As outlined below, a separate application process is in place to determine this. As a preliminary step, providers **may** also need to first vary the approval of the residential care home with the Aged Care Quality and Safety Commission (ASQSC) – that is, where this is necessary to ensure they don't exceed the maximum number of aged care beds covered by their approval.

Once places are in effect, Commonwealth funding can, however, be used flexibly to provide aged care services to older people approved to access those services and is not dependant on occupancy.

For more information see further information below and the Multi-Purpose Service Program Manual.

What is the objective of the MPSP places allocation for 2026-27?

The Australian Government is committed to improving access to aged care services in rural and remote communities, including through expanding the MPSP.

The allocation of additional residential care places in 2026-27 will support the further expansion of residential care capacity under the MPSP to meet identified growing community need.

How many places are available?

The Minister has determined that **100 places for residential care** are available for allocation in 2026-27.
Note: MPSP home and community places are not available for 2026-27 and will not be allocated.

MAKING A REQUEST

Completing your request form

You should present an evidence-based request that supports the identified need for aged care services or additional aged care services in the community where your MPS is or will be located.

You should also provide complete and accurate information, as your request will be decided based on the information provided, and any subsequent conditions of allocation that are attached to allocated places. Please respond to questions within the prescribed word limits in a clear and concise manner and include attachments where indicated. Responses exceeding the prescribed word limits may not be considered in full. Word limits do not apply to required attachments unless specified.

Submitting a query

Departmental officers will not comment on the content or merit of a request for places for a new MPS during the request or assessment periods; or within 4 weeks of the end of the quarter where a request is for a place for an existing MPS. We will only provide advice on matters of fact or technical issues related to the completion or submission of your request. Please submit questions of this nature in writing to the department at: MPSagedcare@health.gov.au.

Incomplete or invalid requests may not be considered

Your request for MPSP places **may** not be processed if it is:

- not provided in a specified time period (see below)
- not in the form required by the department (see below)
- in an altered version of this form or incomplete
- not endorsed by an appropriate person/official, or
- identified to contain false or misleading information

You will be notified in writing if this occurs.

Important:

- Your request **must** be made using the appropriate form (existing or new MPS) downloaded from the department's website.
- It **must** be submitted in the Microsoft Word 'doc' file format provided. Attachments and a signed endorsement page can, however, be provided in PDF format.

Notification of any changes

You should notify the department in writing of any change that will significantly affect your capacity to implement your proposal. Notification should be made as soon as any change becomes evident. This must be submitted in writing, by email to MPSagedcare@health.gov.au.

Not a contractual arrangement

Your request is not evidence of any form of legal agreement. Should you enter into contractual arrangements with other parties before being advised in writing of the results of the Round, you do so at your own risk.

HOW AND WHEN TO LODGE YOUR REQUEST

Your **completed and signed** (electronic signature block acceptable) request form should be submitted, together with associated attachments where required and referenced, via email to the department at MPSagedcare@health.gov.au.

IMPORTANT:

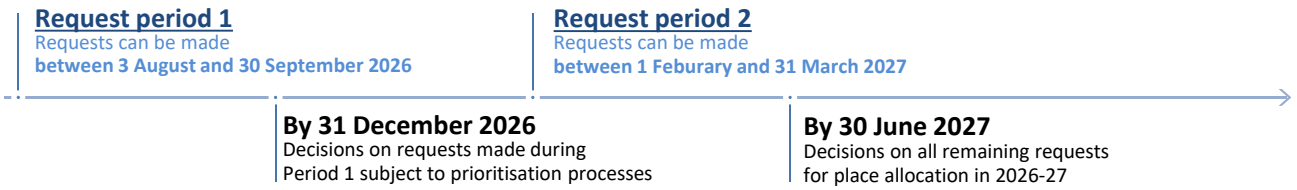
- The department will send you an acknowledgment of receipt email within 5 working days. **If you do not receive this, please contact the MPSP team to confirm receipt.**
- Processing a **request** for places is **subject to their availability**. The timelines for requests for places for an **existing** or a **new** MPS are also **different** (see below).

Due dates and processing timeframes

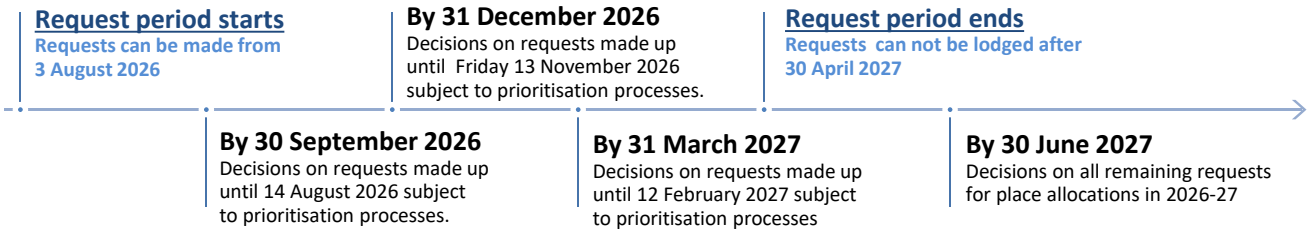
These are different for requests for new places for existing and new MPS as outlined below.

Note: Processing time frames outlined below will also be subject to **prioritisation** as explained further below.

Processing of requests for places for new MPS



Processing of requests for places for existing MPS



IMPORTANT:

- A request that is received after the request period end date may **not** proceed to assessment.
- The department will send you an acknowledgment of receipt email. **If you do not receive this, please contact the MPSP team before the due date to confirm receipt before due date.**
- If you request is considered eligible for a place to be allocated, but of lower priority than other requests received in the same time period, it may also be held over to a later decision point to ensure that places are allocated to areas most in need across the year – with all requests subject to a prioritisation process (see below).
- The department cannot guarantee acceptance of emails over 12mb. Additionally, your Internet Service Provider (ISP) may impose limitations on the size of emails being sent.
- Requests received in paper form will only be accepted in exceptional circumstances and with prior approval from the MPSP team. This must be sought from the department prior at least 2 days before the due date.

Managing demand for places

All requests for places are subject to a **prioritisation process** where demand for 2026-27 appears likely to or does exceed the available supply of 100 residential care places. This process will be informed by advice sourced from the States and Territories annually regarding the number of new places they expected to need over the next 24 months.

Noting the different timelines for submitting requests above which are designed to ensure flexibility for providers and quicker response times, the department will **monitor the level of demand for places and the timing of the requests received** throughout 2026-27.

Depending on levels of demand and to ensure applicants intending to request places in the 2nd half of the financial year (i.e. 2027) are not disadvantaged, relative to earlier requests, the assessment of some requests and a decision on the request **may** require additional time and/or require deferral to a subsequent decision making period. Where this occurs, the applicant will still be contacted by the department and advised of what has occurred.

Note: Pending evidence of actual demand levels, it is open to the Minister where requested to make a further determination for MPSP places to be allocated in 2026-27. However, this would be subject to available funding.

ASSESSMENT PROCESS

How will requests for place allocation be assessed?

All requests for MPSP places will be considered by representatives of the MPSP team within Thin Markets Branch, in consultation with Local Network representatives and/or other departmental staff where relevant.

Recommendations for place allocations will then be prepared for consideration by the delegate. For decisions on MPSP place allocations the delegate will be the Assistant Secretary, Thin Markets Branch or an alternative delegate at the Assistant Secretary or First Assistant Secretary level.

What will be considered?

When considering requests for the allocation of a places, the department will consider the information you have provided taking into account the assessment criteria below, as well any other relevant information available to the department.

Requests for additional information

The Department may seek clarification or additional information from you when considering your request. Where this occurs, it should not be taken as an indication of the likely outcome of your request.

Assessment criteria

Before making a decision to allocate a place under section 95 of the Act, a departmental delegate **must** consider:

- the **objectives of the MPSP** and how many places are available for allocation
- the **communities needs** in locations where individuals are expected to be able to access funded aged care services using the place
- the **Statement of Principles** under the Act,
- any **information or documents given by the entity** in relation to the allocation of the place.

The delegate must **also** be satisfied that an allocation would;

- be likely to **contribute to quality and safe funded aged care services being delivered to individuals, and**
- **would not** result in a situation where, once the relevant places are brought into effect, there are more places in effect than physical beds at the MPS*

***Note**:
In practice, this means for an **existing MPS**;

- there must already be an **additional physical bed** at the MPS that you are **not** currently using for the delivery of aged care services **for which you are now seeking a place** (e.g. you are switching an acute bed to an aged care bed or have recently expanded the MPS to include additional beds), **or**
- **you must be seeking a place**(s) to support applications for additional capital grant funding** and/or **capital works that will result in the expansion** of residential capacity at your MPS.

For a **new MPS** this means

- you are **seeking an initial allocation** of places for a new MPS and the number of places sought is equal to or less than the number of **physical aged care beds within an approved residential care home that you intend to seek approval for**, from the Aged Care Quality and Safety Commission.

*** Note: A place allocation under the MPSP place allocation process in respect of an existing MPS or a new MPS, is not a commitment of Commonwealth capital assistance e.g. ACCAP.*

Additionally:
For existing MPS:

- To allocate a place, the delegate must also be satisfied that you are still a registered provider who has and MPSP agreement in place.

For new MPS:

- The delegate must consider and be satisfied that the information provided by the applicant within a request for MPSP places, in addition to any other information held by or given to the department, indicates the entity is, or intends to become a registered provider.

Probity and conflicts of interest

The department must ensure requests are assessed in fair and equitable manner. In accordance with the *APS Code of Conduct* the officers involved in the Round will disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection those processes.

Use and protection of information

Information you provide to the department may be considered *protected information* under section 21 of the Act, noting the Act provides for authorised disclosures of this information in certain circumstances.

Information contained in your request may be considered as part of the assessment of subsequent requests for places and/or requests for Commonwealth funding in other processes.

The outcomes of the Round, including the numbers of will also be published on the department's website.

AFTER THE ASSESSMENT OF REQUESTS IS COMPLETE

Notification of outcomes

Providers will receive written advice about the outcome of their request for places.

Where places have been allocated, this advice will also explain the conditions of the allocation (see *Conditions of allocation* below) and how you can request an out of effect place to be made in effect when ready (see *When and how should residential care places be brought into effect?* below). As noted above, place allocations for 2026-27 will be published on the department's website.

If you request is a request is unsuccessful, you will be able to request feedback from the department to inform any future requests. A decision to allocate a place or places under section 95 is **not**, however, a reviewable decision under the Act.

Conditions of allocation

If you are allocated a place, there will be conditions imposed as provided for under section 99 of the Act. These include that you must only use the place to deliver funded aged care services to an individual approved to access the service group, with a classification type of ongoing or short-term.

Consistent with section 99-5 of the Aged Care Rules 2025 (the Rules), it will also be a condition that the allocated place, once brought into effect, can only be used at either the approved residential care home **or** other location specified in the notice of place allocation sent to you by the department.

Note: this information will also align with the locations for delivery of services service specified in your MPSP agreement.

When and how should residential care places be brought into effect?

Providers are encouraged to seek to bring places into effect as soon as possible to help meet growing community needs.

Sections 97 of the Act and the Rules together set out when an allocated place can come into effect for the first time. Places can only be brought into effect where the required conditions are met. Under s97-5 of the Rules, these conditions include that:

- the entity must be a **registered provider** under the Act and registered for one or more service groups through which the provider will deliver funded aged care services under the MPSP
- the registered provider has an in-force **agreement** under the MPSP, and
- the delegate is satisfied that a bed in the approved residential care home (MPS) is **ready** to be used to deliver aged care services under the place.

To facilitate this, as a registered provider with an MPSP agreement in place, the remaining step will be for you to **complete an application process** to enable the department to confirm that a bed in an approved residential care home (i.e. in your MPS) is ready to be used for the delivery of funded aged care services under the place.

You should use the *Application to bring an allocated residential care place(s) into effect at a Multi-Purpose Service* on the department's MPSP places web pages to do so. Following a successful application to bring a place(s) into effect, the department will then work with you to vary your MPSP agreement to facilitate additional funding being payable under the Act for the relevant place(s).

Important:

- **Before submitting the above application form**, providers must consider whether they first need to vary the approval of their residential care home with the ACQSC under section 137 of the Act (see below). This will be required if the provider is seeking to increase the number of beds at the home, beyond the number covered by their **existing** approval.
- Providers should **not** seek to vary their approval **prior** to being allocated a new place(s) by the department. But if required, you should **do this before applying to bring new places into effect**.

If you don't need to vary your approval you can proceed straight to making an application to bring the new places into effect.

Varying your residential care home approval to cater for additional beds

Information on how to seek a variation to the approval of your residential care home (i.e. your MPS) can be found on the ACQSC's web site:

- Applications, requests and notifications
- Guidance: Application for variation – see: *Request to vary the total number of beds of an approved residential care home*

Note:

- Providers operating within the MPSP are exempt from ACQSC charging in accordance with the Charging Framework and Cost Recovery Policy ACQSC - Cost recovery. As a result, applicants will **not** be charged fees to vary their approval, where the change relates solely to the provision of MPSP services.

What do I need to do if bed numbers later change at my MPS?

If you only deliver services under the MPSP, you do need to ensure your residential care home approval covers the **maximum** number of beds you will be utilising at your home to deliver funded aged care services. However, unlike mainstream residential care providers, you are not, required to provide advice to the ASQSC if you take places offline for limited periods.

As outlined in the Multi-Purpose Service Program Manual and section 99-5 of the Rules, consistent with the conditions that apply to an allocated placed under the MPSP, you must, however, notify the department if you will not be able to, or do not intend to, use an in effect place allocated after 1 November 2025 to deliver funded aged care services **for a period of 12 months or more**.

Note: You could contact the MPSP team via the MPS Aged Care in box in this scenario; this process is not managed by the ASQSC.

COMPLETING THE REQUEST FORM – EXISTING MPS

Section 1 – Provider, MPS and Existing Place Details

Please provide the requested details within the table on page 1.

- Registered provider name
- Name of the MPS the places are sought for
- MPS GPMS ID
- Number of allocated residential care places currently in effect
- Number of allocated residential care places currently out of effect (if any)

MPS address details

- MPS street address and details
- Postal address for the provider if different to the MPS address
- Primary and secondary contact names, phone and email details for the request

Section 2 – Requested Place(s): Information on Beds and Capital Works

At Q2.1 of the request form, enter the number of new residential care places sought for this MPS within the field. **Note that the department is unable to guarantee the number of requested places will be available.**

Number of beds at the MPS

At Q2.2(a), please enter the actual number of physical beds that are available at the MPS (that is, beds that are used for health and/or aged care services).

At Q2.2 (b), please enter the number of beds at the MPS that are actually **available** to deliver Commonwealth funded residential care services. Do not include beds that can only be used to deliver for health services (e.g. acute or sub-acute care beds).

At Q2.2 (c), please enter the number of beds at the MPS that are being **used** to deliver Commonwealth funded residential care services. Do not include beds that can only be used to deliver health services (e.g. acute or sub-acute care beds).

At Q2.2 (d), please confirm whether you already have additional bed(s) available in your MPS to accommodate these new places. If not, you will need to provide further information at 2.3 regarding planned capital works (see below), for the delegate to allocate additional place(s).

Capital works required to accommodate the places requested

Please provide additional details at section 2.3 to explain the works that will be undertaken to accommodate the places sought. Make sure you enter a written response for each of the points listed i.e. 2.3 a) to e) separately and include any evidence to support these responses. For example, copies of approvals. Please ensure attachments are labelled.

The word limit for this question is 500 words. This does **not** include the attachments.

When will residential care beds be ready and places brought into effect?

Use the table at Q2.4 (a) to provide the expected timeframe that your organisation plans to make the residential care bed (under each place allocated out of effect) ready to provide an aged care service. Noting that prior to doing so, you may in some cases need to seek approval for the additional bed or beds from the ACQSC.

For MPSP funding to be made available to support service delivery, the provider will need to apply to the department bring the place(s) into effect (see above). This will require confirmation that the bed is ready to deliver services.

Options in the table include, from less than three months to up to five years. The applicant can indicate more than one time period for each place or places.

Explanation for a phased implementation

At 2.4 (b) include a rationale to support the responses at 2.4 including a timeline.

The word limit for this question is 250 words.

Identify any anticipated risks that may affect your organisation's ability to accommodate additional places.

At Q2.5, please detail the risks that may impact on the organisation's ability to meet the timeframes specified at section 2.4. In your response, you may provide details outlining your organisation's capacity to meet the proposed timeframes, such as:

- staffing strategies to ensure the service can deliver the places sought within the timeframe
- linkages, formal or informal, with other organisations that will enable your organisation to commence service delivery within the timeframes
- ongoing organisational/service capacity to continue delivering existing services while establishing service provision for the new places (if relevant)
- obtaining support from the relevant State or Territory health Department.

The word limit for this question is 250 words.

How will the risks identified at Q2.5 be managed?

For Q 2.6 – you are required to detail any risk mitigation strategies and/or contingency plans that have been developed to manage the risks identified in section 2.5.

The word limit for this question is 250 words.

Approximately how many additional residential respite bed days per annum will be provided at this MPS as a result of this proposal?

Applicants must specify in the given field at section 2.7, how many additional residential respite bed days per annum are expected to be provided at the MPS should the additional places requested be allocated. If none of the places you are seeking will be used to provide additional respite care, insert 0 (zero).

Section 3 – MPS Expansion Proposal

In answering these questions, you may wish to include specific references (which must include page numbers) to other relevant documents (e.g. Service Delivery Plan or a Feasibility Study) which should also be attached.

Note: You should also consider any changes to the rate of MPSP subsidy that could result from an increase to the total number of places allocated to your MPS, due to the current calculation of the viability supplement component of funding for residential care places – see section 6 of the MPSP Program Manual for further information.

Provide a description of the proposal to expand residential care capacity at this MPS

At Q3.1, please include a detailed description of the proposal for this MPS. This could include details of:

- evidence that demonstrates the current and **ongoing community need** in the area for additional residential care capacity (e.g. waitlist and occupancy data).
- **workforce information** that demonstrates the ability to deliver increased residential care services
- any relevant information about the **infrastructure for the MPS** and the interface between health and residential care services
- how the additional places will:
    - improve **access to services** and/or improve the quality of care for the local community
    - increase **coordination, flexibility and innovation** in the delivery of care in the area
    - be **cost effective**
    - increase services for residents from **diverse backgrounds and/or complex needs**
    - provide **continuity of care** for current and future residents, including if capital works are required before new places become effective.

- **evidence of support** from the local community, existing aged care providers, local government, State/Territory agencies in the area, for the additional places
- details of **the physical environment** that residents will be in; you may include a copy of the floor plan and/or site plan showing relevant external features.
- any other **relevant** information to support the allocation of additional places, which could include details of how the places will be accommodated including any:
    - re-organisation of existing space
    - details concerning room configuration (e.g. single with ensuite, double, etc.)
    - evidence such as Certificate of Occupancy or equivalent
    - use of places that are not in-effect
    - current tenancy/occupancy agreements in place (if relevant).

The word limit for this question is 1000 words.

Section 4 – Endorsement of the Request

Your request form must be signed by a person legally empowered to give assurances and enter into contracts and commitments on behalf of the registered provider.

In signing this endorsement, the relevant person is affirming that this request for additional places has the full consent and support of your organisation's Board of Directors, State or Territory health Department or other equivalent relevant authority.

They are also confirming that:

- all information provided in the request form and attachment(s) is true and complete
- they are aware of your responsibilities as prescribed in the Act and Rules, including that there is a maximum period of 5 years in which to bring any places allocated into effect
- have informed yourself of the implications of changes to the rate of MPSP subsidy that could result from an increase to the total number of places allocated to the MPS that are in effect.

Important:

- **You are reminded that giving false or misleading information to the Commonwealth is also a serious offence**. There are offences established by the Act and the *Criminal Code Act 1995* relating to providing false or misleading information.

COMPLETING THE REQUEST FORM – NEW MPS

Section 1 – Entity Seeking Places: MPS and Place Details

Please provide the requested details within the table on page 1.

- Name of the Entity or Registered Provider submitting the request
- If an existing Registered Provider, the provider's GPMS ID
- Name of the MPS the places are sought for
- Type of new MPS (e.g. existing mainstream residential care home, new home, existing hospital, existing health facility)
- If an existing approved residential care home, the home's GPMS ID

MPS address details

- MPS street address and details
- Postal address for the provider if different to the MPS address
- Primary and secondary contact names, phone and email details for the request

Section 2 – Requested Places: Information on Beds and Capital Works

At Q2.1 of the request form, enter **the number of new residential care places sought** for this MPS.

Note that the department is unable to guarantee the number of requested places will be available.

Number of beds at the MPS

At Q2.2(a), please enter the actual number of physical beds that are available at the proposed MPS (that is, beds that are used for health and/or aged care services). '

Note: Tick the box to indicate N/A where the new MPS requires a full new facility to be built.

At Q2.2 (b), please enter the number of beds at the MPS that are actually **available** to deliver Commonwealth funded residential care services. Do not include beds that can only be used to deliver for health services (e.g. acute or sub-acute care beds).

Note: Tick the box to indicate N/A where the new MPS requires a full new facility to be built.

At Q2.2 (c), please enter the number of beds at the MPS that are being **used** to deliver Commonwealth funded residential care services. Do not include beds that can only be used to deliver health services (e.g. acute or sub-acute care beds).

Note: Tick the box to indicate N/A where the proposed new MPS is not already an approved residential care home (i.e. a mainstream residential care home).

At Q2.2 (d), please confirm whether you already have physical bed(s) available to accommodate the new places being requested. If not, you will need to provide further information at 2.3 regarding planned capital works (see below).

Capital works required to accommodate the places requested

Please provide additional details at section 2.3 to explain the works that will be undertaken to accommodate the places sought. Make sure you enter a written response for each of the points listed i.e. 2.3 a) to e) separately and include any evidence to support these responses. For example, copies of approvals. Please ensure attachments are labelled.

The word limit for this question is 500 words. This does **not** include the attachments.

When would the new MPS commence operations?

Please outline expected timing at Q2.4 (a).

When will residential care beds be ready and places brought into effect?

Use the table at Q2.4 (b) to provide the expected timeframe that your organisation plans to make the residential care bed (under each place allocated out of effect) ready to provide an aged care service. Noting that prior to doing so, you may in some cases need to seek approval for the additional bed or beds from the ACQSC.

For MPSP funding to be made available to support service delivery, the provider will need to apply to the department bring the place(s) into effect (see above). This will require confirmation that the bed is ready to deliver services.

Options in the table include, from less than three months to up to five years. The applicant can indicate more than one time period for each place or places.

Explanation for a phased implementation

For Q2.4 c) - provision is made on the request form to provide details of a phased implementation of beds/places if not all beds can become operational, or all places brought into effect, at the same time. If phasing over two or more time periods, a rationale for the phasing must be provided.

Identify any anticipated risks that may affect your organisation's ability to meet specified timeframes

At Q2.5 please outline any identified risks that may impact your organisation's ability to meet the timeframes specified in Q2.4. For example:

- when funding will be available to complete the capital works
- ongoing organisational/service capacity to continue delivering existing services while establishing service provision for the new beds (if relevant)
- obtaining agreement from the relevant State or Territory health department that a MPS is needed.

How will the risks identified at Q2.5 be managed?

At Q2.6 please detail any risk mitigation strategies and/or contingency plans that have been developed to manage the risks identified in Q2.5. For example:

- staffing strategies to ensure the service can deliver the places sought within the timeframe
- linkages, formal or informal, with other organisations that will enable your organisation to commence service delivery within the timeframes.

Section 3 – The New MPS Proposal

Note: In answering these questions, you may wish to include specific references (which must include page numbers) to other relevant documents (e.g. Service Delivery Plan or a Feasibility Study) which should also be attached.

At Q3.1 a) please provide a **detailed** description of the **planning that has been undertaken** to establish this **new MPS** and to specify the residential care, health or other services that will also be delivered.

Your response should include a detailed description of the proposal for the MPS and could include details of:

- all the health and aged care services that are, or will be, delivered from the MPS
- the service delivery model, including staffing levels
- how the new MPS will support wellness or reablement approaches and promotes independence
- how the new MPS will support residential respite services, if proposed
- any innovations proposed and how these will provide benefits and diversity of choice to residents, their families and their carers
- relevant cross references to a Service Delivery Plan.

For Q3.1 (b) please provide a detailed description of the **organisation's board and/or senior management's relevant expertise and experience** in relation to this new MPS and could include details of:

- any other services managed by the organisation
- the organisation's experience in aged care
- the measures employed by the organisation to ensure an appropriate number of qualified staff to deliver the relevant levels of care
- any established linkages to service delivery organisations in the region.

At Q3.1 c) please **describe the suitability of the location** for the new MPS and its delivery of additional residential care and health services. Your response should include information and evidence regarding:

- the geographic area that the MPS will be located in – noting it cannot be in an MM 1 area (i.e. a metropolitan area) based on the Modified Monash Model 2023, and must be located in or close to an MM 5-7 area to facilitate increased access to communities in small rural towns or remote areas
- its proximity to areas where existing aged care services are delivered, including the location of other residential, home support health care providers
- aged and or other demographic information that demonstrates over the longer term and that the area is able to sustain a viable MPS.

At Q3.1 d) please outline the evidence that demonstrates that there is a **need in the area for residential care** services. Your response should include empirical **evidence to demonstrate the need** for residential care places. The term 'area' refers to the intended catchment area of the MPS.

Types of information that could be included in your response to this question include:

- details of the aged care needs of the region, including community members from **diverse groups and backgrounds** and/or who have particular care needs, **including dementia or challenging behaviours**
- how the allocation of residential care places will **improve access** to care for older people in the area
- how an **integrated health and aged care model** of service delivery is a cost-effective option which achieves economies of scale
- why a standalone residential care home is/would **not** be viable in the area
- if there already is a standalone residential care home in the area:
  - why this is not sufficient to address unmet need in the area and '
  - any proposed strategies to work with existing providers in the area to ensure the community has coverage of all aged care needs and/or to share the challenges associated with thin market service delivery for the benefit of the community (e.g. shared training, resources or delivery of services to higher needs clients).
- **any research conducted** in support of this application, including:
  - demographic data from the Australian Bureau of Statistics (ABS) about people most likely to need aged care services
  - data on people aged over 80 years old that provides a picture of immediate need
  - data on people aged over 70 years old that would be used for medium term planning
  - proximity of the proposed MPS in relation to other residential care homes within the area
  - how the MPS would not be a barrier to other services existing or entering the region.

At Q3.1 e) please outline how the new MPS will deliver quality and safe aged care services that put older people first, treats them as unique individuals and recognises their rights under the Statement of Rights.

Types of information you should include are:

- how the MPS will provide culturally appropriate care, having regard to the particular cultural, physical, social, spiritual and environmental care needs of individual residents
- how the MPSP will provide culturally safe, culturally appropriate, trauma-aware and healing informed services to Aboriginal and Tores Strait Islanders in the area
- planned workforce training - cultural awareness, cultural security or other relevant programs
- specific arrangements in place or staff expertise available to provide care to people from the groups below:
  - Aboriginal and/or Torres Strait Islanders

- people from culturally and linguistically diverse backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- veterans
- people who are homeless or at risk of becoming homeless
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual people and others.

For Q3.1 f) please outline how the MPS will provide **appropriate care to older people with dementia**.

Types of information that could be included in your response to this question include:

- details of any **building designs and/or features** incorporated into the MPS that relate to the provision of care for people living with dementia
- **how you have, or will, identify the particular care needs** of people living with dementia, including:
  - management and **staffing issues, including the qualification and skills** of the staff who will be providing care for people living with dementia and/or complex high care needs
  - practical examples of how you have, or will, provide this type of care including **your admissions policy**, philosophy of care, **management of challenging behaviour**, provision of activities, medication management and involvement of family members
- the **linkages you have established**, or steps you intend to take to establish linkages with relevant key organisations and services
- the measures you have in place to provide for the **safety and security of staff** such as Work Health and Safety requirements
- the measures you have in place to provide for the **safety and security of residents**.

At Q3.1 g) please describe how the MPS would provide **continuity of care** for individuals to whom the applicant intends to deliver Commonwealth funded residential care services.

Types of information that could be included in your response to this question include:

- how the new MPS will **manage ageing in place**
- how the new MPS will manage the **changing care needs of residents**, including continuity of care if residents need to move to a new service because of changing care needs
- how the new MPS will **co-ordinate care with other services** that residents may need to access and established networks or **linkages with other health and residential care service providers** in the area such as: hospitals, residential care facilities, Commonwealth Home Support Program providers, Support at Home providers, allied health providers, primary health care providers, retirement villages
- how the new MPS will contribute to improved access to integrated services in the area.

For Q3.1 h) please describe how the new MPS **will ensure the rights of older people in their care will be protected**. Your response should demonstrate your understanding of **your responsibilities as a registered provider**.

This would include an understanding of the rights a person in care is entitled to, in accordance with the **'Statement of Rights'** at section 23 of the Act and an acceptance of the obligation to act compatibly with those rights.

The department will consider your understanding of, and commitment to:

- implementing arrangements for ensuring that individuals in the care of your MPS have independence, are empowered and have freedom of choice
- supporting community members to access aged care assessment arrangements and palliative care/end-of life care where required
- providing safe and quality aged care services
- respecting an individual's privacy and information
- ensuring older people in the care of the MPS can raised concerns and be heard without fear of reprisal, and be supported by advocates or significant persons and maintain social connections where they choose to do so.

You may wish to also describe the how the new MPS will make:

- available relevant information about fees and payments, and complaints procedures
- appropriate security of tenure arrangements (where relevant)

and any communication strategies that you will implement ensure residents are aware of their rights.

At Q3.1 i) please provide a detailed description of how the organisation has **engaged with the local community, existing service providers and other health and residential care providers and agencies in the area in which the service will be located**.

Include evidence of support from **all relevant parties** for an MPS. You may wish to include proof of engagement such as emails, letters, etc.

Your response should provide a detailed description of how the organisation has undertaken **consultations** with the local community, other health and residential care service providers, **the relevant State or Territory Health Department and other agencies in the area**. Types of information that should be included with your response to this question are:

- details of community consultations undertaken
- 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 service proposal
- evidence of support from relevant parties, including State and Territory Health Departments in the area
- relevant cross references to a Service Delivery Plan.

At Q3.1 j) please explain how the organisation will **evaluate the MPS** over specific time periods, perhaps annually or biannually; including, but not limited to:

- the outcomes new MPS intends to deliver in respect of the provision of residential care services
- the impact of the service on other residential care services in the area.

Your response should provide a detailed description of the MPS evaluation strategy and how the MPS will be evaluated to measure, monitor and improve performance – consistent with the Statement of Principles in the Act and its focus on continuous improvement towards the delivery of high-quality care.

For Q3.1 k) please provide additional **details of the physical environment** where residential care services will be delivered. You may include a copy of the floor plan.

Your response should include information on how the places will be accommodated in the MPS including any:

- re-organisation of existing space (if relevant)
- details concerning room configuration (e.g. single with ensuite, double, etc.)
- current tenancy/occupancy agreements in place (if relevant)
- details of **how the physical environment will accommodate residents from diverse groups and backgrounds and/or people living with dementia** (e.g. room for wheelchair access, a secure wing, or external features such as secure outdoor areas, landscaping, circular paths, or raised garden beds)

Section 4 – Endorsement of the Request

Your request form must be signed by a person legally empowered to give assurances and enter into contracts and commitments on behalf of the registered provider.

In signing this endorsement, the relevant person is affirming that this request for additional places has the full consent and support of your organisation's Board of Directors, State or Territory health Department or other equivalent relevant authority.

They are also confirming that:

- all information provided in the request form and attachment(s) is true and complete
- they are aware of your responsibilities as prescribed in the Act and Rules, including that there is a maximum period of 5 years in which to bring any places allocated into effect

Important:

- **You are reminded that giving false or misleading information to the Commonwealth is also a serious offence**. There are offences established by the Act and the *Criminal Code Act 1995* relating to providing false or misleading information.