New Aged Care Act: A guide to digital changes for providers

Version 2.0

Contents

About this document

This document is intended to provide a brief introduction to the digital systems enabling provider operations under the new Aged Care Act (new Act). This guide provides detail about how all digital changes come together to support providers across the provider journey including providing data fields, categories and rules that are critical in enabling software system development. Where specific detail is not yet available this is identified alongside the proposed mechanism and timeframe for supply. The guide is intended to be updated regularly, with support from sector forums operated by the department, to supply further granularity of information and address areas of feedback or particular interest. Further detail can also be found in program handbooks and systems guides available through the [Department of Health and Aged Care](#) website, such as:

- [Support at Home program handbook](#)
- [New regulatory model](#)
- [Places to People](#)
- [New Aged Care Act](#)
- [Government Provider Management System (GPMS).](#)

Version control

This section providers an overview of the changes that have been made to this document for an easier navigation.

Date	Summary of changes
December 2024	Guide to digital changes for providers v1.0 first issued.
March 2025	Guide to digital changes for providers updated (v2.0): • new branding applied (all pages) • new version control section included – p. 5 • updated visual representation of the 'Key stages for providers' table – p.12 • Updates to the transition timeline to include support available – p. 16 • Deeming requirements section: new information available - p. 17

Date	Summary of changes
	• Support at Home claims: references to new guidance material available – p.21, 30
	• Submit real time data: New table with links to system guides and resources for each relevant system to support providers keeping their service information up to date – p. 26
	• Link to the Services Australia technical specifications available – p.30
	• Link to the GPMS Conceptual Data Model (CDM) and the associated CDM business glossary – p.37

Context

New Aged Care Act

The Royal Commission into Aged Care Quality and Safety recommended that the *Aged Care Act 1997* and its related legislation is no longer fit for purpose. The Australian Government is changing aged care laws to put the rights and needs of older people first.

Aged care is enabled through a range of services and supports. Aged care services range from low-level support to more complex services.

The government pays Registered Providers to deliver aged care through subsidies, grants and program funding. People who receive government-funded aged care can also help with the cost, if they can afford to.

The Aged Care Quality Standards will be strengthened under the new Act. The strengthened Aged Care Quality Standards (strengthened Quality Standards) aim to make sure that older people receive safe and quality care and services. The strengthened Quality Standards set obligations on providers regarding the care and services they deliver. The Aged Care Quality and Safety Commission (ACQSC) will be responsible for monitoring conformance with the strengthened Quality Standards.

The new Act aims to improve the ways services are delivered to older people in their homes, community settings, and approved residential care homes. The new Act will:

- outline the rights of older people who are seeking and accessing aged care services
- create a single-entry point, with clear eligibility requirements
- include a fair, culturally safe single assessment framework
- support the delivery of aged care services
- establish new system oversight and accountability arrangements

- increase provider accountability through a new [regulatory model](#)
- [strengthen the aged care regulator.](#)

Registered Providers under the new Act

Under the new Act, government-funded aged care services will need to be delivered by Registered Providers. Registered Providers can claim government funding for delivering aged care services to a person who has been approved for those services. This includes services delivered through the Support at Home program, in residential aged care or through a specialist aged care program, such as the:

- Multi-Purpose Services Program (MPS)
- Commonwealth Home Support Programme (CHSP)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)
- Transition Care Program (TCP).

All providers of funded aged care services need to be registered by the Commission. Organisations and people must register in one or more provider registration category. The categories are based on the types of services they plan to deliver.

> **Changes for providers will be effective from 1 July 2025 largely relate to:**
>
> The Support at Home program will replace the Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.
>
> Regulatory model changes mean new registration categories will replace existing ones on the Government Provider Management System (GPMS).
>
> From 1 July 2025 provider capacity for residential beds will be managed differently with residential places to be allocated to older Australians.
>
> Payment and subsidy changes for the Support at Home program may require changes to invoicing practices and payment systems with Services Australia.
>
> Some providers such as those delivering the CHSP and NATSIFAC programs under the new Act will gain access to GPMS for the first time.

Digital systems

Providers will continue to interact with government and do business through key digital systems:

System	Description
Government Provider Management System	The Government Provider Management System (GPMS) is the portal where providers view and maintain some of their information about their organisation and personnel, and complete mandatory reporting.
My Aged Care Service and Support Portal	Providers use the My Aged Care Service and Support Portal to manage service referrals and delivery of care for older people. Providers create outlets to allow for service referrals and the advertising of their services. Provider information within the My Aged Care Service and Support Portal comes directly from GPMS.
Services Australia	The Aged Care Provider Portal (ACPP) managed by Services Australia currently provides online access to aged care providers to make claims for aged care subsidies and supplements for the following services: • home care • residential care • transition care • short-term restorative care.

In addition to the digital systems that providers have direct access to, provider information is also displayed on the following websites:

Website	Description
Aged Care Quality and Safety Commission (ACQSC) Provider Register	The ACQSC will maintain a Provider Register. The Provider Register makes the registration details and status of Registered Providers transparent. The Provider Register will contain details such as: • the name and address of the provider • the period of registration • the registration categories • whether the registration is current or is suspended • and any specific conditions of registration. Information in the Provider Register will be updated by the ACQSC based on ACQSC information or information supplied by providers through GPMS or directly to the ACQSC. Registered Providers can view some information about their registration in the Provider Register through the GPMS portal. This can help them to manage their registration, as well as making sure that the ACQSC have up-to-date information. The Provider Register will also record these details for former Registered Providers. The ACQSC will publish information from the Provider Register on the ACQSC website to make the registration process transparent.
My Aged Care Website	The My Aged Care website provides older people and their supporters with information regarding government-funded aged care services and provides directions on how to access care. Provider information which is displayed on this website is a combination of outlet information entered in the My Aged Care Service and Support Portal and reporting information entered in GPMS.

There are key integrations built across these digital systems that support providers through their interaction with the aged care system.

Contact My Aged Care service provider and assessor helpline

The My Aged Care service provider and assessor helpline provides technical support to government-funded Registered Providers, assessors, and hospital staff who use the Service and Support Portal and GPMS portal.

Call the My Aged Care service provider and assessor helpline from 8am to 8pm Monday to Friday or 10am to 2pm (local time) Saturday on 1800 836 799. (option 5 for GPMS queries)

Visit MyAgedCare.gov.au for more information. GPMS support material will continue to be updated and made available through the GPMS Resources page.

Contact Services Australia for help with aged care provider claim enquiries

Services Australia aged care providers enquiry line 1800 195 206.

Call Services Australia for help with aged care claims and payments. This includes supplement claims, Approved Provider forms, online claiming registrations, and transitional and respite care extensions.

Government agency roles

The following government agencies have roles under the new Act:

Department of Health and Aged Care (department)

The department has policy and program oversight of the aged care programs that support the aged care sector.

The department's Secretary will be the aged care System Governor.

The System Governor and the department will be responsible for the operations and oversight of the aged care system. The System Governor will be delegating the authority to a range of departmental staff and people approved by the delegate.

The department will also play an important role in actively managing the aged care system to ensure component parts work together effectively.

Aged Care Quality and Safety Commission

The ACQSC is the national regulator of funded aged care services.

Under the new Act, it will be responsible for:

- protecting and enhancing the safety and wellbeing of people accessing aged care services
- registering providers to deliver aged care services
- approving residential care homes
- engaging with people accessing aged care services and their representatives to develop best-practice models for Registered Providers and aged care workers
- monitoring and assessing providers' compliance with the Code of Conduct for Aged Care, the strengthened Quality Standards and other obligations
- administering the Serious Incident Response Scheme
- resolving complaints about services
- reporting frequently on complaints received and handled by the Commissioner
- reducing the use of restrictive practices.

Learn more about [regulation and oversight under the new Act](#).

Services Australia

Services Australia will continue to assess the older person's income and assets to determine how much they can contribute towards their care.

Services Australia manages the [Aged Care Provider Portal (ACPP)](#) that will enable providers to make claims for aged care subsidies and supplements for:

- support at home
- residential care
- transition care.

The portal will continue to enable providers to:

- manage which users can claim on their behalf
- filter details in claim and event screens
- securely search for care recipients and events.

Department of Social Services

The Department of Social Services (DSS) is responsible for the payment of grant-funded aged care programs, via the whole of government grants platform Grants Hub, including CHSP.

Department of Veterans Affairs

The Department of Veterans Affairs (DVA) is responsible for income and asset information for veterans who receive government-funded aged care services.

Key stages for providers

Stage	Description
Awareness and information	Aged care providers receive information about registration, business and government obligations and requirements under the new Act: • Understand provider requirements • Prepare provider business operations. • Manage user details in GPMS ensuring they are up to date to prepare for the transition.
Registration	Providers review their registration in preparation for 1 July 2025. This starts with a deeming process from 1 April 2025 and continues through to 1 July 2025 when the Act comes into effect. • 1 April 2025: Existing providers will receive a preview of their registration category. • Providers are to review how they have been deemed and if required contact the Department about their deeming preview outcome.
Service establishment and delivery	Providers deliver services that align to the new aged care regulatory model: • Manage provider information about personnel and key contacts, services, and third-party arrangements through the GPMS Manage Your Organisation tile. • Manage provider outlets to advertise their services and accept and manage referrals through the My Aged Care Service and Support Portal. • Submit claims and receive payments from Services Australia through the Aged Care Provider Portal.
Quality and safety /	Providers report key information on their organisation and delivery of care:

Stage	Description
Compliance reporting	• Providers report according to their key registration categories. • For reporting obligations for the period up to 30 June 2025, providers will be required to report against the current Approved Provider structure. • Reporting obligations for the reporting period from 1 July 2025 will be against the new Act provider entity structure. • Provider information will continue to be published on the My Aged Care website and 'Find a Provider' tool. Note that between July and October 2025, information on both the Approved Providers and Registered Providers will be displayed on the My Aged Care website.
Improvement and innovation	Providers follow the Aged Care Quality Standards to make sure that older persons receive safe and high-quality care. • Providers seek feedback from older people, their families, carers, and health professionals about their services and quality of care. • Providers review their performance outcomes against the strengthened Quality Standards to determine key areas for improving aged care service delivery. • Continue to innovate through the digital support provided by Business-to-Government (B2G) initiatives.
Exit	Providers are required to undertake a number of actions before they are allowed to exit the sector to ensure the client will have continuity of care throughout the transition. Providers will exit the sector under the circumstances below: • The ACQSC revokes the providers registration. • Provider initiated revocation. • Provider receives a notice of lapsed registration.

Awareness and information

Aged care providers will receive information about registration, business and government obligations and requirements under the new Act. During this time, providers will need to:

- understand their requirements
- prepare provider business operations
- manage user details in GPMS ensuring they are up to date to prepare for the transition.

About GPMS

GPMS will remain the source of truth for all provider information providing foundational capabilities for a streamlined provider information and management system. GPMS supplies a modernised repository of expanded information, allowing direct access for providers to manage and report their organisational information (including data on their workforce) and directly view regulatory information.

GPMS Portal

GPMS includes an external portal which is currently used by Approved Providers to complete mandatory reporting requirements set by the department. From 1 July 2025, providers delivering the following programs will have access to GPMS:

- Support at Home program
- Commonwealth Home Support Programme (CHSP)
- Residential aged care
- Transition Care Programme (TCP)
- Multi-Purpose Services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program.

Further information on mandatory reporting for these programs from GPMS is included in section 0 Managing compliance reporting within this document.

Accessing GPMS

Providers will continue to access GPMS via the same authentication methods used today. All users that already have access to the GPMS portal will retain access. If any changes are made to the user roles that providers have, or the functions that can be performed with a role, this will be communicated with impacted users, ensuring no loss of functionality occurs. Where multiple organisations are deemed into a single registered provider, all users will be moved to the Registered Provider. Where an organisation becomes multiple Registered Providers as part of deeming, the

department will need to work directly with users to arrange access to all Registered Providers.

🔍 Learn more about how to manage provider information in GPMS:

- [Government Provider Management System](#)
- [GPMS – User Guide](#) on how to manage users.

Transition

The following timeline outlines key milestones for aged care providers during the transition to the new Act:
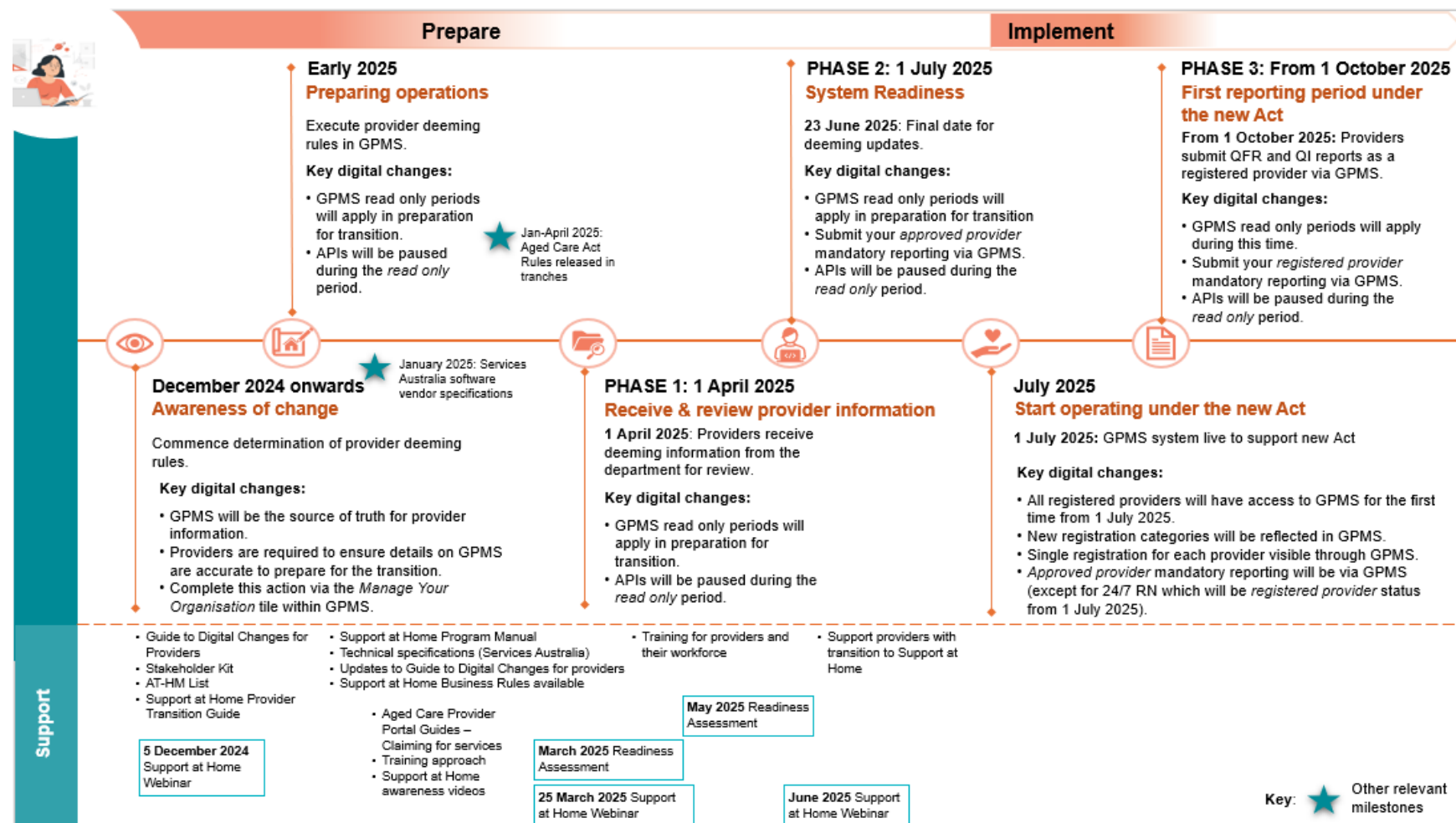

Prepare | **Implement**

Early 2025
Preparing operations

Execute provider deeming rules in GPMS.

Key digital changes:

- GPMS read only periods will apply in preparation for transition.
- APIs will be paused during the *read only* period.

Jan-April 2025: Aged Care Act Rules released in tranches

PHASE 2: 1 July 2025
System Readiness

23 June 2025: Final date for deeming updates.

Key digital changes:

- GPMS read only periods will apply in preparation for transition
- Submit your *approved provider* mandatory reporting via GPMS.
- APIs will be paused during the *read only* period.

PHASE 3: From 1 October 2025
First reporting period under the new Act

From 1 October 2025: Providers submit QFR and QI reports as a registered provider via GPMS.

Key digital changes:

- GPMS read only periods will apply during this time.
- Submit your *registered provider* mandatory reporting via GPMS.
- APIs will be paused during the *read only* period.

January 2025: Services Australia software vendor specifications

December 2024 onwards
Awareness of change

Commence determination of provider deeming rules.

Key digital changes:

- GPMS will be the source of truth for provider information.
- Providers are required to ensure details on GPMS are accurate to prepare for the transition.
- Complete this action via the *Manage Your Organisation* tile within GPMS.

PHASE 1: 1 April 2025
Receive & review provider information

1 April 2025: Providers receive deeming information from the department for review.

Key digital changes:

- GPMS read only periods will apply in preparation for transition.
- APIs will be paused during the *read only* period.

July 2025
Start operating under the new Act

1 July 2025: GPMS system live to support new Act

Key digital changes:

- All registered providers will have access to GPMS for the first time from 1 July 2025.
- New registration categories will be reflected in GPMS.
- Single registration for each provider visible through GPMS.
- *Approved provider* mandatory reporting will be via GPMS (except for 24/7 RN which will be *registered provider* status from 1 July 2025).

Support

- Guide to Digital Changes for Providers
- Stakeholder Kit
- AT-HM List
- Support at Home Provider Transition Guide

5 December 2024 Support at Home Webinar

- Support at Home Program Manual
- Technical specifications (Services Australia)
- Updates to Guide to Digital Changes for providers
- Support at Home Business Rules available

- Aged Care Provider Portal Guides – Claiming for services
- Training approach
- Support at Home awareness videos

March 2025 Readiness Assessment

25 March 2025 Support at Home Webinar

- Training for providers and their workforce

May 2025 Readiness Assessment

June 2025 Support at Home Webinar

- Support providers with transition to Support at Home

Key: Other relevant milestones

Figure 1 - Provider transition timeline

GPMS 'read only' periods through the transition

To ensure accurate deeming of providers and a smooth transition to the new Act, GPMS will be 'read only' to providers from 22 June 2025 until 30 June 2025.

This will ensure provider information is accurate and allows for providers to be deemed correctly. During this period, a banner will be displayed on the GPMS portal reminding users the system is read only, and users will not be able to make updates to their information.

Users are encouraged to ensure their information is up to date prior to deeming commencement. Further information on any additional 'read only' periods required will be provided in early 2025 to enable sufficient processing time via the GPMS website and regular communications including provider forums.

Where Approved Providers have submitted a notification of material change to the Aged Care Quality and Safety Commission or requested changes directly with the State and Territory Offices within the department, these will be processed ahead of the deeming occurring. This includes:

- notifications requesting an update to an Approved Provider or requesting for the creation of a new approved provider
- amendments to service information, including contacts and addresses
- creation or amendments to places information
- requests to combine a service with another or service transfer from one Approved Provider to a different Approved Provider.

Integration with Services Australia

GPMS will continue to be integrated with Services Australia to support payments to Registered Providers.

Payment of claims for the June 2025 period will be paid in July 2025 by Services Australia.

Website integration

My Aged Care is the government's entry point for older people to access aged care services. Providers can expect changes to reflect the introduction of the new Act and the new regulatory model. The 'Find a Provider' tool will continue to be available after 1 July 2025 as a necessary feature of the My Aged Care website to enable older people to find providers that best meet their needs.

Deeming requirements

All current government-funded providers will be transitioned to the new system as Registered Providers. This process is called deeming.

Changes that will be in effect from 1 July 2025:

- All Registered Providers will have a single ABN.

- From 1 July, providers' Registered Provider Name will be updated to reflect the ABN Entity Name held within the Australian Business Register (ABR). It is critical that providers review their ABN Entity Name and make any changes required via the ABR by no later than 30 May 2025.

Service IDs will become Payment IDs from 1 July 2025 and will support continuity of provider claims and payments.

- Subcontractors of government-funded providers (known as associated providers under the new Act) will not be deemed as Registered Providers. Associated providers can continue to deliver services if they are contracted by a registered provider and will not have access to GPMS.
- Discontinued programs: Providers will need to maintain services (for example STRC) for continuity of care to older people, while creating a replacement service for new older people or recently referred older people who haven't commenced receiving their services.

The deeming process is being used to transfer Approved Providers to Registered Providers under the new Act.

Providers should continue to advise the department of any changes to provide aged care services via the 'Manage Your Organisation' tile within GPMS.

An Approved Provider must continue to inform the ACQSC of certain changes or events that affect their suitability to continue as a registered provider. They also need to let the ACQSC know about changes to key personnel and their suitability.

Learn more about the deeming process

Learn more about notifying ACQSC of certain matters

In summary:

Key digital changes

Read-only periods will apply on GPMS in preparation for the transition to 1 July 2025.

All Registered Providers will have access to GPMS to maintain information about their organisation and personnel, and complete mandatory reporting.

What does this mean for providers?

GPMS will remain the source of truth for all provider information.

Providers will need to ensure their details are up to date in GPMS in preparation for deeming.

Providers are encouraged to attend information sessions and make use of guidance materials to prepare for 1 July 2025 such as those provided through the Ageing and Aged Care Engagement Hub and the Your Aged Care Update newsletter.

Registration

A registered provider is defined as an entity registered under paragraph 105(1)(a), or taken to be registered under section 117, in one or more provider registration categories. Aged Care Bill 2024

All providers of government-funded aged care services need to be registered by the ACQSC. Organisations and people must register in one or more provider registration category. The categories are based on the types of services they plan to deliver.

Information about how providers can become a registered provided under the new Act will be available on the ACQSC website.

Aged care programs under the new Act include:

- residential aged care services
- Support at Home Program (replaces Home Care Packages (HCP) and Short-Term Restorative Care Programme from 1 July 2025)
- Commonwealth Home Support Programme (CHSP) (expected to be combined with the Support at Home program no earlier than 1 July 2027)
- Transition Care Programme (TCP)
- Multi-Purpose Services (MPS)
- National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC).

Registration categories

An organisation or person must be registered as a provider in one or more provider registration categories. These categories group together types of services based on:

- common characteristics
- risks associated with that service
- provider obligations that address those risks.

When applying for registration, an organisation or person must tell the ACQSC about each type of service they plan to deliver in the chosen registration category.

*These categories may be subject to minor changes as the new Act and the associated Rules are finalised.

Provider registration category	Description	Service types
Category 1	Home and community services	Domestic assistance Home maintenance and repairs Meals Transport
Category 2	Assistive technology and home modifications	Equipment and products Home adjustments
Category 3	Advisory and support services	Hoarding and squalor assistance Social support and community engagement
Category 4	Personal care and care support in the home or community (including respite)	Allied health and other therapy Personal care Nutrition Therapeutic services for independent living Home or community general respite Care management Restorative care management
Category 5	Nursing and transition care	Nursing care Assistance with transition care
Category 6	Residential care (including respite)	Residential accommodation Residential everyday living Residential services Residential clinical care

Learn more about the New Aged Care Regulatory Model.

Existing providers

Current government-funded aged care providers that currently deliver services will be transitioned to the new regulatory model as outlined in Figure 2 below:
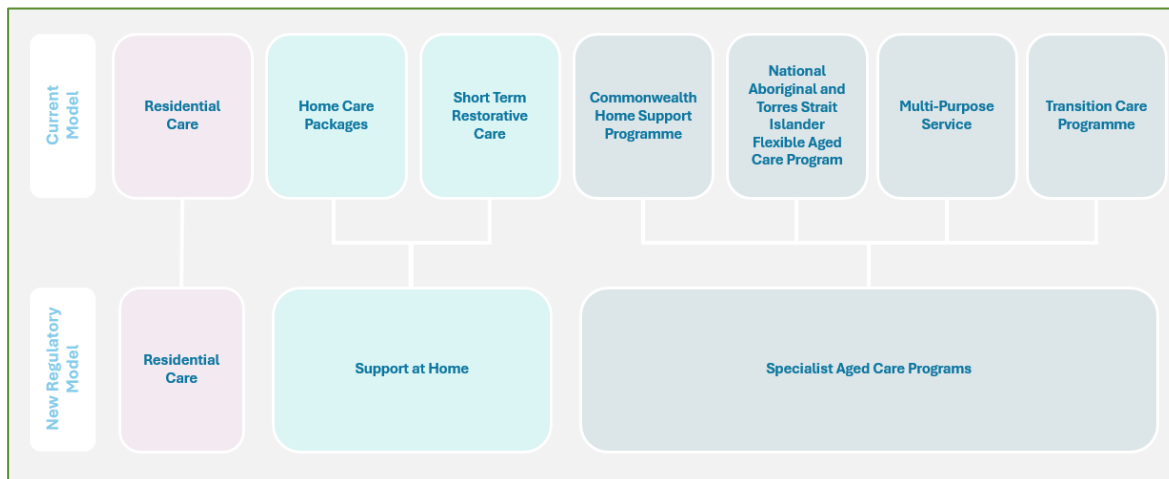
Figure 2 New Regulatory Model

Support at Home

The new Support at Home program will be implemented in stages. The program is proposed to commence on 1 July 2025 incorporating HCP and STRC Programmes. The CHSP will transfer into the Support at Home program no earlier than 1 July 2027.

From 1 July 2025, existing HCP providers will be deemed into registration categories that align to the services they currently deliver. The deeming process will involve a confirmation of this information with all HCP and STRC providers.

Underpinning the regulatory categories and service types is the Support at Home service list. From 1 July 2025, there will be a consistent service list for all in-home aged care services. The Support at Home service list can be found in the Support at Home Program Handbook or in Appendix A – Support at home service list.

Information on Support at Home claims can be found in page 30 of this document. This includes reference to business guidance available on claims and payments for providers who will be operating under Support at Home from July 2025.

Commonwealth Home Support Programme (CHSP)

From 1 July 2025, there will be changes to the way that CHSP services are described, regulated and delivered. These changes need to be made so CHSP providers are expected to deliver care and services to older people in line with all other Registered Providers under the new Act.

From 1 July 2025, providers will need to be registered in the relevant registration categories with the ACQSC and reflected in GPMS to deliver services to older

people. The services in GPMS will be aligned to the model which will replace the current CHSP service list in GPMS.

Existing CHSP providers will be deemed into the relevant registration categories by the department. All operational government-funded aged care providers that hold an ABN will be deemed. Providers will receive a preview of their registration category or categories.

Sub-contractors of existing CHSP providers are the direct responsibility of the registered provider they are contracted to and may continue to deliver services on behalf of the registered provider. Sub-contractors will not be automatically deemed into registration categories. The department will provide further information relating to the notification of certain sub-contracting arrangements in 2025. If current sub-contractors seek to deliver services in its own right, or to deliver Support at Home services, they will need to apply and be registered with the ACQSC, before a funding agreement would be entered into for CHSP.

Places to People

Following the introduction of the Places to People policy under the new Act, the Department will no longer rely on allocated residential aged care places to understand a provider's capacity to provide services at an aged care home. Residential places will be allocated to older people through the My Aged Care system from 1 July 2025.

Following this change, a provider's capacity to deliver subsidised care will be determined through registration processes, including approval of residential care homes.

If the ACQSC approves the residential care home, the ACQSC will decide the total number of beds covered by the approval.

Providers will be required to report changes in bed capacity. Further detail on how to report changes in bed capacity will be provided through guidance and support materials prior to the introduction.

Steps to becoming a registered aged care provider from 1 July 2025

After 1 July 2025, an organisation or person seeking to deliver funded aged care services may need to apply for funding for a specialised aged care program. They will then need to apply to the ACQSC to become a registered provider. The process involves the following digitally supported processes:

Step 1. Applying for funding for a specialised aged care program

Before an organisation or person applies to be a registered provider, they may need to apply for funding to set themselves up, especially when they may be preparing to provide care within a specialised aged care program.

🔍 Find out more about [how to apply for funding](#).

The government funding allows providers to deliver services to older people in aged care under a specialised aged care program based on a fee for service model, for programs such as:

- [Transition Care Programme (TCP)](#)
- [Multi-Purpose Services (MPS)](#)
- [National Aboriginal and Torres Strait Islander Flexible Aged Care (NATISFAC)](#)
- [Commonwealth Home Support Programme (CHSP)](#) (expected to be combined with the Support at Home program no earlier than 1 July 2027).

Step 2. Registration application

In the new regulatory model, there will be a single registration of each provider across all aged care programs. This means providers delivering across multiple programs will only need to register once.

Providers will register into one or more of the 6 categories relevant to the type of services they provide.

To become a registered provider, an organisation or person will need to apply to the ACQSC to deliver aged care services in their chosen registration categories.

An organisation or person can apply to become a registered provider by completing a registration application form on the ACQSC website.

The registration application form includes an application for approval of residential care homes.

Through the application process the ACQSC will require certain information to decide whether to register the organisation or person as a registered provider. Organisations or people applying for registration in categories 4 to 6 will need to submit more information than those applying for registration in categories 1 to 3.

Step 3. Assessment

The ACQSC will assess specific criteria to decide whether to register the organisation or person.

For organisations or people applying for registration in categories 4-6, the ACQSC will audit them against the strengthened Quality Standards.

To be registered in Category 6, the organisation or person must meet the approval requirements for at least one residential care home.

Step 4. Decision to register or refuse registration

When the ACQSC makes a registration decision, they will provide the organisation, person or provider a Notice of Decision.

Decision to register

If the ACQSC decides to register the provider, they will set the categories the provider is registered in and the registration period. A provider will then need to apply to the ACQSC to renew their registration at the end of that period.

The ACQSC will record and update provider registration details in the Provider Register.

To protect older people receiving aged care services, the provider's continued registration will depend on them meeting the obligations and conditions of registration.

Decision to refuse registration

The ACQSC follows procedural fairness processes before deciding to refuse registration. This means they will write to the applicant letting them know why they are considering refusing their registration application and giving the applicant an opportunity to respond.

A decision to refuse provider registration is a reviewable decision. This means that organisations, people or Registered Providers can apply to have the ACQSC reconsider the decision.

Decision to approve a residential care home

If the ACQSC approves a residential care home, they will decide the total number of beds covered by the approval.

Approved residential care homes do not need to be re-approved as part of the registration renewal process, or if the home is transferred to another registered provider.

Step 5. Maintain and renew registration

The ACQSC will give all Registered Providers a date that marks the end of their registration. The standard registration period for all providers will be 3 years. For existing aged care providers, the ACQSC will stagger these dates after the new Act commences to allow the orderly management of registration renewal.

The ACQSC will set the registration renewal date and take matters such as these into consideration:

- risk
- regulatory intelligence
- workforce management
- recency of audits.

Before the registration period expires, the ACQSC will invite providers to start the registration renewal process. The ACQSC will advise the provider of the timeframe to start a Registration Renewal Application Form.

These timeframes will depend on the provider's registration categories, and whether an audit against the strengthened Quality Standards is required.

This process may begin up to 18 months before the registration period ends.

Providers will need to demonstrate their suitability, capability, viability, and propriety to deliver aged care services to the ACQSC at entry, and then again at renewal.

In summary:

Key digital changes

From 1 July 2025, providers will need to be registered in the relevant categories with the ACQSC.

New registration categories will be reflected in GPMS to align to the new deeming rules from 1 July 2025.

A single registration will apply for each provider.

What does this mean for providers?

Provider single registration means that providers delivering across multiple programs will only need to register once.

Any subcontractors or associated providers delivering services will need to be listed by providers submitting a registration application.

Service establishment and delivery

Assessment and referrals

From 1 July 2025, older people seeking to access government-funded aged care services will need to have undergone an aged care needs assessment through My Aged Care. An aged care assessor will complete the assessment and identify which aged care services the older person should receive and document this in a Support Plan. The aged care assessor will provide older people (or their carers) with information about aged care providers to meet the individual's needs. Providers can access Support Plans for older people they have accepted service referrals for through the My Aged Care Service and Support Portal.

Assessors will give the older person (or their carers) information about Registered Providers that can offer the care required.

It should be noted that both home and residential care recipients can only receive services from a single provider however, sub-contracted 'associated providers' may be used to assist in care delivery. *Associated providers* delivering services will need to be listed by providers submitting a registration application.

To assist assessors with referrals, providers must:

- Establish a presence in the My Aged Care Service and Support Portal for assessors to identify their service.
- Maintain their information in the My Aged Care Service and Support Portal with accurate, timely and meaningful information which may include: availability, specialisations and service delivery area.

The provider can accept or decline the referral of older people from the assessment organisation. If they accept the referral, they will gain access to the client's record in the system so they can onboard the older person and work with them, their family, carer and/or supporter(s).

Care partner

For Support at Home, older people will receive care management services from the provider, delivered by a staff member known as a care partner. The care partner will develop a care plan and budget with the participant which will need to be reviewed and updated. To do this, the care partner will require ongoing access to reporting and information via the My Aged Care Service and Support Portal.

Through this portal, the care partner will view the older peoples' support plans, oversee the service operations for the older people and manage the older peoples' service provision within budget.

Restorative care partner

All people receiving services through the Support at Home Restorative Care Pathway will have care management activities delivered through a clinically qualified Restorative Care Partner. Like the care partners, restorative care partners will develop a goal plan and budget with the older person. To do this, the care partner will require ongoing access to reporting and information via the aged care portals.

Submit real time data

To maintain service delivery Registered Providers will be required to keep information about their services up to date. This includes:

- providing real-time data on vacancies, location and service specialisation.
- maintaining service delivery care provision to older people, including to enable processing of payments and claims.
- continue to do business and manage claims using the Aged Care Provider Portal (ACPP). You can access the ACPP with an individual or organisation Provider Digital Access (PRODA) account. If you don't have one, register for a PRODA account.

The table below the links to system guides and resources for each relevant system to support providers keeping their service information up to date:

System	Description	System guides and resources
Government Provider Management System	The Government Provider Management System (GPMS) is the portal where providers view and maintain some of their information about their organisation and personnel, and complete mandatory reporting.	GPMS Resources
My Aged Care Service and Support Portal	Providers use the My Aged Care Service and Support Portal to manage service referrals and delivery of care for older people. Providers create outlets to allow for service referrals and the advertising of their services. Provider information within the My Aged Care Service and Support Portal comes directly from GPMS.	My Aged Care Service and Support Portal resources
Services Australia	The Aged Care Provider Portal (ACPP) managed by Services Australia currently provides online access to aged care providers to make claims for aged care subsidies and supplements for the following services: • home care • residential care • transition care • short-term restorative care.	Aged Care Provider Portal support resources

Managing compliance reporting

Reporting requirements

The Australian Government remains committed to providing greater transparency of Registered Providers' information. Under the new Act, Registered Providers will remain accountable for the delivery of services and will continue to be obliged to report key financial and operational information on their performance.

In addition to information provided about the older people in care, and the services they deliver, Registered Providers must continue to meet reporting requirements through the:

- Quarterly Financial Report (QFR), including care minutes
- Aged Care Financial Report (ACFR)
- Provider Operations Collection Form (APO)
- 24/7 Registered Nurse Coverage Report
- Serious Incident Reporting Scheme (SIRS)
- National Aged Care Mandatory Quality Indicator Program.

Reporting periods

From 1 July 2025, for reporting obligations for periods up to 30 June 2025, Registered Providers will be required to continue to report against their current Approved Provider details and related business structures as approved under the Aged Care Act 1997.

For reporting obligations for periods from 1 July 2025, Registered Providers will be required to comply with any reporting and notification obligations under the new Act.

Report submission

Registered Providers will continue to use existing portals to report, including:

- **GPMS** to report on:

  Quarterly Financial Report (QFR), including care minutes

  24/7 Registered Nurse Coverage

  Provider Operations

  Quality Indicators

- **My Aged Care Service and Support Portal** to manage care recipient and service information and SIRS
- **Forms Administration** to submit the Aged Care Financial Report (ACFR).

Report outcomes

The department will continue to publish report outcomes through:

- aged care research and reporting, for sector performance updates
- Star Ratings through the My Aged Care website which compares the quality, safety and services of aged care homes

My Aged Care website 'Find a Provider' tool for:

- individual home and service provider updates
- information about finances and operations of residential aged care and Support at Home care providers.

Providers will report delivery of services from associated providers through their compliance reporting obligations.

Manage your registration

The Manage Your Organisation tile in GPMS enables Registered Providers to interact more efficiently with government and manage some information about the provider's registration. The tile will remain largely the same allowing Registered Providers to view and maintain information such as:

- provider details
- specialist aged care programs
- responsible persons
- contacts
- approved residential care homes
- service delivery branches.

Specific roles and controls will allow role-based access to the 'Manage Your Organisation' tile and other information in GPMS.

From 1 July 2025, the ACQSC will require other forms to manage a provider's registration. These forms will be largely similar to the current ones available but adjusted to reflect the new Act. A list with current forms is provided in Appendix B – Relevant forms. Further detail on these forms will be provided in early 2025 through the ACQSC website.

Payments

Residential claims

The provider will receive an advance payment in the first few days of each month. Services Australia will estimate the payment amount based on past payments. When a claim is received, Services Australia will check the advance payment against the claim. If needed, Services Australia will either make an extra payment or reduce the following month's payment. The permanent and respite care services are claimed together on the one claim. [Find out more about the residential aged care subsidy](#).

Respite claims

The provider will receive an advance payment in the first few days of each month. Services Australia will estimate the payment amount based on past payments. When a claim is received, Services Australia will check the advance payment against the claim. If needed, Services Australia will either make an extra payment or reduce the following month's payment. The permanent and respite care services are claimed together on the one claim. [Find out more about the residential respite subsidy and supplements.](#)

Transition care claims

Claimed through a transition claim. Older people will pay a basic daily fee that is jointly subsidised by Federal and State governments. Place allocation will remain as places to providers due to this funding arrangement. The Transition Care subsidy rate will increase from 1 January 2025 for some Transition Care Programme workers. Find out more about the Transition Care Programme.

Short Term Restorative Care

Currently, a daily subsidy is paid to Approved Providers on behalf of each person accessing STRC services.

To receive the subsidy for a client a provider must:

• hold an allocation of places for flexible care subsidy
• be providing care under a care plan
• have offered a flexible care agreement to the client before delivering services
• be delivering flexible care in the form of STRC.

The flexible aged care subsidy for STRC is based on the:

• number of allocated places
• daily subsidy rate for STRC.

Find out more about how to currently claim STRC from Services Australia.

This will no longer apply from 1 July 2025 as the STRC program is replaced by the Support at Home program. Further detail will be provided as it becomes available.

Support at Home claims

The provider will submit Support at Home claims for payment to Services Australia.

Subsidy-based services delivered under the Support at Home program will be paid on a payment in arrears basis.

Services Australia will manage and process payment claims, including the calculating of individual contributions and issuing payment statements.

Providers can make subsidy payment claims with Services Australia on a monthly or more frequent basis (maximum daily).

Business guidance on claims and payments for providers who will be operating under Support at Home from July 2025 can be found in the Support at Home program claims and payments business rules guidance.

For guidance on participant unspent budget please refer to the Support at Home program handbook and the Support at Home program manual.

Services Australia technical specifications are available through the Health Systems Developer Portal.

Grants based funding

Providers can also apply for funding grants through the following aged care programs:

- Commonwealth Home Support Program (CHSP)
- Dementia and Aged Care Services (DACS) Fund
- Multi-Purpose Services Program
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program
- Specialist Dementia Care Program.

Other considerations

Older people who can contribute to the cost of their care will be expected to do so. The amount payable will depend on the type of support being accessed and the older people's financial situation.

Providers will invoice their older people in care for the co-contribution amount. Providers will then submit claims for payment to Services Australia and receive payment in arrears based on the services that they have provided to their older people.

> **In summary:**
>
> **Key digital changes**
>
> Registered Providers can make update to their organisation details including contacts through the GPMS 'Manage Your Organisation' tile.
>
> For reporting obligations for periods from 1 July 2025, Registered Providers will be required to report against their registration details and related business structures as approved under the new Act through the appropriate reporting channels (refer to Table 1 – Reporting obligations in the following section).
>
> Providers will manage their registration with information required by the ACQSC and available through the ACQSC website.
>
> **What does this mean for providers?**
>
> Providers will need to establish a presence in the My Aged Care Service and Support Portal for assessors to identify their service and obtain referrals, and to have their service information displayed on the My Aged Care website 'Find a Provider' tool.
>
> Providers will need to familiarise themselves with changes to submission of reporting obligations from 1 July 2025.
>
> Providers will need to stay up to date with updates on payment details and prepare their software developers for the changes across home care and residential care. To support this task, Services Australia has established a forward work plan of Aged Care Software Developer information sessions

through to June 2025 and has released the Services Australia technical specifications through the Health Systems Developer Portal. Providers will need to register to the Health Systems Developer Portal to access the technical specifications and are also encouraged to register to these information sessions, designed to provide information to industry on upcoming changes that may impact developers and/or their customers.

Quality and safety

Registered Providers will report key information on their organisation and care delivery. These largely relate to the organisation, workforce, financial, quality and safety of care.

Providers will continue reporting across key areas of care as listed in Table 1 – Reporting obligations below. Further detail on field changes will be provided in next iterations of this document.

Reporting Obligation	Frequency of reporting	System used for reporting	Change identified from 1 July 2025
Serious Incident Reporting Scheme	Priority 1 incidents reported within 24 hours; Priority 2 incidents reported within 30 days	My Aged Care Service and Support Portal	Changes to be advised
National Aged Care Mandatory Quality Indicator Program Reporting (QI Program)	Quarterly	At a residential service level in GPMS	No change
Quarterly Financial Report	Quarterly	At a registered provider level in GPMS	Some field changes to be advised
Aged Care Financial Report	Annually	At a registered provider level via Forms Administration	Some field changes to be advised

Reporting Obligation		Frequency of reporting	System used for reporting	Change identified from 1 July 2025
24/7 Registered Nurse Report		Monthly	At a residential facility level in GPMS	Providers will continue to report but now under the registered provider structure.
Provider Operations Report		Annually	At a registered provider level in GPMS	No change
CHSP Performance Report	Performance Data Reporting	Monthly	DEX	No change
	Financial Reporting	Annual	DEX	No change
	Wellness and Reablement Reporting	Annual	DEX	No change

Table 1 – Reporting obligations

For reporting obligations for the collection period up to 30 June 2025, providers will be required to report against the Approved Provider structure. Reporting obligations for the collection period commencing from 1 July 2025 will be against the registered provider.

Information will continue to be published on the My Aged Care website and 'Find a Provider' tool and via the GPMS Portal, transferring to the continuing registered provider entity. This includes:

- Star Ratings and supporting information including conformance against the strengthened Quality Standards
- 24/7 Registered Nurse (24/7 RN) reporting
- Care minutes
- Finance and operations information
- Specialisations
- Service information and availability.

Star Ratings

Star Ratings will undergo some changes to the design of the Compliance rating due to the new regulatory model on commencement of the new Act. The Compliance rating will start to include residential aged care homes' performance against the strengthened Quality Standards, via audit at re-registration using the new graded assessments.

The new Compliance rating will consider:

Compliance: whether the provider has had any specific formal regulatory notices

Conformance: of each residential aged care home with the strengthened Quality Standards.

Provider registration decisions will occur approximately every 3 years. This will mean it will take about 3 years for all residential aged care homes to transition to the new Compliance rating. During this time, some residential aged care homes will have Compliance ratings based on the current design, and others will have Compliance ratings based on the new design.

In summary:

Key digital changes

For reporting obligations for the period up to 30 June 2025, providers will be required to report against the current Approved Provider structure. Reporting obligations for the reporting period from 1 July 2025 will be against the new Act Registered Provider entity structure (except for 24/7 RN reporting).

For 24/7 RN reporting, Registered Providers will report under their registered provider structure from 1 July 2025.

What does this mean for providers?

Providers will continue to submit their mandatory reporting via GPMS as usual.

Improvement and innovation

Innovation and digital maturity drive automation and information sharing in business-to-government interactions. The importance of an innovation focus will remain throughout the transition period to the new Act to ensure a better-connected and efficient aged care network will enable high-quality aged care.

Under the strengthened Quality Standards providers are required to seek feedback from older people, their families, carers, and others (health professionals) about their services and quality of care.

Provider organisations are expected to action this feedback.

Providers should also gather and analyse how they are performing, using data such as their conformance against the strengthened Quality Standards, to identify improvements to care and quality.

Providers should also consider other information including Star Ratings, QI Program data, staffing data, financial data to make decisions about their services, care delivery and outcomes, business strategy, and workforce. Further guidance is available through:

- Quality Indicators program manual
- Star Ratings Improvement Manual
- Star Ratings Provider Manual.

GPMS provides valuable supports for providers to do this through dashboards for improvement (Quality Indicators and Star Ratings).

Business to Government

The Business to Government (B2G) developer portal is a key initiative by the department, designed to enhance digital integration between aged care providers and government systems. By offering Application Programming Interfaces (APIs), the portal facilitates secure and efficient information exchange, enabling providers to focus more on delivering quality care and less on administrative tasks.

Software products that utilise B2G APIs will need to be updated to support the new changes to remain conformant, and able to access Department systems. Updated technical specifications will be available for software vendors on the B2G Developer Portal and B2G Software Vendor Testing (SVT) environment from January 2025.

Currently, four APIs are available for developers to build software solutions. These are in the table below along with key impacts for providers:

API Name	Description	API Role	What you need to know
Authentication API	• Allows systems to verify their identity and safely interact with government services. • Ensures only authorised users and systems can access specific data.	Foundational	• Provider software that utilises the Authentication API must be updated by 1 July 2025. • This API will be paused during the GPMS 'read only' periods.
Provider Management API	• Allows authorised providers to securely view and manage their organisation's information. • Makes sure only authorised users can access and update provider details.	Foundational	• The Provider Management API will be updated to align to the new Provider Entity Structure under the new Act. Provider software that utilises the Provider Management API must be updated by 1 July 2025. • This API will be paused during the GPMS 'read only' periods.
Quality Indicators API	• Enables providers to submit reporting for Quality Indicators (QI).	Residential aged care provider-focused API	• The Quality Indicators API will remain connected to GPMS under the Approved Provider structure, allowing for ongoing QI submissions under this structure until October 2025. • Provider software that utilises the Quality Indicators API must be updated by 30 September 2025. • This API will be paused during the GPMS 'read only' periods.
Registered Nurses API	• Enables providers to submit reporting for 24/7 Registered Nurse responsibility.	Residential aged care provider-focused API	• To align with the requirements for 24/7 RN reporting submissions, Provider software that utilises the Registered Nurses API must be updated by 1 July 2025. • This API will be paused during the GPMS 'read only' period.

GPMS Data Model

To support providers in the transition to the new Act, the department has made available the GPMS Conceptual Data Model which describes the key entities and their relationships underpinning the changes under the new Act. The accompanying business glossary defines key terms and concepts in the Conceptual Data Model. Both documents are now available in the GPMS resource collection.

In summary:

Key digital changes

Improvement materials available to continue to support sector improvement under the new Act, including portal pathways such as GPMS, My Aged Care and B2G API's. The GPMS Conceptual Data Model and its associated business glossary are now available in the GPMS resource collection.

Dashboards will continue to be available in GPMS to support comparison of performance and enable improvement.

To support efficiency and innovation, B2G will be refactored and expanded to support providers under the new Act.

What does this mean for providers?

For reporting obligations for the period up to 30 June 2025, providers will be required to report against the current Approved Provider structure. Reporting obligations for the reporting period from 1 July 2025 will be against the new Act Registered Provider entity structure (except for 24/7 RN reporting).

Providers interested in connecting to B2G should talk to their software vendor or IT operations team. To find out more about B2G, visit the B2G website.

Exiting the sector

Providers may exit the sector under one of the following circumstances:

The ACQSC revokes provider registration

The ACQSC may revoke the registration of a registered provider. The provider can no longer provide funded aged care services.

The ACQSC will work closely with the provider and the Department if needed. This helps to manage complex risks and protect the safety and access to care for older people.

Notify the ACQSC of exit from the sector (provider-initiated revocation)

A registered provider can also ask the ACQSC to revoke its registration.

Providers need to make requests to vary, suspend or revoke their registration in a [Revocation Request Form.](#)

The ACQSC will consider the information in the request and decide whether it is appropriate to revoke the registration.

When deciding whether to revoke a provider's registration, the ACQSC will look at what arrangements there are to make sure people receiving care have continuity of care.

The provider should also:

- Contact the [Department of Health and Aged Care](#) to request approval to transfer allocated places to another provider.
- Notify [Services Australia](#) about changes to the provider's organisation.

Find out more about [Revocation of Approved Provider Status](#).

Provider does not renew registration

A provider's registration will end if they do not submit their renewal application before the end of their registration period.

If this happens, the provider still needs to meet the conditions of registration for stopping services to an older person. For example, they must tell the ACQSC and have a plan to manage continuity of care for people receiving aged care services.

A list of current forms available is provided in Appendix B – Relevant forms which will be update as further detail becomes available.

> **In summary:**
>
> **Key digital changes**
>
> Providers may exit the sector under different circumstances and each one will be managed through respective forms.
>
> **What does this mean for providers?**
>
> Providers will still need to meet the conditions of registration for stopping services to an older person; they must tell the ACQSC and have a plan to manage continuity of care for people receiving aged care services.

Glossary

Term	Definition
ABN	Australian Business Number
ABR	Australian Business Register
ACFR	Aged Care Financial Report
ACO	Approved Care Organisation
ACQSC	Aged Care Quality and Safety Commission
ACPP	Aged Care Provider Portal
ACFR	Aged Care Financial Report
APO	Annual Provider Operations Report
Approved Provider	Approved Providers are those who have been approved to deliver government-funded aged care services under the Aged Care Act 1997.
CDM	Conceptual Data Model
CHSP	Commonwealth Home Support Programme
DACS	Dementia and Aged Care Services
Deeming	A process to set up current government-funded providers to become Registered Providers. The department will move you to registration categories based on the services you deliver or the services as required by your current funding agreement.
DSS	Department of Social Services
GPMS	Government Provider Management System
HCP	Home Care Packages Program
MPS	Multi-Purpose Services Program
NATSIFAC	National Aboriginal Torres Strait Islander Flexible Aged Care

Term	Definition
Obligations	Registered Providers must comply obligations as set out in the new Aged Care Act. This includes their required actions and behaviours. Failure to comply with one or more of their obligations result in enforcement action being taken against the provider – for example, penalties, fines or other legal action. Obligations include conditions of registration.
Person-centred	We work with older people and value their wants and expectations. Older people are involved and informed to make choices about their care. Person-centred means older people receive care that is respectful and responsive to their needs.
PRODA	Provider Digital Access
QFR	Quarterly Financial Report
Registered provider	Registered Providers are those who will be registered to deliver government-funded aged care services under the new Aged Care Act 2024.
Renewal of registration	All Registered Providers will be given a date that marks the end of their registration during the deeming process. These dates will be sequenced when the new Act starts. This will allow the good management of registration renewal. The standard registration period for all providers will be 3 years.
RCP	Restorative Care Partner
SIRS	Serious Incident Reporting Scheme
STRC	Short-Term Restorative Care
TCP	Transition Care Programme
Universal registration	A single registration for each provider across all aged care program. This is the case regardless of: • funding arrangements • whether providers are registered in one or multiple registration categories.

Appendix A – Support at home service list

Participant contribution category	Service Type	Services	In Scope	Out of Scope

Clinical Supports
 	
Specialised services to maintain or regain functional and/or cognitive capabilities. Services must be delivered directly, or be supervised, by university qualified or accredited health professionals trained in the use of evidence-based prevention, diagnosis, treatment and management practices to deliver safe and quality care to older people.
	Nursing care	• Registered nurse
		• Enrolled nurse
		• Nursing assistant
		• Nursing care consumables
		
		Providers may apply for the supplementary Oxygen Supplement for Aged Care through Services Australia for eligible older persons.
			• Community based nursing care to meet clinical care needs such as:
			  o assessing, treating and monitoring clinical conditions
			  o administration of medications
			  o wound care, continence management (clinical) and management of skin integrity
			  o education
			  o specialist service linkage
				• Subsidised through other programs:
				  o services more appropriately funded through other systems (e.g., health or specialist palliative care)

	Allied health and other therapeutic services	• Aboriginal and Torres Strait Islander health practitioner	• Assistance for an older person to regain or maintain physical, functional and cognitive abilities	• Subsidised through other programs: o other government programs must be accessed in first

Participant contribution category	Service Type	Services	In Scope	Out of Scope

		• Aboriginal and Torres Strait Islander health worker
		• Allied health therapy assistant
		• Counsellor or psychotherapist
		• Dietitian or nutritionist
		• Exercise physiologist
		• Music therapist
		• Occupational therapist
		• Physiotherapist
		• Podiatrist
		• Psychologist
		• Social worker
		• Speech pathologist
			which support them to remain safe and independent at home.
			• Assistance may include a range of clinical interventions, expertise, care and treatment, education including techniques for self-management, and advice and supervision to improve capacity.
			• Treatment programs should aim to provide the older person the skills and knowledge to manage their own condition and promote independent recovery where appropriate.
			• Interventions can be provided:
			  o in person or via telehealth
			  o individually or in a group-based format (e.g.
				instance (e.g., Chronic Disease Management Plan, Mental Health Plan)
				o services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing, psychiatry, dental care)
				o management of conditions unrelated to age/disability related decline (e.g., acute mental health)

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			clinically supervised group exercise classes). • A treatment program may be delivered directly or implemented by an allied health assistant or aged care worker under the supervision of the health professional where safe and appropriate to do so. • Prescribing and follow-up support for Assistive Technology and Home Modifications	
	Nutrition	• Prescribed nutrition • Providers may apply for the supplementary Enteral Feeding for Aged Care Supplement through Services Australia for eligible older persons.	• Prescribed supplementary dietary products (enteral and oral) and aids required for conditions related to functional decline or impairment.	• General expenses: ○ Products that are not prescribed for age related needs (e.g., weight loss)

Participant contribution category	Service Type	Services	In Scope	Out of Scope
	Care management	• Home support care management	• Activities that ensure aged care services contribute to the overall wellbeing of an older person (e.g., care planning; service coordination; monitoring, review and evaluation; advocacy; and support and education). • Care partners will hold clinical qualifications or be supervised by a clinician dependent on consumer complexity.	• Administrative costs funded through prices on services.
	Restorative care management	• Home support restorative care management	• Restorative care partners provide specialist coordination services for older people undergoing the time-limited Restorative Care Pathway. • Care partners will hold clinical qualifications.	• Administrative costs funded through prices on services.

Participant contribution category	Service Type	Services	In Scope	Out of Scope

Independence
 	
Support delivered to older people to help them manage activities of daily living and the loss of skills required to live independently.
	Personal care	• Assistance with self-care and activities of daily living.
		• Assistance with the self-administration of medication.
		• Continence management (non-clinical).
			• Attendant care to meet essential and on-going needs (e.g., mobility, eating, hygiene).
			• Support with self-administration of medication activities (e.g., arrange for a pharmacist to prepare Webster packs).
			• Attendant care to manage continence needs (e.g., support to access advice/funding, assistance changing aids).
				• General expenses:
				  o professional services that would usually be paid for (e.g., waxing, hairdressing).
				• Subsidised through other programs:
				  o services more appropriately funded through the health system (e.g., pharmaceuticals, dose administration aids).

	Social support and community engagement	• Group social support
		• Individual social support
		• Accompanied activities
		• Cultural support
		• Digital education and support
		• Assistance to maintain personal affairs
			• Services that support a person's need for social connection and participation in community life. Support may include:
			  o service and activity identification and linkage
			  o assistance to participate in social
				• General expenses:
				  o costs to participate in an activity (e.g., tickets, accommodation, membership fees.)
				  o the purchase of smart devices for the purpose of online engagement

Participant contribution category	Service Type	Services	In Scope	Out of Scope
		• Expenses to maintain personal affairs	interactions (in-person or online) ○ visiting services, telephone and web-based check-in services ○ accompanied activities (e.g., support to attend appointments). • Support to engage in cultural activities for people with diverse backgrounds and life experiences. This includes older Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, transgender and/or intersex people. Support may include: ○ assistance to access translating and interpreting	○ service fees (e.g., funeral plans, accountant fees). • Subsidised through other programs: ○ the delivery of digital education where the need can be met through the Be Connected program delivered through the Department of Social Services.

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			services and translation of information into the older person's chosen language o referral pathways to advocacy or community organisations o assistance in attending cultural and community events. • Access to training or direct assistance in the use of technologies to improve digital literacy where the support aids independence and participation (e.g., paying bills online, accessing telehealth services, connecting with digital social programs). • Internet and/or phone bills where the older person is at risk of, or	

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			is homeless, and support is needed to maintain connection to services.	

	Therapeutic services for independent living	• Acupuncturist
		• Chiropractor
		• Diversional therapist
		• Remedial masseuse / masseur
		• Art therapist
		• Osteopath
			• Assistance (e.g., treatment, education, advice) provided by university qualified or accredited health professionals using evidence-based techniques to manage social, mental and physical wellbeing in support of the older person remaining safe and independent at home.
			• Treatment programs should aim to provide the older person the skills and knowledge to manage their own condition and promote independent recovery where appropriate.
			• Interventions can be provided:
				• Subsidised through other programs:
				  o other government programs must be accessed in first instance (e.g., Chronic Disease Management Plan)
				  o services more appropriately funded through the primary health care system (e.g., ambulance and hospital costs, medical diagnosis and treatment, medicine dispensing, psychiatry, dental care)
				  o management of conditions unrelated to

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			- in-person or via telehealth - individually or in a group-based format (e.g., diversional therapist led recreation program). • A treatment program may be delivered directly or implemented by an allied health assistant or aged care worker under the supervision of the health professional, where safe and appropriate to do so. • Remedial massage may only be delivered by an accredited therapist, where included in a prescribed allied health treatment plan	age/disability-related decline (e.g., acute mental health) - services from a Chinese Medicine Practitioner, such as herbal medicine dispensing, are out of scope for aged care (see description for acupuncture exception). • General expenses: - massage for relaxation - costs to participate in recreation programs (e.g., tickets, accommodation, membership fees, supplies to participate like craft materials).

Participant contribution category	Service Type	Services	In Scope	Out of Scope
			to address functional decline. • Engagement of a diversional therapist to design and/or facilitate recreation programs that promote social, psychological and physical well-being for older people who live with age or disability-related impairments that will benefit from a tailored program to enable and maintain participation.	
	Respite	• Respite care	• Supervision and assistance of an older person by a person other than their usual informal carer, delivered on an individual or group basis, in the home or community.	• Subsidised through other programs: ○ residential respite is funded through the Australian National Aged Care Classification funding model (AN-ACC).
	Transport	• Direct transport (driver and car provided)	• Group and individual transport assistance to connect an older	• General expenses: ○ purchase of an individual's car and

Participant contribution category	Service Type	Services	In Scope	Out of Scope
		• Indirect transport (taxi or rideshare service vouchers)	person with their usual activities.	an individual's vehicle running costs ○ licence costs ○ professional transit services (e.g., public transport, flight, ferry) ○ claiming transport costs where state-based or local government travel assistance programs are available ○ travel for holidays.
	Assistive technology and home modifications	• Assistive technology • Home modifications	• Assistive technology and home modifications by the Assistive Technology and Home Modifications Scheme list, including wrap-around services, maintenance, and repair.	
Everyday living	Domestic assistance	• General house cleaning	• Essential light cleaning (e.g., mopping,	• General expenses:

Participant contribution category	Service Type	Services	In Scope	Out of Scope
Support to assist older people to keep their home in a liveable state in order to enable them to stay independent in their homes.		• Laundry services • Shopping assistance • Note: 52 hours annual cap on cleaning.	vacuuming, washing dishes). • Launder and iron clothing. • Accompanied or unaccompanied shopping.	○ professional cleaning services that would usually be paid for (e.g., pest control, carpet cleaning, dry cleaning) ○ pet care ○ cost of groceries and other purchased items.
	Home maintenance and repairs	• Gardening • Assistance with home maintenance and repairs • Expenses for home maintenance and repairs Note: 18 hours annual cap on gardening.	• Essential light gardening (e.g., lawn mowing, pruning and yard clearance for safe access). • Essential minor repairs and maintenance where the activity is something the person used to be able to do themselves or where required to maintain safety (e.g., clean gutters, replace lightbulbs and repair broken door handle).	• General expenses: ○ professional gardening services that would usually be paid for such (e.g., tree removal, landscaping, farm or water feature maintenance). ○ gardening services that relate to visual appeal rather than safety/accessibility (e.g., installation and maintaining plants, garden

Participant contribution category	Service Type	Services	In Scope	Out of Scope
				beds and compost). ○ professional maintenance and repair services that would usually be paid for (e.g., professional pest extermination, installing cabinetry, replacing carpets due to usual wear and tear) except if there is an imminent age-related safety risk (e.g., repairing uneven flooring that poses a falls risk or section of carpet damaged by a wheelchair) ○ services that are the responsibility of other parties (e.g., landlords, government housing

Participant contribution category	Service Type	Services	In Scope	Out of Scope
				authorities, generally covered by private insurance).

	Meals	• Meal preparation
		• Meal delivery
			• Support to prepare meals in the home.
			• Pre-prepared meals.
				• General expenses:
				  ○ cost of ingredients
				  ○ takeaway food delivery
				  ○ meal delivery for other members of the household.

Appendix B – Relevant forms

Current Form	Forms from 1 July 2025
Change in Circumstance form	Change in Circumstance Form (1) will be shared as it becomes available
Notification of Material Changes Form	Form will be found in the Manage Your Organisation tile in GPMS.
Revocation Request Form	Form name and location will be shared as it becomes available
Governing Body Determinations Form (2)	Form name and location will be shared as it becomes available
Approved Provider Application Form	Provider registration application form will be shared as it becomes available
Approved Provider Renewal Application	Registration Renewal Application Form will be shared as it becomes available
ACQSC Complaints Form	ACQSC Complaints Form
Provider Operations Collection Form (APO)	Form name and location will be shared as it becomes available
Forms Administration	Department of Social Services: Forms Administration Portal
Claim Form	Services Australia PRODA

Note: Detail on additional forms that will apply post 1 July 2025 will be made available as it becomes known.

Change in circumstance

Registered providers will have an obligation to notify the ACQSC of a change such as:

- a significant change in their organisation or governance arrangements

- a change of circumstances or an event that materially affects the provider's suitability to be a registered provider
- a change of circumstances that relates to a suitability of a responsible person
- significant change in the organisation or governance arrangements
- a change in their responsible persons
- a significant change in the scale of provider
- a change in the service types
- specified changes to associated providers
- specified changes to an approved residential care home
- specified financial and prudential matters.

Manage corrections and changes to provider organisation or services

Approved Providers can update and manage their service details via the GPMS Portal. The provider organisation will be able to update their details (such as location, address, key contacts etc).

Governing Body Determinations

A governing body is a term used to identify the group of people assigned the responsibility to govern an organisation, company, or other similar entity. A governing body is a legal requirement of a number of different forms of for-profit and non-profit organisations.

Providers need the right mix of people to drive the continuous improvement processes that deliver the high quality of care and services that older Australians deserve. Further detail on governing body requirements for providers under the new Act will be provided as it becomes available.

🔍 Learn more about Governing body determinations.

Governing Body Determinations Form will be available on the ACQSC Website. Further detail will be provided as it becomes available.

Phone **1800 318 209**

Visit **health.gov.au/aged-care-act-consultation**

For translating and interpreting services
Call **131 450** and ask for the call centre on **1800 318 209**.

Use the National Relay Service
Visit **nrschat.nrscall.gov.au/nrs** or call **1800 555 660**.