**AGED CARE APPROVED PROVIDER**

 **SUBCONTRACT ARRANGEMENT - RESPONSE TO COVID-19**

**NOTIFICATION OF A MATERIAL CHANGE**

**Only use this form if you are engaging a third party organisation to assist with care efforts during COVID-19. It informs the Aged Care Quality and Safety Commission of the engagement of a third party for the delivery of some or all of your services.**

**Introduction**

A material change under section 9-1 of the *Aged Care Act 1997* (the Act) is one that is considerable in nature and may affect an approved provider’s suitability to be a provider of aged care.

Although the Act does not define what type of change constitutes a material change, entering into a subcontracting arrangement for delivery of services could materially affect your suitability.

The following are examples of what could be covered under a subcontracted arrangement:

* + entering into a contracted agreement with a third party to deliver nursing services, personal care, respite or domestic assistance on your behalf
	+ using a management company to manage the day-to-day responsibilities of the organisation

Section 9-1 of the Act requires approved providers to notify the Aged Care Quality and Safety Commissioner of any material changes within **28 days** of the change/s.

Approved providers that engage a third party for the delivery of any of its services remain fully responsible for the care delivered and must ensure that care provided by a third party organisation is safe and delivered in accordance with the Aged Care Act, Principles and the Aged Care Quality Standards. This means that the funded organisation is expected to provide oversight of the care delivered not only by its employees, but also its contractors/contracted organisations, in order to meet the responsibilities under the Aged Care Act.

**Failure to comply with material changes requirements may result in a sanction being imposed under Part 7B of the *Aged Care Quality and Safety Commission Act 2018.***

**Completing this form**

This form must be completed by one of the approved provider’s key personnel, and must be legally authorised to give assurances and enter into contracts and commitments on behalf of the approved provider.

Sections A, B and C and the key personnel endorsement ***must*** be completed.

Email your completed form and any relevant documents to materialchange@agedcarequality.gov.au.

Your form will be returned if you do not:

* attach all requested documents
* complete the relevant sections in full

**After you submit the form**

If further information is needed from your organisation to confirm any details given in this form, it will be requested via an additional notice. You must provide a response within 28 days after the request is made.

**Questions?**

If you have any queries about completing this form, please send an email with your contact details to materialchange@agedcarequality.gov.au.

**SECTION A: YOUR PERSONAL DETAILS**

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| Full name | *Choose an item.* Click here to enter text.  |
| Role/Position title | Click here to enter text.  |
| Phone | Click here to enter text.  |
| Email | Click here to enter text.  |

**SECTION B: YOUR ORGANISATION’S DETAILS**

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| Name of approved provider | Click here to enter text. |
| NAPS provider ID | Click here to enter text.  |

**SECTION C: THIRD PARTY DETAILS**

* In this section enter the details of any new third parties.
* For multiple third parties, please duplicate the table as required.
* You must consider the role and responsibilities of the third party’s employees as they may meet the definition of key personnel for an approved provider (see section 8B of the Commission Act). Such as:
* Employees, contractors or consultants of the third party who may have direct control and/or influence over decision making.
* As the approved provider you are responsible to ensure the third party’s key personnel are not disqualified individuals (Part 8A of the Commission Act).

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| Legal name: Click here to enter text. |
| Trading name/s: Click here to enter text. |
| Is the third party an approved provider?[ ]  Yes – *you must provide the NAPS provider ID of the third party:* Click here to enter text. [ ]  No What steps have you taken to check the third party’s performance against the Aged Care Quality Standards or equivalent standards? Click here to enter text. |
| Incorporation details: Choose an item. Click here to enter text. |
| Contract start date: Click or tap to enter a date. |
| Contract end or renewal date: Click or tap to enter a date. |
|  Attach a copy of contract: Please attach a copy of the signed contract or provide within 14 days of submitting this form. |
| Contact person Name: Click here to enter text. Phone: Click here to enter text. Email: Click here to enter text. Physical Address: Click here to enter text.  Postal Address: Click here to enter text. |
| Role and responsibilitiesWhat are the specific services that the third party organisation will deliver on your behalf?Click here to enter text. |
| Key Personnel - *Please identify employees of the third party whose role and responsibility mean that they also meet the definition of key personnel (please duplicate table if required). SEE APPENDIX A FOR DEFINITIONS*

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| Full name | **Click here to enter text.** |
| Date of Birth | **Click here to enter text.** |
| Email | **Click here to enter text.** |
| Phone | **Click here to enter text.** |
| Role/Position title | **Click here to enter text.** |
| Details of the role as it relates to having authority or responsibility for, or significant influence over, planning, directing or controlling the activities of your organisation | **Click here to enter text.** |
| What checks have been undertaken | [ ]  National Police Check **Click to enter reference number**[ ]  Bankruptcy Check Date completed: **Click or tap to enter a date.**[ ]  Mental incapacity a registered medical practitioner has not certified that the individual is unable to perform the individual’s duties as one of those key personnel |

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| PrivacyUnder Australian Privacy law organisations or agencies must only collect personal information in a lawful and fair way. For more information, see the [Australian Privacy Principles (APP) Guidelines, Chapter 3](https://www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/chapter-3-app-3-collection-of-solicited-personal-information/).Have you informed the key personnel and contact person/s listed above that their personal information is being provided to the Commission, and that this information will be held by the Commission and shared with the Department of Health?[ ]  Yes – Choose an item  If other, please tell us about the evidence you have attached: Click here to enter text.[ ]  No – please explain why: Click here to enter text. |
| Approved Provider oversightWhat systems or processes have you put in place to monitor the care the third party is delivering on your behalf?Click here to enter text.What due diligence actions have you taken to ensure that the third party organisation has effective processes in place to deliver quality aged care services to care recipients?Click here to enter text.Who within your organisation will have direct line of oversight of the care delivered and what are their qualifications to oversight care delivery?Click here to enter text. |

**Informing care recipients**

What arrangements have you put in place, or intend to implement, to inform and consult with care recipients, either existing or new to your organisation, about your subcontracted services?

**Click here to enter text.**

| **The person/s signing this *Subcontract Arrangement* - *Notification of a Material Change* form must be one of the applicant’s key personnel and legally authorised to give assurances on behalf of the approved provider.** **Signature space has been made available for two key personnel to sign, if required, in accordance with the *Corporations Act 2001*.** |
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| Endorsement |
| This endorsement covers all information provided in this form. It must be signed by those persons who are legally empowered to give assurances and enter into contracts and commitments on behalf of the approved provider. |
| Privacy and your personal information |
| Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the Aged Care Quality and Safety Commission for the primary purposes of: * notifying the Commissioner of changes in circumstances that materially affect your organisation’s suitability to provide aged care services; and/or
* reviewing your organisation’s ongoing suitability to provide aged care services; and/or
* associating your organisation’s key personnel and contacts; and/or
* updating your organisation’s records.

The information you provide to the Aged Care Quality and Safety Commission on this form may be disclosed to the Department of Health, other State and Commonwealth agencies and where otherwise authorised or required by law.If you do not provide this information your organisation may be at risk of failing to meet its notification obligations under section 9-1 of the *Aged Care Act 1997*. Failure to comply with notification requirements may result in a sanction being imposed under Part 7B of the Commission Act.You can get more information about the way in which the Aged Care Quality and Safety Commission will manage your personal information, including our [Privacy Policy, at agedcarequality.gov.au](https://www.agedcarequality.gov.au/about-us/legislation-and-policies/privacy-policy). |
| Declaration | **Initial** |
| I/we have read and understood the above privacy notice. |  |
| I/we understand that it is an offence for an approved provider that is a corporation if it fails to notify of a material change within 28 days after the change occurs. |  |
| I/we declare that unless specified in this form, to the best of my/our knowledge, none of the approved provider’s key personnel is a disqualified individual under section 8A of the Commission Act and understand that under section 10A-2 of the Act, a corporation commits an offence if a disqualified individual is one of the corporation’s key personnel, and the corporation is reckless as to that fact. |  |
| I/we declare that all information provided in this form and any attachments is true and correct. |  |

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| **Endorsing Officer 1 – Key Personnel** | **Endorsing Officer 2 – Key Personnel** |
| **Name** | Click here to enter text. | **Name** | Click here to enter text. |
| **Signature** |  | **Signature** |  |
| **Position** | Click here to enter text. | **Position** | Click here to enter text. |
| **Date** | Click here to enter a date. | **Date** | Click here to enter a date. |

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| Authorised Contact Person | The person authorised to act on behalf of the organisation. |
| Disqualified Individual  | A disqualified individual as defined under section 8A of the Commission Act and provides that an individual is a disqualified individual if: a) The individual has been convicted of an indictable offence; orb) The individual is an insolvent under administration; orc) Both of the following apply:(i) the individual is one of the key personnel of a person or body;(ii) a registered medical practitioner certifies that the individual is unable to perform the individual’s duties as one of those key personnel because of mental incapacity. |
| Indictable Offence | An indictable offence is defined under section 7 of the Commission Act as: 1. an indictable offence against a law of the Commonwealth or of a State or Territory; or
2. an offence that:
3. is an offence against a law of a foreign country or a part of a foreign country; and

when committed, corresponds to an indictable offence against a law of the Commonwealth or of a State or Territory. |
| Key Personnel | Key personnel as defined under section 8B of the Commission Act. This includes:1. if the entity is not a State or Territory—a member of the group of persons who is responsible for the executive decisions of the entity at that time which includes:
2. if the entity is a body corporate that is incorporated, or taken to be incorporated, under the Corporations Act 2001—a director of the body corporate for the purposes of that Act; and
3. in any other case—a member of the entity’s governing body.
4. if the entity is not a State or Territory—any other person who has authority or responsibility for, or significant influence over, planning, directing or controlling the activities of the entity at that time;
5. if, at that time, the entity conducts an aged care service:
6. any person who is responsible for the nursing services provided by the service and who holds a recognised qualification in nursing; and
7. any person who is responsible for the day-to-day operations of the service; whether or not the person is employed by the entity;
8. if, at that time, the entity proposes to conduct an aged care service:
9. any person who is likely to be responsible for the nursing services to be provided by the service and who holds a recognised qualification in nursing; and

any person who is likely to be responsible for the day-to-day operations of the service; whether or not the person is employed by the entity. |
| Quality Standards | The Aged Care Quality Standards under Part 5 of the *Quality of Care Principles 2014* |