



Australian Government
Department of Health and Aged Care



A new model for regulating Aged Care

Consultation Paper No.2

Details of the proposed new model



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Introduction

This paper is the third in a set of public consultation documents detailing the policy direction of a proposed **new regulatory model** for aged care (the new model).

The Department of Health and Aged Care (the Department) continues to engage with stakeholders and experts on the new model and this paper details the next stage of the policy direction for your consideration and feedback.

In response to the Royal Commission into Aged Care Quality and Safety (Royal Commission) the Australian Government is developing and consulting on a range of reforms. This includes designing the new model that will be outlined in the new Aged Care Act (the new Act) and its subordinate legislation.

The Royal Commission noted in its findings that the current regulatory framework is no longer fit for purpose:

“Ineffective regulation has been one of the contributing factors to the high levels of substandard care in Australia’s aged care system. Regulation should seek to prevent harm to people receiving aged care services and ensure that instances of substandard care are detected and addressed.”¹

¹ Royal Commission into Aged Care Quality and Safety, Final Report – Volume 1: Summary and Recommendations, 1 March 2021 p 136



The new model will support the new Act, in-home aged care reforms and other recommendations from the Royal Commission.² The new model is expected to commence with the new Act.

The new model will place older people in Australia (older people) at the front and centre of regulation. It will increase protections for older people and empower them to exercise their rights in the context of a reformed and improved aged care system. These rights are expected to be outlined in a Statement of Rights to be included in the new Act. Importantly, pathways will also be made available for older people and their representatives to seek resolution of concerns about the standard of care provided to them – with strong action able to be taken by the Regulator³ where providers have done the wrong thing.

Under the new model, regulation will be proportionate to risk and support continuous improvement in the sector. The new model's four foundations build an approach that is:

- rights-based
- person-centred
- risk-proportionate
- focused on continuous-improvement.

This paper provides information about the new model, and how it will manage risks to older people relating to safety and quality of aged care services.

The design of the new model is being undertaken concurrently with related reforms across the aged care sector. Further information on these aged care reforms is available on the Department of Health and Aged Care's website and the Aged Care Engagement Hub.

² The new model also responds to Royal Commission's Recommendations 92 and 93 (provider approval and accreditation), Recommendations 13, 14, 50, 131, 123, 133 and 135 (provider registration and obligations), Recommendations 97, 101, 102, 103, 134 and 136 (monitoring and enforcement), and Recommendations 10, 98 and 99 (complaints and whistle-blower protections).

³ The Regulator is the Aged Care Quality and Safety Commission.

Consultation stages

The Department is taking a staged approach to the design and consultation of the new model. This paper builds on the previous consultation papers. Your feedback on this paper will inform refinement of the model for consideration by government and inform the drafting of the new Act.

Stage 1: On 8 February 2022 a [Concept Paper](#) including its [plain English version](#) was released which outlined the current regulatory approach and opportunities to improve it.

Stage 2: On 5 September 2022 [Consultation Paper No.1: A New Approach to Regulating Aged Care](#) was released, including its [plain English version](#) and [short summary sheet](#). It provided an overview of the new model. The Department received 40 submissions and 108 completed questionnaires in response to the paper. Stakeholders broadly supported the high-level approach proposed.

Stage 3 – current:

Following targeted consultation on registration categories in December 2022,⁴ this paper (Consultation Paper No.2) builds on the concepts shared in previous papers. To assist you to navigate this paper, it has been grouped into sections to help you identify the key focus areas we are seeking feedback on:

- how the new model proposes to manage risks to older people receiving care
- the proposed new provider registration categories and associated obligations
- the transition arrangements to the new model.

To assist you in considering this paper there are **questions** at the end of each chapter for you to consider.

A summary guide to support your review of this paper is available [here](#).

Visit the Department's [Designing a new approach to regulating aged care webpage](#) for more information.

A glossary is provided at [Appendix A](#) to explain some of the terms used.

Note: The current regulatory framework, referenced in this paper, is outlined in the *Aged Care Quality and Safety Commission Act 2018* (the Commission Act), the *Aged Care Act 1997* (the Aged Care Act) and associated subordinate legislation.

⁴ Targeted consultation was undertaken with stakeholders that registered their interest in workshops when responding to Consultation Paper 1.



Sharing your feedback on this paper

There are several ways to provide feedback. Visit the [Aged Care Engagement Hub](#) for details.

Options include:

- a quick 15-minute survey
- a detailed survey to answer any or all of the questions included in the paper
- a written submission emailed to agedcareregmodel@health.gov.au
- a written submission mailed to:

Attention: Regulatory Strategy Section | Harmonisation and Regulatory
Strategy Branch
Department of Health and Aged Care
GPO Box 9848
Sirius Building, Level 9 South
Canberra ACT 2601 Australia

To assist you to prepare your submission, there are questions at the end of each chapter in this paper to consider. We are seeking your feedback by 23 June 2023.

We also encourage you to participate in upcoming webinars and workshops. Find the details and how to register [here](#).

Thank you for taking the time to contribute to this process. Thank you to those who have already contributed your feedback to inform the new model. Your insights, thoughts and expert advice are valued and will help to improve the quality and safety of aged care services for older people in Australia.

Overview

The proposed new model will introduce changes to the way aged care is currently regulated. Under the new model, changes are proposed to provider eligibility and entry to the sector, provider obligations, regulatory oversight, complaints and feedback mechanisms, and information available to older people.

These changes seek to:

- increase protections for older people and empower them to exercise their rights
- drive cultural change in the sector that promotes a new set of values and behaviours across the sector
- improve provider capability, sector sustainability, and public confidence in the system and providers, and
- support continuous improvement.

This paper focuses on how the new model, and in particular the Regulator, will manage risks to older people relating to safety and quality of aged care services. However, the new model will also incorporate new arrangements to manage financial and prudential risks within the sector. For more details about these changes, please visit the [Financial and Prudential Monitoring, Compliance and Intervention Framework](#).

The new Act and the new model also provide an opportunity to ensure that the Department has sufficient and effective powers to protect the integrity of the new age care system. The Secretary of the Department, as the System Governor under the new Act, will also play an important role in actively managing the aged care system to ensure component parts work together effectively, including in thin markets. There will be further opportunities to comment on these new arrangements as the Bill for the new Act is progressed during 2023.

When the details of the model are more settled, further work will be done to consider and consult on cost recovery options for the regulatory activities performed by the Department and Regulator.

Key changes

Below is a summary of the key changes that are detailed in the following chapters.

- The new model is designed to facilitate a cultural change across the sector, improve outcomes for older people, and restore trust in the system.

- In line with regulatory stewardship, all stakeholders, including the Regulator, the Department, providers, workers, volunteers, older people, and the community will have a role in lifting the quality and safety of aged care.

- The new model introduces new controls, through registration, re-registration, enhanced complaints and feedback management, regulatory oversight and assessments, and other regulatory intelligence. These will build on protections introduced in recent reforms, such as the new Code of Conduct for Aged Care, and complement future reforms for aged care workers.

- All providers will need to be registered through a new provider registration model to deliver Commonwealth subsidised aged care services. Set periods of registration will apply, after which a provider will need to re-register. Under this approach, provider suitability, viability, capability, and propriety will be tested at the entry point and at regular intervals. Under the current Approved Provider arrangements, ‘approved provider’ status is ongoing and provider suitability is not tested regularly.

- Non-corporations, such as sole traders and partnerships, will be eligible to register to deliver Commonwealth subsidised aged care services in a home or community setting. This aims to help increase choice for older people and improve sector sustainability and recognises that these services can be appropriately provided by other types of entities. Currently, only State/Territory governments, local government authorities and constitutional corporations can be approved providers.

- The registration model will organise aged care services into registration categories, based on similar risk and service characteristics. Providers will be able to register into one or more provider registration categories depending on the type of Commonwealth subsidised services they intend to provide. They may deliver all or some of the service types within the category(ies) they register into and they will be assessed accordingly.

- The current *provider responsibilities* will be known as provider obligations in the new model. The obligations will include those that are applied to providers as part of their registration (known as conditions of registration) as well as Overarching obligations.

- Provider obligations will be applied across registration categories, with some being applied to particular categories and providers to help manage risks of harm to older people. Currently, a one-size-fits-all approach to regulation applies to home care providers. For example, Home Care Packages (HCP) Program approved providers are subject to the same regulation regardless of what services they intend to provide.



- Provider obligations that are applied through the new registration model will be largely implemented through conditions placed on a provider's registration. There will be core conditions of registration applicable to all providers, category specific conditions, and provider-specific conditions. This will replace the current one-size-fits-all approach to regulation.

- Providers will be expected to act consistently with the Statement of Rights and Principles outlined in the new Act and have practices in place to ensure they are able to do so. Providers in specific registration categories will also need to be able to demonstrate their commitment to ongoing business improvement and the capability to deliver high quality care.

- Providers delivering services in specific registration categories will be subject to applicable strengthened **Aged Care Quality Standards**. Audit against the revised, more robust and modular Quality Standards will be graded to incentivise excellence and innovation. This will replace the current pass or fail approach. It will also enable more transparency to older people about the performance of their provider/s.

- Providers will need to meet Financial and Prudential Standards that are applicable to the service/s they deliver.

- All providers will be monitored. Risk-based monitoring will be informed by data and intelligence that signals a risk that needs additional monitoring. Through monitoring, oversight and complaints, a provider that is not respecting older people's rights or is delivering substandard care will come to the attention of the Regulator.

- Complaints and feedback mechanisms will be enhanced to provide safe, accessible, and culturally appropriate pathways for older people, their families and carers (representatives) or advocates to raise concerns about the care they have received, and to improve accountability, outcomes, transparency, and public confidence. New powers will also protect complainants from reprisals. Restorative justice and other regulatory approaches that build trusting relationships and support continuous improvement may be adopted to improve outcomes for older people and improve public confidence in the complaints management process and the aged care system.

- Sector oversight and regulatory intelligence will be improved. The Regulator (and the Department in the context of system integrity) will also have broader monitoring, investigation and enforcement powers and more flexibility to use existing ones. This will facilitate a risk-proportionate and proactive approach when responding to non-compliance and risks of harm to older people.

- Departmental program assurance powers are expected to be expanded to accompany broader reforms, including upcoming home care reforms and the recently introduced Australian National Aged Care Classification (AN-ACC) model. Complementing and working with the broader fraud and compliance framework, program assurance reviews will support proactive and strong program integrity management by the Department.

- Subject to further consultation and consideration, more significant penalties, including criminal offences, and a compensation pathway may be available in certain circumstances. For example, they may apply where registered providers fail to meet their obligations on an ongoing or serious manner, and causes harm to older people.

- Transparency of sector and provider performance will be improved via a new public register of registered providers and published sanction information. This will build on recent reforms, including the publication of Star Ratings and increased financial reporting obligations. It will support older people's choice and control, continuous improvement across the sector, and drive cultural change at the provider, Regulator, and community levels.

- Harmonisation to other care and support sectors (where appropriate) will support and enable improved information sharing between the sectors and remove unnecessary barriers for providers and workers to enter the aged care sector (Appendix B refers).

Raising the quality of aged care

The new model will support the reform of Australia's aged care system. It is fundamental to enhancing the quality and safety of care provided to older people. It will give older people, their representatives and community members confidence and trust in Australia's aged care system.

The new model sets out to change and improve the way aged care is delivered through pathways that:

- provide support and encouragement to lift standards of care and
- detect and address harms.

In enhancing care, cultural change is required. The new model has a key role to play in helping achieve this shift by placing more emphasis on relational regulation. This approach helps to build relationships, trust and transparency.

The Royal Commission into Aged Care Quality and Safety noted:

“An aged care provider’s most important objectives should be to enhance the wellbeing of older people by providing them with safe and high-quality care and to put the older person’s wishes and needs first. This should be the case irrespective of the size of a provider’s ownership and business models. Organisational culture and governance arrangements must be designed around this core purpose.”



Older people, their representatives and the community require confidence in Australia's aged care system and in the people delivering services. They need to know the regulatory model will work to facilitate the delivery of high quality care and prevent, detect, and correct poor performance. They also need to be confident that the Regulator has the powers to take quick and appropriate action in cases of poor performance and non-compliance. This recognises the importance of what providers, workers and volunteers do for our older people.

To achieve the change required, there will be a much stronger emphasis on building provider capability and working with providers to lift the standard of care. This includes creating a 'responsive and collaborative' environment for providers to work with the Regulator as well as the Department. Providers will be encouraged to seek support and advice to address non-compliance and improve the services they deliver, including in thin markets. Good providers will also be acknowledged so other providers can see and learn from what they do well.

Providers will be encouraged to deliver more than the minimum standards, with 'high quality care' defined in the legislation, as recommended by the Royal Commission.⁵ Providers of personal and clinical care will also be expected to demonstrate a capability and commitment to deliver high quality care. This will help to grow a culture in the sector that places the needs of older people at the heart of service delivery. It also supports a person-centred and rights-based approach to the delivery of aged care services under the new Act.

To achieve a person-centred approach, the new model will respect the autonomy and independence of older people to make decisions that are right for them. It will also empower them to exercise their rights outlined in the new Act.

⁵ A definition of 'high quality care' will be included in the new Aged Care Act in response to Recommendation 13 (Embedding high quality aged care) of the Royal Commission.



The new model will focus on building and strengthening relationships between the providers and older people, the Regulator and providers, and older people and the Regulator. This will help to make sure everyone understands what is expected and required, and older people receive the safe and quality services they need.

The new model will enhance complaints and feedback mechanisms to improve outcomes for older people using regulatory intelligence at the point of care and system-wide level. Intelligence from complaints and feedback will inform the Regulator and the Department about issues that can be addressed at both an individual provider and at a system level. This will help to shape education and engagement activities, building capability across the system, as well as monitoring and compliance activities.

When things do go wrong, there will be more obligations for providers to respond in a way that demonstrates a willingness to listen, apologise and implement change so that it does not happen again. The new model will ensure the experience of older people is heard and captured in the complaints and feedback processes and informs continuous improvement across the sector. This approach will play an important role in engaging the voices and opinions of older people and reestablishing trust with them, including through the use of restorative justice of processes (described later in this paper).

Provider obligations⁶ will be proportionate to the risks and characteristics of the subsidised services they deliver. All providers will be required to meet certain requirements, for example, comply with the Code of Conduct for Aged Care (the Code). Additional requirements will also apply to each registration category.

The Regulator will also be able to apply provider-based obligations to manage risks associated with a specific provider, whether identified at the time of registration or re-registration, or in between via monitoring and investigation activities.

⁶ Obligations are the collective controls used to help manage risk of harm to older people. They relate to conditions placed on a provider's registration (discussed in Becoming a Provider) and their other responsibilities in legislation.

Providers will be incentivised to improve, but there will be escalating enforcement actions available to the Regulator where providers fail to meet their obligations under the new Act and where their conduct results in serious harm to older people in their care.

Providers that do not respect older people's rights, fail to improve, or deliver quality care, and put people at risk of harm will face strong enforcement action from the Regulator.

Above all, supporting the delivery of safe and quality care, is fundamental to the new model.

Safeguarding older people in Australia

Mitigating the risks of harm to older people, increasing protections for older people, and encouraging continuous improvement in service delivery are central to the new model.

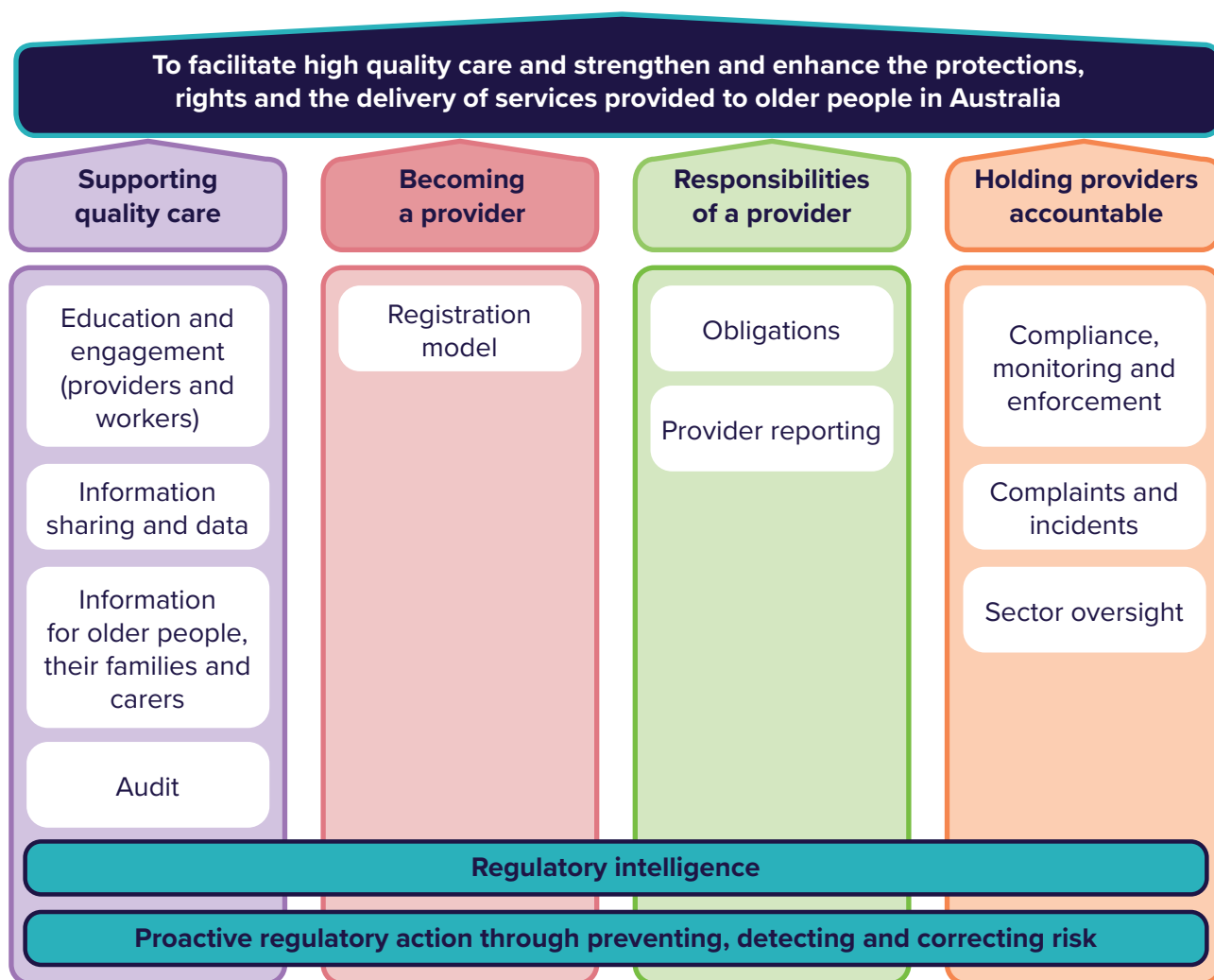
A range of regulatory tools and functions will be used to help achieve these goals. The tools are arranged across the following groupings called 'safeguards':⁷

- **Supporting quality care** – focuses on working with providers and helping the sector to lift the quality and safety of aged care service delivery
- **Becoming a provider** – the way entities will become an aged care provider and remain suitable to continue delivering services to older people
- **Responsibilities of a provider** – the obligations providers must meet to facilitate the delivery of high quality care and enhance the protections, rights and delivery of services provided to older people
- **Holding providers accountable** – the ways in which outcomes for older people will be achieved by facilitating high quality care and deterring poor performance through monitoring, compliance, and enforcement activities.

Figure 1 (over page) shows these four safeguards, which are discussed in detail in the following sections of the paper.

⁷ For further information on regulatory safeguards and tools, see pages 20-26 of [Consultation Paper No.1](#), where the safeguards were titled Engagement and capability building, Registration, Provider responsibilities, and Market oversight. The names of the safeguards have been updated, however the intent remains the same.

Figure 1 The safeguards and regulatory tools that support the new model



Questions

1. What regulatory interventions are needed to raise the quality of aged care?
2. To raise the quality of care, what role should government and non-government stakeholders play? These include:
 - the Regulator and the Department
 - providers, workers, professional associations, advocacy groups, unions, volunteers, and community groups
 - older people and their representatives
3. Culture change is key to raising the quality of aged care. Who can be the culture change champions, either at the local or the sector level? What support will they need to champion culture change?

Supporting quality care

This section focuses on how the new model can support and incentivise the sector to improve the quality and safety of aged care services.

This safeguard places greater emphasis on relational regulation that aims to help drive cultural change and improve quality care outcomes for older people.

Relational regulation aims to create a responsive and collaborative environment for providers to engage with the Regulator (and the Department) on innovation and continuous improvement, and to seek support and advice to avoid non-compliance with their responsibilities.

As discussed further under Responsibilities of a provider, there will also be a much stronger responsibility on providers to work on continuously improving the quality of care and services delivered.

Audits against the Quality Standards, which are currently being reviewed to strengthen expectations, are a key element in the delivery of quality care. The new audit process, including graded assessment against the strengthened Quality Standards, will incentivise providers to continuously improve and strive for excellence. Graded assessments are discussed in the Becoming a provider chapter.

The outcomes of audits will support providers to:

- share their plans for continuous improvement with older people and their representatives
- work with their consumer and quality advisory bodies to implement and sustain these improvements over time.

For further information on strengthened Quality Standards that are being developed and will be implemented as part of the new Act and the new model, see Review of the Aged Care Quality Standards. For current Quality Standards, see Current Quality Standards.

New enhanced powers will also help the Regulator to require better performance from providers and workers, where they fail to respond or improve. This is described further in the Holding providers accountable chapter.

Limitations of the current approach

The Royal Commission and some stakeholders noted the need for further improvement on information sharing, education and capability building, and engagement to drive cultural change and support continuous improvement. These include:

- more considered and culturally appropriate engagement, particularly in small communities and remote areas
- strengthened Regulator presence and engagement with local networks as part of effective sector governance
- streamlined information sharing so that providers will not need to report the same information to multiple different bodies
- tailored and accessible information is available to providers, with sufficient guidance to help them understand the practical implications of their obligations, and the expectations of the Regulator
- stronger working relationships between the Regulator and providers to ensure sharing of information and insights, and identification of areas where greater education or support is required for the sector to build capacity
- efficient and effective information sharing about risks in the sector and performance trends between the Regulator, the Department, and other bodies such as the Inspector-General of Aged Care (where appropriate), to identify where intervention is required for improvements in the system, and to communicate with stakeholders about them.

See [Appendix C](#) for further information

A new approach to supporting quality care

In seeking to lift the quality of care provided to older people, the new model recognises that different stakeholders will each have different roles to play.

The Commonwealth, including the Secretary of the Department as the System Governor, will have a role in helping to identify where opportunities exist to lift capability across the sector and facilitate change. This is expected to include undertaking education activities to build capacity, foster innovation and encourage use of best practice in delivery of aged care services, including in thin markets.

The Regulator will be positioned and empowered to identify systemic trends, themes, and patterns more efficiently. It will proactively respond to risk and issues and work with providers, as well as the Department, to help lift the standard of care or exit those providers that cannot improve.

Providers will be incentivised and motivated to continuously improve.



Information for older people, their families, and carers

Older people and their representatives should have access to the information they need to feel confident in decisions about their care and know what to expect before they receive services. It is important that information is easily accessible, sufficiently detailed, easy to understand and reliable.

Star Ratings for residential aged care gives older people and their representatives more information on which to make choices about their aged care services and incentivises provider engagement in continuous quality improvement.

The introduction of Monthly Care Statements for residential aged care will support older people and their representatives to play an active and better-informed role in directing aged care homes to meet their goals, needs and preferences.

Providers play an important role in informing older people of their rights and about any aspect of the sector, including aged care services and how to raise complaints or provide feedback. Registered providers will have to meet obligations, which will include providing clear and timely information to older people (discussed further under Responsibilities of a provider).

As part of building capability, providers should inform and seek feedback from older people on their approach to continuous improvement. Older people can also contribute by participating in advisory groups and committees. Providers will be encouraged and supported to evolve their culture to welcome and value complaints and feedback and respond to and learn from incidents that occur. This will allow them to identify where change and improvement is required. They can then use the insights and learning from complaints for continuous improvement. This will help build a more transparent and open sector, with providers being more accountable to the older people receiving their services.

It will also be vital that older people and their representatives are made aware of where they can go for help, including access to advocates and other support networks, as well as the systems in place for complaints and feedback to providers or the Regulator. This could be achieved through education and awareness campaigns and provision of clear and targeted information to older people and their representatives by the Regulator, the Department, and providers.

Education and engagement with providers

Education in its simplest form includes information, materials, and programs for providers, about:

- provider obligations and how to comply with them
- ways in which providers can improve the quality and safety of care
- learning from each other about success stories and initiatives that have worked well
- understanding their performance compared to their peers
- the rights of older people when using care and services.

Building capability and continuous improvement

The Regulator's *prevent, detect, correct* approach will produce insights on systemic issues that require targeted development and education campaigns to support the sector. It will be important for providers to learn from risks or issues, to prevent them from occurring.

Providers will be supported to share their learnings on good practice and where they have found innovative ways to strengthen the delivery of care and services to older people. This may be through local or sector level associations, such as professional associations, membership bodies and communities of practice. As part of this, provider performance reporting will need to show direct links to the care and services accessed by older people, how it is tracking over time and how it will be improved.

The Regulator (and the Department) along with the sector will help build a safe and skilled workforce to deliver aged care services. This could include training that is effective and efficient for the worker. It might also include looking to other care and support sectors that have shown capability building success. This could include the introduction of programs that go beyond training and build staff satisfaction while improving care. Worker registration is another opportunity for improving workforce capability.⁸

⁸ Worker registration is an interconnected reform currently underway and is being consulted on separately.

There will also be a greater role for people in the community as part of the new model. Education and campaigns can build capability in the community to further the rights of older people. Broad campaigns to educate and engage with the community can increase early identification of someone who may receive poor care or be subject to abuse or neglect. These campaigns support the community to know the pathway to escalate action quickly, and how they can offer support.

The Regulator, government, providers, workforce (including volunteers), other health professionals and the community working together to identify, manage or remove providers that deliver substandard care, will help the sector as a whole lift its capability. This will involve supporting and stewarding providers in particular communities and regions where there is a risk that older people will not have access to aged care services.

Incentivising high quality and safe care

Incentivising high quality care will be an essential component of sector education and engagement.

More than one approach to incentivising excellence will be adopted, including:

- **Publishing performance reporting** – Continuing to publish provider reporting outcomes will keep providers accountable to meeting their obligations under the new Act. This helps older people to make more informed choices about providers and in turn greater transparency motivates providers to continuously improve. Public reporting can also help with ongoing quality improvement as it can provide benchmarks for the sector to better understand provider performance.⁹
- **Promoting good performance** – Promotion of good performance recognises providers that go above and beyond the minimum standards, shares and celebrates their success within the sector, and encourages broader sector improvement while enhancing public trust. This could include commendations, endorsements from other bodies, communities of practice, titling (which can be used on provider website, promotional materials etc.) and promotion of good practice on the Regulator's website and My Aged Care.
- **Graded assessment** – The Audit against the Quality Standards section discusses how the new audit process, including graded assessments, will incentivise high quality and safe care.
- **Applying right-touch regulation to high performers** – This strategy refers to where a provider is 'trusted' because they are consistently compliant, exceeding benchmarks, innovating, or have demonstrated sustainable systems and practices for ensuring strong performance.¹⁰ In aged care, this could include changing evidence requirements for the next registration cycle.

⁹ Improvements on public performance ratings are already underway. Star Ratings were published on 19 December 2022 for all residential aged care services on My Aged Care. In addition, recent legislative amendments introduced new reporting responsibilities for approved providers to provide information about their operations on an annual basis. The Secretary of the Department of Health and Aged Care is required to publish the information in relation to aged care services, including approved providers, to increase transparency and accountability of the aged care sector and empower older people and their families to make more informed care decisions.

¹⁰ This strategy has been used in other regulatory schemes within Australia, for example, the Australian Trusted Trader program.

Questions

1. What are your views on the proposed approach to supporting quality care?
2. What challenges can you identify for implementing the proposed approach to engagement and capability building? What could be the solutions?
3. How else could provider capability be improved in aged care at the individual provider and sector wide levels?
4. What types of education or engagement do you think would support providers to continuously improve?
5. How could the Regulator, the Department and providers improve the provision of information to older people and their representatives so that they have access to the right information, at the right time, in the right way?



Becoming a provider

This section discusses the new provider registration model for providers seeking to deliver Commonwealth subsidised aged care services.

Registration will be an important tool to help safeguard older people by making sure only providers who can demonstrate their suitability, capability, viability, and propriety¹¹ are able to register.

In addition to provider registration, it is proposed that an aged care worker registration scheme will be established to add additional safeguards to manage risk of harm to older people and further professionalise¹² the aged care workforce. The worker registration scheme is made up of four elements: the Code of Conduct for Aged Care (implemented); worker screening; minimum English language proficiency; and ongoing training requirements. Work on designing and implementing the remaining three elements is ongoing. The focus of this section of the paper is on the registration of a provider.

The provider registration process will manage risks that are known at the time of registration and re-registration. Other regulatory tools will be used in an integrated manner to address other risks. For example, risks relating to the vulnerability of each older person accessing aged care services will be managed through ongoing provider obligations, monitoring, complaints, and other regulatory intelligence channels.

The registration process will only apply to providers. Registration categories will not present any barriers to older people accessing services that they need from provider(s) of their choice, so long as that provider is registered to deliver the relevant service(s).

Limitations of the current approach

The proposed approach to registration and re-registration seeks to address limitations of the current approach, including:

- some providers are required to be approved under the Aged Care Act and the Commission Act while others are not
- an organisation can only be approved under the Commission Act if they are a constitutional corporation, a state/territory government, or a local government authority
- the application requirements for home care providers are largely the same for all applicants, even where some providers only intend to offer a subset of services

¹¹ This responds to Royal Commission Recommendation 92

¹² This responds to Royal Commission into Aged Care Quality and Safety Final Report - Care, Dignity and Respect: Volume 1 statements that the aged care workforce must be professionalised and the Governments election commitment for a skilled and valued workforce (to further professionalise the workforce).

- the suitability of providers is not re-tested at defined intervals
- there are systemic barriers to achieving greater alignment across the care and support sector.

See [Appendix C](#) for further information.

A new approach to becoming a provider

Stakeholder feedback has been considered in developing the proposed provider registration arrangements. Stakeholders expressed broad support for the requirement for providers to register to deliver subsidised aged care services because it would strengthen the assessment of providers and improve community confidence. Stakeholders also noted that registration processes need to be streamlined, enable alignment with the care and support sector, and recognise registration status across sectors to minimise burden.

Targeted consultation was held in December 2022 to inform the development of proposed registration categories. There was broad consensus that registration categories are an appropriate approach to organising sector entry requirements and ongoing provider obligations. Stakeholders noted the complexity and many factors to be taken into consideration while grouping services into registration categories.

Universal provider registration and re-registration

Universal registration is proposed to replace the current ‘Approved Provider’ arrangements under the existing Act. It will also cover providers who are currently engaged through funding agreements outside the Act.

The new model will require all providers of Commonwealth subsidised aged care services to be registered. This will ensure greater transparency, regulatory intelligence, and oversight, as the Regulator will know (and be able to track over time) who is operating in the sector and the services that they are delivering.

The expected key features of the new registration model are:

- **Universal registration** – Registration as the single-entry point for all providers delivering Commonwealth subsidised aged care services. This includes services delivered through the reformed in-home aged care program,¹³ in a residential aged care setting or through a specialist program, such as the:
 - Multi-Purpose Services (MPS) Program
 - Commonwealth Home Support Programme (CHSP)
 - National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program
 - Transition Care Program (TCP).

Accreditation of residential aged care providers and quality reviews of home services providers will be replaced by registration and re-registration processes.

¹³ In-home aged care is progressing through inter-connected reform. See: [Reforming in-home aged care | Australian Government Department of Health and Aged Care](#)

- **Entities** – Non-corporations, such as sole traders and partnerships, will be able to register to deliver in-home aged care services. This will improve older people’s choice and sector sustainability. Residential aged care providers will still be required to be a constitutional corporation to mitigate prudential risk.
- **Site enrolment** – Residential aged care providers will need to enrol each site on which they intend to deliver subsidised aged care services at the point of registration. Adding or removing sites during the registration period will require a variation to the provider’s registration.
- **Subcontractors** – Subcontractors engaged directly by a registered provider will not be required to register. The quality and safety of the services delivered by subcontractors will be the responsibility of the registered provider.¹⁴ However, subcontractors may decide to apply to become a registered provider in their own right.
- **Provider registration categories** – Providers will be required to register into one or more categories, depending on the aged care services they intend to provide (discussed further under [Registration Categories](#) below). They may deliver all or some of the service types in each category that they register in. Providers will be required to advise the Regulator of the services they intend to provide to inform assessment and regulatory oversight.
- **Registration period** – The standard registration period for all providers is proposed to be three (3) years and providers will be required to re-register before their registration lapses. This requires providers to demonstrate their suitability, capability, viability, and propriety to deliver aged care services to the Regulator at sector entry and then again when they re-register. This will give the community confidence that providers are regularly assessed and remain suitable to deliver aged care services.

It is intended that the Regulator will be able to apply a risk-based approach to registration periods, and in certain circumstances:

- shorten the registration period for new providers to ensure their performance can be tested again soon after commencing operations,¹⁵ or for certain providers to manage specific identified risks, and
 - vary the standard registration period for particular registration categories and/or particular providers (as part of provider risk management).
- **Risk-proportionate registration requirements** – Registration requirements will be graduated. For example, a declaration may be sufficient to meet the evidentiary requirement for certain categories while others may require more stringent assessments and higher evidentiary requirements.
 - **Conditions of registration** – Ongoing obligations that a provider must meet during their registration period will be known as conditions of registration, and they will be risk-proportionate. For example, they may vary depending on the registration category or an identified risk or non-compliance. The Regulator may apply conditions at the time of initial registration, or to address risks that are identified when a registration is varied, or at the time of re-registration.

¹⁴ For subcontracting and third-party arrangements, the Regulator is responsible for the quality and safety aspects. The Department will remain responsible for good program governance and managing the payment-related risks of these arrangements. The new Act will support the Department for this purpose

¹⁵ This is consistent with the Royal Commission’s recommendation 93

- **Standards** – To be registered, providers will need to meet any applicable Financial and Prudential Standards, as well as any applicable prudential requirements. Where the Quality Standards apply to their registration category(ies), specified audit requirements will also need to be met (e.g., site audits of specific residential care site locations). However, under the new model, **Audit against the Quality Standards** will be graded to incentivise continuous improvement, innovation, and excellence. This will replace the current pass or fail approach. It will allow greater transparency of provider performance, including providers that are exceeding benchmarks or being innovative, which will help other providers learn what excellence looks like.
- **Registration information** – Registration details will be captured in registration certificates. Key information about the registered provider, including the period of their registration, the types of services they are registered to deliver, and the obligations they must meet, will be published on a register. This transparency will help older people to exercise choice and control, as well as their rights. The information will be accessible to them, their representatives, and the rest of the public to help them understand what they should expect from their provider.
- **Streamlined processes** – Registration will be streamlined as much as possible, including consolidating requirements for those who register into multiple categories, and recognising registration status, accreditations and compliance reports issued by other regulators (to the extent possible, and without creating any new risks for older people).

Unregistered providers will continue to be able to provide services to older people. In these circumstances, Commonwealth aged care subsidies will not be available, nor will these arrangements be covered by the new Act or the new model. However, Australian consumer laws will continue to apply, as with any other private transactions.

Registration categories

Registration categories will group together aged care services based on common characteristics and the associated service risks and provider obligations that address those risks. Service providers will identify the service(s) they intend to deliver and register into the relevant category(ies). This approach will streamline registration processes for providers, allow older people and providers to understand what obligations there are on providers, and enable the delivery of risk-proportionate regulation.

Six (6) registration categories are proposed. The types of subsidised aged care services that registered providers will be allowed to deliver under each category and the rationale for the grouping are outlined in Table 1 over the page. The categories may require updating to align with the final aged care service list expected to be included under the new Act, and to reflect relevant policy and program changes in the sector.

The list is likely to include the types of services available under current in-home care programs (see list at [Appendix D](#)), as well as residential care services, respite services and services delivered under the Transition Care program. It will include services available on both an ongoing and short-term or restorative care basis.

The categories have been informed by feedback from stakeholders, including the Aged Care Quality and Safety Commission (the Commission); experts in law, regulation and aged care; older people and their representatives; and providers and peak bodies. Development of the categories also considered the aged care service characteristics and risks, and how other regulatory frameworks group services (internationally and domestically).

Your feedback on this paper will inform further consideration and refining of the provider registration categories.



Table 1 The proposed six (6) provider registration categories

Provider	Description	Service Types	Rationale for grouping services into this registration category
Category 1	Home and community services	<ul style="list-style-type: none"> • Domestic assistance • Home maintenance and repairs • Meals • Transport 	<ul style="list-style-type: none"> • Service provision in the person's home broadly relates to communication, companionship, housework, meal preparation, home maintenance and some movement assistance around and outside the house, e.g., stairs and transport • Services are more readily available in the private market. • Services do not require clinical skills. • Other regulators generally regulate services; therefore, a system of mutual recognition of regulatory requirements will be implemented to reduce red-tape and ensure older people's safety.
Category 2	Assistive technology and home modifications	<ul style="list-style-type: none"> • Digital technologies • Digital monitoring, education, and support • Goods, equipment, and assistive technologies (non-digital) • Home modifications 	<ul style="list-style-type: none"> • Services involve the provision of equipment, aids, and modifications to assist the older person in activities of daily living. • Provision of equipment/modifications is often one-off (e.g., home modification) or for a time-limited period (e.g., while the provider is working with the person to identify the most appropriate aid and assisting them in using it). • Some of the risks relating to aids, equipment and home modifications are managed by other regulators (e.g., compliance with building codes, fair trading legislation, and medical devices regulation).
Category 3	Social support	<ul style="list-style-type: none"> • Social support 	<ul style="list-style-type: none"> • Service provision is likely to be of high frequency and relationship driven. • Services are usually required for a more extended period, and trust is built through the relationship. Workers generally require greater access to the older person and their personal information.

Provider	Description	Service Types	Rationale for grouping services into this registration category
Category 4	Clinical and specialised supports	<ul style="list-style-type: none"> • Personal care • Care management • Transition care services in the home • Specialised supports • Assistance with care and housing (hoarding and squalor support) • Nursing • Allied health 	<ul style="list-style-type: none"> • Some workers require specific qualifications and professional registration (or need to be supervised by those that do). • Workers generally require greater access to the older person and their personal information. Service provision often requires communication and coordination with other family members and care providers (where this is the older person's preference). • Workers need to have the necessary skills and attributes to safely deliver the care (e.g., skills relating to dementia care, gentle care, and person-centred care). • Older people in need of clinical care are generally mildly, moderately, or severely frail and may have a degree of cognitive impairment. • There will likely be a stronger focus on coordination of care, including with medical practitioners. • The most common signs and symptoms to manage are breathing difficulties, pain, incontinence, movement disorders, disorientation and amnesia, speech disturbances, complex medication regimes, urinary/ faecal incontinence, malaise, and fatigue. • A system of clinical governance to mitigate clinical risks to ensure safety and quality of care is likely required.

Provider	Description	Service Types	Rationale for grouping services into this registration category
Category 5	Home or community based respite	<ul style="list-style-type: none"> Respite (home and community based) 	<ul style="list-style-type: none"> Care is delivered through a service environment that needs to be assessed as suitable. A number of older people generally receive this care at the same location and the provider needs to manage their interactions to ensure the provision of safe, quality care to all of them. There may be a heightened risk of restraint being used. Older people often receive this care over a longer continuous period (e.g., for 5-8 hours at a centre). This care generally requires several staff on site and for work to be coordinated. It is unlikely to be able to be delivered by an individual to meet safety requirements.
Category 6	Residential care	<ul style="list-style-type: none"> Accommodation Services Residential respite Care and services Transition care services (residential) Transition care support services (residential) 	<ul style="list-style-type: none"> This category includes all services and support delivered in a residential aged care setting. Provider is responsible for 24/7 ongoing care of the older person and meeting all their needs (food, accommodation, personal care, clinical care, social activity etc.). A number of older people generally receive this care at the same location and the provider needs to manage their interactions to ensure the provision of safe, quality care to all of them. The presence of effective incident management systems, care planning systems, systems for monitoring staff, emergency management systems etc. are critical to the delivery of safe and quality care. Services are higher risk due to the more significant levels of frailty of older people accessing them. Risks include the inappropriate use of physical or chemical restraint, lack of health or other staff on-site resulting in unmet needs.

Considerations in allocating services to registration categories

A number of factors were considered in designing the categories and allocating services to them. These include the need to:

- support a regulatory model that uses multiple levers to assess providers both at sector entry and on an ongoing basis to manage risks to older people
 - this contrasts with the current system where the same requirements and regulatory tools (such as formal audits against the Quality Standards) are used to manage differing risks across a diverse sector
 - the new model will provide flexibility for graduated registration requirements and ongoing obligations (including the application of relevant Quality Standards) to be adjusted as required for particular registration categories
- distinguish between service types that can be managed through:
 - registration and re-registration processes that allow only suitable and capable providers to enter the sector, and risk-based monitoring by the Regulator that is informed by regulatory intelligence, including complaints and feedback
 - a more extensive registration and re-registration process, including routine audits against the Quality Standards, additional conditions of registration and risk-based monitoring by the Regulator
- determine if specific service type risks are most effectively managed through obligations that are applied to:
 - all providers and workers e.g., the Code of Conduct for Aged Care (the Code) and worker registration
 - specific registration categories e.g., a requirement for workers to hold a professional registration, or for providers to meet specified governance or prudential requirements, or applicable Quality Standards
 - specific providers (based on unique risks or characteristics)
- map older people's rights specified in the new Act through to operational provisions to ensure they have practical outcomes for older people and can be upheld:
 - this process will continue alongside drafting of the Bill for the new Act and ongoing consultation on key parts of the new legislative framework e.g., obligations on providers under the new regulatory model, the revised Quality Standards and the Statement of Rights
- give older people and providers clarity about the obligations on providers, while allowing the Regulator to have the flexibility to apply tailored obligations to mitigate service provider-specific risks
- balance the protections for older people and building confidence in the sector, without creating a barrier to providers entering the system
- where possible and appropriate, align obligations to similar service offerings in the National Disability Insurance Scheme (NDIS), to facilitate providers and workers to enter the aged care sector.



Below are other considerations that have been taken into account.

- The type of obligations that will apply to all providers regardless of which registration category(ies) they are registered in. For example, the Code describes the behaviour expected of aged care providers, their governing persons (e.g., board members and Chief Executive Officers), aged care workers and volunteers. It will apply to all providers, workers, and volunteers, giving the Regulator the power to deal with behaviour that is not consistent with the Code, at any time.
- Conditions of registration will be a new feature of the proposed registration system. Where a specific risk is identified for a service type, this may be managed by a condition being imposed at the time of registration (or during a registration period).
- For some service types, providers or workers will be subject to other regulatory frameworks, such as transport, food safety, professional registration and building codes. This is a relevant consideration in designing the categories to avoid duplication. For example, transport providers must also comply with their state and territory regulation for vehicles and driver licences, and nurses are required to be registered with the Australian Health Practitioner Regulation Agency (Ahpra).
- Under the new model, there will be more than one regulatory tool available to help assess risk of harm and a provider's ongoing suitability to deliver aged care services. For example, complaints will provide the Regulator (and the Department)¹⁶ with important intelligence about emerging or real risks to older people across all registration categories. Providers in categories 4 to 6 will be audited against the relevant Quality Standards at registration and re-registration.
- The combination of obligations and new regulatory tools available to the Regulator (including expanded enforcement powers) enables the new model to manage risks more proactively. The current system relies primarily on using periodic audits against the Quality Standards as a key point of control.
- Providers across all registration categories will be monitored in a risk-based way. The Regulator will also have enhanced intelligence mechanisms to identify providers that require additional monitoring or compliance action, including to exit them from the sector. More information is at [Risk-based monitoring in the Holding providers accountable](#) chapter.

¹⁶ The Department will also use intelligence from complaints received by the Regulator and/or the Department to inform program and policy improvements and payment integrity management.



Challenges

Noting the above considerations, there are challenges allocating some services into the 6 proposed registration categories. They include:

- meeting stakeholder expectations of strengthened regulatory oversight, while not creating a disincentive for providers to enter and stay in the aged care sector or expand their service offerings
- ensuring that services are allocated to the right category so that the obligations:
 - do not result in under regulation that could expose older people to risks, or
 - do not impose unnecessary requirements on providers that are not fit for purpose to manage risk and take their resources away from delivering care
- complexities of specific service types, such as:
 - care management – there is a wide range of tasks involved, from coordinating a person's home and community services through to clinical services that should meet the Clinical Care Quality Standard
 - personal care – there are risks related to the level of contact and visibility of the service and whether these risks and the standard of care should be managed through the Code or Quality Standards
 - online platforms – where online platforms connect an older person that already has a provider with a worker of their choice to deliver their service, the Regulator may not be able to maintain a line of sight of who is responsible for that worker and the Commonwealth funding.¹⁷

¹⁷ Whether online platforms should be included in the new model is being further explored, noting that considerations include they do not deliver care directly; the remit of the private market; and the opportunities they provide for choice and control for self-managed consumers.

Your feedback is sought on the categories and the high-level descriptions of the obligations that could apply to the different categories, to continue to build the criteria for them. Questions to inform your feedback are at the end of this chapter.

Further information on provider obligations is in the [Responsibilities of a provider](#) chapter.

Assessment of provider suitability

The Regulator will assess the suitability of a provider to deliver the service(s) when they register and re-register.¹⁸

Considerations that are likely to be part of the registration process include:

- **the suitability of the applicant to provide the services for which they seek registration, including their:**
 - demonstrated understanding of the services, including appropriate experience in providing aged care or other forms of care
 - ability to meet the conditions that will apply to their registration and the systems they have in place to ensure they do so, for example to ensure they can comply with any applicable Quality Standards and Financial and Prudential Standards
 - appropriateness to provide services to older people depending on their needs, including culturally safe and appropriate care for First Nations people
 - compliance with Commonwealth, State and Territory laws
 - record of financial management and proposed arrangements for ensuring sound financial management
 - past performance and whether they have ever had a banning order applied to them.
- **the suitability of key personnel¹⁹ in the applicant's organisation (e.g., a board member, partner, or day-to-day operations manager), including:**
 - their experience in providing aged care or other relevant forms of care
 - whether they have completed the required worker screening processes.²⁰

Opportunities for streamlining registration and assessment are being explored, including recognising accreditations issued by other regulatory schemes. Where this occurs, the Regulator could seek additional information to demonstrate the applicant meets the registration conditions specific to aged care.

¹⁸ This will respond to Royal Commission Recommendation 92

¹⁹ Key personnel are expected to be referred to as 'Responsible persons' in the new Act.

²⁰ It is expected that where an individual is not registered as an aged care worker or has not yet completed the required worker screening, additional suitability matters will be considered, for example, including but not limited to, whether a banning order (including an NDIS banning order) is or has been in force at any time, or whether the individual has been convicted of an indictable offence.

Examples of registration for different providers

The following examples are business types that are not currently approved providers for Commonwealth subsidised aged care:



Fran is a self-employed sole trader who offers household cleaning services in her local neighbourhood.



Harry operates a small business that provides domestic assistance services across his local region. Some of Harry's clients include older people.



CometCaring is a large corporation with over 50 care workers who specialise in providing nursing services for older people. CometCaring has established 4 offices across the state.

Under the current arrangements

Because Fran is a sole trader, she is not eligible to become an approved provider of aged care.

As corporations, Harry and CometCaring are both eligible to become approved providers. Harry and CometCaring go through a similar application process to become an approved provider, despite differences in their size and the risks associated with the services they each seek to deliver.

Under the new registration model

Fran, Harry and CometCaring are all eligible to apply to register and to provide Commonwealth-subsidised aged care services. As a sole trader, Fran is now no longer restricted from receiving the Commonwealth subsidy for providing these services to older people.

Although Fran, Harry and CometCaring are all providing services in the home, their registration process is different. This is because under the new registration model, application requirements and assessments are proportionate to the risks and characteristics of the service(s) they want to provide.

Fran and Harry both register into Provider Registration *Category 1 Home and Community Services* as providers of Domestic Assistance services. The registration process is streamlined and may involve a declaration to meet the evidentiary requirements of this registration category.

CometCaring registers into Provider Registration *Category 4 Clinical and Specialised Supports* as a provider of Nursing services. The registration process is more comprehensive with further evidence required to support their application. This includes demonstrating that nurses are registered with Ahpra and they are able to comply with Quality Standards 1-4 and the Clinical Care Standard.

Audit against the Quality Standards

It will be a condition of registration on providers in categories 4 to 6, that they comply with applicable Quality Standards (discussed further under the [Responsibilities of a provider](#) chapter).

As part of the registration process, providers in categories 4 to 6 will be audited to determine if they have the systems, policies, and procedures to meet the Quality Standards. When re-registering, these providers will be audited to assess their [conformance](#) to Quality Standards.

Audit against Quality Standards will be graded to incentivise excellence, innovation, and continuous improvement. It will replace the current binary finding of compliant or not compliant. Drawing on the NDIS as a possible model²¹ the grading scale is outlined in Table 2 below. Specific and concrete criteria would be developed to assist with the audit, the results of which will determine the provider's level of conformance to the Quality Standards. The scale also helps to distinguish between conformance and high performing providers, as well as between major and minor non-conformance.

Table 2 Grades for conformance assessments

Conformance grade	Definition
Elements of best practice conformance	The provider can clearly demonstrate that the outcomes and applicable actions are exceeded with elements of evidence based best practice.
Conformance	The provider can demonstrate that the outcomes and applicable actions are met.
Minor non-conformance	The provider requires a corrective action plan to reduce the likelihood of any risks being realised or affecting older persons safety and wellbeing.
Major non-conformance	The provider is unable to demonstrate appropriate processes, systems, or structures to meet the required outcome and applicable actions and/or the gaps in meeting the outcome present a high risk.

Consistent with the current approach in residential aged care, it is proposed that a report on the audit be published. The outcomes of an audit may also inform the [Star Rating](#) of the provider, along with several other inputs.

²¹ This is in line with harmonisation across the care and support sectors, where appropriate. See [Appendix B](#) for more details.



Questions

1. What are your views on the proposed registration categories?
2. Which registration category should care management and personal care be in and why?
3. How should online platforms that connect older people to aged care services (but are not themselves Approved Providers) be regulated under the proposed new model?
4. What are your views on how the proposed model will allow other business types, such as sole traders and partnerships, to enter the sector?
5. What, if any, alternatives are there to 3-year re-registration periods, and why would they be appropriate?
6. What challenges can you identify for implementing the proposed registration model? What could be the solutions?

Responsibilities of a provider

Provider responsibilities will be known as obligations in the new model.

Providers are responsible for meeting their obligations, which aim to safeguard older people by putting in place the necessary controls to manage risk of harm and facilitate the delivery of high quality care.

Obligations that are applied to providers as part of their registration will be known as *conditions* of registration.

Other obligations that are not attached to registration are described under Overarching obligations below. An example is that all providers will be obliged to cooperate with persons exercising powers under the new Act. All registered providers will need to meet overarching obligations and conditions of registration, which include core conditions (applicable to all providers regardless of their categories) and any conditions specific to their registration category(ies). The Regulator will also have the ability to apply specific conditions to providers based on any additional risk factors that may be present at registration, re-registration or identified through risk-based monitoring activities.

The core and category-specific conditions manage risk of harm inherent with the delivery of aged care services. Provider-specific conditions manage any additional risks associated with the provider delivering those services.

The conditions are designed to scale up based on the risks and characteristics of services in each category. The aim is to provide transparency to help everyone understand what is expected and required, and to make sure older people get the safe and quality care they need.

Limitations of the current approach

The proposed approach to provider obligations seeks to address limitations of the current approach, including:

- some current responsibilities do not focus on the things that matter most to older people and the rights of older people are not specified in primary legislation
- there are responsibilities that are duplicated or highly prescriptive and there is not always clarity regarding the outcomes sought
- the responsibilities do not have a strong focus on continuous improvement or incentivising excellence

- the responsibilities do not apply consistently to providers delivering like services in different programs
- some responsibilities are not specific enough for managing the risks of harm to older people.

A goal of the new model is to make sure obligations attached to provider's registration are fit for purpose and proportionate to risk. It will also respond to new obligations recommended by the Royal Commission.

Many of the broader aged care reforms that are being implemented will also influence the risks in the sector, and provider obligations will need to change in line with this.

See [Appendix C](#) for further information.

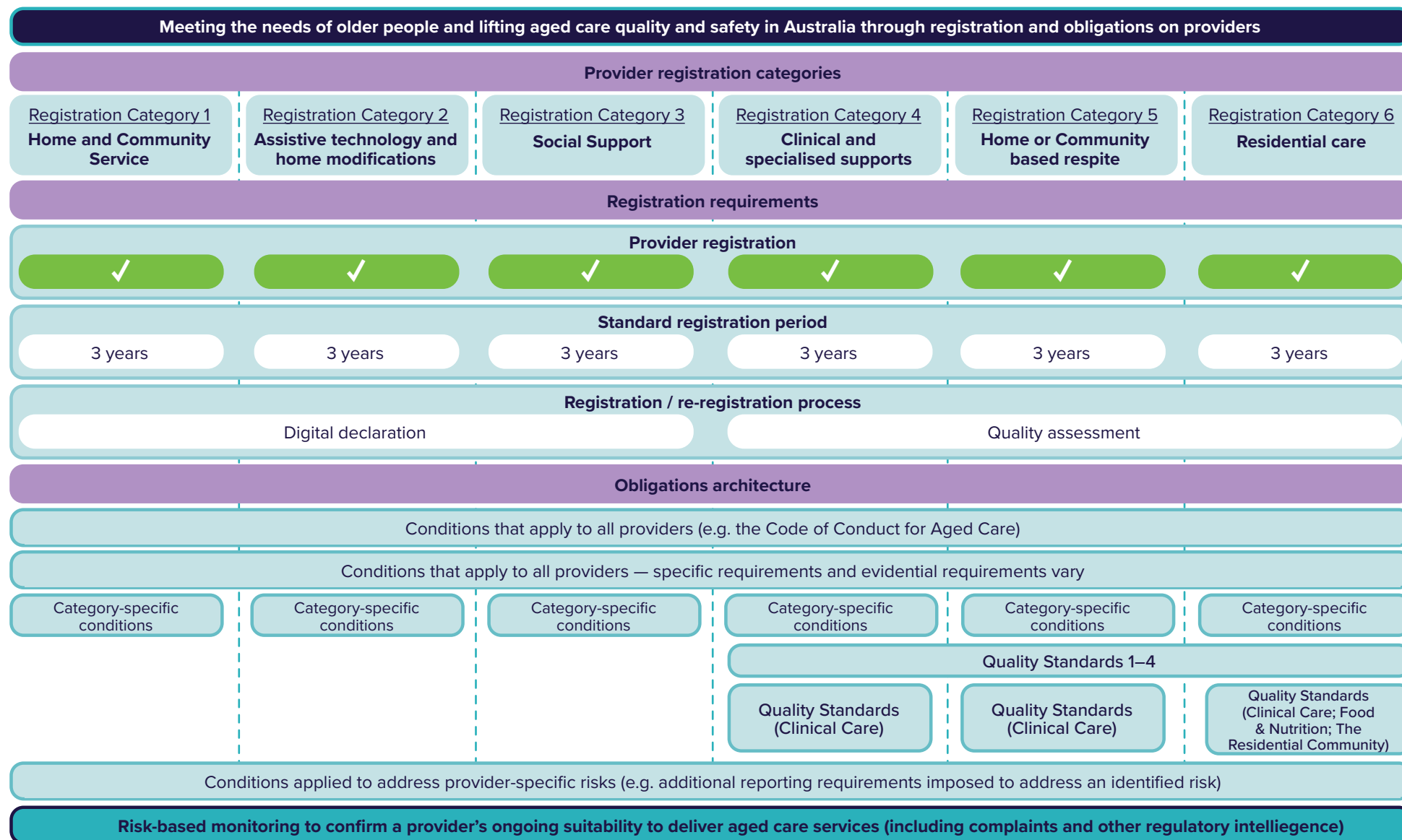
Registration and obligations architecture

The grouping of services based on common characteristics, including risks and risk treatments, allows entry requirements, provider obligations and regulatory oversight to be designed around the registration categories.

Figure 2 outlines a proposed approach and demonstrates how the registration categories and obligations are linked to enable risk-proportionate regulation.



Figure 2 The obligations architecture for the provider registration categories



Note: This is an indicative approach, noting that Quality Standards are currently being reviewed. For further information, see: [Review of the Aged Care Quality Standards](#). The strengthened Quality Standards are: Standard 1 - The Person; Standard 2 - The Organisation; Standard 3 - The Care and Services; Standard 4 - The Environment; Standard 5 – Clinical Care; Standard 6 – Food and Nutrition and Standard 7 – The Residential Community.

A new approach to responsibilities of a provider

Achieving safe, quality, and person-centred care means that different risks need to be managed by imposing clear and targeted ongoing obligations on aged care providers.

Currently there are over 300 provider responsibilities relating to care and services, governance, fees and payments, and reporting specified across multiple pieces of legislation.²² Under the new model, these will be replaced by a set of streamlined provider obligations that focus on safety and quality outcomes for older people and/or financial and prudential risks associated with the delivery of aged care services. This will result in a significant reduction in the number of obligations providers must be aware of and adhere to, while still enhancing the protections for older people by ensuring the obligations are closely tied to risks.

It is proposed that provider obligations in the new model be broadly grouped by:

- **overarching obligations** (described below)
- **core conditions of registration that apply to all providers** regardless of the services being delivered, with evidence requirements and implementation of some conditions differing based on the registration category
- **category-specific conditions of registration** that apply to some providers based on their registration category
- **provider-specific conditions of registration** which are determined by the Regulator to manage risks associated with specific providers.

These are further detailed below and outlined in Figure 3 (over page) to show the differences between the conditions and how they are applied in a risk-proportionate way.

These new arrangements are intended to ensure that providers have a clear understanding of the standard of care expected to be delivered, and the penalties they face if this is not delivered. Each provider will know what conditions apply to them because this will be detailed on their certificate of registration, and the public are expected to have access to this information via a register of aged care providers.

Overarching obligations

It is proposed that the new Act will include a set of central provisions requiring, for example, that all registered providers must:

- comply with all conditions of registration
- notify the Regulator of certain matters including circumstances that may affect their suitability to be registered
- comply with requests for information from the Regulator or Secretary of the Department of Health and Aged Care
- cooperate with persons exercising powers under the new Act.

²² These include, among others, the Aged Care Act, the Commission Act, Aged Care Quality and Safety Commission Rules 2018, Quality of Care Principles 2014, Accountability Principles 2014, Fees and Payments Principles 2014 (No. 2), Records Principles 2014, Extra Service Principles 2014, and Sanctions Principles 2014.

An overarching duty on providers is also being considered, in addition to any existing duties (for example under common law or work, health and safety legislation), to make sure that the health and safety of persons in their care is not unnecessarily put at risk taking into account the rights of older people. This is consistent with the Government's 2022 election commitment.²³

Specific obligations will also apply via the conditions imposed on a provider as part of registration. These conditions will be set out in the new Act and relevant subordinate legislation.

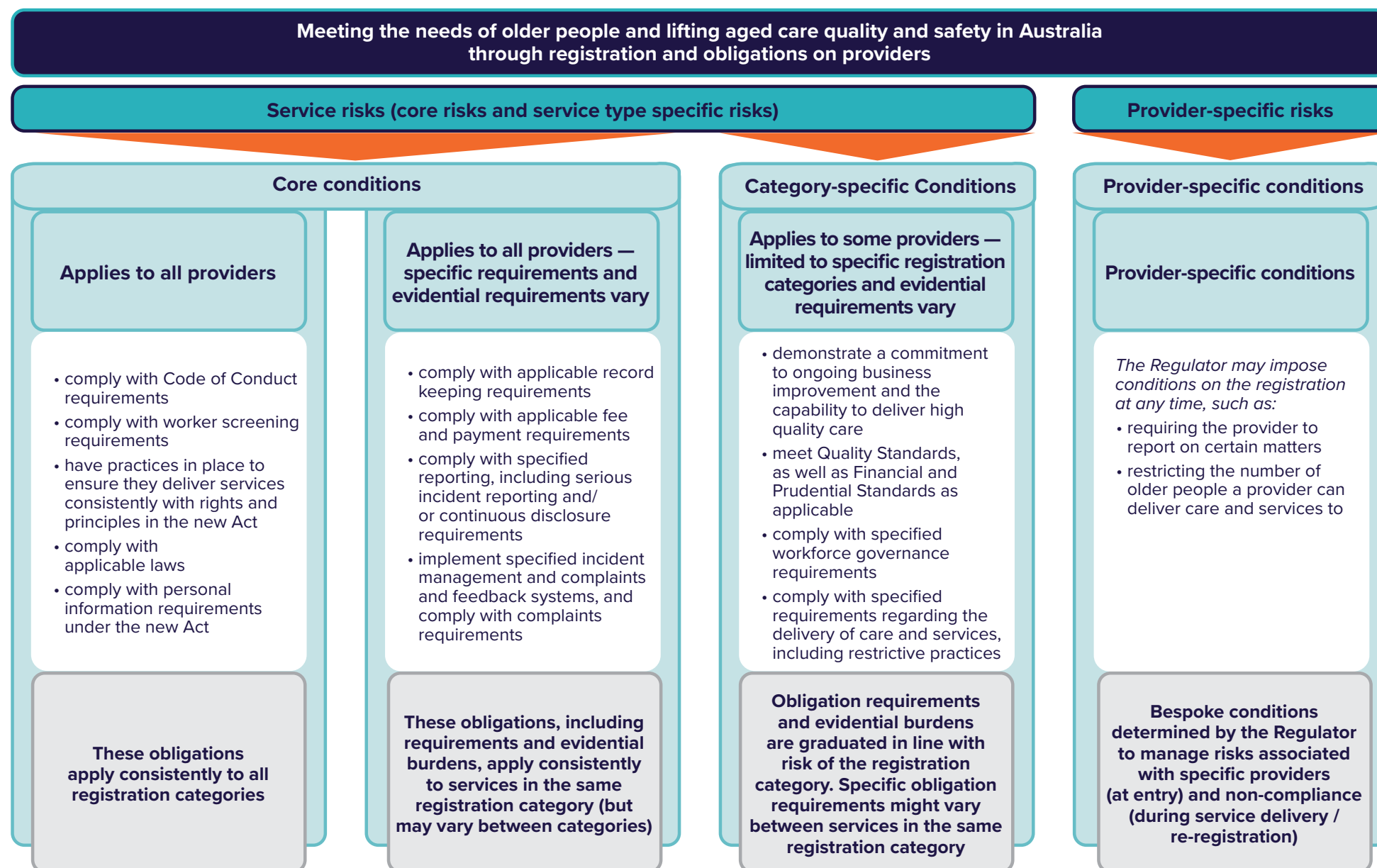
Note: The proposed new regulatory model forms one part of the aged care system, which will be implemented through the new Act. The establishment of an Inspector-General of Aged Care (Inspector-General) aims to improve the aged care system overall and will include provisions to respond to requests for information. The new model and its operation will fall within the scope of the Inspector-General's oversight.

The Inspector-General will be established through separate legislation, and will review, monitor, and report on the administration and governance of the aged care system. The Inspector-General will also improve transparency and accountability across the aged care system through monitoring, reviewing and publicly reporting on systemic issues in aged care.

Information obtained by the Inspector-General may be referred to the Regulator or the Department to address provider compliance. Further consideration is also being given to the inclusion of obligations on providers in the new Act to cooperate with the Inspector-General.

23 This will also respond to Recommendation 14 of the Royal Commission.

Figure 3 A risk-based approach to provider obligations in the new model for regulating aged care



It is intended that the new Act will also include a **Statement of Rights**.²⁴ Registered providers will be expected to provide aged care services in a manner consistent with these rights. This will be subject to necessary limits to balance competing or conflicting rights. For example, the rights of other individuals also accessing aged care services in the same facility. Providers will also need to share information about the Statement of Rights with older people, so they are aware of their rights and what they can expect from a provider. Knowing their rights will empower older people and their representatives to hold workers and providers accountable and raise complaints to address issues and support continuous improvement.

As discussed in the Holding providers accountable chapter, older people will also have pathways under the new Act to seek for their rights to be upheld. It is intended that specified rights will be able to be tracked through to operational provisions under the Act, for example, through new policy settings regarding system entry and assessment, and through provider obligations (e.g., requirements under the Code and/or the Quality Standards) to enforcement pathways.

Note: Where a provider breaches a particular right, they will have also failed to comply with one of their obligations. The Department will continue to map rights specified in the new Act through to practical outcomes as drafting of the Bill for the new Act continues.

Core conditions applied to all registered providers




It is proposed that there would be certain conditions that would apply to all registered providers including those relating to:




- **The Code of Conduct for Aged Care** (the Code) – a registered provider must:
 - comply with the Code that has 8 elements, as shown at Table 3, extracted from the Regulator’s published fact sheets for aged care providers and for consumers²⁵
 - take all reasonable steps to ensure its aged care workers (including subcontractors and volunteers) and governing persons comply with the Code
- **Workforce and worker registration requirements** – a registered provider must:
 - comply with worker registration scheme requirements (when implemented)
 - ensure that workers (including volunteers) are suitable to deliver care, and services and/or support
- **Rights** – a registered provider must have practices in place to ensure they deliver services consistently with rights and principles in the new Act
- **Comply with applicable laws** – a registered provider must comply with Commonwealth and State or Territory laws in which they deliver subsidised aged care services
- **Personal information** – a registered provider must protect personal information (as is currently required under the Act).



²⁴ This is consistent with Recommendation 2 of the Royal Commission.

²⁵ Available at [Code of Conduct for Aged Care - A fact sheet for aged care providers \(agedcarequality.gov.au\)](#) and [Code of Conduct for Aged Care – consumer fact sheet | Aged Care Quality and Safety Commission](#). Note these publications use the term consumers to mean older people in Australia.

Table 3 The Code of Conduct for Aged Care – Extract from the Regulator’s fact sheets for aged care providers and a resource for Aged Care Consumers

Element	Worker responsibility	Provider responsibility	Older people – Examples of what to expect from providers and workers Your provider and the people who provide your care should:
 <p>Act with respect for people’s rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.</p>	<ul style="list-style-type: none"> • Ask and listen to consumers about what they like and what they want to do. • Talk in a way that is easy to understand. • Help consumers to make decisions when they need support. 	<ul style="list-style-type: none"> • Have systems and processes to support consumers to be involved in decisions about their care and services. • Train and equip workers to appropriately engage, communicate and provide support to consumers. 	<ul style="list-style-type: none"> • Ask and listen to what you need and want • Talk to you in a way that is easy to understand • Help when you need support to make decisions about the care and services you receive
 <p>Act in a way that treats people with dignity and respect and values their diversity.</p>	<ul style="list-style-type: none"> • Respect a consumer’s social, cultural, religious and ethnic background. • Work in a way that helps consumers feel comfortable and safe. • Encourage consumers to speak up about their likes and dislikes. 	<ul style="list-style-type: none"> • Create an environment that values and encourages consumers to express their individual backgrounds, needs and preferences. • Have systems and processes in place to ensure consumers’ diversity is captured as part of care planning and delivery. 	<ul style="list-style-type: none"> • Respect your social, cultural, religious and ethnic background • Talk in a way that makes you feel comfortable and respected • Respect your individual needs and wants
 <p>Act with respect for the privacy of people.</p>	<ul style="list-style-type: none"> • Keep the personal information of consumers safe in line with provider policies. • Be aware of the personal privacy needs and preferences of consumers. 	<ul style="list-style-type: none"> • Maintain appropriate controls in relation to the privacy and confidentiality of consumer information. • Ensure workers are trained to deliver care and services in a way that maintains personal privacy and dignity. 	<ul style="list-style-type: none"> • Keep your personal information safe in line with privacy policies • Ask first before providing care or services to make sure you feel comfortable and safe

Element	Worker responsibility	Provider responsibility	Older people – Examples of what to expect from providers and workers Your provider and the people who provide your care should:
 Provide care, supports and services in a safe and competent manner, with care and skill.	<ul style="list-style-type: none"> • Get the skills and training needed to provide safe, good quality care. • Only provide care and services within scope of the role. • Seek out opportunities to develop skills and experience. 	<ul style="list-style-type: none"> • Have effective systems and processes to recruit, train, monitor and review performance of workers. • Make sure workers have the skills, qualifications, equipment and support they need to deliver safe, quality care. 	<ul style="list-style-type: none"> • Use equipment safely • Have the right skills, experience and qualifications for the job • Follow policies about safe and up to date work practices
 Act with integrity, honesty and transparency.	<ul style="list-style-type: none"> • Treat consumers fairly and don't take advantage of them. • Be honest about previous experience and training. • Help consumers understand details about their care and services. 	<ul style="list-style-type: none"> • Provide accurate information and communicate openly with consumers about the care and services they receive. • Have systems and processes in place to prevent, detect and respond to instances of dishonesty, fraud or unethical conduct. 	<ul style="list-style-type: none"> • Treat you fairly and not take advantage of you • Be honest about their qualifications, skills and experience • Help you understand more about your care and services
 Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services.	<ul style="list-style-type: none"> • Know how and what to do if something goes wrong. • Speak up and report any concerns to providers to reduce risk of harm. • Make sure consumers feel safe to speak up or make a complaint. 	<ul style="list-style-type: none"> • Have in place an effective Incident Management System (IMS) to prevent, identify, respond to and manage incidents or concerns. • Encourage workers and consumers to provide feedback and be involved in quality improvement. 	<ul style="list-style-type: none"> • Know how and what to do if something happens • Speak up and report concerns to providers to reduce risk of harm • Support you to feel safe to give feedback or make a complaint

Element	Worker responsibility	Provider responsibility	Older people – Examples of what to expect from providers and workers Your provider and the people who provide your care should:
 Provide care, supports and services free from: <ul style="list-style-type: none"> - all forms of violence, discrimination, exploitation, neglect and abuse and - sexual misconduct. 	<p>Be alert to situations that may hurt, upset or take advantage of consumers.</p> <p>Know what a restrictive practice is and work with providers to help reduce its use.</p> <p>Help consumers to speak up about concerns if they need to.</p>	<p>Create a culture that fosters and promotes safe practices and quality improvement.</p> <p>Adopt a zero-tolerance position on any acts of violence, discrimination, exploitation, neglect, abuse and sexual misconduct committed against your consumers.</p>	<p>Be alert to situations that may hurt, upset or take advantage of you and others receiving care or services</p> <p>Know what violent, abusive and neglectful practices look like</p> <p>Not commit or participate in any form of violence, discrimination, neglect and abuse or sexual misconduct</p>
 Take all reasonable steps to prevent and respond to: <ul style="list-style-type: none"> - all forms of violence, discrimination, exploitation, neglect and abuse and - sexual misconduct. 	<p>Respond and report incidents or concerns in line with organisational systems and processes.</p> <p>Follow processes to help prevent and reduce risk of harm to consumers.</p> <p>Cooperate with the provider and with any investigation or enquiry.</p>	<p>Create a culture where consumers and workers feel safe to report issues or concerns.</p> <p>Implement strategies to increase reporting and improve use and effectiveness of complaints and incident management systems.</p>	<p>Follow processes to help prevent harm to you and others receiving care and services</p> <p>Take action about a safety risk or concern in line with your provider's systems and processes</p> <p>Cooperate with any investigation or enquiry</p>

There will be other conditions that apply to all registered providers, but the detail of how to evidence and implement those conditions **will differ based on the registration category** and other factors, such as the **type of entity** they are and the **setting in which they operate**.

Below are examples of such conditions. They are already in place in the current framework, however, under the new model the evidence requirements to demonstrate that these have been met will be graduated and risk-proportionate. It is proposed that registered providers must:

- implement an internal **complaints and feedback management system and processes** that meet specified requirements, manage complaints in the manner specified, and not victimise or discriminate against anyone for making a complaint
 - The subordinate legislation is expected to specify required system elements, information that must be collected and accessibility requirements.
 - Stakeholder feedback to Consultation Paper 1 suggested a restorative justice approach could be implemented to improve outcomes for older people, transparency, and public confidence and to support continuous improvement.
- implement an **incident management system and processes** that meets specified requirements, manage incidents in the manner specified, and not victimise or discriminate against anyone for reporting an incident
 - The subordinate legislation is expected to specify procedures that must be developed and implemented, information that must be collected, and staff roles and responsibilities for incident management.
- comply with applicable **fees and payments** requirements. Subject to further consultation and consideration, these are expected to include rules around the minimum and maximum fees that can be charged for a particular service, processes that must be followed in terms of the payment of fees, limitations on charging for certain types of costs and regular reviews of certain fees and charges.
- demonstrate **record keeping practices and processes** for specified records, consistent with the personal information requirements under the Privacy Act 1988 and the new Act. For example, records related to complaints and incidents, subsidy claims, worker screening checks, fees charged, payments made and agreements with older people.
- **report specified information**, including continuous disclosure requirements to the Regulator and/or the Department. Some of the required reporting will be routine, while other reports will be in response to particular changes of circumstances or incidents. For example, this could include reporting on the care and services provided (such as Monthly Care Statements), the occurrence of serious incidents through the Serious Incident Response Scheme (SIRS), quality indicator data, financial and prudential matters, workforce vaccine status and care minutes.



Category-specific conditions of registration

It is proposed that there will also be some conditions that will be specific to certain registration categories. Below are examples of category-specific conditions:

- **Provider governance** – When registered in a relevant category, it is expected that a provider will be required to meet specific governance conditions. This would include conditions concerning:
 - key personnel (to be known as responsible persons)
 - membership of governing bodies (including ensuring they have skilled members), and
 - advisory bodies.

It is expected that detailed requirements would be set out in subordinate legislation, including any varied requirements for particular groups of providers.

- **Delivery of care and services** – Based on the category(ies) of registration, registered providers will need to meet specified requirements in terms of the delivery of care and services. This is likely to include requirements related to the use of restrictive practices, types of services that must be provided, minimum nursing hours, security of tenure requirements, and specific requirements relating to transitions and care coordination. It will also include requirements on providers to provide and explain certain information to older people in their care.
- **Standards** – Providers in categories 4 to 6 will be expected to comply with, and be audited against, the draft strengthened Quality Standards as shown in Figure 4. These Quality Standards were consulted on in 2022.²⁶ The structure of the draft strengthened Quality Standards is more modular than the current standards and they can be applied across the categories in a way that matches the type of service and delivery context.

²⁶ see <https://www.health.gov.au/topics/aged-care/aged-care-reforms-and-reviews/royal-commission-into-aged-care-quality-and-safety/review-of-the-aged-care-quality-standards>

Figure 4 Draft strengthened Quality Standards



Subject to this consultation and analysis of feedback, the strengthened Quality Standards are expected to apply to providers registered in categories that deliver more complex services, as follows:

- *Category 4 Clinical and specialised supports:*
Quality Standards 1 to 4 and Standard 5 – Clinical Care
- *Category 5 Home and community-based respite:*
Quality Standards 1 to 4 and Standard 5 – Clinical Care
- *Category 6 Residential care:*
Quality Standards 1 to 4 and Standard 5 – Clinical Care, Standard 6 – Food and nutrition, and Standard 7 – The residential community.

This is represented in [Figure 2 The obligations architecture for the provider registration categories](#).

Additional standards such as Financial and Prudential Standards may also apply to certain registration categories. It will also be a condition of registration that Category 6 providers comply with requirements related to Refundable Accommodation Deposits (RADs).

Person-centred and rights-based obligations will be applied to Categories 1 to 3 through the Code and through category-specific obligations. This flexibility will manage identified risks and ensure the expectations of the Regulator and older people are clear about delivery of particular types of aged care services.

In addition, the risks associated with registration categories 1 to 3, which will not be subject to audits at the point of registration, will be managed through targeted risk tools, including the Code and obligations appropriate to the nature of the subsidised services to be delivered by providers in these categories. Regulatory intelligence, including complaints and feedback, will signal to the Regulator where closer monitoring is required to manage risk of harms or to take action on any non-compliance.

This approach will match the obligations to the risks and complexity of the services delivered by providers in these categories. It will also ensure the resources and tools of the Regulator can be used in a proportionate way and focus tools such as audits against Quality Standards on the provision of more complex services to older people.

- **High quality care** – Providers in specified registration categories will need to demonstrate their commitment to deliver **high quality care**, which will be defined in the new Act. Subject to further consultation and consideration, it is proposed that high quality care be defined as the delivery of aged care services to a person in a manner that **prioritises**:
 - delivery of services with compassion and respect for the individuality, life experiences, self-determination and dignity of a person accessing care, and their quality of life
 - providing services that are trauma aware and healing informed and responsive to the person's expressed personal needs, aspirations, and their preferences regarding how services are delivered to them
 - facilitating regular clinical and non-clinical reviews to ensure that the services delivered continue to reflect their individual needs
 - supporting the person to enhance their physical and cognitive capacities and mental health where possible
 - supporting the person to participate in cultural, recreational and social activities, and remain connected and able to contribute to their community.

Examples of how obligations will apply to different providers:



As registered providers, there are core conditions of registration that apply consistently to Fran, Harry's small business and CometCaring. These include complying with the Code of Conduct for Aged Care and meeting worker registration requirements.

Other core conditions of registration will apply to Fran, Harry and CometCaring, but the specific requirements will be different across the registration categories. For example, Fran, Harry and CometCaring will all have a condition to have a complaints and feedback management system in place. However, the requirements of the complaints and feedback management system will look different for Fran and Harry as Registration Category 1 providers compared to CometCaring as a Registration Category 4 provider. These requirements will be proportionate to the risks and characteristics of services across these registration categories. More comprehensive complaints and feedback management system requirements also recognises the additional reporting requirements that CometCaring must meet as a Registration Category 4 provider.

CometCaring will also have category-specific conditions that they need to meet as part of their registration. Category 4 conditions will include additional worker registration requirements and meeting the strengthened Quality Standards (both the Quality Standards 1-4 and applicable Quality Standard for Clinical Care).

Questions

1. What are your views on the proposed approach to provider obligations?
2. What challenges can you identify for implementing the proposed approach?
What could be the solutions?
3. Do you think there are any key areas of risks that are not addressed by the core conditions proposed to apply to all providers?
4. Are there any other category-specific obligations that you think should apply?
5. What are your views on the proposed application and audit of the Quality Standards to categories 4 to 6 ?
6. What does high quality care mean to you?

Holding providers accountable

This section details how the new model will help manage risk during the delivery of services to older people. This safeguard places a much stronger focus on connecting information and intelligence, including feedback from older people, to prevent, detect and correct risk and poor provider performance. It highlights the important role of complaints and creating a culture that values complaints and listening to the feedback from older people. It will also ensure that older people have pathways to raise concerns where providers do the wrong thing and seek for their rights to be upheld.

Stakeholder feedback to Consultation Paper 1 raised that there should be a single complaint process that is easy for older people to navigate, and complaint data should be joined up for better oversight of the sector. Stakeholders also made it clear that the new model needs to incorporate mechanisms for monitoring, responding and ensuring that the safety and rights of older people are upheld.

This safeguard may extend to introducing restorative justice processes that create additional accountability on providers to respond, apologise and address feedback by making sustainable and meaningful changes to how services are delivered in the future. The voice of workers will also be critical in contributing to the ongoing delivery of safe and high quality care.

Limitations of the current approach

The proposed approach to provider oversight seeks to address limitations of the current approach, including:

- many older people remain reluctant to complain due to fear of adverse impacts for themselves or for aged care workers
- there is a disconnect between the legislative framework and the experiences of older people, with a Charter of Rights only included in subordinate legislation
- while the Commission has intelligence and data from complaints and from provider notifications, IT limitations have meant that this intelligence is not cohesive
- the legislation prescribes many different monitoring pathways and enforcement actions that can only be taken in certain circumstances, which can sometimes limit the ability of the Regulator to take a nuanced and holistic approach
- where a provider is no longer suitable to provide care, but there continues to be a need for the service, there are very few options for replacing an unsuitable provider or governing body with another, to ensure continuity of care for older people.

See [Appendix C](#) for further information.

A new approach to holding providers accountable

A rights foundation for the new Act will ensure that the protection and promotion of the rights of older people is central to the new aged care system.

Older people will be encouraged and empowered to exercise their rights. They will also have pathways under the new Act to seek for their rights to be upheld. For example, a complaint would be able to be made, with potential early intervention and restorative justice outcomes sought by the Commission, and/or more formal investigation and enforcement pathways pursued.

It is proposed that the Regulator's monitoring, investigation, and enforcement powers will be strengthened, broadened, streamlined, and more flexible. This will allow the Regulator to address risks to older people proactively and effectively.

Quality care outcomes will be strengthened through improved complaints handling and building on existing risk-based monitoring with new data and intelligence that informs effective care improvement mechanisms. The new data and intelligence will come from provider registration, re-registration and provider obligations. This intelligence will allow the Regulator to identify and manage risks at the provider level, groups of providers, and specific services. The Regulator will be able to take decisive and proportionate compliance and enforcement action where needed.

The Department will also have access to enhanced monitoring, compliance, and enforcement powers under the Act, but these will only be used where required to perform its own legislative functions. These powers will help ensure the Department can effectively manage integrity risks across all subsidised aged care services. They will enable pro-active action to be taken, for example, where misuse of Commonwealth funding or provision of likely inaccurate information is identified. There will be no overlap with the activities of the Regulator, who will remain responsible for ensuring registered providers are compliant with legislative requirements related to the quality and safety of these services, and prudential requirements (including managing financial viability and insolvency risks of providers).

Supporting the System Governor (in the new Act) in their role as system steward, the Department will also collect, analyse, and advise on a range of data to identify trends and systemic risks. This will allow active management of the aged care system to ensure component parts work together effectively, uphold the rights of older people, and foster continuous improvement and delivery of high quality care. It will also inform ongoing program management and policy development to support reform to address issues or make improvements to the aged care system.

Risk-based monitoring

Once registered, providers across all registration categories will be monitored. Risk-based monitoring will be informed by data and regulatory intelligence that signals a risk or issue that needs additional monitoring and/or a response. Through ongoing monitoring, oversight and complaints, a provider that is not respecting older people's rights or is delivering substandard care will come to the attention of the Regulator.

Data and intelligence on providers will come from a range of sources, including provider registration, complaints, reportable incidents, provider notifications and reporting, audit outcomes, worker screening and the Department and other regulators (such as the NDIS Quality and Safeguards Commission). See the section on Information sharing below. This will be supported, where appropriate, by a ‘tell us once, use multiple times’ approach to information collection.

The Regulator (and the Department where relevant) will use this data, and related information and technology capabilities to form a holistic view of risk. The Regulator will also continue to strengthen how it uses monitoring information so it can address, as a priority, indicators suggesting older people may be at serious risk of harm. As in the current approach, there will be appropriate checks to ascertain the accuracy of information and better inform regulatory responses.

It is proposed that monitoring will continue to be undertaken at any time. It may follow a complaint, a potential breach of the Code, a notification of a serious incident or any intelligence received by the Regulator, including from the Department. Where the Regulator considers a provider or service to be a high risk to older people, they will be prioritised for risk-based monitoring.

Risk-based monitoring uses a range of monitoring methodologies. Monitoring could be site based, desk based, announced, or unannounced. It may be as simple as a phone call following up an issue with a provider or it may be a full investigation of a particular issue (drawing on investigation powers and powers to compel provision of information).

The Regulator’s powers will include the power to request documents and information, undertake site visits, interview older people, workers, and others, at any time, to determine whether providers and workers are meeting their registration conditions and older people’s rights are being upheld. It is expected that the Regulator will also have the power to enter and remain in a premises at any time without warrant or consent, to exercise their monitoring and investigation powers.

Monitoring activities may inform investigations into whether a registered provider is complying with the conditions of their registration and other legislative requirements. For example, whether they are complying with the Code, and applicable Quality Standards and Financial and Prudential Standards.

The Regulator (and the Department) will also use intelligence to understand and respond to broader risks in the aged care sector, allowing for a more targeted detection of risk before it results in poor care or harm to older people. This includes identifying and managing:

- trends that indicate system-wide challenges in a particular area of quality and safety that may require a targeted campaign for improvement
- the emergence of any exploitative behaviour that may be indicative of system-wide fraud requiring regulatory intervention
- potential prudential risks including possible financial failure of a provider
- risks relating to sector capability including capability of providers and workers, for example downward trends in provider and worker capability which would adversely affect the quality of care that older people receive

- risks relating to provider exit; monitoring the sector for the exit of large, smaller, and not for profit providers that could have a significant impact on the sector and threaten continuity of services for older people, including those receiving care in geographical and cultural thin markets.

It is expected that all stakeholders will have a role to play in helping to identify, report on and manage systemic issues to protect older people and maintain sustainability of the aged care sector.

Complaints management and feedback

Complaints management and feedback can play a key role in shifting the culture and lifting the quality of aged care.

An important part of the new model will be a revised complaint model. This will focus on further empowering older people to make complaints and seek to have their rights upheld. It will also facilitate the Regulator, the Department, providers, and the aged care workforce making better use of intelligence from complaints to proactively manage risk and prevent poor care.

Key elements of the reform include:

- supporting older people to understand their rights in relation to aged care and services (including commitments in care plans for people in residential care), and their right to raise concerns or complain
- providing older people with the confidence to raise concerns by addressing power imbalances, removing the fear of retribution, and ensuring the process is accessible, easy to navigate, and culturally appropriate
- supporting the representatives of older people to raise issues or a complaint, or access advocacy, on the behalf of older people
- ensuring effective whistle-blower protections, including new penalties for providers who retaliate against complainants. The Royal Commission noted the importance of whistle-blower protections in helping older people, their representatives and support networks to raise concerns without fear of retribution.
- establishing a new Aged Care Complaints Commissioner within the Commission, with responsibility for overseeing the complaints model
- implementing early intervention and restorative justice pathways to improve outcomes for older people, transparency, and confidence in the system.

Reforms are also being implemented to ensure that providers hear what is important to older people, including where their expectations are not being met.

Changes are also being made to the Department and the Regulator's systems to:

- better enable them to detect and respond to issues including systemic issues
- enable appropriate information sharing, including where complaints related to worker performance flow through to worker screening units (either in the NDIS or in aged care once established).



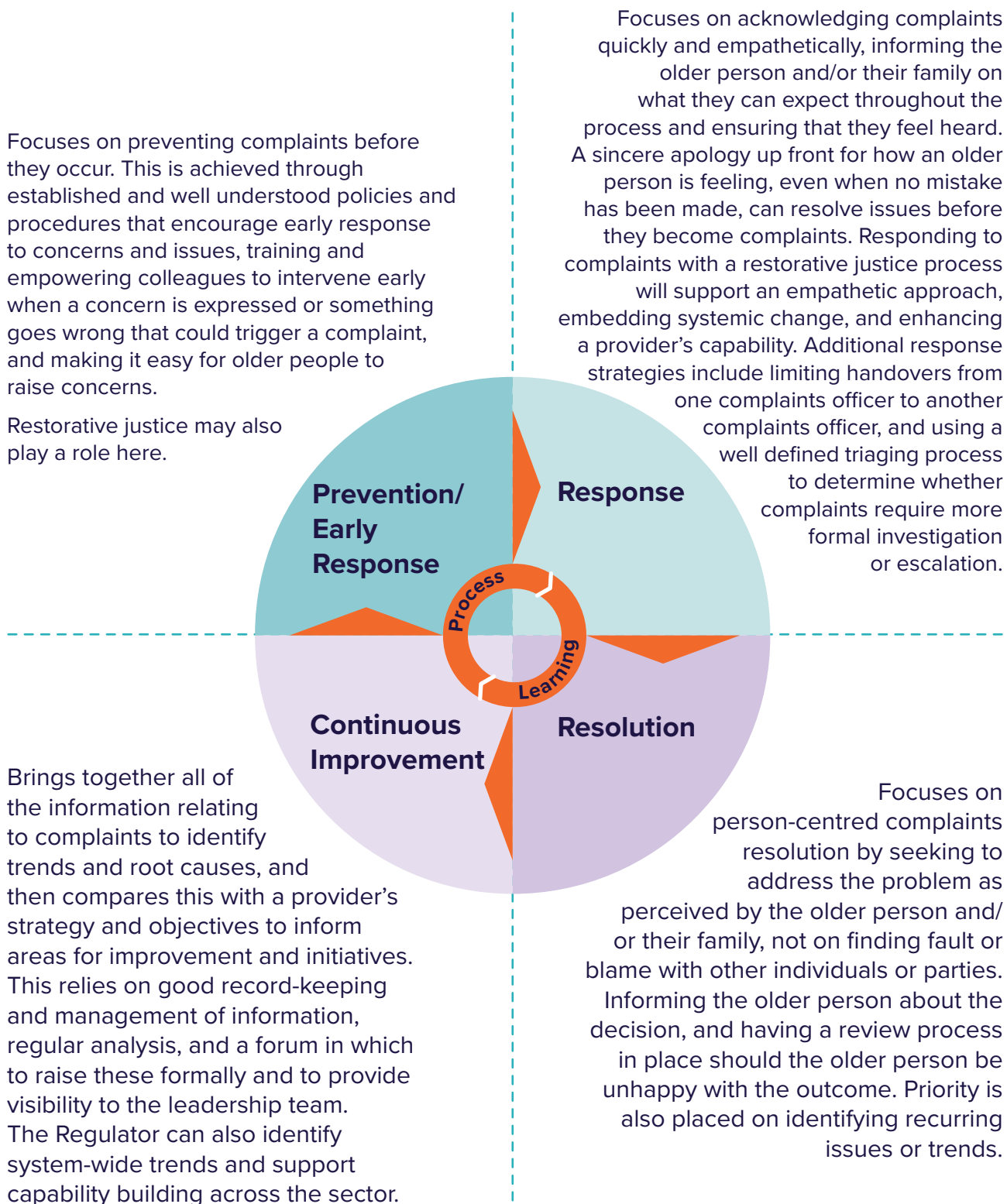
Building on the current complaints handling framework, under the new model the following principles in complaints handling will be applied:

- A culture that values complaints – A commitment to listen to complaints, address them, and learn from them is demonstrated at all levels of aged care service delivery.
- Person-centred – Older people are central to the complaints handling process. It is easy for them to give feedback and make a complaint, and they are kept up to date about the complaint process and notified of outcomes.
- Procedurally fair – The system is modelled on fairness, accessibility, responsiveness, and efficiency.
- Demonstrate empathy – Providers and the workforce are skilled, culturally appropriate, professional and demonstrate empathy towards the complainant.
- Practice reflects policy – The stages of the complaint handling process are reflected in policy and business processes.
- Complaints drive service improvement – Information about complaints is visible to the provider's leadership team, analysed and examined regularly.
- Meets industry requirements – The system complies with relevant legislative frameworks, including escalation and appeals processes.

Complaints will be part of the monitoring of a provider by the Regulator. This ensures that risk intelligence and any enforcement action taken is informed by a holistic consideration of the provider's risk profile and past performance.

The proposed complaints model is shown and described in Figure 5 over page. The model has a four-part approach. It elevates the role of complaints to help proactively manage risk in a proportionate way and to emphasise their importance in helping to give older people a stronger voice and lift provider capability.

Figure 5 Four-part complaint model



Information sharing

Risk-based monitoring will be supported by information sharing, building on recent legislative amendments for improved information sharing between care and support sector regulators.

Information sharing in the new model will be clear and transparent on when, why, and how the information will be used, and how the privacy of individuals will be protected. It will look to create efficiencies in the collection and sharing of data between government departments and agencies. It will also consider how to best use existing data about older people to improve the services they receive and better protect their safety and wellbeing while receiving aged care.

Better use of data and analytics will also allow for more informed decision-making and responsive regulation across registration, re-registration, compliance, and enforcement actions. It will also help identify sector trends and opportunities for building capability in the sector.

Compliance

It is the responsibility of providers to demonstrate compliance with requirements.

Regulators can support providers to comply through engagement and education (see Supporting Quality Care).

For providers, the identification of issues by the Regulator should prompt immediate action. It will be important to establish and foster positive relationships between providers and the Regulator to motivate providers to engage and seek support and advice. In other cases, the risk or the non-compliance may warrant more formal action by the Regulator.

When the Regulator identifies a risk of, or actual non-compliance, the Regulator needs a range of mechanisms to engage with the provider to encourage or enforce compliance. This could occur following a tipoff, or through other monitoring or investigation activities.

Under the new Act, it is proposed that the Regulator (and the Department where relevant) will use two key notices:

- a **Requirement for Action Notice**
- a **Compliance Notice**.

The Regulator will use these notices to require a registered provider to do, or not do, specified things, where they have identified non-compliance or the risk of non-compliance.

For example, a registered provider could be required to undertake a resolution process, enter conciliation, or take specified actions to address an issue raised in a complaint or highlighted in a serious incident report.

The provider would be required to report back on the actions they had taken with a plan for continuous improvement for this issue and preventing a recurrence.



These arrangements would be similar to the NDIS use of compliance notices. They would replace existing bespoke aged care notice powers that are part of different schemes (such as complaints, SIRS etc). Instead, they will also allow any action specified in a notice to be tailored to the relevant circumstances.

To ensure a pathway for escalation, the consequences of non-compliance with these notices would be different:

- failing to comply with a Requirement for Action Notice may lead to a Compliance Notice, further monitoring, investigation by the Regulator or an enforcement action.
- failure to comply with a Compliance Notice could have more significant consequences, with a civil penalty expected to be available (similar to where a provider fails to comply with an NDIS compliance notice).

These notices would not be used for requesting information to better understand circumstances and/or inform decisions, as these powers would be captured under the monitoring powers.

Enforcement

Enforcement includes exercising regulatory powers in response to breaches or non-compliance with the aged care legislation, including registration conditions.

Rather than having bespoke enforcement powers applicable only in particular circumstances, it is proposed that the Regulator (and the Department where relevant) would have a wide range of enforcement powers drawn mostly from the *Regulatory Powers (Standard Provisions) Act 2014* (Regulatory Powers Act). This will allow the Regulator to utilise the most appropriate enforcement tool based on the provider's capability and willingness to comply, along with the risk presented by the non-compliance.

Enforcement powers could include:

- powers for the Regulator linked to registration, including the power to vary, suspend or revoke a provider's registration, including to change or add conditions of registration
- powers for the Regulator to issue banning orders for providers and individual workers
- powers derived from the Regulatory Powers Act such as the power to issue an infringement notice, enter into enforceable undertakings, or apply for civil penalties
 - civil penalties are being worked through and will be consulted on further. It is expected that these penalties would deter and respond to provider non-compliance, such as the failure to comply with a registration condition or respond to a compliance notice.
 - additional offence provisions remain under consideration, but are expected to target circumstances where death or serious injury or illness results where this is due to gross negligence or recklessness in the delivery of aged care services by a registered provider
- subject to further consultation and consideration, critical failure powers for the Commissioner to:
 - appoint a statutory manager to take over management of a provider in circumstances that represent an unacceptable risk to care recipients to mitigate those risks, and/or
 - help facilitate the appointment of a voluntary administrator of a provider in cases where a provider is trading insolvent in breach of other applicable laws.

These enforcement tools are not intended to be used in a linear way, where one leads to the next. The Regulator will have flexibility to select the most appropriate risk-based and proportionate response.

Actions will be proportionate to the related non-compliance and according to the principles of natural justice and procedural fairness. Review rights will be available, for example, where the Regulator takes sanction action.

Compensation

Compensation may be available to older people in Australia who are negatively affected by registered providers that fail to meet their obligations, where the provider agrees to pay compensation. For example, as part of conciliation processes or as outlined in an enforceable undertaking accepted by the Regulator.

In response to Recommendation 102 of the Royal Commission and consistent with the Government's election commitments, additional compensation pathway(s) are being explored. Subject to further consultation and consideration, such arrangements would aim to assist those who suffer harm as a result of a registered provider:

- committing a serious breach(es) of their obligations under the new Act, and/or
- failing to ensure, while taking into account the rights of older persons outlined in the new Act, that the health and safety of persons in their care is not put at risk.

This could include where a civil penalty or an offence provision is breached.

Compensation could be sought via a private right of action (already possible under the common law). Subject to further consultation and consideration, it could also be claimed with the assistance of the Regulator, including on behalf of a class of impacted individuals.

Consistent with the findings of the Royal Commission, such arrangements will help ensure that the new model does not just focus on the punishment of registered providers and deterrence activities, but also addresses the needs of older people negatively affected by a registered provider's actions.

They could also complement other options for restorative justice available under the new model. For example, a registered provider making an apology to the person concerned and/or their family and representatives. This reflects stakeholder feedback that often older people want their concerns to be acknowledged and a provider to commit to ensuring the relevant conduct will not be repeated. It will contribute to a change in culture and continuous improvement.

Questions

- 1. What are your views on the proposed features of this safeguard that seek to hold providers accountable?**
- 2. Do you think the proposed new complaints model will help older people to raise concerns about the standard of services and have them addressed? Please include your reasons for this view.**
- 3. Do you think the proposed enforcement mechanisms will be sufficient to address poor performance by providers where required?**
- 4. How should restorative justice outcomes be reflected in the new Act?**
- 5. How and when do you think access to financial compensation should be available?**
- 6. What role should the Regulator have in seeking compensation on behalf of older people?**

Transitioning to the new model

Transition includes the planning and processes required to support the aged care sector to move from the current regulatory framework to the new model, while ensuring continuity of care. This section provides a further view of transition following on from the [Concept Paper: A new framework for regulating aged care](#) and [Consultation Paper No.1](#). Detailed plans for transition will be shared with the sector across 2023.

Transition approach

It is proposed there will be a single ‘go-live’ commencement date, where the existing regulatory framework ceases and the new model commences. This will minimise the requirement to operate two legislative schemes in parallel, avoiding significant systems, operational and regulatory activities for stakeholders. The new model will go-live and come into effect with the commencement of the new Act.

To simplify and streamline the process for the sector, preparation for transition will occur ahead of implementation. Additionally, there will be a sequenced and staged approach to preparing for transition for both the Department and the Regulator.

As of 30 June 2022, approved providers under the Act include:

- 805 residential care providers
- 916 home care providers
- 134 flexible care providers.

In addition, there are 1,407 Commonwealth Home Support Programme (CHSP) funded organisations and 7 Innovative Care Program providers who will also transition.²⁷

It is intended that all providers delivering Commonwealth subsidised aged care services will transition into the new model. A significant aspect of transition will be the alignment of current providers to new provider registration categories. To support the sector during the transition, the Regulator and Department will continue to engage with providers and offer timely advice and assistance.

²⁷ 2021-2022 ROACA report at: https://www.gen-agedcaredata.gov.au/www_ahwgen/media/ROACA/22506-Health-and-Aged-Care-ROACA-2021-22-Web.pdf



Transitioning existing providers

Deeming

- Subject to further consultation and consideration, it is intended that existing providers of Commonwealth funded aged care programs (including grant funded providers who are not approved under the current scheme) will be deemed into registration categories for go-live. This means providers would not immediately be required to complete an application to be registered and operate under the new Act.
- To ease the transition, providers will be asked to provide further information to ensure they are deemed into the most suitable registration category(ies).
- Providers will transition under their existing entity name and/or structure with no additional registration payments required until re-registration.

Requirements

- It is intended that all providers would be issued a certificate of registration that details the conditions of registration for their relevant registration category(ies).

Confirming registration categories

- The Regulator will communicate with providers about their registration category(ies) prior to go-live. Providers will have an opportunity to provide feedback on their proposed registration category(ies). This confirmation period is intended to prevent any impact on delivery of care to older people during transition.
- The new model allows for providers to vary their registration, enabling further refinements after go-live.

Re-registration

- While standard registration periods are expected to be 3 years, to avoid all providers having to re-register at the same time, re-registration timeframes for deemed providers will be staggered.
 - It is expected the certificate of registration will advise providers of their registration period and when re-registration is required.
 - The staggered approach will be based on risk-based considerations, past performance and the timing of the provider's most recent accreditation or quality review under the current framework.
- Prioritising re-registration timing for some providers will be needed, in particular CHSP and NATSIFAC providers who will be moving into the new model and are not currently approved providers.

Compliance activity underway at the time of commencement

- Providers who are subject to compliance and enforcement activity (e.g., review of a complaint) at the time of deeming, will see this process through under the current framework. Transitional arrangements describing how this will work will be included with the new Act.

New providers entering aged care

Subject to further consultation and detailed consideration, it is expected that applications for approval as a new provider will be able to be submitted under the current scheme up until the commencement of the new Act. However, applications made in the 6 months prior to go-live may not be able to be decided by the Regulator before the new model commences. As a result, new providers will be encouraged in the period leading up to transition to submit an application to be registered after go-live.

Questions

- 1. What are your views on the proposed transition arrangements?**
- 2. What challenges can you identify for implementing the proposed transition arrangements? What could be the solutions?**
- 3. What support do you need as a provider to help you with a smooth transition to the new model?**
- 4. What other transitional arrangements need to be considered?**

Appendix A

Glossary of terms

Term	Definition
Code of Conduct for Aged Care	The Code of Conduct for Aged Care sets out what older people and the community can expect from aged care providers, governing persons, and workers. It aims to improve the safety, health, wellbeing, and quality of life of aged care recipients by promoting ethical, honest, and respectful behaviour, building trust in aged care services, and protecting older people against workers who pose an unacceptable risk of harm. The Code of Conduct for Aged Care was implemented on 1 December 2022.
Commonwealth subsidised aged care services	This refers to aged care services for which Commonwealth funding is available. Registered providers will be able to claim a subsidy for delivery of these services. In the context of this paper, the term also refers to services for which grant funding may be available to providers.
Compliance	Compliance is the process of making sure aged care providers and workers meet their responsibilities in delivering care and services.
Condition of Registration	Conditions are a subset of provider obligations that are applied to registration. A registered provider will be required to comply with any conditions placed on their registration. These conditions will outline specific obligations that the provider must meet. Some conditions will apply to all providers, some to providers in certain categories only and some to specific providers only. What a provider needs to do to meet a condition may also vary across registration categories.
Conformance	Conformance means that you meet or satisfy the ‘requirements’ of a standard in the context of an audit against the Standards. A provider’s conformance is assessed against the applicable Quality Standards to support the Regulator’s decision making on an application for registration or re-registration of a new applicant or existing registered provider.
Enforcement	Enforcement refers to actions taken by the Regulator to address aged care providers or workers who are not meeting applicable laws or responsibilities.
Governing person	A governing person of a provider is one of the key personnel of the provider and will be described in legislation.
Incident management	Incident management sets the responsibilities of aged care providers and workers to prevent, fix and reduce issues of abuse and neglect. It also includes when they need to tell the Regulator about serious incidents that have happened.

Term	Definition
Monitoring	Refers to the regulatory oversight function within the aged care framework and the activities conducted to review and assess compliance with regulatory obligations. Monitoring can be routine or responsive.
My Aged Care	My Aged Care is the entry point to the Australian aged care system. It provides general information about aged care services, and can register, screen and refer eligible older people for an aged care assessment.
Non-conformities / non-conformance	Failure to comply with regulation, including standards and rules.
Obligations	Obligations refer to ‘what’ a registered provider must do to comply with the aged care legislative framework – and hence, the actions or behaviour that will be required of them. A failure to comply with one or more obligations that apply to them under the legislative framework could result in enforcement action being taken against the provider – for example, penalties, fines or other legal action. Obligations include conditions of registration.
Provider-specific Conditions	These are individual conditions that the Regulator may decide to place on the registration of a specific provider due to concerns about their compliance with provider obligations and/or delivery of services to older people. Their aim will be to ensure that any risks to older people are managed while the Regulator works with the provider to improve their performance where necessary.
Regulation	Any rule the government approves that an organisation or person must comply with.
Regulatory intelligence	Regulatory intelligence includes monitoring, collecting, and analysing information related to regulations. It helps governments to make decisions.
Regulatory stewardship	A whole-of-system approach recognising that all parts of the system are interconnected, and all stakeholders work together proactively and collaboratively to achieve the desired outcomes. Everyone is a steward of the regulation and plays a key role in maintaining the ‘health’ of the regulation throughout its life cycle, including the design, implementation, monitoring and review stages.
Relational regulation	Refers to an approach by the Regulator that emphasises meaningful engagement on the ground, between the regulator, providers, workers, and older people (and their advocates). The term ‘relationship-based regulation’ may be used in place of ‘relational regulation’.

Term	Definition
Restorative justice	Refers to an approach for the handling of complaints. It requires complaints to be managed in an open and transparent way through to resolution. It ensures everyone affected by an issue will be involved in its resolution and kept up to date about the status of any investigation or outcomes. It allows people to be heard and acknowledged, and for providers to take accountability for the issue and ensure that lessons learned translate to systemic or process changes to ensure the issue does not happen again. The approach encourages collaboration between the parties to repair the harm caused by the offending party. It does not replace strong action by the Regulator where there are serious or persistent instances of non-compliance, or where law enforcement and punitive legal practices are required, in cases where the risk to the older person is too high for a restorative justice approach.
Risk-Based Monitoring	Risk-based monitoring uses a range of monitoring methodologies. Monitoring could be site-based, desk-based, announced, or unannounced. It may be as simple as a phone call following up an issue with a provider or it may be a full investigation of a particular issue (drawing on investigation powers and powers to compel provision of information).
Quality Standards	<p>The Quality Standards focus on the essential systems and controls providers must have in place to achieve outcomes and ensure the delivery of safe and quality aged care.</p> <p>They also enable older people to understand what they can expect from their provider.</p> <p>Providers subject to the Quality Standards are required to demonstrate their performance against the Quality Standards.</p>
Subordinate legislation	Subordinate legislation, also known as delegated legislation, is not directly made by an Act of the Parliament, but under the authority of an Act of the Parliament. For the <i>Aged Care Act 1997</i> , subordinate legislation includes sets of Principles. Under the new Act, subordinate legislation will include a set of Rules.
The Regulator	In the current regulatory model, the aged care Regulator is the Aged Care Quality and Safety Commission. When referring to the new model, 'Regulator' is used to mean the body that will administer parts of legislation for aged care providers that relate to registration and re-registration of providers, enforcing provider obligations, and engaging directly with providers in relation to their compliance with those obligations. The Department of Health and Aged Care will administer other parts of the legislation as the System Governor.
Thin markets	Regions that could be at risk of market failure due to provider viability and service availability. This is particularly relevant for rural and remote providers and consumers.

Appendix B

Opportunities for harmonisation

In November 2021, the Department published a consultation paper seeking feedback on opportunities for alignment across the care and support sector (aged care, veterans' care, National Disability Insurance Scheme (NDIS), and other disability services).

Feedback received during that consultation showed there is support for appropriate harmonisation across the sectors. There is a distinction between the sectors due to the differing needs of people receiving services and supports, funding models, and risks. The process of determining how and to what extent regulation should be harmonised will require further consideration.

The new model for aged care is designed to improve and move closer to harmonisation in those areas that are important to stakeholders, while still recognising things that need to be different based on the varied care contexts.

Harmonisation across the care and support sector is an ongoing priority, with the Care and Support Economy Taskforce established in the Department of Prime Minister and Cabinet as part of the October 2022 Budget. Next steps include providing incentives and opportunities for integrated care, as multiple (and at times conflicting regulations) are often identified as barriers to providers seeking to expand the range of care services. The Department is undertaking other consultations to explore options for integrated care models, with a focus on identifying opportunities in thin markets, in particular for First Nations people as well as for those in regional, rural and remote communities.

All aspects of the new model design take into consideration how it can be aligned with the harmonisation policy agenda over time.

For further information, visit the Department's [Aligning regulation across the care and support sectors](#) website.

Appendix C

Overview of limitations

Below is a summary of limitations of the current framework that are being addressed through proposed changes under the new model. For further information, see page 9 of [Consultation Paper No.1](#) and the [Royal Commission Final Report](#).

- The culture of the current aged care sector is largely driven by a provider-centric approach and focus on managing Commonwealth funding contributions, rather than being person-centred and focusing on quality and safety outcomes for older people.
- We heard from stakeholders that the current approach is too provider-centric and transactional. It focuses on compliance with audits, rather than on establishing a culture of care and improving older people's quality of life.
- There are differences in the way some providers are required to be regulated because of the different approval processes for entering the aged care system. Some providers are required to be approved under the Act while others are not. For example, home care providers, residential care providers and certain providers of flexible care must be approved under the Act before they can offer care and services. However, providers under the Commonwealth Home Support Programme (CHSP) and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) are not approved or covered under the Act. Instead, they have funding agreements with the Commonwealth which set out their obligations and are unregulated under the Act. This can create constraints in enhancing provider assessment and responsibilities as well as sector oversight.
- An organisation can only be approved under the Act if they are a constitutional corporation. Sole traders and partnerships cannot apply to be approved under the Act. This means they must be sub-contractors to larger corporations if they want to deliver age care services. This approach does not recognise that some services could be appropriately delivered by providers that are not corporations. Consequently, it can limit the number of providers available to older people and does not support choice and control, competition or sector sustainability.
- The application requirements for home care providers are largely the same for all applicants, even where some providers only intend to offer a subset of services. While CHSP providers can specialise in certain areas, home care providers approved under the Act are expected to be able to deliver all levels of care. Once approved, most home care providers are subject to the same ongoing provider responsibilities. This can result in over-regulation for some providers and deter others from entering the sector.
- The suitability of providers is not re-tested at defined intervals. Currently, the Aged Care Quality and Safety Commission (the Commission) is responsible for identifying changes in provider suitability and subsequently taking enforcement actions, rather than providers being responsible for demonstrating their suitability to the Commission at regular intervals.
- Currently there are over 300 provider responsibilities relating to care and services, governance, fees and payments, and reporting that apply to providers delivering services across aged care. While the new Act is being drafted to streamline how these obligations

are described, many more responsibilities are being added to implement various recommendations from the Royal Commission. The current one-size-fits-all approach, together with an increase in the number of responsibilities, is counterproductive and does not support providers, the Regulator, and the sector in general.

- Currently, there are provider responsibilities that are duplicative, overly prescriptive, lack clarity about the outcomes sought, do not focus on the things that matter most to older people or do not have a strong focus on continuous improvement or incentivising excellence. There is no clear framework for the responsibilities because the law does not describe any guiding principles or rights relating to the older person. For example, both the Quality Standards and the Act describe certain responsibilities in relation to complaints and the existing responsibilities include very little about food and the dining experience in residential aged care, yet this is of fundamental importance to residents.
- There is a lack of provider differentiation based on performance (beyond compliant and non-compliant). Providers are regulated in very similar ways despite being different sizes, delivering different services and achieving different compliance outcomes. Providers are not recognised for excellent service delivery and are required to meet the same obligations even in cases where these obligations are not directly relevant to the way they deliver services.
- There are systemic barriers to achieving greater alignment across the care and support sectors. Many providers operate across aged care, veterans' care, the National Disability Insurance Scheme (NDIS) and other disability services. For example, 57% of aged care providers were operating across these services in 2020-21.²⁸ Different approval processes and requirements between these sectors are creating unnecessary confusion and administrative burden both for providers and workers, particularly where providers are operating in more than one of these sectors. This confusion redirects provider resources from focusing on delivering care and innovation.
- The existing approach to engagement and capability building needs improving. It needs greater involvement from the sector and focus on continuous improvement and incentivising excellence. The Royal Commission recommended more considered engagement particularly in remote areas. It recommended engagement that is culturally appropriate as well as improving local capacity, and engagement with local networks as part of effective market governance.
- Many older people remain reluctant to complain due to fear of adverse impacts for themselves or for workers.
- While the Commission has intelligence and data from complaints and from provider notifications, IT limitations have meant that this intelligence is not well 'joined up' making it challenging for the Commission or the Department to identify trends at the provider or systemic level and communicate this to stakeholders.
- The legislation prescribes many different monitoring pathways and enforcement actions that can only be taken in certain circumstances. This creates complexity and confusion particularly where the Commission must align particular monitoring activity or enforcement actions with specific breaches of responsibilities.
- Limitations of the current system means enforcement actions cannot always be applied flexibly in proportion to the nature of the risk to be addressed. Criminal offences only attach to a few matters, limiting the extent to which the Commission can pursue more serious matters, which reduces their deterrence effect.

28 Source: Department of Health and Aged Care analysis of aged care, NDIS and veterans care data

Appendix D

Service types available under current home care programs

Service type	Description
Domestic assistance	<p>Supports the care recipient with domestic chores to maintain their capacity to manage everyday activities in a safe, secure, and healthy home environment.</p> <p>Includes services such as general house cleaning, linen services, and shopping delivery.</p>
Home maintenance	<p>Assists care recipients to maintain their home in a safe and habitable condition.</p> <p>Includes services such as minor home maintenance and repairs (e.g., gutter cleaning and flooring repair), and gardening and yard maintenance (e.g., pruning and clearance).</p>
Nutrition	<p>Access to nutritional meals for care recipients. Also includes support to increase knowledge, skills, confidence and or safety.</p> <p>Includes services such as food preparation skill development, meal delivery, meal preparation, and access to enteral feeding equipment and specialised food.</p>
Social support and community engagement	<p>Services that support an older person's need for social contact and or company and participation in community life.</p> <p>Includes services such as visiting in person, accompanied shopping, accompanied attendance at appointments and social engagements, group social activities and telephone/web contact.</p> <p>Also includes cultural support for First Nations care recipients and older people from culturally and linguistically diverse communities.</p>
Transport	<p>Group and individual transport services to connect care recipients with their usual activities such as accessing the community or medical appointments.</p> <p>Includes direct transport services (driver and car provided) and indirect transport (supported through the supply of taxi vouchers).</p>
Assistance with personal care	<p>Assistance with activities of daily living and self-care.</p> <p>Includes support with activities such as self-administration of medications, mobility, transfers, communication, eating, bathing, grooming, toileting, and dressing.</p>
Nursing care	<p>Clinical care provided by a registered nurse, enrolled nurse, or an assistant in nursing.</p> <p>Includes the assessment, treatment and monitoring of medically diagnosed clinical conditions and wound care.</p>

Service type	Description
Allied health	<p>Assist care recipients to regain or maintain physical, functional, and cognitive abilities which support them to either maintain or recover a level of independence, allowing them to remain living in the community.</p> <p>Includes services such as speech therapy, occupational therapy, physiotherapy, dietetics/nutrition, Aboriginal and Torres Strait Islander health worker, hydrotherapy, exercise physiology, diversional therapy, podiatry, psychology and social work.</p>
Restorative care	<p>A time-limited early intervention program that aims to reverse or slow functional decline.</p> <p>Care is delivered in the form of a tailored, multidisciplinary package of coordinated services that may include allied health, nursing support, social work, personal care, assistive technologies and minor home modifications.</p>
Specialised supports	<p>Specialised or tailored services for a specific condition. Supports the care recipient to manage the conditions and maximise independence. Includes direct services and expert advice.</p> <p>Includes services such as continence advisory services, vision and hearing advisory services, dementia advisory services, oxygen equipment and assistance animal supports.</p>
Assistance with care and housing	<p>Support to live in safe habitable accommodation through the provision of assistance with hoarding and squalor.</p>
Care management	<p>Assist care recipients to ensure they are receiving the most appropriate aged care services to meet their needs and support their independence and wellbeing, with the assurance these are safe and high quality.</p> <p>Includes assistance to access services outside of the aged care sector.</p>
Digital technologies	<p>Acquisition and installation of digitally enabled technologies that use software for the purpose of supporting older people's independence, care, monitoring, functioning, risk management or social support.</p> <p>Includes education, assistance, or advice to support the care recipient to use digital technologies.</p>
Goods, equipment, and assistive technologies	<p>Goods, equipment, and assistive technologies that maximise independence at home and in the community.</p> <p>Includes items that assist with activities of daily living and personal care.</p>

Service type	Description
Home modifications	Where clinically justified or required for safety, alterations to the home to improve safety and accessibility and maintain functional independence (e.g., bathroom modification to allow wheelchair access).
Respite	<p>Supervision and assistance of the care recipient by a person other than their usual informal carer.</p> <p>Includes services such as in-home respite (day and overnight), community and centre-based respite, cottage respite, host family respite, mobile respite, and respite within residential aged care (funded through AN-ACC).</p>



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