



Australian Government

**Department of Health
and Aged Care**

**Supporting Medication Management in
Residential Aged Care Initiative -
Electronic National Residential Medication
Chart (eNRMC) Adoption – Round 2
Grant Opportunity Guidelines
GOXXXX**

Opening date:	3 July 2023
Closing date and time:	2:00pm AEDT (Canberra time) on 28 March 2024
Commonwealth policy entity:	Department of Health and Aged Care (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: grant.atm@health.gov.au
Type of grant opportunity:	Demand Driven

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1. Supporting Medication Management in Residential Aged Care Initiative: eNRMCA Adoption grant opportunity processes

The *Supporting Medication Management in Residential Aged Care Initiative* is designed to achieve Australian Government objectives. This grant opportunity is part of the above grant program which contributes to the Department of Health and Aged Care's Outcome 2 – Individual Health Benefits. The department works with stakeholders to plan and design the grant program according to the [Commonwealth Grants Rules and Guidelines \(CGRGs\)](#).



The grant opportunity opens

We publish the grant opportunity guidelines on [GrantConnect](#).



You complete and submit a grant application

You complete the Application Form and satisfy all the eligibility criteria to be considered for a grant.



We assess all grant applications

We assess the applications against eligibility criteria.



Grant decisions are made

The decision maker makes a decision about the grant(s).



We notify you of the outcome



We enter into a grant agreement

If you are successful, we will enter into a grant agreement with you. Generally grant recipients will receive a letter of offer and Grant Agreement from the Community Grants Hub within 6-8 weeks of being notified that they have been successful. The type of grant agreement is based on the nature of the grant and will be proportional to the risks involved.



Delivery of grant

You undertake the grant activity as set out in your grant agreement. Once the Grant Agreement has been executed, funds will generally be paid to recipients within 5-10 business days. The Community Grants Hub manage the grant by working with you, monitoring your progress and making payments.



Evaluation of the grant opportunity

We evaluate your specific grant activity and the grant opportunity as a whole. We base this on information you provide to us and that we collect from various sources.

1.1 Introduction

These guidelines contain information for the electronic National Residential Medication Chart (eNRMC) Adoption – Round 2 grant opportunity.

You must read these guidelines before filling out an application.

This document sets out:

- the purpose of the grant program/grant opportunity
- the eligibility and assessment criteria
- how grant applications are considered and selected
- how grantees are notified and receive grant payments
- how grantees will be monitored and evaluated
- responsibilities and expectations in relation to the opportunity.

2. About the grant program

In response to the [Final Report](#) of the Royal Commission into Aged Care Quality and Safety, the Australian Government is providing better support to Residential Aged Care Services (RACS) and their residents. This includes supporting RACS to adopt new technologies to help make sure medication use is effective and appropriate. For the purposes of this grant opportunity, 'RACS' encompasses standard Residential Aged Care Services, National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) residential services and multi-purpose services (MPS) that provide residential aged care services.

The *Supporting Medication Management in Residential Aged Care Initiative* was announced as part of the *Residential Aged Care Quality and Safety - Improving Access to Primary Care and other Health Services 2021-22* Budget measure. The Government is providing funding of up to \$45.4 million over four financial years from 2021-22 to 2024-25 for implementation of the initiative.

The initiative has three tranches:

- incentivising the adoption of eNRMC products in RACS
- improving information transfer for transitions between RACS and hospital settings
- driving the use and integration of the My Health Record (MHR) in RACS.

The grant program under this initiative is consistent with the Department of Health and Aged Care's Budget Outcome 2 - *Individual Health Benefits*, Program 2.3: *Pharmaceutical Benefits*, which aims to ensure:

- improved access for all Australians to cost-effective and affordable medicines, medical, dental, and hearing services.

The objective of the program is:

- to help defray the costs associated with implementing a conformant eNRMC product, such as software and hardware costs, change management processes and staff training.

The intended outcomes of the program are to improve the following for Australians who are RACS residents:

- quality use of medicines
- medication management and safety practices
- health outcomes.

We administer the grant opportunity according to the [Commonwealth Grants Rules and Guidelines](#) (CGRGs).

2.1 About the grant opportunity

Under the *Supporting Medication Management in Residential Aged Care Initiative*, up to \$30 million (GST Exclusive) has been made available over 2.5 financial years for the eNRM C Adoption grant opportunity to incentivise the implementation of eNRM C products in RACS. Round 1 was successfully implemented between 1 July 2022 and 12 January 2023, providing \$16.5 million of funding to the sector. This Round (Round 2) of the eNRM C grant opportunity will provide up to an additional \$12.5 million to the sector. Further information concerning the breakdown of funding and availability can be found in Section 3 of these Guidelines.

Through real-time medication ordering and administration recording, an eNRM C product enables aged care staff, prescribers, and suppliers to reduce medication errors and gain greater flexibility and coordination in the way their services are delivered. It also supports consumer-centred care and enhances communication between all those supporting the resident's clinical care. An eNRM C product benefits residents, providers, aged care staff, prescribers, and suppliers, through:

- decreasing medication safety risks, such as inconsistencies between prescriber records and paper medication charts, also lessening time spent by suppliers reconciling these differences
- increasing visibility of residents' medication records for prescribers, suppliers, and aged care staff
- enhancing patient-centred care
- timely provision of medications
- alerts to advise of allergies or medication interactions, and reminders when new prescriptions or follow-up consultations will soon be required
- provision of real-time electronic collaboration and communication tools
- reducing administrative burden for aged care providers and staff, prescribers, and suppliers, and
- reducing the number of regular medications taken by an individual (polypharmacy).

A conformant eNRM C product is one that meets all state/territory legislative requirements and is either:

- a CPv3.0 Conformant eNRM C product listed on the *Electronic Prescribing Conformance Register* or
- approved by the Australian Digital Health Agency (the Agency) as a Transitional eNRM C Product and listed on the *Transitional eNRM C Conformance Register*.

Both registers can be found on the Agency's [Registers](#) webpage.

Transitional eNRM C Products became available to market from 1 July 2022 and can be used as a legal PBS prescription without the requirement for a duplicate paper prescription. Further information on Transitional eNRM C Products is available under Section 2.2, below.

Grant recipients will have 12 months from the date of their grant agreement to adopt and implement a conformant eNRM C product. It is not necessary for a RACS to have selected an eNRM C before applying for the Grant.

The department and the Australian Commission on Safety and Quality in Health Care have developed a [Guide and Workbook](#) to support RACS providers to select and implement an eNRM product. The guidance can be applied to all types of RACS settings, whether you are a single site or part of a larger provider network. When selecting and implementing an eNRM, it is important to consult and collaborate with the Prescribers and Pharmacists supporting the RACS.

The Activity will be measured against the below Performance Indicator (PIs).

Table 1: Performance Indicators (PIs)

Performance indicator	Measure
eNRM adoption	70% of RACS nationally adopt a conformant eNRM product by 19 December 2025.
eNRM adoption within the 12 month implementation period by grant recipients	95% of RACS complete the eNRM adoption process within 12 months of receiving their grant.
Increased provision of PBS supply data in RACS	Increased prescription volume in patient category 'R' - National Residential Medication Chart – through PBS online claiming system by December 2025.

2.2 Transitional eNRM Products

Transitional eNRM Products have been introduced under a Transitional Arrangement so that RACS can benefit from eNRM products sooner. However, a Transitional eNRM will need to upgrade to a CPv3.0 (or later) Conformant eNRM once full interoperability with Prescription Delivery Services is possible. This transition will largely be a matter for software vendors to manage, however, there are some additional obligations on RACS to make sure their eNRM meets all legal requirements. In particular, RACS adopting a Transitional eNRM Product will need to:

- continue reviewing the Agency's Electronic Prescribing Conformance and Transitional eNRM Conformance [Registers](#) to ensure they are using eNRM products approved under the appropriate arrangements
- advise their Transitional eNRM Product software vendor of their servicing pharmacy
- consult and collaborate with Prescribers and Pharmacists servicing the RACS when selecting an eNRM. They will also be using this system, and can provide useful insight and support to ensure the eNRM selected supports the RACS requirements.
- inform their servicing pharmacy that they are using a Transitional eNRM Product and that the pharmacy will require access
- advise clinicians caring for residents within the facility that the facility is using a Transitional eNRM Product and provide clinicians with appropriate access.

3. Grant amount and grant period

3.1 Grants available

Up to \$30 million (GST Exclusive) will be available for the eNRM Adoption grant opportunity. The grant opportunity will have three rounds over 2.5 financial years, from 1 July 2022 to 19 December 2024. Each RACS / NAPS ID can only receive one grant over the course of the grant opportunity. Due to the nature of the services they provide or physical requirements, some RACS may have multiple RACS/NAPS IDs. These sites are eligible to receive a grant for each RACS/NAPS IDs.

A total of \$12.5 million in funding is available within Round 2 of the eNRM grant opportunity, which will run from 3 July 2023 to 28 March 2024. If funding is expended, the grant round will be closed and applicants will need to wait for the third and final round to open the following financial year. To encourage early adoption, grant amounts decrease with each subsequent round of the grant opportunity. Details of grant funding and grant amounts for the third and final round will be published in updated Grant Opportunity Guidelines on GrantConnect prior to its commencement.

The value of grants available will be varied. Grant amounts will depend on:

- the round during which a RACS submits a successful application
- the remoteness of the RACS as determined by the ABS Remoteness classification
- the ownership model of the RACS, and
- whether the RACS actively participated in the eNRM trial. Active trial participants are classified as services that signed a deed of agreement with the Department to participate in the trial, were issued an eNRM trial authorisation number, and were listed within the eNRM trial legislative instrument.

To determine the grant amount your RACS will receive, you will need to:

1. determine which tier your RACS falls into using Table 2
2. determine grant value using Table 3.

Please note the grant amounts are only available in fixed amounts as per Table 3 below. You are not required to calculate and provide a breakdown of exact estimated costs as part of your grant application.

Table 2: RACS Categories and Tiers for Grant Opportunity

RACS categories	Tier 1 (Highest \$)	Tier 2 (Middle \$)	Tier 3 (Lowest \$)
Very remote, remote, and outer regional¹			
• Not-for-profit ²	✓		
• Profit based	✓		
• eNRM trial participants ³			✓
Inner regional			
• Not-for-profit ²		✓	
• Profit based		✓	

RACS categories	Tier 1 (Highest \$)	Tier 2 (Middle \$)	Tier 3 (Lowest \$)
• eNRMC trial participants ³			✓
Major cities			
• Not-for-profit ²		✓	
• Profit based			✓
• eNRMC trial participants ³			✓

1. Very remote, remote and outer regional RACS are facilities located within an outer regional, remote or very remote location as listed in the ABS Remoteness column of the most recent *Aged Care Service List* on the [Australian Institute of Health and Welfare's website](#).
2. Not-for-profit RACS include those that are classified as: charitable, religious, community, local government, or state government as listed in the Organisation Type column of the most recent *Aged Care Service List* on the [Australian Institute of Health and Welfare's website](#).
3. This only applies to facilities which were active trial participants. A full list of eNRMC trial participants is available on the [Federal Register of Legislation](#).

Table 3: Applicable Grant Amounts

Grant Opportunity Years	Tier 1 (Highest \$)	Tier 2 (Middle \$)	Tier 3 (Lowest \$)
Round 2 3 July 2023 – 28 March 2024 (GST exclusive)	\$20,000	\$15,000	\$5,000
Round 3 1 July 2024 – 19 December 2024 (GST exclusive)	\$12,000	\$7,000	N/A

*The grant amounts for round 3 are indicative only and may be subject to change as per ongoing Government announcements.

4. Eligibility criteria

We cannot consider your application if you do not satisfy all the eligibility criteria.

4.1 Who is eligible to apply for a grant?

To apply for funding under this grant opportunity you must:

- be registered as one of the following:
 - a Residential Aged Care Service
 - a National Aboriginal and Torres Strait Islander Flexible Aged Care service that delivers residential aged care services, or
 - a Multi-Purpose Service providing residential aged care services (including those operated by State and Territory governments).
- have a current and valid residential aged care service unique system identifier issued by the Commonwealth, such as a RACS ID (also known as a Residential Aged Care Facility (RACF) ID) or National Approved Provider Service (NAPS) ID.
- undertake to implement a conformant eNRMC product within 12 months of executing a grant agreement. A conformant eNRMC product is one that meets all state/territory legislative requirements and is either:
 - an electronic prescribing CPv3.0 (or later) Conformant eNRMC and listed on the *Electronic Prescribing Conformance Register* once available, or
 - approved by the Agency as a Transitional eNRMC Product and listed on the *Transitional eNRMC Conformance Register*.

Both registers can be found on the Agency's [Registers](#) webpage.

Each grant application must only relate to one RACS ID. Co-located RACS with separate RACS IDs may submit a separate application for each service.

Where a single entity/provider owns multiple RACS, a separate application must be provided for each facility. Applications that do not abide by this principle will be rejected and the applicant will be required to submit a new application for each separate facility.

Each RACS will only be eligible for one grant over the course of the grant program.

4.2 Who is not eligible to apply for a grant?

You are not eligible to apply for this grant opportunity if you:

- do not meet the criteria included in Section 4.1
- are an organisation, or your project partner is an organisation, included on the [National Redress Scheme's website](#) on the list of 'Institutions that have not joined or signified their intent to join the Scheme'.

5. What the grant money can be used for?

5.1 Eligible grant activities

Eligible activities must directly relate to the grant opportunity and may include:

- Staff training on the adoption and use of a conformant eNRMC product
- Change management processes (such as developing policies or processes on the use of a conformant eNRMC product).

5.2 Eligible expenditure

You can only spend the grant on eligible expenditure, which are those goods or services that are directly related to the sourcing, adoption or use of a conformant eNRMC product. Eligible products will be listed on the *Electronic Prescribing Conformance Register* or the *Transitional eNRMC Conformance Register*, which can be found on the Agency's [Registers](#) webpage.

Eligible expenditure items include:

- purchase of, or subscription to, a conformant eNRMC product
- upgrade or purchase of hardware or infrastructure to enable the use of a conformant eNRMC product (such as Wi-Fi, computers, digital portable devices, etc.)
- other expenditure incurred which directly relates to the sourcing, adoption or use of a conformant eNRMC product.

In receiving the grant, you agree to adopt a conformant eNRMC within 12 months of executing your grant agreement.

In instances where an eNRMC has been adopted prior to a grant being received, grant funds may still be used on eligible activities such as change management processes and ongoing eNRMC subscription fees.

5.3 What the grant money cannot be used for

Ineligible grant activities and costs are those which are not directly related to the sourcing, adoption or use of a conformant eNRMC product. They include:

- purchase or implementation of an electronic medication management system that is not listed as being conformant on the *Electronic Prescribing Conformance Register* or the *Transitional eNRMC Conformance Register* (see: [Registers](#))
- Purchase or implementation of systems with non-interoperability to eNRMC systems
- costs associated with the adoption or use of paper-based NRMC systems
- costs incurred in the preparation of a grant application or related documentation

- general ongoing administration of an organisation such as electricity, phone, and rent.

6. How to apply

Before applying, you must read and understand these guidelines, Frequently Asked Questions, and the Application Form.

These documents are found on [GrantConnect](#). Any alterations and addenda¹ will be published on GrantConnect and by registering on this website, you will be automatically notified on any changes. GrantConnect is the authoritative source for grants information.

To apply you must:

- complete the Application Form on GrantConnect
- provide all information requested
- address all eligibility criteria
- submit your application by the closing date and time, as specified on the front cover of these guidelines, using the online application form link on GrantConnect.

You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your application from further consideration.

If you find an error in your application after submitting it, you should contact us immediately on grant.atm@health.gov.au or call (02) 6289 5600. We do not have to accept any additional information, nor requests from you to correct your application after the closing time.

You cannot change your application after the closing date and time.

If we find an error or information that is missing, we may ask for clarification or additional information from you that will not change the nature of your application. However, we can refuse to accept any additional information from you that would change your submission after the application closing time.

You should keep a copy of your application and any supporting documents. We will acknowledge that we have received your application within two working days. If you need further guidance around the application process or if you are unable to submit an application, please contact us at grant.atm@health.gov.au or by calling (02) 6289 5600.

6.1 Timing of grant opportunity processes

The eNRM Adoption grant opportunity will run over three rounds starting each financial year from 1 July 2022 to 19 December 2024. Round one has now concluded. To be considered for Round 2, you must submit an application between 3 July 2023 and 28 March 2024 (or until such time as grant funding for the financial year has been expended). This can be done at any time during the opening and closing dates, as grant applications will be assessed on a rolling basis until available funding is expended. Once funding is

¹ Alterations and addenda include but are not limited to: corrections to currently published documents; changes to close times for applications; Questions and Answers (Q&A) documents; and Frequently Asked Questions (FAQ) documents

expended the grant round will be closed and applicants will need to wait for the next round to open the following financial year.

An addenda will be published on GrantConnect with updated funding and grant amounts for each round should any changes occur.

Applications for the second round will not be accepted after 28 March 2024, or once grant funding is expended.

Table 4: Expected timing for this grant opportunity

Activity	Expected Timeframe
Round 2 open on GrantConnect	03 July 2023
Round 2 grant applications close	28 March 2024
Round 3 open on GrantConnect	01 July 2024
Round 3 grant applications close	19 December 2024
All rounds formally closed	19 December 2024
Notification of outcomes	Up to 8 weeks after submission of grant application
Negotiations and award of grant agreements	5 weeks after notification of outcomes
Earliest start date of grant activity	3 to 4 months after submission of grant application
End date of grant activity or agreement	12 months after the start date of grant activity

6.2 Questions during the application process

If you have questions relating to the grant, technical issues or processes during the application period, please contact grant.atm@health.gov.au. The department will respond to emailed questions within five working days.

Requests for clarification may form the basis of a response that will be posted on the [GrantConnect](#) website in Frequently Asked Questions document relating to this grant opportunity. Any questions will be de-identified. Registered applicants will be notified of updates to the documents via email from the [GrantConnect](#) website.

The department cannot assist you to address assessment criteria/determine eligibility or complete your application.

7. The grant selection process

Your application will be considered through a demand-driven grant process using the stated eligibility criteria only. Your application will not be assessed or compared against other applications.

We will check your application to ensure it meets the eligibility criteria and determine the applicable grant amount.

Your application will be assessed by staff within the Medication Management Solutions Section in the Digital and Service Design Branch of the Department of Health and Aged Care, who will recommend to the Assistant Secretary, Digital and Service Design Branch

(Decision Maker) those applications that meet eligibility criteria (see section 4) and the funding amount to provide to successful applicants.

If the selection process identifies unintentional errors in your application, you may be contacted to correct or explain the information.

Eligible applications will be successful and awarded grant funding, providing sufficient grant funding is available.

7.1 Who will approve grants?

The Assistant Secretary of the Digital and Service Design Branch (the Decision Maker) decides which grants to approve, taking into account the recommendations of the staff of the Medication Management Solutions Section and the availability of grant funds for the purposes of the grant opportunity.

The Decision Maker's decision is final in all matters, including:

- the approval of the grant
- the grant funding amount to be awarded
- the terms and conditions of the grant.

There is no appeal mechanism for decisions to approve or not approve a grant application.

8. Notification of application outcomes

We will advise you of the outcome of your application in writing. If you are successful, we will advise you of any specific conditions attached to the grant.

If you are unsuccessful, we will give you an opportunity to receive feedback. A request for individual feedback should be made to the department within 14 days of being notified of the outcome by emailing grant.atm@health.gov.au. We will respond to your request for feedback in writing within 30 days.

9. Successful grant applications

9.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth. We use the whole of government [grant agreement](#) templates in this program. We will use the letter of agreement for this grant opportunity.

Each agreement has general terms and conditions that cannot be changed. Sample grant agreements are available on the Department of Finance's [website](#).

We must execute a letter of agreement with you before we can make any payments. We are not responsible for any of your expenditure until we execute the letter of agreement. If you choose to start your grant activities to support eNRMC implementation before you have an executed letter of agreement, you do so at your own risk.

This grant comprises the letter of agreement we send advising that your application has been successful. We consider the agreement to be executed (take effect) from the date of our letter of agreement.

The Commonwealth may recover grant funds if there is a breach of the letter of agreement.

9.2 Specific legislation, policies, and industry standards

The eNRM Adoption grant opportunity only applies to eNRM products which are conformant with all technical and legal requirements. Conformant products will be listed on either the *Electronic Prescribing Conformance Register* once available or the *Transitional eNRM Conformance Register*. Both registers can be found on the Agency's [Registers](#) webpage.

9.2.1 The Multicultural Access and Equity Policy

The [Multicultural Access and Equity Policy](#) obliges Australian Government agencies to ensure that cultural and linguistic diversity is not a barrier for people engaging with government and accessing services to which they are entitled. For example, providing access to language services where appropriate.

9.2.2 Commonwealth Child Safe Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the need for organisations to adopt child safe practices including appropriate screening of staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations. The Australian Government committed to a new Commonwealth-wide framework to protect children and young people it is responsible for – [the Commonwealth Child Safe Framework \(CCSF\)](#).

The Australian Government is considering appropriate ways to apply the requirements of the CCSF to grant recipients. A child safety clause is likely to be included in a grant agreement where the Commonwealth considers the grant is for:

- services directly to children or
- activities that involve contact with children that is a usual part of, and more than incidental to, the grant activity.

A child safety clause may also be included in the grant agreement if the Commonwealth considers the grant activity involves children more broadly.

The successful applicant will be required to comply with all child safety obligations included in the grant agreement published with this grant opportunity or notified to the successful applicant prior to execution of the grant agreement.

Irrespective of the child safety obligations in the grant agreement, you must always comply with your state and territory legislative requirements for working with children and mandatory reporting.

The Australian Government has commissioned the Australian Human Rights Commission to develop a series of tools and resources to assist organisations to implement the [National Principles for Child Safe Organisations](#).

9.2.3 National Redress Scheme

The [National Redress Scheme](#) for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse that do not join the Scheme, ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy came into effect on 1 January 2021.

9.3 How we pay the grant

The letter of agreement will state the maximum grant amount to be paid.

We will not exceed the maximum grant amount under any circumstances. The grant is designed to assist in costs associated with adopting a conformant eNRM; you must meet any costs in excess of the grant amount.

We will pay 100 per cent of the grant on execution of the letter of agreement.

9.4 Grants payments and GST

Payments will be GST Exclusive. If you are registered for the [Goods and Services Tax \(GST\)](#), where applicable, we will add GST to your grant payment and issue you with a [Recipient Created Tax Invoice](#).

Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](#). We do not provide advice on your particular taxation circumstances.

10. Announcement of grants

If successful, your grant will be listed on the GrantConnect website 21 calendar days after the date of effect as required by Section 5.3 of the [CGRGs](#).

11. How we monitor your grant activity

As part of the grant agreement you will need to provide confirmation of implementing a conformant eNRM, as set out in section 11.3, below. Failure to implement a conformant eNRM within 12 months of executing a grant agreement may result in grant funds being the subject of recovery activity. Variations to grant agreements to allow additional time to implement a conformant eNRM will be considered on a case-by-case basis.

11.1 Keeping us informed

You should let us know if anything is likely to affect your ability to adopt a conformant eNRM within 12 months of the date of your letter of agreement.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to complete your grant obligations, carry on business and pay debts due.

You must also inform us of any changes to your:

- name
- addresses
- nominated contact details
- unique residential aged care service provider ID (i.e. RACS ID or NAPS ID)
- bank account details.

You can contact us via the email address grant.atm@health.gov.au

11.1.1 COVID-19

As a result of COVID-19, organisations may need to identify alternative methods of service delivery. The department will support flexibility in the delivery of planned services to enable contracted organisations to adapt to the changing environment. The department

will consider its approach to reporting over this time and be flexible in reporting requirements under the terms of the Schedule.

11.2 Reporting

You are required to submit a financial declaration and a Statement on Completion of Activity (see section 11.3) at the completion of the grant agreement. The Statement on Completion of Activity will include a requirement to provide confirmation that you have adopted and implemented a conformant eNRM product listed on the *Electronic Prescribing Conformance Register* or the *Transitional eNRM Conformance Register* within 12 months of the date on which your letter of agreement is executed (as per section 11.3 below).

11.3 Financial declaration

Once the grant activity has been completed, and within 12 months of executing your grant agreement, you will be required to:

- submit a financial declaration form that confirms all grant funds have been expended on eligible activities or expenditure items
- submit a Statement on Completion of Activity form that identifies the name of the Software Product you have adopted (must be listed on the *Transitional eNRM Conformance Register* or *Electronic Prescribing Conformance Register*) and the name of the Software Provider.

Templates will be provided to grant recipients 12 months after executing their grant agreement and must be completed and returned within one month.

11.4 Compliance visits

We may visit you during or at the completion of your grant activity to review your compliance with the grant agreement. We will provide you with reasonable notice of any compliance visit.

11.5 Evaluation

We will evaluate the grant opportunity to measure how well the outcomes and objectives have been achieved. We may use information from your application and reports for this purpose. We may also interview you or ask you for more information to help us understand how the grant impacted you and to evaluate how effective the program was in achieving its outcomes. We may contact you up to two years after you finish your grant for more information to assist with this evaluation.

11.6 Acknowledgement

If you make a public statement about the adoption of a conformant eNRM and received funding under the program for this purpose, we require you to acknowledge the grant by using the following:

‘Australian Government grant funding was received to support adoption of this eNRM’.

12. Probity

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities, and other inappropriate conduct, and is consistent with the CGRGs.

These guidelines may be amended periodically by the department. When this happens, the revised guidelines will be published on GrantConnect.

12.1 Enquiries and feedback

The department's [Complaint Handling Process](#) applies to complaints about this grant opportunity. All complaints about a grant process must be provided in writing.

Any questions you have about grant decisions for this grant opportunity should be sent to eNRMC@health.gov.au.

If you do not agree with the way the department has handled your complaint, you may complain to the [Commonwealth Ombudsman](#). The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the relevant Commonwealth entity.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072

Email: ombudsman@ombudsman.gov.au

Website: [Commonwealth Ombudsman](#)

12.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant opportunity or program. There may be a conflict of interest, or perceived conflict of interest, if the department's staff, any member of a committee, an advisor, and/or you or any of your personnel:

1. has a professional, commercial, or personal relationship with a party who is able to influence the application process, such as an Australian Government
2. has a relationship with or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently or
3. has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program/ grant opportunity.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify an actual, apparent, or perceived conflict of interest, you must inform the department in writing immediately.

Conflicts of interest for Australian Government staff will be handled as set out in the Australian [Public Service Code of Conduct \(Section 13\(7\)\)](#) of the [Public Service Act 1999](#). Committee members and other officials including the decision maker must also declare any conflicts of interest.

We publish our conflict of interest policy on the [Australian Public Service Commission's website](#).

12.3 Privacy

We treat your personal information according to the [Privacy Act 1988](#) and the [Australian Privacy Principles](#). This includes letting you know:

1. what personal information we collect
2. why we collect your personal information and

3. who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected, unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant opportunity in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research, or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the department would breach an Australian Privacy Principle as defined in the Act.

12.4 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or agreement, without our prior written approval. The obligation will not be breached where you are required by law, Parliament, or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time require you to arrange for you, your employees, agents, or subcontractors to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all of the three conditions below:

1. you clearly identify the information as confidential and explain why we should treat it as confidential
2. the information is commercially sensitive
3. revealing the information would cause unreasonable harm to you or someone else.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

1. the committee and other Commonwealth employees and contractors to help us manage the program effectively
2. employees and contractors of our department so we can research, assess, monitor, and analyse our programs and activities
3. employees and contractors of other Commonwealth agencies for any purposes, including government administration, research, or service delivery
4. other Commonwealth, State, Territory or local government agencies in program reports and consultations
5. the Auditor-General, Ombudsman or Privacy Commissioner
6. the responsible Minister or Parliamentary Secretary

7. a House or a Committee of the Australian Parliament.

The grant agreement may also include any specific requirements about special categories of information collected, created, or held under the grant agreement.

12.5 Freedom of information

All documents in the possession of the Australian Government, including those about this grant opportunity, are subject to the [Freedom of Information Act 1982](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to documents held by Australian Government entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. Access may be refused if a document contains “exempt” material, such as commercially valuable information or the personal or business information of a third party.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail: Freedom of Information Coordinator
 FOI Unit
 Department of Health and Aged Care
 GPO Box 9848
 CANBERRA ACT 2601

By email: foi@health.gov.au

13. Glossary

Term	Definition
ABS remoteness	the Australian Bureau of Statistics (ABS) Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Remoteness Areas are intended for the purpose of releasing and analysing statistical data to inform research and policy development in Australia.
accountable authority	see subsection 12(2) of the Public Governance, Performance and Accountability Act 2013
administering entity	when an entity that is not responsible for the policy, is responsible for the administration of part or all the grant administration processes
the Agency	the Australian Digital Health Agency
commencement date	the expected start date for the grant activity
Commonwealth entity	a Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act
<i>Commonwealth Grants Rules and Guidelines 2017 (CGRGs)</i>	establish the Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. The CGRGs contain the key legislative and policy requirements and explain the better practice principles of grants administration
completion date	the expected date that the grant activity must be completed, and the grant spent by

Term	Definition
Conformant eNRM product	<p>A type of electronic medication management system (EMMS) that can legally be used to prescribe, supply, and claim PBS medicines. To be a conformant eNRM, the product must meet all relevant state/territory legislative requirements and either be registered on:</p> <ul style="list-style-type: none"> the <i>Electronic Prescribing Conformance Register</i> or the <i>Transitional eNRM Conformance Register</i>. <p>Both registers can be found on the Agency's Registers webpage.</p> <p>EMMS products which do not meet these requirements must be used in parallel with paper-based prescriptions or medication charts which meet legal requirements.</p> <p>Grant money cannot be used to adopt an EMMS product that does not meet these eNRM requirements.</p>
co-sponsoring entity	when two or more entities are responsible for the policy and the appropriation for outcomes associated with it
CPv3.0 Conformant eNRM	eNRM products which have been formally assessed by the Agency and verified as being conformant with Electronic Prescribing Conformance Profile v3.0 (CPv3.0), including fully interoperability with Prescription Delivery Services. CPv3.0 Conformant eNRM Products are listed on the Agency's Electronic Prescribing Conformance Register .
date of effect	can be the date on which a grant agreement is signed or a specified starting date. Where there is no grant agreement, entities must publish information on individual grants as soon as practicable.
decision maker	the person who makes a decision to award a grant
department	the Australian Government Department of Health and Aged Care
Electronic National Residential Medication Chart (eNRM)	See 'conformant eNRM product' above

Term	Definition
eNRM Trial	<p>The eNRM Trial was established in 2018, and enabled a number of approved services to electronically prescribe, dispense and track administration of PBS medicines directly from an electronic version of the NRM, without the need to provide an additional paper/electronic prescription.</p> <p>Active eNRM Trial participants are classified as services that:</p> <ul style="list-style-type: none"> - signed a Deed of Agreement with the Department to participate in the eNRM Trial (using an approved software provider and supplier) - were issued an eNRM Trial authorisation number, and - were listed on the eNRM Trial legislation.
eligibility criteria	refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.
grant	<p>for the purposes of the CGRGs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:</p> <ul style="list-style-type: none"> • under which relevant money² or other Consolidated Revenue Fund (CRF) money³ is to be paid to a grantee other than the Commonwealth and • which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.
grant activity/activities	refers to the project/tasks/services that the grantee is required to undertake
grant agreement	sets out the relationship between the parties to the agreement, and specifies the details of the grant
GrantConnect	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs

² Relevant money is defined in the PGPA Act. See section 8, Dictionary.

³ Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted and will reflect the relevant grant process.
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Portfolio Budget Statement Program.
grantee	the individual/organisation which receives a grant
Multi-Purpose Service (MPS)	provides integrated health and aged care services for older Australians living in small communities in regional and remote areas.
National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC)	funds service providers to provide flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Island people close to their home and/or community. Service providers deliver a mix of residential and home care services in accordance with the needs of the community which are located mainly in rural and remote areas.
National Approved Provider Service (NAPS) ID	is a unique identifier up to five-digits allocated by the Department of Health and Aged Care via the National Approved Provider System, to applicants approved under the <i>Aged Care Act 1997</i> . NATSIFAC providers are also allocated a NAPS ID. If a NATSIFAC needs to confirm their NAPS ID, they can do so by emailing eNRMC@health.gov.au
National Redress Scheme	the National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding. The National Redress Scheme Grant Connected Policy came into effect on 1 January 2021.

Term	Definition
Not-for-profit	<p>for the purpose of this grant opportunity, not-for-profit RACS include those that are classified as one of the following according to the most recent Aged Care Service List on the Australian Institute of Health and Welfare's website:</p> <ul style="list-style-type: none"> • charitable • religious • community • local government • state/territory government
PBS Program	<p>described within the entity's Portfolio Budget Statement, PBS programs each link to a single outcome and provide transparency for funding decisions. These high-level PBS programs often comprise a number of lower levels, more publicly recognised programs, some of which will be Grant Programs. A PBS Program may have more than one Grant Program associated with it, and each of these may have one or more grant opportunities.</p>
<i>Public Governance, Performance and Accountability Act 2013</i> (PGPA Act)	<p>the PGPA Act establishes a system of governance and accountability for public resources with an emphasis on planning, performance and reporting. It applies to all Commonwealth entities and Commonwealth companies</p>
relevant money	<p>a. money standing to the credit of any bank account of the Commonwealth or a corporate Commonwealth entity or</p> <p>b. money that is held by the Commonwealth of a corporate Commonwealth entity.</p>
Residential Aged Care Facility (RACF)	<p>alternative name for a Residential Aged Care Service (RACS) (see definition below)</p>
Residential Aged Care Service (RACS)	<p>for Australians who can no longer live in their own home.</p> <p>RACS include accommodation and personal care, as well as access to nursing and general health care services.</p> <p>For the purpose of this grant opportunity, 'RACS' also encompasses National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) sites that deliver residential care services and Multi-Purpose Services (MPS) that provide residential aged care services.</p>

Term	Definition
Residential Aged Care Service ID (RACS ID)	<p>a unique four-digit number allocated by the Commonwealth used to authenticate registered RACS. Also known as a Residential Aged Care Facility (RACF) ID. RACS can look up their RACS ID on the Aged Care Quality and Safety Commission website.</p> <p>MPS and NATSIFAC services that provide residential aged care services should contact the Department via eNRMC@health.gov.au to request a RACS ID be allocated specifically for the purpose of using an eNRMC (or paper NRMC).</p> <p>To legally use an eNRMC product (or paper NRMC), all services need a RACS ID.</p>
residential care	residential care provided in a residential facility in which the care recipient is also provided with accommodation and nursing care and services.
Transitional Arrangement	the legislative arrangement under which RACS can adopt an approved Transitional eNRMC Product, and utilise the funding provided through the eNRMC Adoption grant opportunity to defray the costs, while PDS and dispensing software vendors reach conformance with CPv3.0. The Transitional Arrangement is enabled under the <i>National Health (Electronic National Residential Medication Chart Trial) Special Arrangement 2018</i> .
Transitional eNRMC product	a product that is approved by the Agency as meeting the technical requirements of Conformance Profile v3.0, following developer-testing and submission of evidence. Transitional eNRMC products will be listed on the Agency's Transitional eNRMC Conformance Register and may be adopted by any RACS, and eligible MPS or NATSIFAC services while the Transitional Arrangement is active.

Term	Definition
value for money	<p>value for money in this document refers to ‘value with relevant money’ which is a judgement based on the grant proposal representing an efficient, effective, economical, and ethical use of public resources, and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ul style="list-style-type: none"> • the quality of the project proposal and activities • fitness for purpose of the proposal in contributing to government objectives • that the absence of a grant is likely to prevent the grantee and government’s outcomes being achieved • the potential grantee’s relevant experience and performance history.