



Australian Government

Department of Health

**2021-22 FLEXIBLE AGED CARE PLACES
(MULTI-PURPOSE SERVICES)
ALLOCATIONS ROUND**

APPLICATION GUIDE

THE 2021-22 FLEXIBLE AGED CARE PLACES (MULTI-PURPOSE SERVICES) ALLOCATIONS ROUND – APPLICATION GUIDE

This document provides you with information about the 2021-22 Flexible Aged Care Places (Multi-Purpose Services) Allocations Round process.

What is the Flexible Aged Care Places (Multi-Purpose Services) Allocations Round?

The Australian Government is committed to providing a sustainable system that supports older people who need care. The process for planning the annual allocation and distribution of new aged care places is set out in the *Aged Care Act 1997* (the Act). The Flexible Aged Care Places allocations round is the process the Department of Health (the department) uses to allocate flexible aged care places to Multi-Purpose Services (MPS).

The [MPS Program](#) is a joint initiative of the Australian and state and territory governments and provides integrated health and aged care services for small rural and remote communities. MPS have an important role as it allows services to exist in regions that could not viably support a stand-alone hospital or aged care home.

The Flexible Aged Care Places (Multi-Purpose Services) allocations round process enables existing approved providers to apply for new subsidised flexible aged care places in an open, competitive and equitable way.

The broad objectives of the allocations process are to identify community needs, including people with special needs, and to allocate places in a way that best meets the identified aged care needs of the community.

In consideration of the recommendations from the Royal Commission into Aged Care and the spirit of the MPS program, the 2021-22 allocations round will prioritise applications that meet the following:

- enables equity of access so rural communities can age in place
- provides culturally appropriate care specific to the regional needs
- provides a homelike environment
- provides a dementia friendly environment
- is sustainable
- will not create competition for other aged care providers in the area.

Making places operational in a timely manner

The department is committed to supporting the delivery of care for older people within reasonable timeframes.

The Act allows for an extension of the provisional allocation period for aged care places to four years and permits two, twelve-month extensions before the places are expected to become operational. If, after six years, the places have not been made operational, further extensions will only be granted where exceptional circumstances for not providing care within this timeframe can be demonstrated.

Should provisionally allocated flexible aged care places not be operationalised within six years from the date of allocation, and no exceptional circumstances exist, the provisionally allocated places will lapse.

Please note: Exceptional circumstances are limited to situations that are unusual and outside the control of the approved provider. Organisations are encouraged to visit the [Management of Places Forms and Guidance Material for Approved Providers](#) webpage.

HOW MANY PLACES ARE AVAILABLE?

How many places are available?

In the 2021-22 allocations round, up to 100 flexible residential aged care places are available to expand existing services or establish new services.

What is not available in the 2021-22 Flexible Aged Care Places Allocation Round?

Flexible Aged Care Places for the provision of care equivalent to Home Care will not be allocated in this round.

COMPLETING YOUR 2021-22 APPLICATION FOR FLEXIBLE AGED CARE PLACES

Applicant responsibilities

It is your responsibility to present a comprehensive, evidence-based proposal that supports identified need.

You are required to certify that you are aware of your responsibilities prescribed in the [Act](#) and associated Aged Care Principles.

Multi-purpose services are required to meet both the [National Safety and Quality Health Service \(NSQHS\) Standards](#) and the [Aged Care Quality Standards](#). To streamline the regulatory process, an aged care [module](#) has been developed. The Australian Government Department of Health has agreed MPS completing the NSQHS Standards and the MPS Aged Care Module do not need to be assessed separately against the Aged Care Quality Standards.

Which section of the form to complete

Applying for:	Part of the application form:
Flexible aged care places (new service)	<ul style="list-style-type: none">• Part A – Applicant Details and Endorsement of Application• Part B – Flexible Aged Care Places - NEW SERVICE Residential
Flexible aged care places (existing service)	<ul style="list-style-type: none">• Part A – Applicant Details and Endorsement of Application• Part C – Additional Flexible Aged Care Places – residential for an EXISTING SERVICE

Word limits

Where applicable, you are required to respond to questions within the prescribed word limits in a clear and concise manner. Responses exceeding the prescribed word limits may not be considered in full during the assessment process. To count words in each response, simply select the text and refer to the status bar at the bottom of the workspace. If you don't see a word count in the status bar, right-click the status bar and then click 'Word Count'.

False or misleading information

You should be aware that giving false or misleading information is a serious offence. An approval based on false or misleading information may later be revoked.

Your application may be deemed invalid should the department identify false or misleading information in your application.

Application not a contractual arrangement

An application is not evidence of a contract or other form of legal agreement. Should you enter into contractual arrangements with other parties before being advised in writing of the results of the application process, you do so at your own risk.

Invalid applications

At the department's discretion, an application may be deemed invalid for the following reasons:

- late submission
- application not submitted on the approved application form
- application submitted on an altered application form
- incomplete applications.

Applicants will be notified in writing if their application has been deemed invalid.

Submitting a query

Please note, the department cannot provide assistance or advice to you about your application and business strategy during the application period. Departmental officers will not comment on the content or merit of your application. The department may only provide advice on matters of fact and technical issues related to the completion or submission of your application. If you have any questions of this nature, you must submit them in writing to the department at mpsagedcare@health.gov.au.

HOW TO LODGE YOUR APPLICATION

You are required to submit your application and associated attachments via email to the department at mpsagedcare@health.gov.au by the closing date.

You are required to submit **one** signed copy of your application as part of your electronic lodgement to the above email address. Electronic signature blocks can be used to endorse your application.

The department will send you an acknowledgment of application received. If you have not received an acknowledgment it is your responsibility to seek confirmation via the MPSagedcare@health.gov.au.

Please note:

- your application may be deemed invalid if it is not submitted in accordance with the above requirements
- applications will not be accepted by facsimile
- documents should only be attached where required and referenced in the application

Paper applications

The department will only accept paper applications in exceptional circumstances. Permission must be sought from the department prior to submission at least two days prior to the lodgement due date, and evidence to support the requirement for a paper application may be required. Please contact the MPS Program team for further advice at mpsagedcare@health.gov.au.

Instructions for email submission

There are limitations on the size of emails that can be accepted by the department. The department cannot guarantee acceptance of emails over 12mb. Additionally, your Internet Service Provider (ISP) may impose limitations on the size of emails being sent.

In submitting an application via email you must follow the steps below:

1. Complete the application form. Save the application form in Microsoft Word as a 'doc' file.
2. Ensure the endorsement page in Part A of the form is signed. Electronic signature copies can be inserted directly into your application form. However, should you wish to hand sign the endorsement page you are able to send that page as a PDF. The rest of the completed application form should be submitted in the correct Microsoft Word 'doc' file format.
3. Email the completed application form and any referenced attachments to mpsagedcare@health.gov.au. Your email should include completed Part A and Part B and/or Part C as appropriate.

CLOSING DATE FOR APPLICATIONS

All applications for the 2021-22 Flexible Aged Care Places Allocations Round **MUST** be received by the department on or before **2pm AEST 28 March 2022**.

It is your responsibility to ensure that your application is received by the closing date. An application that is received after the closing date may be regarded as invalid and may not proceed to assessment.

Notification of any changes

You should notify the department in writing of any change that will significantly affect your capacity to implement your proposal.

Notification should be made as soon as any change becomes evident. This must be submitted in writing, by email to mpsagedcare@health.gov.au.

THE DEPARTMENT'S ASSESSMENT OF EACH APPLICATION

Probity

The department is required to ensure that all potential applicants are treated in a fair and equitable manner, and that no unfair advantage is given to any applicant.

Strict probity and ethics guidelines govern the assessment of the 2021-22 Flexible Aged Care Places (Multi-Purpose Services) applications. These guidelines are in accordance with the *APS Code of Conduct* (described in Section 13 of the *Public Service Act 1999*) that requires 'an APS employee must disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection with APS employment'.

Approved Provider status

New Service applications - you will need to be an approved provider under the *Aged Care Act 1997* (the Act) in order to receive an allocation of places. Information about being an approved provider can be found on the [Aged Care Quality and Safety Commission](#) website.

Existing Service increase in places applications – to be eligible, you need to be an Approved Provider currently in receipt of a subsidy for MPS flexible aged care.

Applications will be assessed in on the following:

- **Selection criteria**

Any allocation of aged care places must meet the requirements of the Act and Principles. Specifically, the Secretary, or the Secretary's delegate, must consider the following assessment criteria in deciding which proposals best meet the needs of the MPS Program:

- whether the people who manage, or propose to manage, the aged care service have the necessary expertise and experience to do so.

- if applicable, whether the premises used (or to be used) is suitably planned and located for the provision of aged care.
- the ability of the applicant to provide the appropriate standard of care.
- if the applicant has been a provider of aged care - the applicant's conduct as a provider and compliance with their responsibilities.
- the measures that the applicant proposes to implement to protect the rights of care recipients, and for the provision of appropriate care for care recipients who are people with special needs.
- whether, if the application is approved, the service to which the application relates would be more likely to be able to offer continuity of care to current and future care recipients.
- whether, if the application is approved, the places allocated are made operational in a timely manner.
- any other matters deemed relevant by the Secretary.

- **Suitability**

The 2021-22 Flexible Aged Care Places (Multi-Purpose Services) application form is designed to ensure you provide information to assist the delegate of the Secretary to make a decision under Section 14-1 of the Act. In assessing an application, the department:

- will consider your responses to each question in the application form, as the response relates to each of the criteria identified above
- will consider information provided by you in the light of the requirements of:
 - the Act
 - the Aged Care Principles
- may consider any other relevant information available to the department.

- **Capacity to make places operational in a timely manner**

You are required to demonstrate that the places being sought in the 2021-22 Flexible Aged Care Places Allocations Round will be made operational as quickly as possible. Particular regard will be given to:

- the key milestones detailed in your application
- the responses and documentation provided to support these milestones
- any past record of making places operational in a timely manner.

Application's missing information

The department has the discretion to seek clarification or additional information from you as part of the application assessment process. Any request for clarification is to allow consideration of your application and should not be taken as an indication of the likely outcome of your application.

The information provided in your application (including any supporting documents) will form the basis of any subsequent conditions of allocation imposed in respect of the places in accordance with Sections 14-5 and 14-6 of the Act. It is an approved provider's responsibility to comply with any conditions of allocation.

AFTER THE ASSESSMENT

Announcing the results of the 2021-22 Flexible Aged Care Places Allocations Round

It is anticipated that the outcome of the 2021-22 Flexible Aged Care Places Allocations Round will be announced by the end of June 2022 so that places can be operational as soon as possible after that date. The announcement date will, however, depend on the number of applications received. Details of the allocations made to successful applicants will be made available on the department's website. Changes to existing services' funding will be effective for operational places from 1 July 2022, and the department will endeavour to make these payments from the beginning of the 1st quarter in the 2022-23 financial year. For new services, the date payments are effective for online places will also depend on state and territory government decision-making processes.

All applicants will receive written advice about the outcome of their application. Successful applicants cannot commence providing care through allocated places until formal advice is received from the department.

Allocation of places

You should be aware that where large numbers of applications are received, it is possible that your application may be found suitable, but you will not be allocated places, due to the level of competition.

Review of decisions

The final decision about the allocation of places is made under Section 14-1 of the Act by the delegate of the Secretary of the department. This is not a reviewable decision under the Act.

Feedback process

If you are unsuccessful you will be able to request specific written feedback from the department.

Confidentiality and Protection of Personal Information

The Invitation to Apply for flexible aged care places is made under the *Aged Care Act 1997*. All information provided by applicants is *protected information* under Section 86 of the Act.

However, you should note that the results of the 2021-22 Flexible Aged Care Places Allocations Round, including details of successful applicants and the number of places allocated will be publicly available and published on the department's website.

Conditions of allocation

Conditions will be imposed on the allocation of new places. The [Act](#) stipulates a number of mandatory conditions and gives the Secretary, or the Secretary's delegate, the authority to determine other conditions specific to each allocation of places. If your application is successful, the conditions of allocation will be imposed to reflect the details provided in your application.

Applications used for other purposes

Information contained in your application submitted in the 2021-22 allocations round may be considered as part of the assessment of applications in other processes.

APPLICATION INSTRUCTIONS

PART A – APPLICANT DETAILS

SECTION 1 – APPLICANT DETAILS

Provide the approved provider name and NAPS ID.

List the services you are making an application for, the number of places sought and if it is an existing service. If the number of services exceeds the number of rows, please add additional rows to the table.

Applicant Contact Details

Provide the telephone and email contact details for your organisation’s primary and alternate contacts. This contact is responsible for your organisation’s application, and as such should have a detailed understanding of your application.

ENDORSEMENT OF APPLICATION

This application can be signed only by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the applicant. Electronic signature blocks can be used when endorsing the application.

In signing this endorsement, you are affirming that this proposal has the full consent and support of your organisation’s Board of Directors, or other equivalent relevant authority.

Giving false or misleading information is a serious offence.

There are offences established by the *Aged Care Act 1997* and the *Criminal Code Act 1995* relating to providing false or misleading information. Approvals based on false or misleading information may be revoked.

- In endorsing the application you are confirming that you:
- are aware of your responsibilities as prescribed in the Aged Care Act 1997 and the Aged Care Principles, including that the provisional allocation period for making aged care places operational is currently four years after the day on which the allocation is made, unless extended, in accordance Section 15-7 of the Aged Care Act 1997.
- are aware that any provisional allocation of aged care places made through this and subsequent processes will not be extended beyond six years from the date of allocation, without exceptional circumstances.
- have informed yourself of the implications of changes to the rate of subsidy and supplements that will result from an increase to the total number of places allocated to a service.
- declare that all information provided in the application and associated attachment(s) is true and complete.

Receipt of application

A receipt will be sent to the primary email address provided in Part A, for the lodgement of applications. The department will send you an acknowledgment of application received. If you have not received an acknowledgement it is your responsibility to seek confirmation via the MPSagedcare@health.gov.au.

PART B – FLEXIBLE AGED CARE PLACES – NEW SERVICE RESIDENTIAL

SECTION 1 – PLACES SOUGHT TO ESTABLISH A NEW SERVICE

You are required to complete Part B, if you are applying for flexible aged care places to establish a new MPS. Each new MPS will require a separate Part B application.

Before applying to establish a new MPS, applicants should be familiar with the requirements of the *Aged Care Act 1997* and associated principles and ensure that the relevant state or territory government has agreed to and supports the application. Evidence of state or territory government support should be attached in support of your application.

Provide the details of the service provider name (this may be the same as the approved provider name) and the service name.

Provide the physical address of the service including the street number and name, suburb or town, state or territory and postcode.

SECTION 2 – PLACES SOUGHT TO ESTABLISH A NEW SERVICE

Q B2.1 Number of flexible aged care places - residential sought for this service.

Enter both a maximum and minimum number of flexible aged care places (residential) sought.

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

Q B2.2 If the new service is combining with any existing residential or hospital service to become an MPS, how many residential aged care beds are currently available* at the service (if not applicable, continue to question B2.3)?

Enter the number of beds that exist at the service to provide residential aged care to aged care clients. Do not include acute or sub-acute care beds unless you intend to convert these to aged care under this application.

Note that this number must be actual, physical beds available for MPS residential aged care services.

*Available includes beds that are currently occupied or unoccupied.

Q B2.3 Are any capital works required to accommodate the places sought in this application and/or to create an environment suitable for the delivery of residential aged care?

If the response is 'yes', you need to complete Q B2.3 a) to c) inclusive.

B2.3 a) the scope of the works and relevant approvals

B2.3 b) The source of funding for the project, including whether quotes have been obtained and funds committed.

B2.3 c) The building commencement and completion dates.

The word limit for this question is 300 words.

Q B2.4 When will the places become operational?

Please provide the expected timeframe after the date of allocation that your organisation plans to make the aged care places operational. This may be: within 3 months, 4-12 months, 13-18 months, 19-24 months, 25-48 months.

Provision is made on the application form to provide details of a phased implementation of places in the event that not all places can become operational at the same time.

Q B2.5 Identify any known risks that may affect the organisation's ability to meet the timeframes specified in Q B2.4.

Detail the risks that may impact on the organisation's ability to meet the timeframes specified in Q B2.4. For example:

- when funding will be available to complete building works
- ongoing organisational/service capacity to continue delivering existing services while establishing service provision for the new places (if relevant).

The word limit for this question is 250 words.

Q B2.6 How will these risks be managed?

Detail any risk mitigation strategies and/or contingency plans that have been developed to manage the risks identified in Q B2.5. For example:

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

The word limit for this question is 250 words.

SECTION 3 – NEW SERVICE PROPOSAL

You may wish to attach a copy of a service development/delivery plan and/or feasibility study to support the application. If using these documents to answer these questions, references to these documents should include specific page numbers.

Q B3.1 Provide a detailed description of the planning undertaken to establish this service and specify the aged care, health or other services that will also be delivered.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 28 \(1\); Section 29 Subsidy Principles 2014, Chapter 4, Part 1, Division 3 – Section 104](#)

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

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

The word limit for this question is 750 words.

Q B3.2 Provide a detailed description of the organisation's board and/or senior management's relevant expertise and experience in aged care, or health or other services.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 28 \(1\) \(a\) \(c\)](#)

Your response should include a detailed description of the organisation's board and/or senior management's relevant expertise and experience in relation to this service and could include details of:

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

The word limit for this question is 500 words.

Q B3.3 Describe the suitability of the location for the delivery of flexible aged care including the geographic area that the MPS will be located in and evidence that:

- the service will be in an area that is not a major city*
- the area is able to sustain a viable MPS.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 28 \(1\) \(b\)](#)
[Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – Section 109 2 \(b\) \(i\) \(ii\)](#)
[Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – Section 109 3 \(c\)](#)

*Under the Subsidy principles, **major city** means one of the major cities of Australia within the meaning of the *Australian Statistical Geography Standard (ASGS): Volume 5—Remoteness Structure*,

July 2011, produced by the Australian Bureau of Statistics. To check the classification of an area, select the 2011 Remoteness Area (RA) and search by address or place [here](#).

Note: The Modified Monash Model (MMM) is used by the department and defines whether a location is a city, rural, remote or very remote. MPS are usually located in towns classified as MMM 5-7, however this is not the definition within the Act, and therefore cannot be used for eligibility for a New MPS Service.

In responding to this question, you may wish to refer to, or elaborate on, the responses you provided at B3.1 and B3.4 and any relevant cross references to a Service Delivery Plan.

The word limit for this question is 250 words.

Q B3.4 Outline the evidence that demonstrates that there is a need in the area for flexible aged care places (residential) and how being an MPS will:

- **Improve access to care**
- **Increase coordination, flexibility and innovation in the delivery of care in the area**
- **provide care that is cost effective.**

refer to [Allocation Principles 2014, Part 4, Division 2, Section 29](#)
[Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – Section 109 \(2\) \(a\) \(i\) \(ii\) \(iii\)](#)
[Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – Section 109 3 \(b\)](#)

Your response should include empirical evidence to demonstrate the need for flexible aged care places. The term 'area' refers to the service's intended catchment area. The size of the service's catchment area will depend on whether the service is to be located in a remote or regional setting.

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

- details of the aged care needs of the region and the needs of the identified geographical area(s), special needs groups and/or key issues, including dementia
- how the allocation of flexible aged care places will improve access to care for older people in the area
- how an integrated health and aged care model of service delivery is a cost-effective option which achieves economies of scale
- why a standalone aged care service is/would not be viable
- any research conducted in support of this application, including:
 - demographic data from the Australian Bureau of Statistics (ABS) about people most likely to need aged care services
 - data on people aged over 80 years old provides a picture of immediate need
 - data on people aged over 70 years old, used for medium term planning and by the Australian Government
 - proximity of the service in relation to other aged care services within the area
- how the service would not be a barrier to other services entering the region.

The word limit for this question is 750 words.

Q B3.5 Describe how the service will provide care that is appropriate for care recipients who are people with special needs.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 28 \(1\) \(f\) \(ii\)](#)
[Allocation Principles 2014, Part 4, Division 2, Section 29](#)
[Subsidy Principles 2014, Chapter 4, Part 2, Division 3 – Section 109 2 \(a\) \(iv\)](#)

Your response may either name the special needs group in full or, for the purposes of this application, may use the abbreviated terms for special needs groups provided below:

- people from Aboriginal and/or Torres Strait Islander communities (Indigenous)
- people from culturally and linguistically diverse backgrounds (CALD)
- people who live in rural or remote areas (R-R)
- people who are financially or socially disadvantaged (FSD)
- veterans (VET)
- people who are homeless or at risk of becoming homeless (HOM)
- care-leavers (CLV)
- parents separated from their children by forced adoption or removal (PSC)
- lesbian, gay, bisexual, transgender and intersex people (LGBTI).

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

- whether the service will have the expertise and experience to provide care to people with special needs
- workforce training - cultural awareness; cultural security or other relevant programs
- how the service will provide culturally appropriate care, having regard to the particular cultural, physical, social, spiritual and environmental care needs of individual care recipients.

The word limit for this question is 300 words.

Q B3.6 Provide a detailed description of how the service intends to provide appropriate care to care recipients with dementia.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 29](#)

Your response should include a detailed description of the service's ability to provide care to care recipients with dementia. Types of information that could be included in your response to this question include:

- details of any building designs and/or features incorporated into the service that relate to the provision of care for people with dementia
- how you have, or will, identify the particular care needs of people with dementia
- your understanding of the care needs of people with dementia
 - how you have, or will provide care for people with dementia in the MPS environment, including:
 - how you have, or will, provide this type of care including your admissions policy
 - management and staffing issues, including the qualification and skills of the staff who will be providing care for people with dementia and/or complex high care needs

- practical examples of how you have, or will, provide this type of care including your admissions policy, philosophy of care, management of challenging behaviour, provision of activities, medication management and involvement of family members
- the linkages you have established, or steps you intend to take to establish linkages with relevant key organisations and services
- the measures you have in place to provide for the safety and security of staff such as Work Health Safety requirements
- the measures you have in place to provide for the safety and security of care recipients

The word limit for this question is 300 words.

Q B3.7 Describe how the service will provide continuity of care for current and future care recipients.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 30](#)

Your response should provide a detailed description of how the service will provide continuity of care to aged care clients. Types of information that could be included in your response to this question include:

- how the service will manage ageing in place
- how the service will manage the changing care needs of care recipients, including continuity of care if care recipients need to move to a new service because of changing care needs
- how the service will co-ordinate care with other services that care recipients may need to access and established networks or linkages with other health and aged care service providers in the area such as: hospitals; residential aged care facilities; Commonwealth Home Support Programme providers, Home Care Package providers, allied health providers, primary health care providers, retirement villages.

The word limit for this question is 300 words.

Q B3.8 Describe how the service will ensure the rights of care recipients are protected.

refer to [Allocation Principles 2014, Part 4, Division 2, Section 28 \(1\) \(f\) \(i\)](#)

Your response should demonstrate an understanding of the obligations in relation to protecting the rights of care recipients (including providing them with relevant information), as well as whether the organisation has strategies in place to ensure that this occurs. In developing this response, you should consider any requirements outlined in the Aged Care Principles, for example the Charter of Care Recipients' Rights and Responsibilities.

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

- arrangements for ensuring that all prospective care recipients and existing care recipients have relevant information about fees and payments
- complaints procedures
- arrangements to ensure availability of advocacy services
- appropriate security of tenure arrangements (where relevant)
- systems to protect the privacy of care recipients.

Your response to this question could include details of:

- how your organisation will ensure care recipients' rights are protected in line with legislative requirements
- your understanding of your responsibilities as an approved provider

- your understanding of the rights and responsibilities of care recipients
- any communication strategies that you have in place or will implement
- examples of how you will ensure care recipients' rights are protected, and will provide adequate information to them about their care and services
- relevant cross references to a service delivery plan.

The word limit for this question is 300 words.

Q B3.9 Provide a detailed description of how the organisation has engaged with the local community, existing service providers and agencies in the area in which the service will be located, including evidence of support from relevant parties for an MPS You may wish to include proof of engagement such as emails, letters, etc.

*refer to Subsidy Principles 2014, Chapter 4, Part 2, Division3 – Section 109 2 (b) (iii)
Subsidy Principles 2014, Chapter 4, Part 2, Division3 – Section 109 2 (c)
Subsidy Principles 2014, Chapter 4, Part 2, Division3 – Section 109 2 (d)
Subsidy Principles 2014, Chapter 4, Part 2, Division3 – Section 109 3 (d)
Subsidy Principles 2014, Chapter 4, Part 2, Division3 – Section 109 3 (e)*

Your response should provide a detailed description of how the organisation has undertaken consultations with the local community, other health and aged care service providers and agencies in the area. Types of information that could be included with your response to this question include:

- details of community consultations undertaken
- how the information collected through consultations with local community, health and/or aged care services or other interested stakeholders has been utilised in development of the service proposal
- evidence of support from relevant parties, including state and territory agencies in the area
- relevant cross references to a service delivery plan.

The word limit for this question is 500 words.

Q B3.10 Explain how the organisation will evaluate the MPS including, but not limited to:

- **the outcomes that the service provider intends to provide in respect of the provision of aged care services in the area**
- **the impact of the service on other aged care services in the area.**

refer to Subsidy Principles 2014, Chapter 4, Part 2, Division3 – Section 109 3 (f) (i) (ii) (iii)

Your response should provide a detailed description of the MPS evaluation strategy and how the service is evaluated to measure, monitor and improve performance. All applicants must demonstrate, with reference to approved providers' responsibilities outlined in the Act and Quality of Care Principles, the reporting systems in place to enable performance monitoring, achieve outcomes, oversee continuous quality improvement and manage risk.

The word limit for this question is 750 words.

B3.11 Provide details of the physical environment that care recipients will be in. You may include a copy of the floor plan.

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

- re-organisation of existing space

- details concerning room configuration (e.g. single with ensuite, double, etc.)
- use of non-operational, unfunded or provisionally allocated places
- current tenancy/occupancy agreements in place (if relevant)
- If the physical environment will accommodate for special needs and/or people with dementia (e.g. room for wheelchair access, a secure wing, etc)

PART C – FLEXIBLE AGED CARE PLACES – EXISTING SERVICE RESIDENTIAL

SECTION 1 – ADDITIONAL PLACES SOUGHT FOR AN EXISTING SERVICE

You are required to complete Part C, Section 1 if you are applying for flexible aged care places for an existing MPS. You will need to complete a new Part C for each service applying for additional places.

It is important that applicants understand the implications of changes to the rate of subsidy and supplements that would result from an increase to the total number of places allocated to a service. For example, an increase in the number of places may impact the size of home points, which is used in the calculation of the viability supplement component of funding. Details can be found in the [Aged Care \(Subsidy, Fees and Payments\) Determination 2014](#).

Provide the details of the service provider name (this may be the same as the approved provider name), the service name and the NAPS ID (if known).

Provide the physical address of the service including the street number and name, suburb or town, state or territory and postcode.

Q C1.1 Number of additional flexible aged care places - residential sought for this service.

Enter both a maximum and minimum number of flexible aged care places (residential) sought.

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

Q C1.2a) Number of aged care beds (physical) that exist at the service to provide residential aged care.

Enter the actual number of aged care beds that exist at the service to provide residential aged care. Do not include acute or sub-acute care beds.

Note that this number must be actual, physical beds available for residential aged care services.

Q C1.2b) Are any of these beds not funded by the Commonwealth flexible care MPS program?

If you provide any residential aged care beds that are not funded by the Commonwealth MPS aged care program, please select yes, and continue to C1.2C.

If all of your residential aged care beds are funded through the Commonwealth flexible care MPS program, please select no and continue on to C1.3.

QC1.2c) How many aged care beds do you provide that are not funded by the Commonwealth flexible care MPS program?

Enter the number of residential aged care beds provided at the service that are not funded through the Commonwealth flexible care program.

Q C1.3 Are any capital works required to accommodate the places sought in this application and/or to create an environment suitable for the delivery of residential aged care?

If the response is 'yes', you need to provide the following details:

- the scope of the works and relevant approvals
- identify the source of funding for the project, including whether quotes have been obtained and funds committed
- the building commencement and completion dates
- How you will ensure residents are cared for while building works are undertaken.

Include any evidence to support these responses, for example, copies of approvals.

The word limit for this question is 500 words.

Q C1.4 When will the places become operational?

Please provide the expected timeframe after the date of allocation that your organisation plans to make the aged care places operational. This may be: within 3 months, 4-12 months, 13-18 months, 19-24 months or 25-48 months.

Provision is made on the application form to provide details of a phased implementation of places in the event that not all places can become operational at the same time.

Q C1.5 Identify any known risks that may affect the organisation's ability to meet the timeframes specified in Q C1.4.

Detail the risks that may impact on the organisation's ability to meet the timeframes specified in Q C1.4. In your response, you may provide details outlining your organisation's capacity to meet the proposed timeframes, such as:

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

The word limit for this question is 250 words.

Q C1.6 How will these risks be managed?

Detail any risk mitigation strategies and/or contingency plans that have been developed to manage the risks identified in Q C1.5.

The word limit for this question is 250 words.

Q C1.7 How many additional residential respite bed days per annum will be provided at the service as a result of this proposal?

Applicants must specify how many additional residential respite bed days per annum are expected to be provided at the service as a result, should your proposal be successful.

Based on the maximum number of places for which you are applying, enter the number of additional residential respite bed days, per annum, should your proposal be successful.

If none of the places you are seeking will be used to provide additional respite care, insert 0 in the box.

SECTION 2 – EXISTING SERVICE PROPOSAL

In answering these questions, you may wish to include specific references (which must include page numbers) to other relevant documents, for example, the MPS Service Delivery Plan or a Feasibility Study, in which case these should be attached to the application.

It is important that applicants understand the implications of changes to the rate of subsidy and supplements that would result from an increase to the total number of places allocated to a service.

For example, increasing the number of places may impact the size of home points, which is used in the calculation of the viability supplement component of funding. Details can be found in the [Aged Care \(Subsidy, Fees and Payments\) Determination 2014](#) at <https://www.legislation.gov.au/Details/F2019C00560>

Q C2.1 Provide a description of the proposal to expand aged care service delivery at this service.

refer to [*Allocation Principles 2014, Part 4, Division 2, Sections 28, 29 and 30*](#)
[*Subsidy Principles 2014, Chapter 4, Part 1, Division 3 – Section 109 \(2\) \(a\)*](#)
[*Subsidy Principles 2014, Chapter 4, Part 1, Division 3 – Section 109 \(3\) \(d\) \(e\) \(f\)*](#)

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

- evidence that demonstrates the current and ongoing need in the area for additional flexible aged care places For example, waitlist as per 2021 Annual Activity report or occupancy data.
- relevant workforce information that demonstrates the service’s ability to deliver increased aged care services
- infrastructure for the site with details on the health and aged care services differences
- how the additional places will:
 - improve access to care
 - increase coordination, flexibility and innovation in the delivery of care in the area
 - be cost effective
 - provide care that is appropriate for care recipients who are people with special needs and/or people with dementia
 - provide continuity of care for current and future care recipients, including if capital works are required before new places become operational
- how the organisation has engaged with the local community, existing service providers and agencies in the area, including evidence of support from relevant parties for additional places.

and any other relevant information to support the allocation of additional places, which could include details of:

- any innovations proposed and how these places will provide benefits to care recipients, their families and their carers
- how the places will be accommodated in the service, including any:
 - re-organisation of existing space
 - details concerning room configuration (e.g. single with ensuite, double, etc.)
 - use of non-operational, unfunded or provisionally allocated places
 - current tenancy/occupancy agreements in place (if relevant)
- the service delivery model, including staffing levels
- how the service supports wellness or reablement approaches and promotes independence
- how the service will incorporate residential respite days, if proposed
- relevant cross references to the MPS Service Delivery Plan.

The word limit for this question is 1000 words.

