



Australian Government

Department of Health

Aged Care Rules – Release 4b

Public Release – Supporting Document



Purpose

This document explains some of the topics contained in Release 4b of the new Aged Care Rules (Rules). This release includes draft Rules that relate to the following Chapters and elements of the Aged Care Act 2024 (new Act) including:

- Chapter 2 – Entry to the aged care system including who is eligible, how people are classified and prioritised, and how places are allocated to people.
- Chapter 3 – Obligations and conditions on registered providers, workers and digital platform operators, the approval process for provider registration and residential aged care homes, aged care digital platform arrangements, record keeping requirements and delivery of funded aged care services.
- Chapter 4 – Accommodation costs (Bonds and Charges).
- Chapter 5 – How the aged care system is managed, including handling complaints.
- Chapter 7 – Information management including what information the government must or can publish about funded aged care services.
- Chapter 8 – Other topics including reviewable decisions.

You can give feedback on any or all of these draft Rules.

This supporting document is not a comprehensive guide to the Rules, nor is it a standalone document. Please read it in conjunction with:

- the [new Act](#) and its [Explanatory Memorandum](#)
- the draft Rules provided with Release 4b.

Please see Appendix A for the full list of Release 4b topics.

Why the new Act is important

The new Act commences from 1 July 2025. It will respond to the issues faced by older people, aged care providers, workers, and the broader sector. It will put the rights and wishes of older people at the centre of the aged care system.

The Royal Commission into Aged Care Quality and Safety (Royal Commission) found the *Aged Care Act 1997* (current Act) and its related legislation is no longer fit for purpose. This is because those laws are structured around providers and how to fund them, rather than around the people accessing services and what they need.

The new, rights-based Act will put older people who need aged care at the centre of the system.

Read more about [what a rights-based Act means to you](#).

The new Act will underpin responses to approximately 60 Royal Commission recommendations, including to legislate:

- the government's response to the Aged Care Taskforce recommendations
- the new Support at Home program
- strengthened Aged Care Quality Standards
- stronger powers for the Aged Care Quality and Safety Commission (Commission)
- a Statement of Rights for older people.

The new Act will also build on priority [aged care reforms already delivered](#) by government.

Rules already published

The department is publishing the exposure draft of the Rules in stages, ahead of the new Act starting from 1 July 2025. The department is staging the release of the Rules, prioritising releases based on new legislation and areas of strong public interest. This is to provide the community and sector with more time to consider them and make sure we have them right. A [timeline](#) sets out each topic and its indicative release date for public feedback.

Stage	Submissions open	Submissions closed	Topic/s
Stage 1	26 Sept 2024	31 Oct 2024	Aged Care Service List Online Summary
Stage 2a	6 Nov 2024	6 Dec 2024	Funding – Support at Home Online Summary
Stage 2b	31 Jan 2025	28 Feb 2025	Funding – other funding (not including Accommodation payments or Grantee Code of Conduct)
Stage 2c	27 February 2025	27 March 2025	Grantee Code of Conduct, register of banning orders, non-recovery, or recoverable amounts
Stage 3	13 Feb 2025	13 Mar 2025	Some Provider Obligations
Stage 4a	14 March 2025	11 April 2025	Place allocation, obligations, and funding for providers

All updates on the Rules releases are being communicated through the [consultation page](#) on the department's website.

Stage 4b is the final release of the Rules for consultation.

Stage 4b Rules relating to Chapter 2 of the Aged Care Act

Chapter 2 of the new Act contains the requirements for an individual to access funded aged care services.

The [single assessment system for aged care](#) uses the [Integrated Assessment Tool \(IAT\)](#) to understand a person's needs. The IAT helps decide if a person should get approved for funded aged care.

Eligibility for Entry

See Chapter 2, Part 2 of the Rules

These Rules relate to Chapter 2, Part 2 of the new Act. This is about who can get aged care services. These Rules already partially exist in aged care. Section 62 of the new Act says that assessment of a person's aged care needs must be done with an approved tool, and meet any other requirements set out in the Rules.

Section 62-5 of the Rules specifies that the approved tool that must be used is the IAT. Under the single assessment system, aged care needs assessments are conducted using the IAT which gathers information on an individual's needs and circumstances. The questions in the IAT help inform the decision under section 65 of the new Act, whether an individual should be approved or not for funded aged care.

Reassessments will be legislated for the first time under 'reassessments' via subparagraph 64(1)(c)(ii) and paragraph 64(2)(b) of the new Act. In practice, an example would be:

- An individual is approved for the service type personal care but not for the service type nursing care.
- The individual suffers a fall and now has an open wound that requires daily cleaning from a registered nurse.
- An approved needs assessor does a review of the individual's aged care needs assessment report (known as a support plan review) by calling them to ask questions about the incident.
- The individual provides verbal information, which the assessor uses to determine if the client needs additional service approvals on top of those already in their support plan.
- Additionally, if the approved needs assessor thinks the individual's current funding will not be enough on an ongoing basis, they may refer the individual for a full reassessment. A full reassessment would mean visiting the individual in their place of residence and doing another assessment with the IAT.

More information can be found in the [My Aged Care Assessment Manual](#), [My Aged Care Integrated Assessment Tool \(IAT\) User Guide](#) and [My Aged Care Learning Strategy](#), on the Department's website.

For more information on services and service types, see the [Stage 1 release](#).

Why are these new Rules needed?

These Rules set the requirements for being eligible to access aged care services. They also explain how reassessments work and how different programs like the Multi-Purpose Service Program (MPSP) and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) handle entry.

Key differences between these new Rules and the current arrangements are:

Criteria for access of younger people to aged care services has been tightened, recognising that aged care is not the appropriate place or service system for younger people.

New eligibility criteria will allow for Aboriginal and Torres Strait Islander people to access aged care from 50 years old, reflecting the higher level of comorbidities and lower life expectancy of First Nations people.

Classification

See Chapter 2, Part 3 of the Rules

These Rules relate to Chapter 2, Part 3 of the new Act and already partially exist in aged care. They keep the [Australian National Aged Care Classification \(AN-ACC\)](#) funding model and introduce Support at Home classifications.

From 1 July 2025, older people will be assessed for Support at Home through the new Single Assessment System using the IAT. Assessors use the AN-ACC Assessment Tool to determine the degree of care and funding required for each person accessing residential aged care and based on this assessment, the government allocates funding to the aged care provider in line with the resulting AN-ACC classification.

The Rules mostly replicate existing arrangements for the AN-ACC funding model, which provides funding to approved providers to deliver care to residents living in residential aged care. The Rules introduce new classifications for Support at Home services including 8 ongoing Support at Home funding classifications and 2 short-term care pathways (End-of-Life Pathway, Restorative Care Pathway), and Assistive Technology and Home Modifications (which have 3 funding tiers each – low, medium and high)).

Why are these new Rules needed?

These Rules are needed to cover all classifications across aged care. They continue AN-ACC classifications and introduce [Support at Home](#) classifications. Further information on Support at Home classifications, including how they compare to previous Home Care Program classifications, can be found in the [Support at Home program handbook](#).

Prioritisation

See Chapter 2, Part 4 of the Rules

These Rules relate to Chapter 2, Part 4 of the new Act and cover mostly new arrangements.

Why are these new Rules needed?

These Rules are about how individuals' aged care needs are categorised when they want to access services through Support at Home or through residential care. There are different rules for mainstream residential care and residential care delivered through specialist aged care programs such as the Transition Care Program (TCP), MPSP and the NATSIFACP.

People who want to access services through NATSIFACP and MPSP will still be prioritised but won't have to wait for a place to be allocated to the person. People needing Commonwealth Home Support Program (CHSP) services also won't have to wait for a place to be allocated to a person. However, people wanting to access services through NATSIFACP, MPSP or CHSP may still need to wait for a provider to have capacity to deliver the services. The TCP is different and does not use this prioritisation system.

For more information on TCP reforms, see the [department's website](#).

Place Allocation (Allocation of places to individuals)

See Chapter 2, Part 5, Division 1 of the Rules

These Rules relate to Chapter 2, Part 5, Division 1 (Allocation of places to individuals) of the new Act. It is about how aged care places are given out to people.

Release 4a set out the Rules for when a provider can be given a place to deliver services through the TCP or the MPSP.

Like current arrangements for the Home Care Packages Program, older people approved for Support at Home will need to wait for a budget to be available before they can access funding for services. These Rules contain the method and procedures for allocating budgets to individuals.

NATSIFACP and CHSP will continue to be grant funded and do not have places assigned to them via the new Act.

Why are these new Rules needed?

Giving places directly to people is a key change to the Places to People reforms for residential care and allows for a new Support at Home Priority System.

This change means residential aged care places will be given to people, not aged care homes. More information can be found at [Places to people – Embedding choice in residential aged care | Australian Government Department of Health and Aged Care](#).

People approved for Support at Home will have to wait for a budget before they can access funding for services, which is similar to how the Home Care Packages Program works now. These Rules explain how budgets are provisioned.

Stage 4b Rules relating to Chapter 3 of the Aged Care Act

Chapter 3 of the new Act provides the mechanisms for the Aged Care Quality and Safety Commissioner (ACQS Commissioner) to consider and decide on applications for registration as a provider of funded aged care services and applications for approval of a residential care home.

Chapter 3 also sets out the conditions of registration and key obligations that registered providers must meet, including where registered providers subcontract delivery of services, and separate obligations that apply to aged care workers and responsible persons of registered providers.

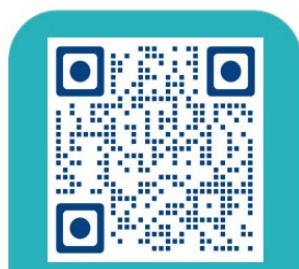
Note* The Stage 3 Rules release was mostly about aged care providers' obligations under the new Act. To understand the Stage 4b Rules relating to provider obligations, it's helpful to look at the [supporting document for the Stage 3 release](#).

Helpful resources:

You can find out about the [new aged care regulatory model](#), including how it will work, what aged care providers will be required to do, what help they can get, and how their current registration will transfer to the new system. This information is about the new Aged Care Act that's starting from 1 July 2025.



[New aged care regulatory model webpage](#)



[Provider Booklet - New regulatory model for aged care – Unpacking the new model for providers](#)



[New aged care regulatory model: how it will work – Webinar](#)

Provider registration and residential care home approval process

See Chapter 3, Parts 2 and 3 of the Rules

These Rules relate to Chapter 3, Parts 2 and 3 of the new Act and are about how aged care providers get registered and how residential care homes get approved. These Rules cover things like applying for and renewing your registration, getting approval for your residential care home, changing your registration, and what happens if your registration is stopped or cancelled. These requirements are mostly new to aged care and set out what is required of all registered providers across all aged care programs and obligations that reflect the types of services delivered. This includes CHSP and NATSIFACP providers.

An Example:

An entity wants to become an aged care registered provider for the first time. The entity intends to deliver the service types: domestic assistance, assistive technology, personal care, allied health and therapy, and residential care so the entity submits a registration application for registration categories 1, 2, 4 and 6 (the relevant category numbers for those types). As the entity is seeking registration in category 6 (residential care), they need an approved residential care home so they also submit an application for approval of the residential care home they own. The Commission assesses the application against the suitability criteria for registration and if there is any further information needed to make the decision. As the registration includes categories 4 and 6, an audit against the applicable Aged Care Quality Standards is required. The entity is provided a notice about the audit, including the scope. A quality auditor undertakes the audit and writes a report about the conformance against the applicable Quality Standards for the registration categories they are seeking registration for. Separately, the residential care home application is approved. The Commission uses this information and application evidence to make a decision to register in the categories they applied for, generally for a period of 3 years.

After delivering care for one year, the registered provider is changing its service offering. It no longer wants to deliver assistive technology and is buying another residential care home. To do this, the registered provider submits a variation application for the new category and for the addition of another residential care home. As this home has been purchased from another registered provider, it is already approved and does not need to be re-approved and the application is to link the approved residential care home to the new registered provider. The Commission approves the variation to add the home. Before approving the variation to remove category 2, the Commission considers whether the removal will impact the continuity of care of the individuals receiving services from the provider. Where the Commission is satisfied there will be no impact, the variation is approved.

Before the end of the provider's registration period, the Commission invites the registered provider to apply for renewal. The renewal application will retest the suitability of the registered provider and will consider their performance in delivering funded aged care services. As the provider is registered in categories 4, 5 and 6, to support the renewal decision an audit is needed against the applicable Aged Care Quality Standards. The Commission provides a notice outlining key information including audit scope. The quality auditor will gather evidence from a variety of sources including an assessment of service delivery conformance against the Quality Standards at each approved residential care home. As this assessment is at renewal, it must include a quality auditor attending each approved residential care home to gather some of the evidence. An assessment report is prepared for each approved residential care home, which will include a conformance rating for the service delivery of the provider in each approved residential care home against the applicable Quality Standards. These reports, along with other evidence goes into the final audit report, which informs the Commission's decision to renew the registration for another 3 years.

These Rules do not yet include any application fees and waivers for registration, renewal or variation processes as these are being consulted by the Commission. More information is available on [their website](#).

The Rules do not cover the transition of existing aged care providers to Registered Provider status when the new Act commences. This will occur in a process called deeming and will be governed by the Aged Care (Consequential and Transitional Provisions) Act 2024.

Why are these new Rules needed?

These new Rules support recommendations 92 and 93 from the Royal Commission. These recommendations are about having processes in place to ensure providers of all forms of aged care are suitable and continue to be suitable and able to deliver those services and that home care services meet quality and safety standards (accreditation process). The new provider registration and residential care home approval process replaces the old provider approval and accreditation processes. Under the new Act, all providers who receive government funding, including those providing services under the CHSP and NATSIFACP, will need to register. This is a change because previously, some of these providers were not required to be registered. The new Act and Rules reflect these changes and the Royal Commission's recommendations about provider suitability.

These Rules add more detail to the new Act about how providers register and how residential care homes get approved. They also explain how audits will help the Commission make registration decisions, including recognising audits from the Australian Health Services Safety and Quality Accreditation Scheme for the MPSP. The Rules set out timelines for decisions, what the Commission considers when approving homes, and how provider registration details are shared with the public.

Aged care digital platform operators

See Chapter 6, Parts 1 and 2 of the Rules

These Rules relate to Chapter 3, Part 6 of the new Act, and define the meaning of an aged care digital platform, the duty of operators of aged care digital platforms, and other obligations of certain operators of aged care digital platforms. These Rules are new to aged care and will be the first time that digital platforms have been explicitly regulated in aged care.

The Rules may legally classify an online application, website, or system by name or by class. This applies to all or some services in the Commonwealth aged care system.

Why do we need Rules for digital platform operators?

Including a duty and specific obligations on aged care digital platform operators addresses concerns about the transparency of aged care services facilitated by these online platforms and the potential for there to be gaps in accountability for quality and safety of care delivered. The regulation of aged care digital platform operators was the subject of consultation as part of the development of a new regulatory model for aged care and the exposure draft of the new Act.

Meaning of aged care digital platform

Section 187 of the new Act defines an aged care digital platform as an online enabled application, website or system operated to facilitate the delivery of services in the Commonwealth aged care system (whether funded aged care services or not) where:

- the operator acts as an intermediary for entities seeking to access those services who interact with entities providing the services via the application, website, or system; and
- the operator of the application, website or system, an associated entity, or a person contracted, whether directly or through one or more interposed entities, require, and process, payments referable to that intermediary function.

Duty of operators of aged care digital platforms

In response to Recommendation 14(2) of the Royal Commission, section 188 of the new Act introduces legal responsibilities for aged care digital platforms. These platforms help people access funded aged care services. These responsibilities include:

- representations they make regarding entities as registered providers, and
- certain information they must check and display on the digital platform.

The Royal Commission recommended aged care digital platforms should have a duty to ensure that any aged care workers it makes available have the right experience, qualifications, skills, and training for the care they provide. The obligations placed upon a digital platform operator in the new Act makes sure accurate information about registered providers is provided as well as helping registered providers meet their obligation regarding aged care workers. The Rules build on this.

When an operator of an aged care digital platform says that the entities on their platform can deliver a service in the aged care system, they must check and display:

- whether the advertised entity is a registered provider or not,
- if the advertised entity is a registered provider, the registration categories the entity is registered to deliver,
- whether the entity currently has (or has at any time previously) received an aged care banning order (within the meaning of section 475 of the new Act or, if prior to the new Act commencing, within the meaning of the *Aged Care Quality and Safety Commission Act 2018* (the Commission Act) or a NDIS banning order; and
- other things that are in the Rules.

The Rules set out further information on what an aged care digital platform operator must check and display on their platforms. The Rules specify that the digital platform operator must check and verify that entities representing themselves as aged care workers have the right worker screening and qualifications.

All instances of aged care must be delivered through a registered provider, regardless of the involvement of a digital platform, and the registered provider is responsible for the quality and safety of care delivered. It is the registered provider's responsibility to make sure that aged care workers have the right experience, qualifications, skills and training appropriate to the funded aged care services they deliver.

Note: registered providers may also be sole traders, who are then accessed through the digital platform. Where a registered provider is a sole trader, they will still need to comply with any obligations and conditions that are part of their registration.

These Rules are intended to ensure there is transparency for people and registered providers using the platform.

If a person or organisation cannot prove their qualifications or credentials, their information should not be displayed on the platform. Under subsection 188(2) of the new Act, anyone who does not comply with this requirement (subsection 188(1)) could face a fine of up to 500 penalty units.

Other obligations of certain operators of aged care digital platforms

Section 189 of the new Act sets out additional obligations for certain operators of aged care digital platforms which are **constitutional corporations**, including:

- that digital platform operators must keep and retain records prescribed by the Rules, and
- share information contained in those records, in accordance with any requirements prescribed by the Rules.

Constitutional Corporation: means a trading or financial corporation within the meaning of paragraph 51(xx) of the Constitution, for example a financial or trading corporation formed in Australia or a foreign corporation. A business is usually a constitutional corporation if it has 'Pty Ltd' or 'Ltd' within its business name.

The draft Rules set out additional obligations for aged care digital platforms which are constitutional corporations to:

- **implement complaint and incident management systems**, record keeping and reporting, including specific timeframes and actions that must be taken. The specificity is to keep individuals who access funded aged care services safe, ensure aged care participants are able to raise concerns at anytime, and because these Rules seek to support registered providers to meet their obligations.
- **report on information to the ACQS Commission about funded aged care services**, including on complaints and incidents, the number of registered providers and aged care workers of registered providers and other entities seeking to deliver services via the platforms. The reporting will also require reason and detail of entities and individuals removed from the platform during the reporting period, and, if available, the number of individuals who have accessed aged care services via the digital platform during the reporting period. The intention of the information reported is to support the Commission in its regulation of the platform operator and to provide insights into the use of aged care digital platforms by the sector. It is not intended that a digital platform operator will be required to make regular reports to the System Governor, Complaints Commissioner or Inspector-General of Aged Care. Any information required by these parties will be sought through information sharing processes.
- **keep and disclose certain records** relating to aged care funded services and when information can be disclosed. The disclosure of information requirements are intended to support the continuity of care. For example, if the operator of a digital platform has records about a person who is accessing or who has accessed services via the digital platform, this information must be provided to the person or with their consent to their supporter or advocate or registered provider. The Rules also enable registered providers and operators of digital platforms to correct information on the platform if it is incorrect or out of date.
- **notify the ACQS Commissioner** of their operation as an aged care digital platform, including notifying the ACQS Commissioner within 14 days of certain information. This includes if there are any relationships between the operator and registered providers in their corporate or business structure or otherwise. This requirement has been added to address stakeholder feedback to the regulation of aged care digital platform operators in the new Act. The intent of this requirement is to provide transparency of the relationship between an operator and registered provider to ensure that every party is meeting its regulatory responsibilities and that individuals are receiving the funded aged care services in line with expectations.

If the operator of a digital aged care platform who is a constitutional corporation does not do the things listed in the Rules, they are liable to a civil penalty of up to 500 penalty units.

Why are these new Rules needed?

The Rules build on other Rules in the new Act and provide extra detail to help operators understand their responsibilities. This ensures the regulation of digital platforms is clear, fair, and flexible enough to adapt over time, as this is a new area of regulation.

Provision of information to individuals

See Chapter 4, Part 7, Division 2 of the Rules

These Rules relate to Chapter 3, section 155 of the new Act, and which already exist in aged care.

Section 155 continues the requirements under the current aged care legislative framework that providers must give and explain key documents to individuals accessing funded aged care services. The draft Rules provide further detail around what specific information must be provided and explained. This is a condition of a registered provider's registration. Where the Rules apply to specialist aged care programs, this includes CHSP and NATSIFACP providers.

These Rules set out what is required to be provided and explained, including:

- a copy of the Statement of Rights
- information to assist individuals to choose the best care and services
- clear and understandable invoices
- information about a registered provider's management and use of refundable accommodation deposits
- individual monthly statements
- individualised budgets

Delivery of funded aged care services

See Chapter 4, Part 4 of the Rules

These Rules relate to Chapter 3, section 148 of the new Act, and mostly already exist in aged care.

Section 148 states that certain registered providers must deliver aged care services according to this section and any related Rules.

The Rules set out as a condition of registration the requirements for certain registered providers to comply with in relation to the delivery of funded aged care services.

This includes detail on the requirements for registered providers to enter into a service agreement and care and services plan with each individual when accessing funded aged care services.

While most requirements are general, different requirements may exist for registered providers delivering specific services or categories of services to individuals accessing funded aged care services or in different settings, being in a home or community setting, in a residential care home or through a specialist aged care program.

For example, the Rules say that if a provider:

- is an aged care provider delivering services through home support services group short-term, and
- those services are not under a specialist aged care program, and
- those services are being delivered to a person with a classification level of 1
- they must have in place a 'goal plan'.

The Rules set out what must be included in a Goal Plan, for instance, restorative care goals and deliverables.

The Rules further set out requirements for enabling a cooling off period and varying a service agreement, care and service planning.

Why are these new Rules needed?

These Rules mostly exist now in aged care and have been updated to match the language of the new Act and requirements of the Support at Home Program.

The meal requirements for providers in home and community care partly exists now in aged care. The meal requirements build on existing requirements under the current Aged Care Quality Standards. It was developed to ensure meals are nutritious, appealing and support needs and preferences, since

the strengthened Aged Care Quality Standard for Food and Nutrition will apply only to residential care. Further information on the meal obligation can be found on the Department's website.

Reporting and recordkeeping

See Chapter 4, Part 7 and Chapter 5, Part 2 of the Rules

These Rules relate to Chapter 3, Part 4, Subdivision F, sections 154 and 166 of the new Act. They set out the conditions relating to record keeping and reporting. Some of these Rules already exist in aged care.

Section 154 of the new Act outlines that all registered providers must keep and store records as required by the Rules.

Release 4a of the Rules sought feedback on reporting and recordkeeping requirements regarding quality indicators, and the status of service delivery branches.

The Rules in Release 4b sets out reporting and record-keeping requirements for:

- specialist aged care programs including the [MPSP](#), the [TCP](#), or the [CHSP](#) (this requirement does not apply to NATSIFACP providers).
- registered providers to retain evidence to support any claim for a funded aged care service delivered to a person for the period of 7 years (this requirement does not apply to NATSIFACP providers).
- Registered providers to retain records to substantiate that they have complied with their responsibilities under the new Act (this requirement does apply to NATSIFACP providers).

Why are these new Rules needed?

While some of these Rules already exist, they increase transparency and accountability for registered providers of specialist aged care programs.

The Rules require specialist aged care programs to report on and keep detailed records of finances and operations, for example, Annual Activity Report, Annual Accountability Reports and Annual Financial Declaration Statement. These requirements improve oversight, ensure accurate reporting to the System Governor, and help reduce the risk of non-compliance.

The recordkeeping requirements for registered providers to retain evidence of any claim for a funded aged care service (for the period of 7 years) is new to aged care and is designed to promote accountability and contribute to continuous improvement of the aged care sector.

Change in circumstances

See Chapter 5, Part 3 of the Rules

These Rules relate to Chapter 3, Part 4, section 167 of the new Act. Some of these requirements already exist in aged care and are part of provider responsibilities for reporting, notifications, and information sharing.

Section 167 requires registered providers to report changes to their circumstances that could affect their registration to the ACQS Commissioner (and the System Governor in some cases) when these changes happen. This section simplifies several notification requirements introduced by the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022*.

The draft Rules set out the circumstances in which a registered provider will need to notify the ACQS Commissioner and the System Governor of a change and sets out what must be included in a notice in each case.

Why are these new Rules needed?

These Rules build on the existing requirement to notify the Commission of material changes that affect provider suitability under the current legislation. Most of these Rules continue current requirements, such as a notification of a change in the entity's organisational structure, board membership, financial status and service arrangements (such as sub-contracting). Some changes update the wording to match the new Act (for example, using the term associated provider).

The Rules also introduce new considerations in assessing provider suitability, including the types and scale of services delivered. Under the new Act, providers can register under one or more registration categories, which group similar service types together. While a provider's registration allows them to deliver all service types in a registration category, the service type(s) the entity intends on delivering will be considered for suitability for registration (see section 109 of the new Act).

Registered providers can reduce or increase the service types they intend on delivering within a registration category they are registered in via a Notification of a Change in Circumstance to the Commission. The Rules prescribe steps that registered providers must take to ensure the continuity of care if changes to the service types they are delivering mean they are unable to care for an individual. Registered providers that deliver services under a funding agreement will also need to coordinate with their account manager if they want to change their scope of services.

The Rules also require registered providers to notify the Commission about matters relating to residential aged care homes. This reflects the Commission's role in approving residential care homes. In addition, registered providers must notify the System Governor about bed capacity at a residential care home. As a result of the Place to People reform and the redesign of the residential part of the sector (with a place being allocated to an individual) these notifications are required to understand supply changes.

Stage 4b Rules relating to Chapter 4 of the Aged Care Act

Chapter 4 of the new Act outlines funding arrangements for all registered providers. Most of these arrangements were published in Stages 2a, 2b or 2c. Rules about accommodation payments were released in Stage 4a.

Accommodation bonds and charges

See Chapter 9, Part 2 of the Rules

The draft Rules for accommodation bonds and charges relate to section 287 of the new Act. This section allows the Rules to set out details about how accommodation bonds and charges are handled. These Rules already exist in aged care.

Why are these Rules needed?

Some people currently in residential care have paid an accommodation bond or pay an accommodation charge. These Rules allow for this to continue once the new Act commences.

Further information about accommodation bonds and charges can be found in the [Overview of the New Aged Care Act Rules consultation – Release 2 – Funding of aged care services \(Chapter 4\)](#).

Stage 4b Rules relating to Chapter 5 of the Aged Care Act

Chapter 5 of the new Act provides for the governance of the aged care system and sets out the roles and functions of the Secretary of the Department (the System Governor), the Commission, ACQS Commissioner and the Complaints Commissioner, and the Aged Care Quality and Safety Advisory Council (the Advisory Council) under the new Act.

These roles and functions are in line with several recommendations of the Royal Commission to reform aged care system governance, as well as relevant recommendations of the independent [Aged Care Quality and Safety Commission capability review](#) (the capability review) and [Australian Government's response](#) to the capability review.

Dealing with complaints and feedback

See Chapter 11, Part 3, Division 3 of the Rules

The draft Rules relate to Chapter 5, Part 3, Division 3 of the new Act, which set out how the Complaints Commissioner will manage complaints and feedback. These Rules are mostly new to aged care and are included through sections 361, and paragraphs 358(m) and 372(g) of the new Act.

The Rules set out the way the Complaints Commissioner will manage complaints made to, and feedback received by, the Complaints Commissioner. This includes:

- provisions for regular communication with complainants and registered providers,
- resolution processes for complaints, and
- process for the reconsideration of complaints.

The draft Rules also include detail about how the Complaints Commissioner and Commission will report on complaints.

The key focus of all complaints processes is to ensure that outcomes are meaningful to the complainant and any person accessing aged care involved in the complaint. This includes taking opportunities to improve the care of individuals, addressing systemic issues, communicating openly and regularly, and taking steps to remedy the consequences of poor care.

Further guidance on how the Commission will handle complaints can be found on the department's website.

Why are these new Rules needed?

Responding to Recommendation 98 of the Royal Commission final report on complaints management, along with consultation feedback in the development of the new Act, the Complaints Commissioner is now an appointment made under section 356 of the Act by the Minister for Aged Care and will report directly to the Minister for Aged Care. Creating the role in this way is intended to give the Complaints Commissioner independence in the handling of complaints, increase the visibility of the process and elevate the importance of complaints in addressing individual concerns and those that may have wider impact. These Rules give the Complaints Commissioner the power to act effectively and ensure the complaints process is transparent and trustworthy.

Dealing with reportable incidents

See Chapter 11, Part 3, Division 1 of the Rules

These Rules relate to Chapter 5, Part 3, Division 2 and are enabled through Chapter 8, Part 10 of the new Act, which sets out the establishment and functions of the ACQS Commissioner and the creation

of Rules. Some of these Rules already exist in aged care and are enacted through subsection 348(3) and section 602 of the new Act.

Reportable Incident: is defined in section 16 of the new Act and includes incidents that occur in connection with the delivery of funded aged care services to an individual by a registered provider. Incidents are things such as (but not limited to): unreasonable use of force against the individual, unlawful or inappropriate sexual conduct, psychological or emotional abuse, etc.

The Rules set out the actions the ACQS Commissioner may take in assessing (individually) and dealing with (individually or collectively) reportable incidents notified to the ACQS Commissioner by a registered provider. This includes referring to an appropriate agency (for example, the Australian Federal Police, or a police service of any state territory), requiring corrective action, carrying out an inquiry, or any other action depending on the situation.

Why are these new Rules needed?

These Rules provide direction to the ACQS Commissioner in taking action to respond to reportable incidents to address concerns raised and minimise the risk of any further harm, as well as ensuring transparency around these processes. A key change from the existing framework is the capacity for the ACQS Commissioner to deal with related reportable incidents collectively where this is the best way of providing a thorough response.

Stage 4b Rules relating to Chapter 7 of the Aged Care Act

This Chapter of the new Act deals with the management of information. It protects certain information (protected information) such as personal information or confidential information that is obtained or generated for the purposes of the Act.

Information that the System Governor must publish about funded aged care services generally

See Chapter 13, Part 4, Division 1 of the Rules

These Rules relate to Chapter 7, Part 4, section 544 of the new Act, and mostly exist in aged care now.

Section 544 of the Act says that the System Governor must publish specific information about funded aged care services as set out in the Rules. This can include information about the registered providers delivering those services or their responsible persons.

The objective is to improve accountability, transparency, and enable proper scrutiny of the registered provider's operations. It will provide older people, their families and carers with knowledge about the people within the provider's organisation that are responsible for executive decisions and planning, directing, or controlling the activities of the provider and for the day-to-day operations of the funded aged care services and nursing services.

The Rules set out categories of information that the System Governor is required to publish, how it must be published, and how long it must be available.

This information will replicate much of what the System Governor must publish under the Information Principles 2014 including:

- Information relating to income and expenditure i.e. labour costs, catering, maintenance, cleaning and laundry,
- Provider governance information including i.e. information relating to complaints and feedback, improvements made by the registered provider, the representation of different demographic groups in the membership of the governing body of the provider,
- Total number of individuals who commenced accessing funded aged care services in the approved residential care home during a reporting period, and
- Direct care responsibilities i.e. required combined staff average amount of direct care per individual per day.

Why are these new Rules needed?

These Rules mostly exist now in aged care; but, some changes and updates have been made to reflect changes in reporting requirements under the new Act and proposed reporting Rules. This includes changes to account for the new registration categories for providers being introduced under the new Act, and the expanded scope of providers in the aged care sector. These Rules ensure the transparency of the aged care system, and the availability of key information to the public and those accessing, or seeking to access, aged care.

Information that the System Governor may publish about particular funded aged care services

See Chapter 13, Part 4, Division 2 of the Rules

These Rules relate to Chapter 7, Part 4, section 545 of the new Act, and mostly exist in aged care now.

Section 545 allows the System Governor to publish specific information about matters relating to funded aged care services delivered in a particular residential care home, home or community setting by a particular registered provider.

The Rules set out further categories of information that the System Governor may publish relating to funded aged care services delivered in a particular residential care home or home or community setting.

This information will replicate much of what the System Governor may publish under the Information Principles 2014, including:

- Information included in a 24/7 Registered Nurse report,
- Information relating to service staff and individuals who have or have not received certain vaccinations, and
- Financial and prudential information i.e. aged care financial report, financial support statement, quarterly financial report.

Why are these new Rules needed?

While these Rules mostly exist now in aged care, some changes and updates have been made to align with new reporting requirements under the new Act and proposed reporting Rules. These Rules allow the System Governor to share information which may be of use to the public, including transparency information relevant to a fair evaluation of the aged care sector and in particular aged care providers, while allowing for information to be withheld from publication where it would not be in the public interest.

Stage 4b Rules relating to Chapter 8 of the Aged Care Act

Chapter 8 of the new Act deals with other matters. This includes providing pathways for the reconsideration of reviewable decisions by the ACQS Commissioner, Complaints Commissioner, System Governor and Pricing Authority and external review by the Administrative Review Tribunal.

Reviewable decisions: Decisions by the ACQS Commissioner, Complaints Commissioner or System Governor

See Chapter 14, Part 2 of the Rules

These Rules relate to Chapter 8, Part 2, Division 1, section 556 of the new Act, and are new to aged care.

Why are these new Rules needed?

These Rules provide an avenue for the reconsideration of certain decisions made by the ACQS Commissioner, Complaints Commissioner or System Governor under the new Rules.

The Rules will also provide avenues for an affected entity to apply to the Administrative Review Tribunal for a review of a reconsideration decision. These Rules list all reviewable decisions contained within the Rules.

For example, Item 1 of the table at section 556-5 of the Rules states that if a decision is made by the ACQS Commissioner under section 507-20(3) of the Rules to not make a requested correction to information that is included in the register of banning orders, the entity that the information relates to (for example, the person that the information relates to) may ask that decision to be reviewed.

Appendix A: Release 4b Topics

Rules that exist now in aged care

Eligibility for Entry (Chapter 2, Part 2)

These Rules create the eligibility criteria for service groups outside of the Constitutional requirements of the Aged Care Act and details reassessment and alternate entry timelines.

Provision of information to individuals (section 155)

The Rules will set out the requirements relating to the sorts of information registered providers will need to give and explain to individuals accessing or seeking to access funded aged care services.

Accommodation bonds and charges (section 287)

The Rules contain matters relating to accommodation bonds and charges.

Rules that mostly exist now in aged care

Delivery of Funded Aged Care Services (section 148)

Sets out as a condition of registration the requirements for registered providers of a kind to comply with in relation to the delivery of funded aged care services. This includes requirements for providers of a kind to enter into a services agreement and care and services plan with each individual when accessing funded aged care services. This also includes meal obligations for providers delivering meals as part of home care or community respite.

System Governor must publish information about funded aged care services generally (section 544)

The Rules will set out categories of information that the System Governor is required to publish, including the ways in which the information must be published and the period within which the information must be published.

System Governor may publish information about funded aged care services generally (section 545)

The Rules will set out further categories of information that the System Governor may publish relating to funded aged care services delivered in a particular residential care home or home or community setting.

Rules that partially exist now in aged care

Classification (Chapter 2, Part 3)

These Rules replace AN-ACC classification provisions and introduces Support at Home classification.

Change in circumstances (section 167)

The Rules will set out the circumstances in which a registered provider will need to notify the ACQS Commissioner and the System Governor of a change, it will also set out what must be included in a notice in each case.

Dealing with reportable incidents (section 348(3) and 602)

The Rules will set out the actions the ACQS Commissioner may take in assessing (individually) and dealing with (individually or collectively) reportable incidents notified to the ACQS Commissioner by a registered provider. This includes referring to an appropriate agency (for example, the Australian Federal Police, or a police service of any state territory), requiring specified remedial action, carrying out an inquiry, or any other action appropriate in the circumstances.

Rules that will mostly be new to aged care

Provider registration (Part 2 and 3, Ch 3)

These Rules include the detailed requirements for provider registration including registration and renewal, approval of residential care homes, varying registration, suspension and revocation and rules in relation to the Provider Register.

Dealing with complaints and feedback, and reporting (sections 361, and subsections 358(m) and 372(g))

The Rules will set out the manner in which the Complaints Commissioner will handle complaints made to, and feedback received by, the Complaints Commissioner. This includes provisions for regular communication with complainants and registered providers, resolution processes for complaints and the reconsideration of complaints. The draft rules also include how the Complaints Commissioner and Commission will report on complaints.

Rules that will be new to aged care

Place allocation – people (Div 1, Part 5, Ch 2)

Minister determination of number of places, plus the Rules will prescribe methods and procedures for allocating places.

Prioritisation (Part 4, Ch 2)

These Rules prescribe further criteria for priority categories.

Meaning of aged care digital platform (section 187)

The Rules are able to further define what an aged care digital platform is

Duty of operators of aged care digital platforms (section 188)

May prescribe further information that an aged care digital platform operator must check and display on their platform.

Other obligations of certain operators of aged care digital platforms (section 189)

Prescribes obligations for aged care digital platforms to implement complaint and incident management systems, record keeping and reporting.

Recordkeeping requirements – evidence to support any claim for a funded aged care service (section 154)

Sets out record keeping requirements for registered providers to retain evidence to support any claim for a funded aged care service delivered to an individual for the period of 7 years.

Affected entity may request reconsideration of reviewable decision (sections 556, 557 and 558)

The Rules may prescribe further reviewable decisions and affected entities.