

Specialisation Verification Framework

1.1 Aboriginal and Torres Strait Islander peoples and communities

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients that identify as Aboriginal and/or Torres Strait Islander.

If your outlet meets a Tier One criterion, no further criteria need to be met to attain verification. If your outlet does not meet Tier One criterion, you are required to meet 4 Tier Two criteria. These criteria are listed in Table 1:

Table 1: Aboriginal and Torres Strait Islander Specialisation Verification Framework

Criterion	Tier	Evidence required
The provider is an Aboriginal and/or Torres Strait Islander community-controlled organisation.	1	A letter from the CEO, Executive Officer or Chairperson of the service stating the provider is an Aboriginal and/or Torres Strait Islander community-controlled organisation.
Provider is funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.*	1	No evidence required (AHA will undertake a desktop review of departmental records to confirm provider's funding status).
At least 50% of aged care recipients identify as Aboriginal and/or Torres Strait Islander people.	2	No evidence required (AHA will undertake a desktop review of departmental records).
Staff members proportionate to the general population identify as Aboriginal and Torres Strait Islander and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	2	Description of the number, combined full-time equivalent (FTE) and specific role the staff member(s) play(s) in championing specialised aged care for Aboriginal and/or Torres Strait Islander people and supporting other staff in professional development and learning opportunities. Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g. training).

Criterion	Tier	Evidence required
There are established connections and regular engagement between the provider and local Aboriginal and Torres Strait Islander community, including leaders and organisations.	2	<p>Details of the established connection and engagement with local Aboriginal and/or Torres Strait Islander community, including any recent and/or planned activities.</p> <p>The local Aboriginal and/or Torres Strait Islander community organisation(s) and leaders confirm(s) this connection. Evidence may include a Memorandum of Understanding.</p>
At least 90% of staff have completed annual training in the aged care needs of local/regional Aboriginal and Torres Strait Islander peoples, including cultural safety and trauma-informed care delivery.	2	<p>Details of training provided to staff over the past 12 months in the aged care needs of local/regional Aboriginal and Torres Strait Islander people, including cultural safety and trauma-informed care.</p> <p>Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.</p>
Provider offers services in local Indigenous language(s).	2	<p>Details of services conducted and/or planned in local language(s).</p> <p>Proportion of staff who are bilingual and bicultural is specified, and provider affirms that this reflects the cultural and linguistic background of aged care recipients.</p>
Provider works in partnership with a local Aboriginal and Torres Strait Islander community organisation or appropriate representative to ensure that services are culturally safe and appropriate for the local Aboriginal and/or Torres Strait Islander community.	2	<p>Details of the partnership with a local Aboriginal and Torres Strait Islander community organisation or appropriate representative and how services are designed or adapted for the Aboriginal and Torres Strait Islander community. Also supporting evidence of services' appropriateness (e.g. acknowledgement from the community organisation).</p>
At least one Aboriginal and/or Torres Strait Islander person sits on the governing body (e.g. board) of the provider at the outlet level.	2	<p>Description of governing body involvement/attendance by an Aboriginal and/or Torres Strait Islander representative.</p>
An active and resourced Aboriginal and Torres Strait Islander advisory group contributes to the development, delivery and evaluation of specialised services.	2	<p>Details of the membership of the group, actions taken, provider supports, and frequency of meetings.</p> <p>Details of how aged care recipients and staff can contact/interact with the advisory group (e.g. to provide feedback or raise concerns) and how the group is linked to the provider's governance body and/or management.</p>
Provider regularly recognises and participates in local cultural celebrations and/or days/events of local cultural significance.	2	<p>Description of provider's recognition of/participation in/support for relevant events in the past 12 months, with supporting evidence.</p>

Criterion	Tier	Evidence required
Policies and procedures are in place to support and promote the delivery of specialised aged care to Aboriginal and/or Torres Strait Islander aged care recipients.	2	Policies and procedures that detail how specialised aged care for Aboriginal and/or Torres Strait Islander people is delivered or supported. Examples of how these policies and procedures promote the delivery of specialised care.
Aboriginal and Torres Strait Islander aged care recipients report the care received is appropriate and meets their unique needs.	2	Aboriginal and/or Torres Strait Islander aged care recipients provide positive written or verbal feedback through AHA's independent process.

* Applies to Home Care Package (HCP) and Residential Aged Care (RAC) only

1.2 People from culturally and linguistically diverse (CALD) backgrounds

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as having a culturally and linguistically diverse background. These criteria are listed in Table 2:

Table 2: CALD Specialisation Verification Framework

Criterion	Tier	Evidence required
Provider is run by a recognised CALD community organisation.	2	<p>Details of the CALD community organisation's historical and current involvement, engagement and services to the community are provided.</p> <p>At least one form of supporting evidence is supplied, such as website or advertising content, or the inclusion of culturally inclusive service provision in the organisation's strategic plan.</p>
One or more staff members is from a CALD background (reflecting the cultural and linguistic background of aged care recipients) and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	2	<p>Details of the number, combined full-time equivalent (FTE) and specific role the staff member(s) play(s) in championing specialised aged care for people from CALD backgrounds, supporting other staff in professional development and learning opportunities.</p> <p>Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g. training).</p>
There are established connections and regular engagement between the provider and a community organisation which best represents the cultural and linguistic demographic of target aged care recipients.	2	<p>Details of the established connection and engagement with a relevant CALD community organisation (e.g. Chung Wah Association or Co.As.It.), including any recent and/or planned activities.</p> <p>The CALD community organisation confirms this connection. Evidence may include a Memorandum of Understanding.</p>
At least 90% of staff have completed annual training in culturally appropriate aged care delivery and cultural capability.	2	<p>Details of training provided to staff over the past 12 months in culturally appropriate aged care delivery and cultural capability.</p> <p>Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.</p>

Criterion	Tier	Evidence required
Provider offers services in languages other than English.	2	Details of services conducted and/or planned in languages other than English. Proportion of staff who are bilingual and bicultural is specified, and provider affirms that this reflects the cultural and linguistic background of aged care recipients.
Provider offers services which are culturally appropriate for the target CALD community.	2	Details of how services are provided for or adapted to the target CALD community, with supporting evidence of services' appropriateness (e.g. feedback from aged care recipients or a relevant community organisation).
At least one person from the cultural and linguistic background of the target community sits on the governing body (e.g. board of the provider at the outlet level).	2	Details of governing body involvement and attendance by a CALD representative relevant to the cultural and linguistic background of the target community.
An active and resourced cultural diversity advisory group (which reflects the cultural mix of the provider's target community) contributes to the development, delivery and evaluation of specialised services.	2	Details of the membership of the group, actions taken, provider supports, and frequency of meetings. Details of how aged care recipients and staff can contact/interact with the advisory group (e.g. to provide feedback or raise concerns) and how the group is linked to the provider's governance body and/or management.
Provider regularly recognises and supports participation in relevant cultural celebrations and/or days/events of cultural significance.	2	Description of provider's recognition of/participation in/support for relevant events in the past 12 months, with supporting evidence.
Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD aged care recipients.	2	Policies and procedures that detail how specialised care for people from CALD backgrounds is delivered or supported, such as adherence to the Aged Care Diversity Framework and Action Plan for people from culturally and linguistically diverse communities. Examples of how these policies and procedures promote the delivery of specialised care.
CALD aged care recipients report the care received is appropriate and meets their unique needs.	2	CALD aged care recipients provide positive written or verbal feedback through AHA's independent process.

1.3 People who are financially or socially disadvantaged

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients that identify as financially or socially disadvantaged.

If your outlet meets a Tier One criterion, no further criteria need to be met to attain verification. If your outlet does not meet Tier One criteria, you are required to meet all relevant Tier Two criteria in the Framework. These criteria are listed in Table 3:

Table 3: Financially or socially disadvantaged Specialisation Verification Framework

Criterion	Tier	Evidence required
Provider delivers assistance with Care and Housing services or is a care finder organisation that focuses on clients who are financially or socially disadvantaged.	1	No evidence required (AHA will undertake a desktop review of departmental records which list providers funded to deliver these services).
50% or more of residents have been assessed as being homeless and have a relevant behavioural diagnosis	1	No evidence required (AHA will undertake a desktop review of departmental records which list providers approved under the Homeless Supplement or the Specialised Homeless Base Care Tariff*).
Provider supports residents to access the same activities as those residents who are able to pay.*	2	Information on activity costs and approaches to ensuring those experiencing financial or social disadvantage are included in all activities.
Providers have policies and procedures in place to support and promote the delivery of specialised aged care to financially or socially disadvantaged aged care recipients.	2	Policies and procedures that detail how specialised care for people who are financially or socially disadvantaged is delivered or supported. Examples of how these policies and procedures promote the delivery of specialised care.
Provider offers services which are specifically targeted towards financially or socially disadvantaged people	2	Description of services targeted toward financially or socially disadvantaged people, with supporting evidence of appropriateness (e.g. feedback from aged care recipients or a relevant organisation).

* Applies to Residential Aged Care (RAC) only

1.4 Veterans

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as a veteran. These criteria are listed in Table 4:

Table 4: Veteran Specialisation Verification Framework

Criterion	Tier	Evidence required
The provider is a not-for-profit veteran community organisation.	2	A letter from the CEO or Executive Officer of the service stating the provider is a not-for-profit veteran community organisation.
One or more staff members are a veteran and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	2	Description of the number, combined full-time equivalent (FTE) and specific role the staff member(s) play(s) in championing specialised aged care for veterans, supporting other staff in professional development and learning opportunities. Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g. training).
At least one staff member understands and makes aged care recipients aware of the services they and their families can continue to access through the Department of Veterans' Affairs.	2	Details of relevant staff full-time equivalent (FTE), experience, training, job description, activities undertaken and/or recent examples of information provision to aged care recipients about DVA services.
A safe and appropriate physical environment is created for veterans.	2	Details of how the physical environment is set up or adapted for veterans, with supporting evidence of appropriateness (e.g. feedback from aged care recipients or a relevant community organisation).
At least 90% of staff have completed annual training in the aged care needs of veterans, the military experience and trauma-informed care delivery.	2	Details of training provided to staff over the past 12 months in the aged care needs of veterans, the military experience and trauma-informed care delivery. Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.

Criterion	Tier	Evidence required
Provider organises commemoration ceremonies or helps aged care recipients attend local community commemoration events.	2	Description of provider's recognition of/participation in/support for one or more relevant event in the past 12 months, with supporting evidence.
There are established connections and regular engagement between the provider and the local Returned & Services League of Australia (RSL) or other ex-service organisations.	2	Description of the established connection and engagement with a local veteran community organisation (e.g. RSL or Legacy), including any activities conducted in the past 12 months and/or planned activities. The local veteran community organisation confirms this connection. Evidence may include a Memorandum of Understanding.
At least one veteran sits on the governing body (e.g. board) of the provider at the outlet level.	2	Description of governing body involvement/attendance by a veteran representative.
An active and resourced ex-service advisory group contributes to the development, delivery and evaluation of specialised services.	2	Details of the membership of the group, actions taken, provider supports, and frequency of meetings. Details of how aged care recipients and staff can contact/interact with the advisory group (e.g. to provide feedback or raise concerns) and how the group is linked to the provider's governance body and/or management.
Policies and procedures are in place to support and promote the delivery of specialised aged care to veterans.	2	Policies and procedures that detail how specialised care for veterans is delivered or supported. Examples of how these policies and procedures promote the delivery of specialised care.
Aged care recipients who are veterans report the care received is appropriate and meets their unique needs.	2	Aged care recipients who are veterans, or their representatives, provide positive written or verbal feedback through AHA's independent process.

1.5 People who are homeless or at risk of becoming homeless

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients that identify as being homeless or are at risk of becoming homeless.

If your outlet meets a Tier One criterion, no further criteria need to be met to attain verification. If your outlet does not meet one of the Tier One criteria, you are required to meet the 3 Tier Two criteria in the Framework. These criteria are listed in Table 5:

Table 5: Homelessness¹ Specialisation Verification Framework

Criterion	Tier	Evidence required
Provider delivers assistance with Care and Housing services or is a care finder organisation that focuses on clients who are homeless or at risk of homelessness ⁺	1	No evidence required (AHA will undertake a desktop review of departmental records which list providers funded to deliver these services).
50% or more of residents have been assessed as being homeless and have a relevant behavioural diagnosis	1	No evidence required (AHA will undertake a desktop review of departmental records which list providers approved under the Homeless Supplement or the Specialised Homeless Base Care Tariff*).
There are established connections and regular engagement between the provider and a community organisation which assists individuals who are homeless or at risk of becoming homeless.	2	Details of the established connection and engagement with a local community organisation that assists individuals experiencing or at risk of homelessness, including any recent and/or planned activities. The local community organisation confirms this connection. Evidence may include a Memorandum of Understanding.

¹ For the purposes of specialisation, this group also includes people who have experienced homelessness. Most criterion refer to 'people who have experienced or are at risk of homelessness', as people who are currently homeless are unlikely to be receiving aged care services.

Criterion	Tier	Evidence required
At least 90% of staff have completed annual training in the aged care needs of people who have experienced or are at risk of homelessness, including trauma-informed care delivery.	2	Details of training provided to staff over the past 12 months in the aged care needs of people who have experienced or are at risk of homelessness, including trauma-informed care delivery. Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.
The provider has specific policies and procedures to support and promote the aged care needs of people who have experienced or are at risk of homelessness.	2	Policies and procedures that detail how specialised care for people who are homeless or at risk of becoming homeless is delivered or supported. Examples of how these policies and procedures have led to the delivery of specialised care.

+ Applies to Commonwealth Home Support Programme (CHSP) only; * Applies to Residential Aged Care (RAC) only

1.6 Care leavers

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as Care leavers. These criteria are listed in Table 6:

Table 6: Care leavers² Specialisation Verification Framework

Criterion	Tier	Evidence required
One or more staff members identify as being a care leaver and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	2	Description of the number, combined full-time equivalent (FTE) and specific role the staff member(s) play(s) in championing specialised aged care for people who are care leavers and supporting other staff in professional development and learning opportunities. Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g. training).
There are established connections and regular engagement between the provider and a care leaver service or community organisation.	2	Details of the established connection and engagement with a care leaver community organisation (e.g. Find and Connect service, the Alliance for Forgotten Australians, Link-Up, Coota Girls Aboriginal Corporation), including any recent and/or planned activities. The care leaver community organisation confirms this connection. Evidence may include a Memorandum of Understanding.
At least 90% of staff have completed annual training in the aged care needs of care leavers including trauma-informed care.	2	Details of training provided to staff over the past 12 months about the aged care needs of care leavers, including trauma-informed care. Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.
A safe and appropriate physical environment is created for care leavers.	2	Details of how the physical environment is set up or adapted for care leavers, with supporting evidence of appropriateness (e.g. feedback from aged care recipients or a relevant community organisation).

² The term 'care leaver' includes Forgotten Australians, Former Child Migrants and Stolen Generations. Different terms may be preferred by people from this Special Needs Group, with some preferring not to be labelled at all.

Criterion	Tier	Evidence required
At least one care leaver sits on the governance body (e.g. board) of the provider at the outlet level.	2	Description of governance body involvement/attendance by a care leaver representative.
An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services.	2	Details of the membership of the group, actions taken, provider supports, and frequency of meetings. Details of how aged care recipients and staff can contact/interact with the advisory group (e.g. to provide feedback or raise concerns) and how the group is linked to the provider's governance body and/or management.
Policies and procedures are in place to support and promote the delivery of specialised aged care to care leavers.	2	Policies and procedures that detail how specialised care for care leavers is delivered or supported are provided. Examples of how these policies and procedures promote the delivery of specialised care, e.g. on intake care recipients are asked, 'what is important to you?'
Aged care recipients who identify as care leavers report the care received is appropriate for care leavers and meets their unique needs.	2	Aged care recipients who identify as care leavers provide positive written or verbal feedback through AHA's independent process.

1.7 Parents separated from children by forced adoption/removal

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as a parent separated from children by forced adoption/removal. These criteria are listed in Table 7:

Table 7: Forced adoption Specialisation Verification Framework

Criterion	Tier	Evidence required
One or more staff members is a parent separated from a child by forced adoption/removal and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	2	Description of the number, combined full-time equivalent (FTE) and specific role the staff member(s) play(s) in championing specialised aged care for parents separated from children by forced adoption/removal, and supporting other staff in professional development and learning opportunities. Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g. training).
There are established connections and regular engagement between the provider and a forced adoption support service or community organisation.	2	Details of the established connection and engagement with a forced adoption support service or community organisation (e.g. Forced Adoption Support Service), including any previously conducted activities (in the past 12 months) and/or planned activities. The forced adoption support service or community organisation confirms this connection. Evidence may include a Memorandum of Understanding.
At least 90% of staff have completed annual training in the aged care needs of parents separated from their children by forced adoption or removal and trauma-informed care delivery.	2	Details of training provided to staff over the past 12 months in the aged care needs of parents separated from children by forced adoption/removal and trauma-informed care delivery. Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.
A safe and appropriate physical environment is created for parents separated from children by forced adoption or removal	2	Details of how the physical environment is set up or adapted for parents separated from children by forced adoption/removal, with supporting evidence of appropriateness (e.g. feedback from aged care recipients or a relevant community organisation).

Criterion	Tier	Evidence required
There are established connections between the provider and local dental and medical facilities so that support can be provided to aged care recipients who are triggered by accessing these services.	2	Description of an established connection with local dental and medical facilities, including details of any recent contact to support aged care recipients. Local dental and medical facilities confirm this connection.
At least one parent separated from a child by forced adoption or removal sits on the governance body (e.g. board) of the provider at the outlet level.	2	Description of governance body involvement/attendance by a parent separated from a child by forced adoption/removal.
An active and resourced forced adoption advisory group contributes to the development, delivery and evaluation of specialised services.	2	Details of the membership of the group, actions taken, provider supports, and frequency of meetings. Details of how aged care recipients and staff can contact/interact with the advisory group (e.g. to provide feedback or raise concerns) and how the group is linked to the provider's governance body and/or management.
Policies and procedures are in place to support and promote the delivery of specialised aged care to people who have experienced forced adoption.	2	Policies and procedures that detail how specialised care for parents separated from children by forced adoption/removal is delivered or supported. Examples of how these policies and procedures promote the delivery of specialised care.
Aged care recipients who are parents separated from their children by forced adoption or removal report the care received is appropriate and meets their unique needs.	2	Aged care recipients who are parents separated from children by forced adoption or removal provide positive written or verbal feedback through AHA's independent process.

1.8 Lesbian, gay, bisexual, transgender and intersex (LGBTI) people

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients that identify as lesbian, gay, bisexual, transgender and/or intersex.

If your outlet meets the Tier One criterion, no further evidence is needed to attain verification. If your outlet does not meet that criterion, you are required to meet 4 Tier Two criteria. These criteria are listed in Table 8:

Table 8: LGBTI Specialisation Verification Framework

Criterion	Tier	Evidence required
Provider is Rainbow Tick accredited.	1	Copy of the Rainbow Tick accreditation certificate confirming outlet details.
One or more staff members identify as LGBTI and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	2	Description of the number, combined full-time equivalent (FTE) and specific role the staff member(s) play(s) in championing specialised aged care for people who are LGBTI, supporting other staff in professional development and learning opportunities. Description of relevant activities undertaken by champion(s) and resourcing/support provided (e.g. training).
There is an established connection and regular engagement between the provider and a local LGBTI community organisation.	2	Details of the established connection and engagement with a local LGBTI community organisation (e.g. GRAI or Working It Out Tasmania), including any recent and/or planned activities. The provider supplies evidence of this connection or the local LGBTI community organisation confirms this connection. Evidence may include a Memorandum of Understanding.
At least 90% of staff have completed annual training in the aged care needs of LGBTI people and trauma-informed care delivery.	2	Details of training provided to staff over the past 12 months in the aged care needs of LGBTI people and trauma-informed care delivery. Provider specifies the proportion of all staff who undertook this training (minimum 90%, excluding agency staff). 'Training' may be online training modules.
At least one LGBTI person sits on the governing body (e.g. board) of the provider at the outlet level.	2	Description of governing body involvement/attendance by an LGBTI representative.

Criterion	Tier	Evidence required
An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services.	2	Details of the membership of the group, actions taken, provider supports, and frequency of meetings. Details of how aged care recipients and staff can contact/interact with the advisory group (e.g. to provide feedback or raise concerns) and how the group is linked to the provider's governance body and/or management.
Provider recognises and participates in local LGBTI celebrations and events.	2	Description of provider's recognition of/participation in/support for one or more relevant events in the past 12 months, with supporting evidence.
Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI people.	2	Policies and procedures that detail how specialised care for lesbian, gay, bisexual, transgender and/or intersex people is delivered or supported, noting that specialised care for all of these subgroups should be required. Examples of how these policies and procedures promote the delivery of specialised care.
Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS.	2	Relevant policies and procedures (e.g. pertaining to staff training, or promoting and facilitating aged care recipients' access to health services). Examples of how these policies support the delivery of specialised care.
The provider displays evidence of its public commitment to supporting LGBTI people.	2	Description of how the provider's commitment to supporting LGBTI people is publicised (e.g. displaying the rainbow flag symbol and a copy of the Darlington statement onsite in Residential Aged Care (RAC), wording/imagery on website and advertising materials for Home Care Package (HCP) and Commonwealth Home Support Programme (CHSP) providers). At least two forms of supporting evidence (e.g. photographs, website links, advertising materials).
Aged care recipients who are LGBTI report the care received is appropriate and meets their unique needs.	2	LGBTI aged care recipients provide positive written or verbal feedback through AHA's independent process.

1.9 People who live in rural or remote areas

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients living in rural or remote areas.

If your outlet meets the Tier One criterion, no further evidence is needed to attain verification. If your outlet does not meet that criterion, you are required to meet all 3 Tier Two criteria in the Framework. These criteria are listed in Table 9:

Table 9: Rural and remote specialisation verification framework

Criterion	Tier	Evidence required
Provider receives the Viability Supplement.*	1	No evidence required (AHA will undertake a desktop review of departmental records which list providers receiving the supplement).
Provider is located or provides services to aged care recipients in a rural (MM3 to MM5) or remote (MM6 or MM7) area under the Modified Monash Model. ³	2	Provider's postcode indicates it is located in MM3 – MM7
There are established connections and regular engagement between the provider and local government, local health service(s) or other local organisation(s) which assists people who live in rural and remote areas.	2	Description of the established connection and engagement with a local government, local health service or other local organisation, including any previously conducted activities (in the past 12 months) and/or planned activities. The local government/service/organisation confirms this connection. Evidence may include a Memorandum of Understanding.
At least half of provider outlet staff live in a rural or remote area (MM3 to MM7) under the Modified Monash Model.	2	Provider affirmation that $\geq 50\%$ of all outlet staff live in rural or remote areas (MM3 to MM7) according to the Modified Monash Model. Descriptions and/or example(s) of how these staff use their rural/remote experience to inform the provision of specialised services for people who live in these areas are provided.

* Applies to Home Care Package (HCP) and Residential Aged Care (RAC) only

³ Further information about the Modified Monash Model can be found on the department's [website](#).