



# Multi-Purpose Service Program Manual

## 2026-27

Version Control

Version control keeps track of document modifications. Major changes are reflected by updating the version number by 1.0 and minor changes by amending the version number by 0.1.

| Version | Date        | Author | Details                                 |
|---------|-------------|--------|-----------------------------------------|
| 1.0     | 01 Nov 2025 | DHDA   | Initial publication version for 2025-26 |
| 2.0     | 01 Nov 2026 | DHDA   | Revised version for 2026-27             |

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**DISCLAIMER**

The *Aged Care Act 2024* (the Act) governs the delivery of funded aged care services by registered providers (providers). The information in this manual is intended to help people understand the laws around the government-funded aged care system.

This manual is a summary of multiple legal documents in accessible, simple language, so it doesn't contain every detail of the law. It is not intended as legal or professional advice on interpretation of the legislation or how it applies in individual circumstances.

Providers are responsible for complying with all relevant legislation when delivering funded aged care services. In addition to legislation referred to in this manual, other Australian Government portfolios and state and territory jurisdictions may have separate legislation relevant to providers' operations as a registered provider. It is the provider's responsibility to understand and meet their obligations as they relate to all applicable legislation.

Providers should consider obtaining their own legal or professional advice relevant to their circumstances, especially in relation to requirements and obligations for delivering funded aged care services that may be new or different under the Act and related Rules.

The department will review and update the information in this manual as needed. The most up-to-date version of the manual will be published on the department's website.

Please refer to the online version of the manual to ensure that you have the most recent version. The footer on the front page includes the issue date.

If you are reading a printed copy of this manual, please make sure it is the same as the most up-to-date version published on the department's website. The revisions and summary of changes made to the manual are outlined at the beginning of the document in the version control table.

The department does not guarantee the accuracy or completeness of information in the manual. The department also does not accept liability for any loss or damage resulting from reliance on the manual or the information it contains.

Additional information and resources that may further support providers to understand their responsibilities and obligations will be available through the following Australian Government resources:

- the Department of Health, Disability and Ageing <https://www.health.gov.au>
- My Aged Care [www.myagedcare.gov.au](http://www.myagedcare.gov.au)
- Aged Care Quality and Safety Commission <http://www.agedcarequality.gov.au/>
- Services Australia [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)
- Australian Competition and Consumer Commission <http://www.accc.gov.au/>
- Australian Taxation Office <http://www.ato.gov.au/>



# 1 Introduction

This manual provides guidance on the operation of the Multi-Purpose Service Program (MPSP). It explains the Australian Government's policy framework and operational requirements for funded aged care services delivered through the MPSP.

The manual should be read alongside the *Aged Care Act 2024* (the Act), the Aged Care Rules 2025 (the Rules), and related subordinate legislation. Where there is any inconsistency between this manual and legislation, the legislation prevails. The information provided in this manual is intended as guidance only and does not constitute legal advice.

The intended audience for this manual includes:

- Commonwealth, state and territory government officials who administer or oversee the MPSP
- registered providers delivering services under the MPSP, and
- staff involved in the delivery, management or governance of services provided through the MPSP.

The Department of Health, Disability and Ageing (the department) will update this manual from time to time to reflect legislative, policy and operational changes. Users should refer to the version published on the department's website to ensure they are using the most current version. The issue date is shown in the footer of each page.

Comments on the manual are welcome at [MPSAgedCare@health.gov.au](mailto:MPSAgedCare@health.gov.au).

## 2 Overview of the MPSP

### 2.1 Overview

This section explains the objectives of the MPSP and relevant aged care legislation.

### 2.2 What is the MPSP?

The MPSP provides integrated health and aged care services to older people living outside major cities. It is jointly funded by the Commonwealth and the relevant state or territory governments and supports service delivery in small rural towns and remote communities (i.e. MM 5-7 areas) \*.

The program helps older people access services closer to home and maintain connections with their families, communities and culture as they age. It seeks to achieve the following objectives:

- improved access to quality and safe health and aged care services that meet community needs
- innovative, flexible and integrated service delivery
- flexible use of funding and infrastructure, and
- improved cost-effectiveness and long-term service viability.

**\*Note:** In limited circumstances, services may be delivered from locations outside MM 5-7 areas where this supports access for surrounding rural and remote communities in accordance with program arrangements.

### 2.3 Relevant legislation

From an aged care perspective, the *Multi-Purpose Service Program* is managed and regulated under the Act as a *specialist aged care program*.

Both terms are defined in section 7 of the Act. These definitions reflect that the MPSP operates through agreement(s) in place with the Commonwealth to deliver *funded aged care services* as explained in this manual.

The program operates in accordance with the Act and the Rules. This includes relevant transitional provisions under the *Aged Care (Consequential and Transitional Provisions) Act 2024* (the CAT Act). Relevant sections of the Act and the Rules are referenced in this manual where possible.

## 2.4 What is a Multi-Purpose Service (MPS)?

An MPS is the place from which aged care services are delivered under the MPSP as part of an integrated health and aged care service arrangement. Subject to any transitional arrangements in place, an MPS **must** deliver:

- services in an approved residential care home – that is, permanent residential care services **and/or** residential respite, and
- at least one *health service* (see section 247-5 of the Rules).

The provider **may** also deliver services in a person's home or within the community from the MPS (referred to as a *home or community setting*) – either directly **or** via sub-contracting arrangements.

While many MPS are small local hospitals with a separate wing or nearby building where aged care residents live, there is no one model of service required. Services delivered under the MPSP are designed to meet the needs of local communities and may vary depending on community need, available infrastructure and workforce capacity.

### Important:

- Commonwealth residential care services must be delivered in an approved residential care home. The part of the MPS where permanent and/or short-term residential care services are delivered will also be an approved residential care home under section 10 of the Act. Approved residential care homes cannot usually be a hospital. However, paragraph 10(3)(a) of the Act ensures that a residential care home can be a place within, or co-located with, a hospital, when included in an MPSP agreement.
- Registered aged care providers who deliver services through the MPSP may also deliver services under other aged care programs. They cannot, however, deliver both mainstream residential aged care services and residential care services through the MPSP at the same location.
- *Health services* may include services such as acute care, primary health care, community health services, emergency services or allied health services delivered as part of an integrated service model.

## 3 Accessing aged care services under the MPSP

### 3.1 Overview

This section explains who can access funded aged care services under the MPSP. It includes information about how older people apply for services, how their aged care needs are assessed, how access approvals work, and how they can find and commence services through an MPS. A factsheet providing an overview of this information is also available on the [MPSP website](#).

### 3.2 Making an application

Any person who wants to access Commonwealth funded aged care services under the MPSP must apply for access to services in the approved form (see section 56 of the Act). The standard process for older people seeking access to funded aged care services includes the following steps:

- contact [My Aged Care](#)
- apply for access to funded aged care services by calling the My Aged Care Contact Centre or applying online through the [Apply for an Assessment Online](#) process
- be determined to be eligible for an aged care needs assessment - see [section 3.3](#)
- undergo a needs assessment by an approved assessor, who will consider the person's needs and recommend the types of services required - see [section 3.4](#)
- receive an access approval\*, if a delegate determines the person requires access to funded aged care services - see [section 3.5](#), and
- approach a provider who delivers services under the MPSP and agree on the services to be delivered.

**\*Note:** Limited alternative entry arrangements are available in some circumstances. These allow a person to commence services before receiving an access approval - see [section 3.8](#).

### 3.3 Who can get an eligibility determination

After an older person has applied for funded aged care services in the approved form, a delegate of the System Governor - that is, a delegate of the Secretary of the department - must consider whether the person is eligible to undergo an aged care needs assessment (see section 57 of the Act).

Only individuals who are aged 65 or over (**unless** aged 50 or over and an Aboriginal or Torres Strait Islander person, or homeless or at risk of homelessness) are eligible to undergo an aged care needs assessment.

My Aged Care will first complete a soft eligibility screening. If the person wants to proceed to apply for services, they will be referred to an assessment organisation. A clinically trained Triage delegate will then review the assessment referral. They will then discuss the person's circumstances with them to determine if they are eligible to undergo a needs assessment by an approved needs assessor.

They must also provide any information required under the Rules relating to their care needs (see section 58 of the Act and section 58-5 of the Rules). This may include a declaration or statement about their care needs, or written medical records.

**Note:**

- If under 65, the delegate must also be satisfied that the individual has been informed of any alternative options to meet their care needs and indicated they still want to proceed.
- A person does not need to provide proof that they are Aboriginal or Torres Strait Islander. Self-identification, or identification by a person or organisation they trust that the person is an Aboriginal or Torres Strait Islander person is sufficient for aged care purposes.

### 3.4 The needs assessment process

If a person is determined eligible for an *aged care needs assessment*, an assessment must be arranged with an *approved needs assessor* (section 61 of the Act).

Assessments can be done in person at the older person's home or in hospital if required. They must be completed using the Integrated Assessment Tool (IAT) and apply across all aged care programs, including the MPSP.

- Where face-to-face contact between the assessor and person is not possible, a teleconference, video conference or telehealth assessment may be undertaken. Where this occurs, the assessor must make additional efforts to ensure the quality of assessment is not compromised and that their recommendations remain evidence based.
- Another suitably qualified person (such as a health worker, [Elder Care Support](#) worker, [care finder](#) or [OPAN advocate](#)) or [registered support person](#) may attend the assessment with an older person to assist.

The assessor will seek to understand the older person's current situation and needs so they can make a recommendation about the aged care services they need. An assessment must include a discussion about which service may assist the older person to maintain their independence, their preferences and goals, and the next steps in terms of their application for services.

Needs assessors form part of the [Single Assessment System workforce](#). This includes:

- state and territory governments still delivering hospital-based assessments, and
- pilot arrangements designed to support [Aboriginal and Torres Strait Islander assessment organisations](#) delivering culturally safe assessments for Aboriginal and Torres Strait Islander people where this is their preference.

After a needs assessment is completed, the needs assessor will provide a report that details what services they consider are required by the individual (section 63 of the Act). This will be done via the development of a draft support plan in consultation with the individual.

For more information about the assessment process, see: [Aged Care Assessment Manual](#).

### 3.5 Understanding access approvals

A delegate of the System Governor will consider the assessor's report and decide whether the individual requires funded aged care services (section 65 of the Act).

If the delegate determines the individual requires funded aged care services, they must decide which services they should be approved for. This includes determining whether the requirements for the relevant service groups, service types, services and classification types have been met (see sections 66-68 of the Act and sections 65-10 to 65-30 of the Rules). This should be done within 14 days of an assessment report or other relevant information being received.

Where required, additional decisions will also be made at this time in relation to the person's classification level, their priority category and whether a relevant place should be allocated. However, a person's

- priority category does not affect when they can access services under the MPSP, and
- classification level does not determine how much funding is available under the MPSP.

The older person will receive a written decision notice detailing their assessment outcome.

Where a person is determined to require access to services, the decision notice will include the person's *access approval* together with a support plan.

- The access approval will outline the service groups the individual is approved for. For example, a person may be approved for the residential care services group.
- The specific service types and services an individual is approved for will be outlined in the individual's support plan. This document records the person's care needs, goals and recommended services or actions.

The approval will also identify the classification type for that service group and, where relevant, the classification level and priority category.

- The classification type determines on what basis the care is provided. For example, a classification type for residential care services group of:
  - *ongoing* means the person can access permanent residential care, and
  - *short-term* means the person can access residential respite.

The table below outlines the range of service groups and classification types that a person can be approved for that they may seek to access under the MPSP.

**Note:** Individuals transitioned over to the new Act on 1 November 2025 under the CAT Act will generally have been approved for:

- Residential care services group (short-term and ongoing) and/or
- Home Support (short-term and ongoing), and the Assistive Technology and Home Modifications (short-term) service groups.

| Service Group        | Classification types                         | Classification levels                                   |
|----------------------|----------------------------------------------|---------------------------------------------------------|
| Home support         | Short-term                                   | SAH restorative care pathway<br>SAH end-of-life pathway |
|                      | Ongoing                                      | CHSP class; SAH class 1 to 8                            |
| Assistive technology | Short-term                                   | AT CHSP; AT low, AT medium, AT high                     |
| Home modifications   | Short-term                                   | HM CHSP; HM low, HM medium, HM high                     |
| Residential care     | Short-term (i.e. respite)                    | Class 0 to 3                                            |
|                      | Ongoing<br>(i.e. permanent residential care) | Class 0 to 13                                           |

**Important:**

- Classification levels are provided for information only, noting they are **not** used to determine funding of, or services available, under MPSP. However, they may help providers understand the level of need identified for a person through the assessment process.
- [Section 5](#) of this manual has more information about what services can be delivered under the MPSP, including on a short-term basis. This includes restrictions under the Act and the Rules on how long services can be delivered where a person is only approved for 'short-term' services (see classification types in the table above).
- Where the needs assessor discussed accessing services via an MPS with the older person, additional information will be provided about the MPSP and the person will have been referred to an MPS in their area (see [section 3.7](#)).
  - In this scenario, if the older person was approved to access home support services, the assessor will ensure the person is **not** placed in the Support at Home Priority System for access to services.

**3.6 Finding a provider**

To find a provider who delivers services under the MPSP, an older person can talk to their local MPS or:

- call My Aged Care on 1800 200 422
- make an appointment at a Services Australia service centre to discuss their options in person with an Aged Care Specialist Officer (ACSO), or
- use the [Find a Provider tool](#) on the My Aged Care website.

When using Find a Provider, the person can select their location and then search for an aged care home. Any residential care homes (both mainstream and MPS) in the area should then display.

The person may also search by name for a particular MPS. In this case, it is recommended that they include 'Multi-Purpose Service' in the search field.

The older person should check the provider offers the services they need. Not all MPS will offer all services. For example, some may not offer residential respite services or all services under the home support, assistive technology or home modifications service groups.

If an older person chooses to access their approved services through an MPS in their area which offers the relevant services, they can do so in agreement with the provider. They do not need to be allocated a place for a classification type for the relevant service group(s). This is because providers are funded differently under the MPSP and block funding arrangements are in place - see [Section 7](#).

The older person should provide their MPS referral code if they have one - see [section 3.7](#).

**3.7 Referrals**

The support plan provided to an older person (or to their registered supporter with consent) may include one or more referral codes. An older person can give these codes to their registered provider. The provider can then view their record in My Aged Care, accept the referral and commence services.

Where the needs assessor discussed the person seeking access to services through their local MPS, the decision notice and plan should also include a specific referral code for '**Services under the MPSP**' that can be used by the MPS. **This is different from referral codes used by mainstream providers.** It will appear towards the bottom of the support plan, under the heading Multi-Purpose Service Program (MPSP).

If an older person has misplaced their letter or code, they can log in to their [My Aged Care Online Account](#) to see it. The [Your Online Account Guide: Services](#) explains how to do this.

Alternatively, if a referral code for the MPS was **not** included in the support plan, the older person will need to contact My Aged Care and request a support plan review. This will prompt the assessor to review the referral codes and include the MPSP option. My Aged Care will be unable to manually add a code for the MPS even if other referral codes are present.

### 3.8 Alternative entry arrangements

In most cases, older people will need to go through the application and assessment processes outlined above before they can access Commonwealth funded aged care services. However, limited alternative entry arrangements are available. These allow a person to commence accessing services at an MPS immediately in some circumstances before going through the above application and assessment processes.

An alternative entry pathway can only be supported where at the time the person commenced accessing services:

- the person urgently needed access to funded aged care services and there was a significant risk of harm if those services were not delivered
- there was a significant delay in the availability of an approved needs assessor to undertake an aged care needs assessment, or
- the person is an Aboriginal or Torres Strait Islander person and there was a lack of availability of an approved needs assessor to undertake a culturally safe aged care needs assessment.

If an older person accesses services at an MPS through the alternative entry pathway, they must still make an application for funded aged care services **within 30 days** of commencing services at or through the MPS (see section 71 of the Act and section 71-5 of the Rules). The person can also apply to the delegate to extend this period (see subsection 71(5) of the Act).

Where the delegate is satisfied that the application has been made within the relevant period and one of the circumstances above applies, they can backdate the approval to the date the first service was delivered.

**Note:** Alternative entry arrangements will cover both residential care services and services delivered in the home or community under the MPSP.

### 3.9 Transitional arrangements for existing clients as at 1 November 2025

Transitional arrangements were put in place by the department to ensure that older people who were accessing services under the MPSP before 1 November 2025, or were on a waitlist, could continue to access services without undergoing the new assessment process.

Older people within the scope of these arrangements received written notification of their approval to continue accessing services after 1 November 2025 through their MPSP providers. These notifications and relevant service group approvals are also available in My Aged Care.

### 3.10 What if an older person's needs change?

An older person can only access funded aged care services consistent with their access approval.

If their needs change, they may need to seek a reassessment. For example, a person accessing services in the home or community may later require access to residential care.

A needs assessor will consider what services are now required, based on available information and contact with the older person, and make recommendations to inform a new delegate decision. This may involve a new assessment being undertaken, or a recommendation that the delegate make minor amendments to the person's access approval.

**Note:** a reassessment using the IAT is required where there has been a significant change in the person's circumstances, as outlined at section 64-5 of the Rules. For example, this may include where a carer for the individual has permanently ceased to provide some or all of the care to the individual.

### 3.11 Can a person access other aged care services at the same time?

An older person cannot usually access services in the home and community and in a residential care home at the same time. However, if a person is approved for home support, assistive technology and/or home modification service groups, they may be able to access some services through an MPS, and other services through a mainstream provider. For example, a person may receive gardening and meal delivery services through [Support at Home](#), while accessing nursing care through the MPSP.

**An older person cannot access the same service on the same day from an MPS and another service provider.** As a result, providers should ensure MPSP funding is not used to deliver services already being funded under other aged care programs. Providers can check the person's support plan to see what other referrals they have.

**Note:** A person approved for home support can access services through the MPSP while waiting to gain access to Support at Home – see [section 3.12](#) for more information about moving between the MPSP and mainstream aged care programs.

### 3.12 What if a person moves from the MPSP to a mainstream aged care program?

An older person must be supported to change providers if they request a change. This may include:

- discussing the reasons for wanting to move
- referring them to the [My Aged Care's Find a Provider tool](#)
- suggesting they [contact My Aged Care](#) for help.

While providers should support the older person to make the best choice for them, they must also meet their obligations regarding security of tenure for the older person (section 149-55 of the Rules). This includes ensuring that the older person is not made to leave unless suitable alternative accommodation is available.

**If the person is seeking to transfer to a mainstream residential care provider,** they should be advised that they will need to undertake a classification assessment at their new residential care home to determine their ongoing AN-ACC classification. They will already have a place allowing them to access services once their preferred home agrees they can commence services.

- This applies both to older people who commenced accessing residential care services at an MPS before the commencement of the new Act and those commencing after the new Act.

**If the person is seeking to transfer to a Support at Home provider,** they should be advised that they may need to undergo a re-assessment and wait to be allocated a place allowing them to access services.

- This will be the case if, for example, they were part of the transitional MPSP cohorts for 1 November 2025 and have not previously undergone an ACAT or IAT assessment.
- If the person commenced services at the MPS post 1 November 2025, they will not need to undergo a re-assessment unless their needs have changed. However, they will still need to contact My Aged Care and indicate that they are now seeking to access services under the Support at Home program. They may also need to wait to be allocated a place before they can access mainstream services.

#### Important:

- Older people who are considering transferring out of the MPSP should be encouraged to contact My Aged Care as early as possible, particularly if they are planning a future move to an area where they will no longer be able to access services under the MPSP. This will help reduce the risk of disruption to services.
- Older people should also understand that their fees and charges are likely to change, and may increase, when they leave the MPSP. The fees they will be charged will depend on a range of factors. They should seek advice about potential fees before transferring. A [consumer fact sheet](#) is available.

## 4 Who can deliver aged care services under the MPSP

### 4.1 Overview

This section explains who can deliver aged care services under the MPSP and where they can be delivered. In summary, services can only be delivered by a provider that:

- has an agreement in place with the Commonwealth - see [section 4.2](#)
- is registered with the Aged Care Quality and Safety Commission (ACQSC) in the relevant categories under the Act - see [section 4.7](#), and
- has been allocated places for use under the MPSP that are in effect - see [section 6](#).

## 4.2 MPSP agreements

Providers delivering services under the MPSP must have entered into an agreement with the Commonwealth under section 247 of the Act. This agreement must be in writing and must be with the service provider but can also include another party.

In practice, agreements are generally tripartite and signed by the service provider, the state in which the MPS is located (represented by the relevant state health department) and the System Governor (Secretary of the department). In some circumstances, other more tailored agreements are in place.

Agreements are generally in place for 3 years. They may be extended for an additional 12 months with the agreement of all parties.

### ***When can agreements be made?***

Subject to any transitional arrangements in place, subsection 247(3) and the Rules set out circumstances that must be satisfied before the System Governor, or their delegate, can enter into an agreement on behalf of the Commonwealth. This includes being satisfied that:

- the provider will deliver funded aged care services in an approved residential care home and will also deliver a health service in the same location as the home
- the home is not located in a MM 1 area (i.e. a metropolitan area) based on the Modified Monash Model 2023 – see [here](#)
- there has been *adequate consultation* about the delivery of services by that provider - see [section 4.3](#)
- there is demonstrated need for the delivery of funded aged care services under the MPSP to improve access to those services for individuals in the area surrounding the home - see [section 4.4](#), and
- it will be viable to have an arrangement for the integrated delivery of funded aged care services and health services in that location - see [section 4.5](#).

**Note:** An agreement can be signed before a provider is registered, but it must cover the activities that the provider will undertake as a registered provider – see [section 4.7](#).

### ***Amendments to MPSP agreements***

MPSP agreements provide for amendments to be made. This will generally be achieved through a written variation to the agreement following discussion and confirmation by all parties. This includes amendments to reflect new places coming into effect.

However, as outlined in more detail at [Section 7](#), the agreements also provide for amendments to be made by notification in limited circumstances. For example, where an agreement is updated to reflect:

- changes to the Commonwealth contribution for a financial year as calculated under the Act and the Rules for an MPS following an increase to subsidy rates outlined in the Rules (that is, Item D of the relevant Schedule to an agreement); or
- the State Contribution for a financial year following notification by the relevant state or territory (that is, Item E of the relevant Schedule to the agreement).

## 4.3 What is adequate consultation?

For the System Governor to enter an MPSP agreement, adequate consultation must have taken place.

The provider is expected to consult with:

- the local community
- health and aged care providers operating in the area
- the relevant state or territory health department
- relevant government agencies
- affected businesses, community organisations and individuals.

Consultation should be genuine, inclusive and undertaken early enough to inform the proposal. Participants should be given clear information about the proposed new MPS and a reasonable opportunity to provide feedback.

Consultation may be conducted in different ways, including through:

- face-to-face or virtual meetings
- public meetings or community forums
- surveys or written submissions
- information displayed in accessible public locations
- targeted discussions with relevant organisations and service providers.

The consultation approach should reflect the characteristics and needs of the local community. Where relevant, providers should use accessible and culturally safe engagement methods and make reasonable efforts to include people who may otherwise face barriers to participating.

Evidence that adequate consultation has been provided should include:

- details of the consultation undertaken, including who was consulted and how
- the key issues and feedback raised
- an explanation of how the feedback informed the proposal
- any concerns raised and how they were addressed, and
- evidence of support from relevant parties, where available, including the relevant state or territory health department.

#### **4.4 Demonstrated need**

Demonstrated need for the delivery of funded aged care services under the MPSP requires evidence of:

- the care needs of older persons in the region, and
- how the MPS would improve access to Commonwealth funded aged care services in the region.

#### **4.5 Service viability**

Viability for the integrated delivery of funded aged care services and health services in an area can be demonstrated through evidence showing that:

- an integrated health and aged care model of service delivery is a cost-effective option which can achieve improved economies of scale compared to alternative service delivery models
- the MPS would not be a barrier to other services existing or entering
- there is unmet and immediate need for aged care services in the region, and
- a standalone aged care home or health service would not be viable.

#### **4.6 Place allocation**

To deliver and receive funding for Commonwealth aged care services under the MPSP, the registered provider must:

- have one or more places allocated to them *in effect* for a service group, and
- be able to use those places to deliver funded aged care services (see [section 6.3](#)).

Each year the Minister for Aged Care determines how many places are available for allocation under the MPSP. This will take into account funding available to the MPSP through annual Budget processes to support expected growth.

The department will seek a determination from the Minister specifying the number of places available in a financial year. The determination must be made before the end of the financial year to which it relates and can be made before that financial year starts.

Under section 95 of the Act, the System Governor (or their delegate) can then allocate a place(s) to a provider(s) at the request of the provider or on the System-Governor's own initiative - see [section 6](#).

**Note:** The determination for [2026-27](#) makes 100 residential care places available for allocation. However, further availability of home and community places is under consideration.

#### 4.7 Registration requirements

To deliver and receive funding for Commonwealth aged care services under the MPSP, a provider must:

- be registered under the residential care category (category 6) and have the residential care home through which services will be delivered approved by the ACQSC - see [section 4.10](#), and
- be registered in any additional registration categories that correspond to the services that they deliver or intend to deliver in a home or community setting (if any) – though currently, MPSP providers are registered in all registration categories.

They will need to apply for registration and the Aged Care Quality and Safety Commissioner will then consider their application and decide to register them if they meet requirements (sections 104 and 105 of the Act).

Providers can only be registered if the Commissioner is satisfied that they meet the registration requirements in section 109 of the Act, including general and category-specific criteria (such as audit requirements as outlined at [section 4.9](#)).

MPSP providers do not need to pay a registration fee to renew their registration, where they are only delivering services under the MPSP in the relevant category.

**Note:** Registration must generally be renewed every 3 years. The ACQSC will invite providers to apply for renewal before their current registration period ends. More information is available in the ACQSC's [provider registration policy](#).

#### 4.8 Changes to services provided – notifying ACQSC

While MPSP providers are registered in all registration categories, they may only deliver some types of services in the home or community. Providers who wish to change one or more service types that they deliver in a home or community setting within a registration category must notify the ACQSC to request the change – see: [Change in service types](#).

#### 4.9 Audit requirements

Under subsection 109(2) of the Act, a provider applying for registration or re-registration must either:

- undergo an ACQSC audit to demonstrate they can conform with the Aged Care Quality Standards, **or**
- meet the circumstances prescribed by the Rules if an audit is not required.

Section 109-10 of the Rules provides an alternative accreditation pathway for providers delivering services under the MPSP as part of an integrated service arrangement.

Under this pathway, an MPSP provider is not required to undergo an ACQSC audit if, within the three years before applying for registration, it has been assessed as complying with the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme requirements for both:

- the National Safety and Quality Health Service Standards (NSQHS Standards) and
- the [Integrated Health and Aged Care Services \(IHACS\) Module](#)\*.

**\*Note:** transitional arrangements are in place which also cover providers who were assessed against the older MPS Module within the same time period.

Under these AHSSQA arrangements, approved accrediting agencies will:

- assess the provider's compliance with the NSQHS Standards and against the IHACS Module, and
- provide assessment data and reports to the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The *health service standards assessment* conducted under the AHSSQA:

- must cover every residential care home through which services will be delivered by the provider, and
- will only cover home and community care services where delivered under the MPSP.

More information on AHSSQA arrangements is available on the ACSQHC's [website](#). This includes resources that help organisations to implement standards and prepare for an assessment.

The provider will need to provide a final accreditation or audit report to the ACQSC as part of any registration or re-registration application **or** when requested.

**Note:**

- If an existing registered provider establishes a new MPS that operates under the same governance structures and policies, they will generally not undergo an audit or accreditation assessment immediately. Instead, it will generally be included in the provider's next scheduled assessment and/or ACQSC auditing activities (i.e. based on the 3-year accreditation and registration cycle).
- Where a provider delivers services in a home and community setting that require category 4 or 5 registration under another aged care program, such as Support at Home or CHSP, other aged care audit requirements will apply.

#### **4.10 Residential care home approval**

To be registered in the residential care category, a provider must have at least one residential care home approved by the ACQSC or have applied for approval of a home that meets the definition of a residential care home and any other prescribed requirements (see section 109 of the Act).

Providers must apply for approval using the approved form (see section 111 of the Act). For each home, the application must state the total number of beds to be covered by the approval for each home. This cannot be greater than the number of beds stated within the certificate of occupancy for the home or equivalent document.

The application must also specify the following information for each home (see 111-10 of the Rules):

- the name and the street address of the home
- the name of the responsible person in charge of the home
- a copy of the certificate of occupancy or equivalent certificate for the home, or other document that specifies or relates to the number of beds in the home or the total number of individuals that may occupy or reside in the home
- documentary evidence demonstrating that the building or buildings that comprise the home are permanent and will not present a risk to the delivery of quality and safe residential care including, but not limited to:
  - floor plans and bed layout
  - fixtures, furnishings and design, and
  - an explanation of the design of the home.

Under sections 112 and 113 of the Act, the ACQSC may approve a home only if satisfied that the relevant requirements are met. These include that:

- the provider is registered in the residential care category, and
- the home meets the definition of a *residential care home* in section 10 of the Act.

Section 10 of the Act defines a residential care home as a place that is:

- the place of residence of individuals who, by reason of sickness, have a continuing need for aged care services, including nursing services, and
- fitted, furnished and staffed for the purpose of providing those services.

As indicated at [section 2.4](#) above, a residential care home generally cannot be in a hospital. However, the Act makes specific provision for integrated service arrangements under the MPSP. As a result, a residential care home can include a place within, or co-located with, a hospital or other place providing a health service that is covered by an agreement with the Commonwealth for aged care and health services to be delivered as a part of an integrated service arrangement.

#### 4.11 Bringing a new MPS online

A registered provider considering establishing a new MPS should first discuss the proposal with the relevant state or territory government and the department. As described above, the provider will then need to apply for places to be allocated for use at or through the proposed MPS, including the steps to get the associated beds ready for use.

An entity that is not yet a registered provider should also discuss its proposal with the relevant state or territory government and the department. Before it can deliver funded aged care services under the MPSP, it must meet the requirements outlined in [section 4.1](#), including entering into an MPSP agreement, becoming registered in the relevant categories and obtaining approval for its residential care home.

Providers should also ensure that their legislative responsibilities as a provider under the MPSP are understood at each MPS for which they are responsible. [Section 9](#) and [Section 10](#) summarise the obligations on providers delivering aged care services under the MPSP and how they are regulated.

## 5 What aged care services are delivered under the MPSP

### 5.1 Overview

This section provides information about what aged care services can be delivered under the MPSP – that is, services that are:

- in the [aged care services list](#) (services list), and
- included in a service agreement with the older person accessing the services - see [section 9.4](#).

**Note:**

- Services in the service list are delivered through particular service groups as outlined above (see table in [section 3.5](#)). They are also grouped into service types.
- If a registered provider delivering services under the MPSP engages a third party (known as an *associated provider*) to deliver services, they remain responsible for ensuring that the associated provider complies with all relevant obligations. Subsection 11(6) of the Act has more information on associated providers. [Section 9](#) of this manual has more information on provider obligations.

### 5.2 Delivery of services at an approved residential care home (i.e. at the MPS)

Residential care services can also be delivered at the MPS specified in their MPSP agreement, with agreements including a schedule for each MPS – each of these MPS will be an approved residential care home as discussed above.

As outlined at [Section 7](#), this should be done using MPSP funding provided for residential care places that are allocated to the relevant MPS and in effect. However, available funding for home and community places is also able to be redirected to meet current demand and community needs.

#### ***Permanent residential care***

Permanent residential care services can be delivered to an individual(s) approved to access the residential care service group and who have an ongoing classification type.

The person must be provided with all the services available through the residential care service group where they need them (see section 148-33 of the Rules).

Their access approval also gives them access to all the services under each service type included in the residential care service group. This is detailed in paragraph 65(2)(b) of the Act.

***Residential respite***

Residential respite services can be delivered to an individual(s) approved to access the residential care service group and who have a short-term classification type.

The person accessing care must be provided with all the services available through the residential care service group when they need them (see section 148-33 of the Rules).

Their access approval gives them access to all the services under each service type included in the residential care service group.

There is no limit to the number of respite care days available per year to someone in an MPS.

The length of stay is negotiated directly with the provider. Time limits that apply to mainstream residential care homes do **not** apply.

***Residential care service types and services***

Further detailed information on the four residential care service types and services within the residential care service group, which apply to both permanent and respite residential care in the MPSP, is in the guide to [Residential Care Service List and Higher Everyday Living Fee](#).

**Note:** This guide also includes information about the higher everyday living fee (HELF) which does **not** apply to specialist aged care programs such as the MPSP. This is because of the different funding arrangements for specialist aged care programs.

**5.3 Delivery of services in a home or the community**

Home or community aged care services can also be delivered through an MPS in the location specified in their MPSP agreement. In most cases, this is the town or the district where the MPS is located. This must **not** be an MM 1 area.

As outlined at [Section 7](#), this can be done using MPSP funding provided for home and community places that are allocated to the relevant MPS and in effect. However, available MPSP funding for residential care places is also able to be redirected to support the delivery of home and community services to individuals approved to access them (see below), where required to meet current demand and community needs.

***Ongoing services***

A person approved for ongoing home support, Assistive Technology or Home Modification services can access these services under the MPSP where they can be delivered by their local provider.

**Note:** If a person has two referrals and is approved for the home support, assistive technology and home modification service groups, they may access some services through an MPS and other services through a mainstream registered provider (for example, a [Support at Home](#) provider).

***Short-term services***

Where a person is approved for short-term home support, there are currently no legislative time limits imposed in the context of the MPSP on service delivery. However, under policy, MPSP providers are encouraged to deliver services in a manner consistent with the individual's needs, as well as standard time limits where appropriate, that is:

- *Restorative Care Pathway* – support for up to 12 weeks, plus 4-week extension, where needed to ensure the person has support to increase their independence to remain at home and restore function
- *End of Life Pathway* – support for 16 weeks to help people stay at home for as long as possible.

**5.4 Service agreements and care and services plans**

Services delivered to an individual under the MPSP should be reflected in the person's service agreement. A [service agreement template for the MPSP](#) has been developed for use. A care and services plan must also be completed.

More information on service agreements, care and services plans and accommodation agreements can be found at [section 9.4](#).

## 6 Allocation of places under the MPSP

### 6.1 Overview

The MPSP is funded through block funding arrangements based on the number and type of places allocated to each provider. Each year, the Minister for Aged Care determines the number of new places available for allocation under the MPSP – see [section 4.6](#).

Under section 95 of the Act, the System Governor or their delegate may allocate one or more available places to a provider - either at the request of the entity or on the System Governor's own initiative.

This section explains:

- how places are allocated - see [section 6.2](#)
- when allocated places come into effect – see [section 6.3](#)
- when allocated places go out of effect – see [section 6.4](#), and
- the conditions placed on allocated places – see [section 6.5](#).

**Important:**

- The allocation of places to providers is separate from the aged care assessment and referral process. It is also separate from any places allocated to an individual to access funded aged care services.
- Transitional arrangements under the CAT Act and its Rules ensured places allocated pre-1 November 2025 remained allocated to providers for use at specific MPS.

### 6.2 Place allocation processes

#### *Annual planning and availability of places*

To facilitate place allocation processes, each year:

- the States and Territories will be asked to provide advice about their proposed MPSP expansion plans for the next 12-24 months to inform allocation processes, particularly where demand exceeds supply
- jurisdictions and MPSP will be advised when places become available for allocation in a financial year, and
- the department's website updated to include:
  - the latest [Ministerial determination](#) specifying the number and type of places that are available for allocation – with **100 residential care places** available for 2026-27, and
  - [MPSP place allocations](#) operational arrangements for the relevant financial year, including templates for providers to request additional places and supporting guidance material.

**Note:**

- For 2026-27, **100 residential care places** are available for allocation.
- The templates, timeframes and assessment processes may differ depending on whether a provider is seeking places to expand an existing MPS or establish a new MPS.

#### *Requesting new places*

A provider already delivering services under the MPSP may use the available template to request additional places for an **existing MPS**.

A registered provider can also request new places to support the establishment of a **new MPS** in their region – this could involve:

- an entirely new residential care home and health service
- the conversion of an existing part of a hospital to create an aged care wing
- the addition of an aged care wing to an existing healthcare facility that is not a hospital, or
- a mainstream residential care home converted to a new MPS including the provision of additional health care services.

See [section 4.11](#) for further information on establishing a new MPS.

**Note:**

- A Government provider that is not yet registered can also seek places through this process. However, entities are asked to first contact the department at [MPSagedcare@health.gov.au](mailto:MPSagedcare@health.gov.au).
- Providers are also encouraged to discuss plans for new MPS, or the expansion of existing MPS with the relevant state or territory health department.
- Templates for requesting places and the timeframes when requests can be lodged are outlined on the department's website at: [MPSP place allocations](#).

**Assessment of requests**

The department will assess requests for places fairly and equitably, in accordance with the legislation and the MPSP policy framework.

An assessor guide will be used each year to support consistent assessment and the preparation of recommendations for the delegate.

Recommendations are generally prepared:

- on a **quarterly** basis for additional places at existing MPS, and
- **twice a year** for places to establish a new MPS.

For requests relating to an existing MPS, the assessment may consider:

- information provided in the application
- advice and local intelligence from the relevant departmental Local Network about service supply, community need and local priorities, and
- other relevant information held by the department, including information about the provider's performance.

Requests to establish a new MPS will also be considered by an assessment committee against the criteria and methodology set out in the relevant assessment plan. The committee will need to consider:

- planning undertaken to establish the MPS
- the organisation's governance, board and senior management arrangements
- the location of the proposed MPS and its suitability, including local demographics and community needs
- cost effectiveness and long-term viability
- how the proposal recognises and protects the rights of older people
- arrangements for delivering appropriate dementia care
- engagement with the local community and existing aged care and health service providers
- details of the proposed physical environment.

The assessment committee will include members from the department's Ageing and Aged Care Group including representatives from the department's Local Network and the MPSP policy team.

**Place allocation decisions**

Before deciding whether to allocate a place under section 95 of the Act, the delegate must consider:

- the [objectives of the MPSP](#)
- the number and types of places available for allocation
- the community needs in locations where individuals are expected to be able to access funded aged care services using the place
- the [Statement of Principles](#) under section 25 of the Act, and
- any information or documents given by the entity in relation to the allocation of the place.

The delegate must also be satisfied that allocating the place would:

- be likely to contribute to the delivery of quality and safe funded aged care services to individuals
- meet any other requirements prescribed by the Rules (currently no requirements), and
- **for residential care places:** not result in the number of residential care places in effect exceeding the number of physical beds available at the MPS (subparagraph 95(4)(b)(i) of the Act).

For a **residential care place**, this will generally mean that:

- an additional physical bed is already available and is not currently being used to deliver Commonwealth funded residential aged care — for example, an acute care bed is being converted to an aged care bed, or the MPS has recently added beds, or
- the place is being sought to support planned capital works that will increase the residential care capacity of the existing or proposed MPS.

### ***Prioritisation processes***

Where demand exceeds supply, requests for places will be informed by a prioritisation process specified in the relevant assessment plan or operational guidance.

### ***Notification of decisions***

If the delegate decides to allocate a place, they must give the provider written notice within 14 days of the decision. The notice must specify:

- the specialist aged care program for which the place is allocated
- the service group through which services must be delivered using the place
- any conditions applying to the allocation
- when the place takes effect, and
- any other information prescribed by the Rules.

See [section 6.3](#) for information about when an allocated place comes into effect.

## **6.3 When places can be in effect**

When first allocated, a place will be *out of effect* and will **not** be counted for subsidy calculation purposes until it comes into effect.

After coming into effect, a place may later go temporarily or permanently out of effect – see [section 6.4](#).

### **Important:**

- Places that were ‘provisional’ on 31 October 2025 transitioned as out-of-effect places under the new Act. Each of these places needs to be brought into effect before 31 October 2030 (5 years). If not, the allocation will cease.
- The department will notify a provider when places only have 12 months left to be made in effect.

### ***When does a place come into effect for the first time?***

Under section 97-5 of the Rules, a place allocated for use under the MPSP comes into effect **on the day after the first day** that the provider satisfies the following conditions specified in section 97-5 of the Rules:

- the provider is registered in one or more service groups through which they will deliver funded aged care services through the MPSP
- an MPSP agreement is in force
- **for residential care places**, the System Governor or delegate is satisfied that there is a bed ready to be used for the delivery of funded residential aged care services under that place (see paragraph 97-5(1)(d) of the Rules).
  - This is because, particularly in the case of residential care places, the provider will need to take additional steps before the place is ready to be used. For example, the provider may need to secure additional staffing prior to beds becoming available for an older person (bed ready).

- In practice, this means that providers will need to take pro-active action to bring an allocated residential care place into effect. That is, they will need to lodge an [Application to bring a place into effect under the MPSP](#) – as explained in more detail below.

**Important:** This will not occur if it has been more than 5 years after the day on which the place was allocated – see subsection 97-5(3) of the Rules.

#### ***Applications to bring a place into effect***

A registered provider with an MPSP agreement in force must take action to bring an allocated place into effect. When the provider considers that all applicable requirements have been met, including that a residential care bed is ready to be used, it may submit an [Application to bring a place into effect under the MPSP](#).

Following a positive delegate decision on the application, when a place comes into effect the department (the MPSP team) will then:

- calculate the revised funding of the provider at each MPS
- organise a variation to the MPSP agreement to reflect any additional places that are in effect from the relevant day, and
- if the places relate to a new MPS, advise the ACSQHC and the ACQSC, so the new MPS is included in future audit activities.

#### **Important:**

- The number of residential care places brought into effect must not exceed the number of beds covered by the ACQSC's approval of the residential care home.
- If bringing a place into effect would exceed the approved number of beds, the bed will not be considered ready to be used.
- The provider must first apply to the ACQSC to vary the approval for the home. Through that process, the ACQSC will consider whether the proposed number of beds would present a risk to the delivery of quality and safe residential care. Further information is available on the ACQSC's website: [Applications, requests and notifications](#) and [Guidance: Application for variation](#).
  - It should, however, be noted that places allocated before 1 November 2025 may not have a physical bed associated with them. Where this is the case, they do not need to be considered in these calculations.

## **6.4 When do places go out of effect?**

### ***When do places go out of effect temporarily?***

Section 97-10 of the Rules sets out when an in effect place may temporarily go out of effect.

This may occur:

- while a provider's registration is suspended, or
- while a condition on the provider's registration prevents it from delivering services using the place, or
- for a period when the System Governor and provider agree the provider does not have the capacity to deliver funded aged care services using the place - for example, where an aged care wing closes for 12 months while renovations are completed
  - This corresponds to the requirement for providers to advise the System Governor if they are unable to deliver services using a MPSP place allocated after 1 November 2025 for 12 months or more - see [section 6.5](#).

**Note:** A place will not be temporarily taken out of effect under an agreed arrangement without discussion with the provider. If a provider advises that a place cannot be used, the department and the provider will discuss the appropriate next steps. A notification does not, by itself, automatically change the amount of subsidy available to a provider for a particular MPS.

***When do places go out of effect permanently?***

Under section 97-15 of the Rules, a place will permanently cease to be in effect if:

- the entity ceases to be a provider
- the System Governor revokes the place because the place has not been used by the provider to deliver funded aged care services for at least 12 months, or
- the provider and the System Governor or delegate agree that the provider will relinquish the place
  - The System Governor/delegate must not agree to relinquish the place unless they are satisfied that the provider has complied the continuity of care requirements in Division 4 of Part 4 of Chapter 4 of the Rules.

**6.5 Conditions on allocated places**

Under section 99 of the Act and section 99-5 of the Rules, conditions apply to places allocated for use under the MPSP. Except for places allocated to a provider before 1 November 2025, these include that:

- the provider must notify the department (MPSP team) if they will not be able to, or do not intend to, use the place to deliver funded aged care services for a period of 12 months or more
- if the place is to be used for delivery of services through the residential care service group, it must be used at the residential care home specified in the notice of allocation
- if the place is to be used for the delivery of services through another service group (that is, in a home or community setting), it must be used at a location specified in the allocation notice, and
- the place must only be used to deliver Commonwealth funded aged care services when the provider's registration is in effect, the place is in effect and services are being delivered to a person with an access approval in effect.

**Note:**

- The location where the place can be used is also specified in your MPSP agreement in the relevant schedule for the MPS. See Tables B and C in Item D of the Schedule for the relevant MPS.
- These arrangements support the flexible use of MPSP funding. Providers must comply with the applicable conditions when using a place to deliver services, but the funding associated with places may be used flexibly across service settings. For example, funding associated with a residential care place may support delivery of home support services to a person in the local town approved to access those services.
- Although funding may be used flexibly, the provider must continue to comply with all conditions relating to where and how services are delivered. If a provider wants to change or expand the location where services are delivered, they will need to contact the department (MPSP team) and seek agreement to vary both their agreement and the condition on the place allocation (see below).

**6.6 Varying conditions on allocated places**

Under sections 100 and 101 of the Act and section 101-5 of the Rules, providers can apply to the System Governor to vary any conditions on a place allocation.

The application must be in the approved form and specify the following:

- the condition the entity is seeking to vary
- the day the variation is proposed to take effect, and
- any other requirements prescribed by the Rules.

For example, if a provider wants to use a residential care place at a different MPS, they should email the MPSP team at [mpsagedcare@health.gov.au](mailto:mpsagedcare@health.gov.au) and explain why the relevant condition should be varied.

In deciding whether to vary a condition as requested, the System Governor or delegate must consider:

- the objectives of the specialist aged care program for which the place is allocated

- the needs of the communities of which individual members are expected to be able to access funded aged care services delivered under the place
- the Statement of Principles, and
- any information or documents given by the provider in relation to the variation of the condition.

The delegate must decide whether to vary the condition and written notice of that decision to the provider within 14 days of making their decision. This notice must include whether the condition has been varied and the reasons for the decision.

If the delegate varies the condition, the variation takes effect on the day the notice is given unless the notice specifies a later date.

## 7 Funding for the delivery of services under the MPSP

### 7.1 Overview

The MPSP is funded jointly by the Commonwealth and the state or territory in which services are delivered.

- Commonwealth funding is intended to cover the cost of aged care service delivery.
- State/territory funding is expected to cover the costs of delivering health and/or other service(s) delivered at the same location (or nearby), as well as required infrastructure.

Commonwealth funding is in advance. It is not based on occupancy rates in the MPS or the level of demand on their home or community services. This ensures that small MPS in rural and remote locations can be certain of funding levels across the financial year.

State and territory contributions are provided under the relevant MPSP agreement and reported annually.

Commonwealth funding is provided as a subsidy under the Act and the Rules for the delivery of funded aged care services under specialist aged care programs, including the MPSP. The subsidy is calculated and paid in accordance with the relevant legislative provisions and administrative arrangements, as explained in this section.

#### Important:

- The amount of funding a provider receives for services delivered at, or through, an MPS is based on several factors. The main factor is the number of places that are allocated to the provider that are in effect for the relevant payment period - see [Section 6](#).
- Providers delivering services under the MPSP may also seek additional Commonwealth capital grant funding, or other financial supports, through programs designed to support service delivery in rural and remote Australia.
  - Information about such programs in rural and remote settings, including the Aged Care Capital Assistance Program ([ACCAP](#)), is available [here](#).

### 7.2 Flexible use of funding

A key feature of the MPSP is the flexible use of Commonwealth and state or territory funding to support an integrated health and aged care service. This allows:

- Commonwealth funding to be used across residential and home or community settings to deliver aged care services
- health and aged care staff to work across service settings at the same location, and
- infrastructure to be shared across health and aged care services.

This flexibility does not extend to funding for the delivery of individual services to people in the local community who are not eligible for aged care services. However, under policy, a person who is not eligible for funded aged care services may participate in an activity where:

- the activity is being delivered concurrently to people with an access approval in a group setting

- their participation does not result in additional cost to the MPSP, and
- the activity supports preventative health or community wellbeing in a small community.

Providers must continue to meet the conditions applying to their allocated places and ensure that Commonwealth funding is used for the purposes of the MPSP.

### 7.3 State contribution

Under MPSP agreements, a provider must notify the department of the amount of the relevant state or territory contribution for the delivery of health services for each financial year and for each residential care home covered by the agreement.

The contribution must be reported by 31 December following the end of the relevant financial year.

The Commonwealth must then update all the schedule(s) to the relevant MPSP agreements and notify the provider and the state or territory that this has occurred.

### 7.4 Eligibility for the MPSP subsidy

Under section 248 of the Act, a registered provider may be eligible for MPSP subsidy for a day if:

- an MPSP agreement with the Commonwealth is in force and covers the service group(s) through which the funded aged care services are delivered
- one or more of the places allocated to the provider are being used, or are able to be used, to deliver funded aged care services
- those places are in effect, and
- all conditions that apply to those places have been met.

**Important:** The note at the bottom of section 248 of the Act clarifies that the registered provider may be eligible for subsidy for a day even if the registered provider did **not** deliver any funded aged care services to individuals on that day.

In practice, this means that to remain eligible for MPSP funding a provider must ensure their agreement remains in place, the places remain in effect and they meet any conditions on those places (see [section 6.5](#)).

### 7.5 Amount of the MPSP subsidy

Section 249 of the Act provides for the amount of the MPSP subsidy to be set out in the Rules and based on factors other than the actual delivery of funded aged care services to a person on a particular day. This is consistent with the flexible, block-funded design of the MPSP funding model.

Under section 249-10 of the Rules, the MPSP subsidy is worked out in accordance with the following formula – with the table below explaining each of the components.

$$\text{ACWSA} + \text{BDFSFA} + \text{DCSA} + \text{DVEA} + \text{HCAA} + \text{HCPA} + \text{RCPA} + \text{RSEA} + \text{VEA}$$

| Subsidy Component | Full Name                         | Applies to                               | Background/explanation                                                                                                                                                                                                                                                                                                                                     |
|-------------------|-----------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACWSA             | Aged Care Wage Supplement Amount  | Residential and home or community places | Provides additional funding to specified providers to support certain award wage rises, consistent with the Fair Work Commission Aged Care Work Value Case. State and Territory government providers do not receive the supplement as staff are employed under state health awards or enterprise agreements. See sections 249 –10 and 249–25 of the Rules. |
| BDFSFA            | Basic Daily Fee Supplement Amount | Residential care places                  | Provides additional funding to support improved food and nutrition services for people accessing residential care. See section 249 – 10 of the Rules.                                                                                                                                                                                                      |

| Subsidy Component | Full Name                                                                    | Applies to                | Background/explanation                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DCSA              | Direct Care Supplement Amount                                                | Residential care places   | Provides additional funding associated with direct care requirements that are currently being trialled. See section 249-30 of the Rules.<br><b>Note:</b> The supplement amount varies based on the location of the residential care home.                                                                                                                                          |
| DVEA              | Dementia and cognition supplement and veterans' supplement equivalent amount | Home and community places | Provides funding to support the additional costs associated with eligible dementia, cognition or veterans' needs in home or community settings. See section 249-10 of the Rules.                                                                                                                                                                                                   |
| HCAA              | Home or Community Additional Amount                                          | Home and community places | Provides an additional amount to support older people to remain living at home in their community. See sections 249-10 and 249-35 of the Rules.<br><b>Note:</b> the amount received varies based on the location of their residential care home(s). For MPSs that operated prior to 1 January 2017, the amount is based on the Accessibility/Remoteness Index of Australia (ARIA). |
| HCPA              | Home or Community Place Amount                                               | Home and community places | Provides the base daily amount for each home or community place in effect. See section 249-10 of the Rules.                                                                                                                                                                                                                                                                        |
| RPCA              | Residential Care Place Amount                                                | Residential care places   | Provides the base daily amount for each residential care place in effect. See sections 249-10 and 249-40 of the Rules.<br><b>Note:</b> The amount may include a viability component based on factors such as location, the number of places in effect and the groups of older people accessing services. See Sections 249-50 to 249-65 of the Rules.                               |
| RSEA              | Respite Supplement Equivalent Amount                                         | Residential care places   | Supports the provision of residential respite under the MPSP. See sections 240-10 and 249-45 of the Rules.<br><b>Note:</b> the amount received increases depending on the number of places in effect.                                                                                                                                                                              |
| VEA               | Veterans' Supplement Equivalent Amount                                       | Residential care places   | Supports the additional costs of caring for eligible veterans with a service-related mental health condition. See section 249-10 of the Rules.                                                                                                                                                                                                                                     |

## 7.6 Calculating the subsidy

The MPSP subsidy for each provider at each of their residential care homes is calculated using the:

- number of residential care or home or community places in effect
- the applicable daily funding amount (worked out using the formula above), and
- the number of days and places in effect for the funding period.

The department calculates the subsidy for the next financial year, including applicable indexation, and divides the annual amount into quarterly payments - see [section 7.7](#).

**Note:** Once subsidy rates for the following financial year have been calculated and approved by the Minister, the department will update the Commonwealth contribution listed in the schedule(s) to each MPSP agreement. The department will notify the provider and the relevant state or territory.

## 7.7 Payment of the subsidy

Section 260-10 of the Rules requires that payments be made quarterly:

- **within 21 days** after the start of the quarter, **or**
- on another day in that quarter or a subsequent quarter **agreed** between the System Governor and the provider.

## 7.8 Payment conditions

Under subsection 260(3) of the Act, the subsidy is paid on conditions. In practice, this means that providers must ensure that:

- services are delivered through places in effect for the program and service group
- conditions on those places are met
- the provider's registration is in effect and covers the services delivered, and
- funded aged care services are delivered to individuals who have an access approval in place that covers the services delivered (for example, residential care services are only provided to individuals approved to access residential care service group).

**Note:**

- It is recognised that where alternative entry arrangements apply for an individual, an access approval for that individual will only be put in place retrospectively. This is considered acceptable under policy.
- The above arrangements are also not intended to restrict the use of funding for residential care places to residential care service delivery, or funding for home and community places to the delivery of services in the home or community. However, services do need to be delivered to approved people consistent with their access approval, and conditions on places do need to be met – see [section 6.5](#).

## 7.9 MPSP subsidy payments in practice

To facilitate payments being made, the department enters payments into the Department of Social Services Grants Payment System together with a funding agreement for each provider, an activity for each residential care home and a milestone for each quarterly payment.

**Note:**

- The current MPSP agreement must be uploaded to Gov GPS for every provider, together with any variations to this agreement and/or letters of notification issued. The MPSP team is responsible for this.
- It is also important the correct bank account details for MPSP subsidy payments are recorded. If the provider needs to update their bank account details, they should email [MPSAgedCare@health.gov.au](mailto:MPSAgedCare@health.gov.au) and request a banking update form.
- When the provider returns the completed form to the above email address, the MPSP team will forward the completed paperwork to the Gov GPS helpdesk and ask them to amend the banking details. Such requests must come from the MPSP team to Gov GPS.
- The MPSP team will notify the MPSP provider once the bank account has been added to their profile, which usually takes up to 5 business days.

## 7.10 Managing changes to the MPSP subsidy

The amount of subsidy a provider is eligible to be paid during a financial year can change.

This may occur in the following scenarios. In both scenarios, the relevant schedule(s) to the MPSP agreement will need to be updated – but the process is different.

***Changes to MPSP subsidy amounts under the Rules***

The Rules may be amended during a financial year to:

- apply indexation to existing subsidy components (occurs annually), or
- introduce or change subsidy components following a government decision (ad hoc).

Where the legislated subsidy amount changes, the department is required to pay the revised amount to eligible providers with an MPSP agreement in force. A negotiated agreement variation is not required solely because a subsidy amount prescribed by the Rules has changed.

As a result, in this scenario, the department will simply:

- calculate the revised Commonwealth contribution
- notify the provider and the relevant state or territory, and
- issue updated schedules to the agreement.

**Note:** Consistent with the MPSP agreement, the department will consult providers and states and territories before implementing any decrease in subsidy.

***Changes to the number of places that are in effect***

If the number or type of places in effect at an MPS changes, all parties to the MPSP agreement will generally need to sign a variation. This may occur where:

- additional places are allocated and brought into effect, or
- the parties agree that one or more places will temporarily go out of effect.

The variation will update:

- the number and type of places in effect, and
- where agreed, the Commonwealth contribution for the relevant residential care home.

An increase in subsidy will be payable from the date the relevant places come into effect, even if finalising the agreement variation is delayed.

**7.11 Emergency circumstances and continued payments**

During an emergency or natural disaster, such as a bushfire, flood or cyclone, MPSP providers are expected to:

- cooperate with emergency services and other relevant authorities
- follow their emergency and disaster management plans
- work closely with the department's state or territory office and Local Network, and
- make appropriate arrangements to support continuity of care.

An emergency may require a provider to temporarily stop delivering residential or home and community aged care services from an MPS.

Where the provider continues to support appropriate alternative arrangements for people accessing care, the Commonwealth may continue to pay the MPSP subsidy in accordance with the MPSP agreement and applicable funding arrangements.

## 8 Fees and payments under the MPSP

**8.1 Overview**

Providers delivering services under the MPSP can ask people accessing services to contribute to the costs of their care. This section provides information about what charges can be collected.

These fees differ from those that can be charged by mainstream residential care and Support at Home providers (see section 286 of the Act).

Depending on the person's circumstances, an MPSP provider **may** charge:

- a *specialist aged care program fee* - see [section 8.2](#), and
- an *accommodation payment* - see [section 8.3](#).

They **cannot** charge an accommodation co-contribution or a Higher Everyday Living Fee (HELFF).

## 8.2 Specialist aged care program fee

Under section 286-10 of the Rules, MPSP providers can charge specialist aged care program fees. These fees contribute to everyday living costs associated with the delivery of services, such as meals, cleaning, laundry, heating and cooling.

The provider may determine the amount of the fee. However, the fee:

- must be agreed between the provider and the person in writing
- must not exceed the amount agreed in writing, and
- must not exceed the applicable maximum amount under the Rules.

The maximum specialist aged care program fee is:

- 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.

Based on those percentages, the current maximum daily amounts for the MPSP are outlined within the [Schedule of Fees and Charges for Residential Care](#).

**Important:** An MPSP provider must have a financial hardship policy and apply it when deciding whether, and how much, to charge a person who is experiencing financial hardship - see [section 8.6](#).

## 8.3 Accommodation payments

An MPSP provider may charge an accommodation payment when a person enters **permanent** residential care, but only in limited circumstances.

Whether an accommodation payment can be charged depends on the outcome of the person's pre-entry means assessment by Services Australia - see [section 8.4](#).

- If a resident is assessed by Services Australia **not** to be eligible for Commonwealth Government assistance for their accommodation costs, or insufficient information is provided for a means assessment to be determined: the person must pay the room price agreed with their MPSP provider prior to entering the residential care home as an accommodation payment.
- If a resident is ordinarily eligible for Commonwealth Government assistance with their accommodation costs: a MPSP provider **can not** charge the resident for accommodation.
  - In practice, this means they **cannot** be charged an accommodation payment or an accommodation contribution.
  - An accommodation contribution refers to a partial contribution towards accommodation costs (paid by residents who are partly supported by government).
- Section 288-5 of the Rules provides that section 298 of the Act, which deals with accommodation contributions, does **not** apply to the MPSP.

When required by the MPS provider, accommodation payments may be paid as:

- a **Refundable Accommodation Deposit (RAD)**: This is a lump sum paid when an older person is paying the full amount of the agreed accommodation price – see [section 8.5](#).
- a **Daily Accommodation Payment (DAP)**: This is a recurring daily payment based on the agreed accommodation price, or
- a combination of a RAD and a DAP.

**Important:**

- Section 289-10 of the Rules provides a formula for providers to work out the maximum DAP payable.

- An accommodation payment cannot be more than the maximum accommodation payment in section 289 of the Rules unless a higher amount is approved by the Independent Health and Aged Care Pricing Authority.
- Information on the maximum accommodation payment and amounts can be found here [Published prices and maximum accommodation payment amounts](#).
- MPSP providers can apply RAD retention and DAP indexing arrangements to eligible individuals who make these kinds of accommodation payments in the same manner as mainstream residential aged care providers. The calculation for indexation is in section 302-10 and 302-15 of the Rules.

#### 8.4 Means assessments

To request a pre-entry means assessment, an older person should complete the Residential Aged Care Calculation of Your Cost of Care Form ([SA457](#)) and submit this to Services Australia.

When completing this form in the context of the MPSP and to avoid processing issues, MPS residents should select **Option 1** at Question 15 (Options 2 and 3 apply to mainstream residential care only).

Services Australia will issue the person with a residential aged care fees notice after completing the assessment.

**Important:** This notice may include information that suggests an older person must pay an accommodation contribution and other fees relevant to mainstream residential care services. This is because it is intended to provide advice for individuals who will access mainstream residential care services. It does not apply to services delivered by a MPSP provider.

#### 8.5 Refundable accommodation deposits (RADs)

If a provider does accept payment via a RAD in an MPSP context, they have the same [prudential responsibilities](#) as mainstream residential aged care providers. This includes requirements regarding RAD retention, the accommodation agreements and the indexation of daily payments.

You can find current information about prudential obligations, including the management of refundable deposits on the [ACQSC website](#).

The [Accommodation Bond Guarantee Scheme](#) covers the RADs that providers may collect.

#### 8.6 Financial hardship

Some people accessing funded aged care services may experience financial hardship and have difficulty paying required fees and charges.

Under section 286-20 of the Rules, MPSP providers must have a financial hardship policy that outlines how the MPS will charge fees when an older person is experiencing financial hardship. This should explain:

- how an individual can apply for a waiver or reduction in their specialist aged care program fees due to financial hardship
- what evidence of financial hardship the individual must submit to the provider
- how that evidence must be submitted
- the principle/s or calculation/s the provider will use to determine the amount
- the duration of any reduction they will *apply* if the individual's application is successful.

The registered provider must make the financial hardship policy publicly available.

## 9 Obligations on providers delivering aged care services under the MPSP

### 9.1 Overview

Providers delivering services under the MPSP need to comply with any applicable obligations on them under the Act (Chapter 3) and related rules, just like any other provider. If they fail to do so, regulatory action may be taken against them - see [section 10](#).

Obligations on providers include:

- conditions on registration - see [section 9.2](#)
- obligations outlined in the Act - see [section 9.3](#) and
- statutory duties under the Act - see [section 9.10](#).

However, some obligations will not apply or be varied where the provider is delivering services under a specialist aged care program such as the MPSP. The application of some obligations may also be affected by other characteristics (for example, if the provider is a government entity and/or which categories they are registered in). As a result, this manual, together with complementary advice on the [ACQSC website](#), is intended to provide a summary of the obligations that apply to providers delivering services under the MPSP.

A search tool to help users understand provider requirements under the Act and rules is also available at [Aged Care Provider Requirements Search](#). It is a summary resource only, with links to legislation and source documents.

#### Important:

- Providers are also expected to deliver services under the MPSP in a manner consistent with their agreement with the Commonwealth, which includes delivering services diligently, efficiently, effectively and in good faith to a high standard.
- Certain obligations under the Act and the Rules also apply separately to responsible persons (see [9.9](#) below) or aged care workers.

### 9.2 Conditions on registration

Providers delivering services under the MPSP must comply with conditions on their registration as outlined in Chapter 3 of the Act (under Division 1 of Part 4) and related Rules. The table below summarises the key groups of conditions and how they apply.

| Obligation Category                  | Section(s) of the Act | Who does it apply to | Rules reference                            | Summary of key obligations                                                                                                      |
|--------------------------------------|-----------------------|----------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Aged Care Code of Conduct            | ss14 & 145            | All providers        | Part 5 of Chapter 1                        | Must comply with the Aged Care Code of Conduct (which is included in the Rules) and ensure their aged care workers also comply. |
| Quality Standards                    | ss15 & 146            | All providers        | Part 6 of Chapter 1                        | Must comply with the strengthened quality standards (which are included in the Rules).                                          |
| Incident Management – including SIRS | ss16 & 164            | All providers        | Part 7 of Chapter 1 & Part 10 of Chapter 4 | Must have an incident management system in place, and manage incidents as required.                                             |
| Restrictive Practices                | ss17 & 18 & 162       | All providers        | Part 7 of Chapter 1 &                      | Must comply with restrictive practice and behaviour support plan requirements. For example, if an individual needs a            |

| Obligation Category                         | Section(s) of the Act | Who does it apply to                          | Rules reference                           | Summary of key obligations                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------|-----------------------|-----------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             |                       |                                               | Part 9 of Chapter 4                       | behaviour support plan, it must be included in their care and services plan.                                                                                                                                                                                                                                                               |
| Rights & Principles                         | s144                  | All providers                                 | Part 3 of Chapter 4                       | <p>Must demonstrate the provider understands the Statement of Rights and have in place practices to ensure they act compatibly with the Statement.</p> <p>Must demonstrate they understand the safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of funded aged care services.</p> |
| Continuous Improvement                      | s147                  | All providers                                 | Part 4 of Chapter 4                       | Must demonstrate the capability for, and commitment to, continuous improvement towards the delivery of high-quality care, and have a continuous improvement plan.                                                                                                                                                                          |
| Delivery of funded aged care services       | s148                  | All providers                                 | Part 4 of Chapter 4                       | Must deliver services as required in the Rules, maintain and manage residential care homes as required, have a service agreement and a care and services plan for individuals to whom services are being delivered. See <a href="#">section 9.4</a> in terms of service agreements and care and services plans.                            |
| Starting and ceasing services               | S149                  | All providers though some exemptions for MPSP | Division 4 of Part 4 of Chapter 4         | Must comply with obligations related to continuity of care.                                                                                                                                                                                                                                                                                |
| Financial and prudential standards          | s150 and s150A        | Non-government providers only                 | N/A                                       | Must comply with the Financial and Prudential Management Standard, the Liquidity Standard, and the Investment Standard.                                                                                                                                                                                                                    |
| Fees, payments, contributions and subsidies | s151                  | All providers                                 | Part 9 of Chapter 8 & Part 2 of Chapter 8 | Must comply with obligations related to fees, payments, contributions and subsidies.                                                                                                                                                                                                                                                       |
| Workforce                                   | s152                  | All providers                                 | Part 6 of Chapter 4                       | <p>Must comply with worker screening requirements (existing police certificate or NDIS requirements for aged care workers will remain in place until new worker screening arrangements commence).</p> <p>Must ensure aged care workers have the appropriate qualification, skills or experience to provide funded aged care services.</p>  |
| Vaccination                                 | s153                  | All providers                                 | Part 6 of Chapter 4                       | Must provide access to vaccinations to older people and workers in accordance with the Australian Immunisation                                                                                                                                                                                                                             |

| Obligation Category                     | Section(s) of the Act | Who does it apply to          | Rules reference      | Summary of key obligations                                                                                                                                                                |
|-----------------------------------------|-----------------------|-------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         |                       |                               |                      | Handbook, including an influenza vaccination, a COVID-19 vaccination, a pneumococcal vaccination and a shingles vaccination.                                                              |
| Personal information and record keeping | s154                  | All providers                 | Part 7 of Chapter 4  | Must meet record keeping obligations.                                                                                                                                                     |
|                                         | s154                  | Non-government providers only | Part 7 of Chapter 4  | Must keep records regarding governing body membership and quality of care advisory body.                                                                                                  |
| Provision of information to individuals | s155                  | All providers                 | Part 7 of Chapter 4  | Must provide information about Statement of Rights and to assist individuals to choose services, as well as clear and understandable invoices.                                            |
| Access by supporters                    | s156                  | All providers                 | Part 7 of Chapter 4  | Must allow and facilitate access by supporters, legal advisors, aged care advocates and volunteer visitors.                                                                               |
| Membership of governing bodies          | s157                  | Non-government providers only | Part 8 of Chapter 4  | Must generally ensure majority of the governing body are independent non-executive members, and at least one member has experience in clinical care.                                      |
| Advisory body requirements              | s158                  | Non-government providers only | Part 8 of Chapter 4  | Must establish and continue a quality care advisory body and meet related requirements.                                                                                                   |
| Complaints, feedback and whistleblowers | s165                  | All providers                 | Part 10 of Chapter 4 | Must have complaints and feedback management system, and manage complaints and feedback as required.<br><br>Must have a whistleblower policy in place and manage disclosures as required. |

### 9.3 Other obligations for providers under the Act

Providers delivering services under the MPSP must also comply with obligations on their registration as outlined in Chapter 3 of the Act (under Division 2 of Part 4) and related Rules. The table below summarises the key groups of obligations and how they apply to **providers** that deliver services under the MPSP.

**Note:** This table does not include specific obligations for responsible persons and aged care workers also outlined in this section of the Act, which providers must also be aware of, including obligations for such people to meet the Code of Conduct in their own right, and notify the Commission of certain matters. See [section 9.9](#) below for more information about obligations on responsible persons.

| Obligation category      | Section of the Act | Who does it apply to | Rules reference     | Summary of key obligations                                                          |
|--------------------------|--------------------|----------------------|---------------------|-------------------------------------------------------------------------------------|
| Reporting on vaccination | s166               | All providers        | Part 2 of Chapter 5 | Must report on influenza and COVID-19 vaccinations for staff and other individuals. |

| Obligation category                             | Section of the Act | Who does it apply to                              | Rules reference                                              | Summary of key obligations                                                                                                                                                                                                                          |
|-------------------------------------------------|--------------------|---------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reporting on complaints                         | s166               | All providers                                     | Part 2 of Chapter 5                                          | Must provide a complaint and feedback management report to the Commissioner within 4 months of the end of the financial year.<br><br>Must provide a complaint and feedback management report to the System Governor or the Commissioner on request. |
| Reporting on financial and prudential matters   | s166               | All providers                                     | Part 2 of Chapter 5                                          | Must complete the food and nutrition component only of the quarterly financial report – see <a href="#">section 9.5</a>                                                                                                                             |
| Reporting on financial and prudential matters   | s166               | All providers that accept RADs                    | Part 2 of Chapter 5                                          | Must complete prudential compliance statement – see <a href="#">section 9.5</a>                                                                                                                                                                     |
| Incident reporting – including SIRS             | s166               | All providers                                     | Part 2 of Chapter 5                                          | Must notify the Commissioner of reportable incidents as required – see <a href="#">section 9.7</a>                                                                                                                                                  |
| Reporting on provider governance and operations | s166               | All providers                                     | Part 2 of Chapter 5                                          | Must provide a report regarding compliance with the Act and report on certain matters.                                                                                                                                                              |
| MPSP specific reporting                         | s166               | Providers delivering services under the MPSP only | Part 2 of Chapter 5 (sections 166-725, 166-730 and 166-735). | Must complete and submit MPSP specific reports – see <a href="#">section 9.6</a> .                                                                                                                                                                  |
| Change in circumstances                         | s167               | All providers                                     | Part 3 of Chapter 5                                          | Must notify the System Governor and/or Commissioner when specified events occur – see <a href="#">section 9.8</a> .                                                                                                                                 |
| Protection of personal information              | s168               | All providers                                     | N/A                                                          | Must only use personal information collected for specified purposes.                                                                                                                                                                                |
| Registered nurses                               | s175               | All providers unless exemption in place           | N/A                                                          | Must ensure that at least one registered nurse is on site, and on duty, at all times at an approved residential care home of the registered provider.                                                                                               |
| Co-operation with other persons                 | s177               | All providers                                     | Part 7 of Chapter 5                                          | Must cooperate with any person who is performing functions, or exercising powers, under this Act.                                                                                                                                                   |

#### 9.4 Service agreements, care and services plans and accommodation agreements

Providers delivering services under the MPSP must have an agreement with each individual accessing funded aged care services (a service agreement). They may also need to prepare an accommodation agreement and/or a care and services plan for a person to whom they are delivering services. These requirements are summarised below.

**Note:** Providers should create these documents separately where required, but can also combine them together in one document where considered appropriate.

##### ***Service agreements***

Providers delivering services under the MPSP must enter into a service agreement with each individual within 28 days of commencing the delivery of services (see section 148-65 of the Rules).

The matters that must be included in a service agreement are outlined in section 148-70 of the Rules and depend on what services a provider delivers. This includes:

- the basic details specified at section 148-70(2)
- specified information, including fee and contributions information, where services are being delivered in the home or community (see section 148-70(6)), and
- specified information, including fee and contributions information, where services are being delivered in a residential care home (see section 148-70(11) and (12)).

The Rules also provide for a cooling-off period in certain circumstances – see section 148-65.

To assist providers meet their obligations, a MPSP service agreement [template](#) is available.

Providers **must** review service agreements at least once every 12 months and when requested by the individual.

A variation to the agreement can occur with the consent of both the individual and the provider, provided there has been adequate consultation about the variation between the individual and the provider and the variation is not inconsistent with *A New Tax System (Goods and Services Tax) Act 1999* or the Act. In the individual's case, that consent can be given verbally.

##### ***Care and services plans***

Consistent with section 148-80 of the Rules, providers must develop a care and services plan for each individual within 28 days of commencing the delivery of services. In developing the care and services plan, providers should engage with supporters of the individual or others involved in the person's care. The plan should describe the individual's current care needs, their goals and preferences. The plan should also set out appropriate strategies for risk management and preventative care.

Individuals should be provided with a copy of their plan when it is developed, whenever it is updated or when they request a copy. Providers must ensure the plan is reviewed at least once every 12 months where non-residential care services are being delivered, and regularly as required in accordance with the Aged Care Quality Standards.

##### ***Accommodation agreements***

Any person accessing residential care services will need an accommodation agreement in place before they access residential care. Sections 292, 293 and 294 of the Act outline what must be included in an accommodation agreement for all providers, this includes all MPSP providers.

A comprehensive guide to what must be included and what information must be provided to the older person for mainstream residential care is on the department's [website](#). In addition to these requirements, an MPSP accommodation agreement must also include information about the provider's financial hardship policy (section 288-20 of the Rules).

Section 288-5 also outlines certain requirements that do not apply to MPSP accommodation agreements. That is, there is no requirement to include information in the agreement about matters that don't apply in an MPSP context (e.g. daily means tested amounts, fee reduction supplements and accommodation contributions).

## 9.5 Standard provider reporting requirements

### ***Quarterly reporting***

Providers delivering services under the MPSP are required to complete the aged care Quarterly Financial Report (QFR) in the approved report form (see section 166-340 of the Rules).

In practice, this is done electronically through [GPMS](#). Providers delivering services under a specialist aged care program, such as the MPSP, will be prompted to use a different approved form to complete the QFR and are only required to complete a small component related to food and nutrition.

This involves providing information on how much they spend on food and nutrition including:

- oral nutrition supplements
- oral health living costs
- allied health costs and hours
- the food preparation model, including catering type and location
- food catering costs, including whether food and ingredients are classified as 'fresh', and
- food preparation hours.

The QFR is due to the System Governor within 35 days after the end of each quarter (or 45 days after the end of the quarter ending 31 December). Further information on the QFR can be found [here](#).

### ***24/7 registered nursing (RN) responsibility reporting***

In response to Recommendation 86 of the Royal Commission into Aged Care Quality and Safety, the Australian Government identified that staffing levels are vital to the quality of residential care and implemented 24/7 RN arrangements in mainstream residential aged care facilities as of 1 July 2023.

Since 1 July 2023, providers of mainstream residential aged care have been required to have at least one RN on-site and on duty at each residential care home they operate 24 hours a day, 7 days a week. This requirement, known as the '24/7 RN responsibility' aims to provide individuals with better access to clinical care in facilities and improve individual safety (see section 175 of the Act).

These 24/7 RN arrangements apply to the MPSP as of 1 July 2026, with reporting obligations also applying from 1 October 2026. Monthly reports must now be completed through GPMS.

### ***Annual reporting***

The Aged Care Financial Report (ACFR) allows the government to collect financial information about providers. Providers that only deliver services through the MPSP do not need to include a financial support statement or the General Purpose Financial Report (see section 166-310 of the Rules). However, they will need to complete the Annual Prudential Compliance Statement (APCS) within the ACFR.

Providers delivering services through the MPSP are required to complete the APCS, but this only requires them to complete a single declaration, unless they accept RADs during the reporting period.

If the MPS collects RADs, it will also need to complete the relevant sections within the ACFR. If at any time through the year the provider refunded a RAD balance, they will be required to report the total value of the refundable accommodation payment balances that were refunded.

Registered providers will be notified when the ACFR for the reporting period is available for online completion. Reports must then be uploaded through the [Forms Administration portal](#) using a myID login. More information is available [here](#).

## 9.6 MPSP specific reports

As outlined in [section 9.3](#), registered providers need to comply with various reporting requirements.

Additional information is provided below on the reports that apply only under the MPSP. These reporting requirements are also outlined in Part 2 of Chapter 5 (sections 166-725, 166-730 and 166-735).

Registered providers delivering aged care services under the MPSP must submit these reports in an approved form by the dates specified below each year. They must include the required information for

the relevant financial year for each approved residential care home of the registered provider which delivers services under the MPSP.

The data collected through these reports is used to inform policy development on the MPSP and the delivery of aged care service in rural and remote Australia. It 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 1997* ([ROACA](#)) and the [MPS Factsheet](#).

The reports listed below must be submitted through the **Qualtrics platform**, with one report to be completed for each MPS. This ensures that data is directly uploaded to the department and all mandatory data is provided.

**Note:**

- A link to Qualtrics is distributed to nominated users by email on the day the reporting cycle commences.
- The responses entered will be saved for a period of 90 days. If the relevant report is not submitted within this timeframe, their answers will be automatically deleted.
- The reports must be accompanied by a declaration signed by the person who completed the report and who has been authorised to do so by the registered provider.
- For assistance or enquiries completing the below reports, or if adjustments are required to the responses after the report has been submitted, please email: [MPSAgedCare@health.gov.au](mailto:MPSAgedCare@health.gov.au). A user guide is also available on the Department's website – see: [Reporting for Multi-Purpose Service Program providers](#).

***Annual Activity Report (AAR)***

Registered providers must submit an annual activity report for the previous financial year by 31 July (or on a date otherwise agreed with the System Governor) which includes the following information:

- the number of individuals who:
  - have accessed funded aged care services in, or from, the approved residential care home
  - commenced 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, and
  - are waiting to access such funded aged care services
- any fees or contributions charged to individuals who accessed funded aged care services delivered in, or from, an approved residential care home
- the service types of aged care services delivered, and
- the activities undertaken by the residential care home to prevent and manage disease outbreaks.

***Service demographics report***

Registered providers must submit this report for the previous financial year by 31 July (or at date otherwise agreed with the System Governor) which includes a list of individuals who accessed aged care services at each MPS for the financial year, together with the following data for **each** individual:

- the service types they were delivered
- the classification type for the service group for the individual
- where requested in the report form, specified demographic information including:
  - the name, gender and date of birth of the individual
  - whether the individual is an Aboriginal or Torres Strait Islander person, and
  - whether the individual has been diagnosed with dementia or has suspected dementia symptoms
- whether the individual had an access approval when they commenced services
- the date when the individual commenced and ceased accessing services, and
- the reason for ceasing any services.

***Annual statement of financial compliance and income and expenditure***

Registered providers must submit this statement by 31 October each year (or date otherwise agreed with the System Governor) which includes the following information:

- the amount of subsidy received under Division 5 of Part 2 of Chapter 4 of the Act to deliver funded aged care services at each approved residential care home
- individual fees or contributions paid to the provider under Part 3 of Chapter 4 of the Act by individuals accessing funded aged care services at each approved residential care home
- the amount of expenditure on:
  - salaries and wages of aged care workers and responsible persons
  - any labour costs in addition to salaries and wages such as superannuation benefits, leave loadings, payroll tax, workers compensation and other liability insurance, cost of subsidised services to employees and training costs
  - non-salary related other expenditure
  - capital expenditure
  - disease outbreak management activities

**Important:**

- Only aged care service financial information is now collected in this statement. Information about revenue and expenditure relating to health services, hospital services, primary health services or other non-aged care activities should not be included. This is consistent with MPSP reporting requirements under Part 2 of Chapter 5 of the Act.
- Providers are not expected to keep separate records of aged care expenditure at this stage. It is acceptable to use a reasonable and documented apportionment methodology when determining the aged care amounts to include.
  - The department does not prescribe a methodology for apportioning shared revenue or expenditure between aged care and health services. Providers may wish to consult their relevant state or territory government regarding any methodology used and may be asked to explain how the reported amounts were determined.
  - Where this occurs, reporting of a constructed budget aligned with the reported aged care expenditure allocation would also be appropriate.
- There remains a separate contractual requirement under the MPSP Agreement to report the annual state/territory funding contribution for the MPS under Item E of the relevant Schedule to the Agreement.

**9.7 Serious Incident Response Scheme**

The [Serious Incident Response Scheme \(SIRS\)](#) aims to reduce abuse and neglect among people receiving aged care. Like all registered providers, providers delivering services under the MPSP must manage and report incidents involving a person's care to the Commission. This includes reporting incidents that fall within one of the eight reportable incident types and occurs or are alleged/suspected to have occurred to a person accessing aged care. Reportable incidents need to be notified to the Commission through My Aged Care's [provider portal](#), with reporting timeframes dependent on the priority level of the incident.

**Note:**

- The [SIRS decision support tool](#) helps providers identify an incident's priority level and decide if it needs to be reported.
- The [My Aged Care – Service and Support Portal user guide – Part 1](#) is designed to inform 'administrators', 'team leaders' and 'staff members' about how to access and use the portal.
- If a provider has a SIRS enquiry, they can email the ACQSC at [sirs@agedcarequality.gov.au](mailto:sirs@agedcarequality.gov.au).

## 9.8 Change in circumstances

Like all registered providers, providers delivering services under the MPSP must notify the Aged Care Quality and Safety Commission of specified changes in circumstances – for example, changes impacting the suitability of a responsible person or the provider, or of the scale of their operations. The department may also need to be notified in some circumstances (section 167 of the Act).

The notification requirements are outlined in Chapter 5, Part 3 of the Rules. Some of the notification requirements only apply to non-government providers, for example the notification of changes to governance arrangements, financial and prudential matters, and liquidity issues. Additional notification requirements apply for the responsible persons of registered providers. Detailed information about these requirements is available on the Commission's [website](#).

## 9.9 Responsible persons

The Act creates additional obligations for the responsible persons of a registered provider. Responsible persons are defined under section 12 of the Act. For government providers, the definition of responsible person is limited to person(s) responsible for the overall management of nursing services and day-to-day operations at an approved residential care home (section 12(1)(c)). For non-government providers, it includes members of governing bodies. Detailed information about these requirements is available on the Commission's [website](#).

## 9.10 Statutory duties

The Act includes specific statutory duties on providers and some responsible persons.

Under section 179 of the Act, a provider must ensure so far as is reasonably practicable, that their conduct does not cause adverse effects to the health and safety of individuals to whom they are providing services. Civil penalties may apply where a provider's conduct amounts to a serious failure to comply with this duty.

Subsection 179(2) outlines that 'reasonably practicable', in relation to a duty imposed under this Part, means that which is, or was at a particular time, reasonably able to be done, taking into account and weighing up all relevant matters including:

- the likelihood of the adverse effect concerned occurring
- the likely degree of harm from the adverse effect
- what the person concerned knows, or ought reasonably to know, about ways of preventing the adverse effect
- the availability and suitability of ways to prevent the adverse effect, and
- the rights of individuals under the Statement of Rights.

Civil penalties may apply where a provider's conduct amounts to a serious failure to comply with this duty.

Under section 180 of the Act, certain responsible persons also have a duty to exercise due diligence to ensure their provider complies with the above duty. In the context of the MPSP, this will only be relevant to responsible persons of non-government providers.

# 10 Regulation of providers who deliver services under the MPSP

## 10.1 Overview

This section outlines the role of the department and relevant regulators in regulating how providers deliver services under the MPSP. If registered providers fail to meet their obligations under the Act or Rules, regulatory action may be taken and penalties can be imposed. The department may also take action if providers fail to comply with their MPSP agreement.

## 10.2 The Australian Commission on Safety and Quality in Health Care (ACSQHC)

Under the *National Health Reform Act 2011*, the ACSQHC is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the safety and quality standards including the National Safety and Quality Health Service (NSQHS) Standards and the [Integrated Health and Aged Care Services \(IHACS\) Module](#) (previously known as the MPS aged care module).

Accrediting agencies, approved by the ACSQHC, assess health service organisations against the specified standards. The ACSQHC also develops and maintains the relevant standards, undertakes liaison on opportunities to improve the standards and the accreditation system, and reports to health Ministers annually on safety and quality.

As a result, the ACSQHC supports streamlined accreditation arrangements for integrated health and aged care providers that deliver services under the MPSP, by facilitating their assessment against the Integrated Health and Aged Care Services Module as well as the NSQHS (avoiding the need for them to be audited twice under two separate regulatory schemes every 3 years). This is referred to as a health service standards assessment under the Rules (see section 109-10). This is only an option for providers that meet all the requirements in the Rules.

In all other situations, the regulation of a MPS for their delivery of aged care services is the responsibility of the Aged Care Quality and Safety Commission (ACQSC) - see [section 10.3](#).

To ensure quality and safety risks are managed effectively across the regulators, the ACSQHC will therefore inform the ACQSC if:

- a significant risk to the health and safety of people accessing aged care at an MPS is identified at the time of an AHSSQA assessment
- a service provider is accredited but only after significant initial compliance issues are identified and a further re-assessment, or
- a service provider delivering funded aged care services fails to be accredited.

For more information, see: [Australian Commission on Safety and Quality in Health Care](#).

## 10.3 The Aged Care Quality and Safety Commission (ACQSC)

The function of the ACQSC is to support both the Commissioner and the Complaints Commissioner. It is the national regulator of aged care services and protects the health, safety and wellbeing of older people. As a result, it is responsible for the regulation of aged care services delivered by registered providers including those delivering services under the MPSP.

The specific functions of the ACQSC are outlined in the Act and include safeguarding functions, engagement and education functions, and registration of providers functions. The Commissioner may also make the Financial and Prudential Standards. Complaints functions are undertaken by the Complaints Commissioner.

Relevantly, the Commission and Complaints Commissioner are responsible for:

- registration and re-registration of providers to deliver aged care services under the MPSP
- resolving complaints about aged care services delivered under the MPSP
- monitoring providers' conformance with the Aged Care Quality Standards and compliance with other obligations
- regulating aged care workers under the Aged Care Code of Conduct, and
- undertaking compliance and enforcement actions, including the imposition of penalties where appropriate.

For more information about the ACQSC's regulatory functions, its regulatory approach and expectations of the sector can be found in its [Regulatory Strategy](#) for 2025-26. This outlines a rights-based, risk-led, proportionate and collaborative approach to regulation, which also includes complaints handling.

The ACQSC's [Compliance and Enforcement Policy](#) sets out how it delivers its safeguarding functions which are a critical part of protecting older people and upholding their rights.

#### 10.4 The Department of Health, Disability and Ageing

Providers delivering services under the MPSP must have entered into an agreement with the Commonwealth under section 247 of the Act. This agreement must be signed by the System Governor (Secretary of the department), or their delegate.

The department is also responsible for managing each MPSP agreement on behalf of the Commonwealth, which includes ensuring that providers are aware of any obligations under the agreement in addition to those already outlined in legislation. These provider obligations include, for example:

- delivering services diligently, efficiently, effectively and to a high standard
- delivering aged care services through the MPS to individuals in a manner consistent with the individual's needs and access approval
- providing the health service(s) specified within the Schedule(s) to the agreement
- providing at its own cost, all facilities, equipment and sufficient resources to perform the services specified in, and meet the requirements of, the agreement
- not spending aged care funding on services to an individual if that person accesses the same aged care services paid from another source
- ensuring any subcontractor (associated provider) has the necessary and relevant expertise and insurances to perform the work for which they are engaged
- ensuring the state is advised where complaints have been made by an individual about the aged care or health services being delivered
- complying with any additional reporting requirements (for example, 24/7 registered nursing reporting requirements during the trial)
- notifying the department of the state's funding contribution
- taking all reasonable steps to ensure its personnel comply with the agreement and don't take actions that would put them in breach of the agreement and
- co-operating with all reasonable requests from the department and/or the state.

The department also has overall responsibility for the management of the MPSP and reforming the program where required (see [section 11](#)).

## 11 Reform of the MPSP

### 11.1 Overview

To ensure that the MPSP continues to meet the needs of older people into the future, reforms are underway to ensure that it:

- is future focussed and continues to improve access to services in rural and remote areas
- supports equity of access, improved assessment of need and better data capture as recommended by the Royal Commission
- encourages providers to improve their services and deliver high quality care in a home-like, accessible and dementia-friendly environment where possible
- supports continued flexible funding arrangements critical to thin market service delivery viability
- ensures delivery of quality and safe care, consistent with the Statement of Rights, and
- remains appropriately funded and supported by state or territory governments.

## 11.2 Progress with Royal Commission recommendations

These reforms will address Recommendation 55 of the Royal Commission into Aged Care Quality and Safety. This called for the MPSP to be maintained and extended. It also provided specific recommendations about:

- the establishment of new MPS homes (**implemented and ongoing**)
- ensuring that people accessing services under the MPSP are:
  - a) subject to the same eligibility and needs assessments as people accessing aged care services under mainstream aged care programs (**implemented and ongoing**)
  - b) required to make contributions to the cost of their care and accommodation on the same basis as under mainstream aged care programs (reforms in progress - see [section 11.4](#) below)
- permitting MPSP providers to access all aged care funding programs on the same basis as other providers (**implemented and ongoing**)
- developing a new funding model for the MPSP (reforms in progress - see [section 11.4](#) below,
- establishing cost-shared capital grant funding for MPSP providers (**implemented and ongoing** - see: [Aged Care Capital Assistance Program](#) for more information), and

Other reforms are also underway to address other recommendations of the Royal Commission (see [section 11.5](#)).

## 11.3 Engagement with jurisdictions and providers

All reforms to the MPSP are progressed in consultation with relevant state or territory governments, and providers who deliver services under the MPSP.

This includes through regular MPSP Working Group meetings with state or territory representatives, and [MPSP reform webinars](#) for providers. These mechanisms may also be used to inform the ongoing development and updating of this manual.

The MPSP Working Group was established under the direction of the Intergovernmental Health and Aged Care Senior Officials Group (SOG).

The department is responsible for the secretariat, which can be contacted at [MPSAgedCare@health.gov.au](mailto:MPSAgedCare@health.gov.au).

## 11.4 Funding reform

A [review](#) of the MPSP funding model is underway. The review has been informed by specialist advice from the Independent Health and Aged Care Pricing Authority (IHACPA).

The department is considering IHACPA's final report and will provide advice to Government on future reform directions. Consistent with previous discussions with jurisdictions, reforms are expected to be phased.

## 11.5 Direct Care Target trial

In 2021, the Royal Commission into Aged Care Quality and Safety recommended that every aged care home should have a minimum care minutes responsibility based on the needs of their residents.

In response, the Government introduced [mandatory amounts of direct care minutes](#) in residential aged care from 1 October 2023, with the aim of ensuring residential aged care homes are funded to provide residents with an appropriate standard of skilled care.

The requirements do not currently apply to the MPSP however a phased approach is being taken to exploring how this could be achieved. These phases include:

- Phase 1 - identification of suitable approaches to pilot (complete)
- Phase 2 – pilot of selected approaches to calculate, and measure, direct care targets (complete)
- **Phase 3 – a full trial of MPS performance against standard care minute targets (see below)**
- Phase 4 – where and when agreed, formal implementation under legislation.

A 12-month trial of direct care minutes (Phase 3) commenced on 1 October 2026 using a staged approach.

- Stage 1 covering the period from 1 October to 31 December 2026 will seek information on provider performance against a 200-minute overall target and a Registered Nurse (RN) target of 40 minutes of direct care per day.
- Stage 2 will commence on 1 January 2027 and will assess progress towards slightly increased targets - 215 minutes of overall direct care and an RN target of 44 minutes.

There are no compliance or enforcement activities associated with the trial. More information about the direct care minutes trial can be found within the [MPSP Direct Care Targets Trial Guide](#).

## 12 Acronyms

| Acronyms | Description                                                                  |
|----------|------------------------------------------------------------------------------|
| ACQSC    | Aged Care Quality and Safety Commission                                      |
| ACAT     | Aged Care Assessment Team                                                    |
| ACCAP    | Aged Care Capital Assistance Program                                         |
| ACFR     | Aged Care Financial Report                                                   |
| ACSO     | Aged Care Specialist Officer                                                 |
| ACSQHC   | Australian Commission on Safety and Quality in Health Care                   |
| ACWSA    | Aged Care Wage Supplement Amount                                             |
| AHSSQA   | Australian Health Service Safety and Quality Accreditation Scheme            |
| AN-ACC   | Australian National Aged Care Classification                                 |
| APCS     | Annual Prudential Compliance Statement                                       |
| BDFSA    | Basic Daily Food Supplement Amount                                           |
| CAT      | Consequential and Transitional Provisions Act                                |
| DAP      | Daily Accommodation Payment                                                  |
| DCSA     | Direct Care Supplement Amount                                                |
| DVEA     | Dementia and Cognition Supplement and Veterans' Supplement Equivalent Amount |
| EN       | Enrolled Nurse                                                               |
| GPMS     | Government Provider Management System                                        |
| GPS      | Grants Payment System                                                        |
| HCAA     | Home or Community Additional Amount                                          |
| HCPA     | Home or Community Place Amount                                               |
| IAT      | Integrated Assessment Tool                                                   |
| IHACPA   | Independent Health and Aged Care Pricing Authority                           |
| IHACS    | Integrated Health and Aged Care Services Module                              |
| MM       | Modified Monash (MM) category                                                |
| MMM      | Modified Monash Model                                                        |
| MPS      | Multi-Purpose Service                                                        |
| MPSP     | Multi-Purpose Service Program                                                |
| NDIS     | National Disability Insurance Scheme                                         |
| NSQHS    | National Safety and Quality Health Service (NSQHS) Standards                 |
| OPAN     | Older Persons Advocacy Network                                               |
| PCW      | Personal Care Worker                                                         |
| QFR      | Quarterly Financial Report                                                   |
| RAD(s)   | Refundable Accommodation Deposit(s)                                          |
| RCPA     | Residential Care Place Amount                                                |
| RN       | Registered Nurse                                                             |
| ROACA    | Report on the Operation of the Aged Care Act                                 |
| RSEA     | Respite Supplement Equivalent Amount                                         |
| SIRS     | Serious Incident Response Scheme                                             |
| SOG      | Inter-Governmental Health and Aged Care Senior Officials Group               |
| VEA      | Veterans' Supplement Equivalent Amount.                                      |