# Aged Care Act

What is new or changing?

## Aged Care Act – What is new or changing for older people?

|  | Planning ahead/ transitioning to new arrangements | Assessing needs | Connecting to care | Receiving quality care | Fees and contributions | Changing circumstances |
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| What is new or changing | New Statement of Rights outlining the rights older people should expect when seeking or accessing aged care services.  Option to register a supporter to help older people make and communicate aged care decisions.  New service and funding model including portability of classification level approval to the Multi-Purpose Service Program (MPSP) or the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). | Clear eligibility requirements – older people aged 65 years or over, Aboriginal or Torres Strait Islander people aged 50 years or over, or if homeless or at risk of homelessness people aged 50 years or over.  Alternative entry arrangements such as urgent and GP referrals.  First Nations Assessment Organisations will provide more choice for culturally safe, trauma aware and healing informed assessments. | More help to stay at home with additional Support at Home packages and increased funds for home modifications and assistive technology.  New Support at Home program incorporates home care and short-term restorative care.  No earlier than 2027, the Commonwealth Home Support Programme (CHSP) rolls into Support at Home.  Once approved for residential aged care, a residential aged care place is allocated to the individual. | Right to exercise choice and control in the planning and delivery of care.  Wellness and reablement focus to maintain and improve independence.  Cultural safety and inclusivity focus to ensure identity, culture, spirituality and needs are supported.  Increased provider obligations with stronger standards for diversity, dementia care, clinical care, provider governance, food and nutrition. | Some changes across fees for certain services.  Support at Home participants will only pay contributions on services received.  Lifetime cap of $130,000 in individual contributions across Support at Home and the non-clinical care component of residential care contributions.  Support at Home Budget Planner to help the older person get an estimate of their contributions and potential budget. | A rights-based and culturally safe approach to assessing changes in circumstances.  If you are re-assessed onto a higher budget, it will be at one of the new Support at Home classifications.  Improved protections over your personal information.  Requirements to keep government up to date with any change in financial circumstances. |

Aged Care Act – What is new or changing for older people?…continued

|  | Planning ahead/ transitioning to new arrangements | Assessing needs | Connecting to care | Receiving quality care | Fees and contributions | Changing circumstances |
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| What is new or changing | Residential care daily living, non-clinical care fee and contributions.  Refreshed My Aged Care website to support changes. | Older people accessing MPSP and NATSIFACP will need an aged care assessment.  Service recommendations consider the entire service list (rather than services aligned to specific packages or programs).  Reviewable decisions. | Strengthened end of life and palliative care rights across all providers. | Enhanced protections for older people, including complaints mechanisms, and greater enforcement options for the ACQSC.  Accessible complaints processes.  Whistleblower protections.  Duty of care for registered providers and responsible persons and compensation pathways for older people. | Changes to accommodation payment arrangements for new residents. | New end-of-life support without entering residential care. |

Aged Care Act – **What is staying the same** for older people?

|  | Planning ahead/ transitioning to new arrangements | Assessing needs | Connecting to care | Receiving quality care | Fees and contributions | Changing circumstances |
| --- | --- | --- | --- | --- | --- | --- |
| What is staying the same | Continuity of care.  Transitioning of existing services into new system.  My Aged Care entry point, functionality and support.  Care finders, navigation and advocacy services.  Income and asset testing of family home.  Ability to search for a provider by their specialisation.  Continue to use My Aged Care website Find a Provider tool to search for and compare providers when connecting to care. | Single Assessment System workforce (commenced in 2024).  No re-assessment for those already in the system unless their needs change in the future.  MPSP and NATSIFACP providers can still offer immediate services where needed. | Most older people will continue to access their services in the same way.  Home care recipients will transition to Support at Home at their current service levels.  Respite care in a residential care setting.  Right to be supported by and stay connected to volunteers including through safe visitation. | Care finders and other navigation and advocacy services.  The ability to exercise choice and control over the planning and delivery of your services, including changing providers.  The ability to lodge a complaint.  Continue to make decisions about the care and services they receive, with their will and preferences heard and respected. | You will not pay fees associated with your Home Care package if you are assessed as not needing to pay an income tested care fee.  No worse off principle applies to people who, on 12 September 2024, were either receiving a package, on the National Priority System, or assessed as eligible for a package.  Lifetime cap of $82,347 (indexed) remain for those eligible for the NWOP.  Current fee arrangements continue for those in residential care before 1 July 2025.  NATSIFACP fee structure will remain unchanged. | An older person can still request a re-assessment or a support plan review under current processes if already in the system.  Those new to the system will receive personalised support plan and service approvals. |

Aged Care Act – **What is new or changing** for providers?

|  | Provider readiness | Provider registration | Service delivery | Payment | Manage obligations | Quality, safety and assurance |
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| What is new or changing? | New Statement of Rights and Statement of Principles for person centred care.  Approved providers become registered providers under the Act.  Current providers deemed as registered and into registration categories, with associated conditions and obligations on 1 July 2025.  New service types and service lists.  New regulatory model.  New participant contributions framework. | New regulatory model and provider registration process, including time-limited registration usually for 3 years.  Staggered renewal of registration of deemed providers by the ACQSC.  Six provider registration categories.  Service configuration and update in My Aged Care to filter through to Find a Provider tool. | Ensure practices are in place and act compatibly with the Statement of Rights.  Comply with the Statement of Principles.  Engaging with an older person's registered supporter(s).  Enable workforce ensuring compatible practices for service delivery, compliance with enhanced care standards and duty of care. | Practice and system changes for payment and subsidy invoicing.  Supplementary grants available for Support at Home providers operating in thin markets.  Residential care provider reporting on operational bed numbers, 24/7 Registered Nurse coverage and accommodation reporting where applicable.  Refundable Accommodation Deposit and Refundable Accommodation Contribution retention arrangements and Daily Accommodation Payment indexing arrangements. | Manage obligations to maintain registration, routine audits and notify of changes.  Comply with new Financial and Prudential Standards where applicable.  Graduated change to registered provider entity reporting.  Accountability for effective implementation and monitoring of support plans based on rights-based approach.  Strengthened reporting including financial, quality indicators, and care delivery where applicable. | Strengthened Quality Standards with greater focus on diversity, dementia care, clinical care, provider governance, food and nutrition.  Whistleblower protections and complaints handling.  Duty of care for registered providers and responsible persons and compensation pathways. |
| What is new or changing? | Strengthened Quality Standards.  New financial and prudential standards.  Updated service agreements with clients. | CHSP, MPSP and NATSIFACP are fully regulated under the Act. | Integrated home care services to help older people live at home for longer. | CHSP provider monthly reporting against new service list through DSS Data Exchange.  New payment claim process for registered providers based on services delivered. | The offences that will stop a person working for a CHSP provider align to those for a NATSIFACP.  Prepare for the quarter 1 quarterly financial report and 25-26 ACFR using the new registered provider structure. | Information management including protected information requirements. |

Aged Care Act – **What is staying the same** for providers?

|  | Provider readiness | Provider registration | Service delivery | Payment | Manage obligations | Quality, safety and assurance |
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| What is staying the same? | Commitment to quality care.  Regulatory compliance.  Financial management and reporting.  Workforce training and development. | Current approved providers will continue to operate on 1 July, but will become subject to the new regulatory model, and will be registered into registration categories, after the deeming process. | Grant funding for CHSP and NATSIFACP programs.  NATSIFACP or MPSP service providers can continue to deliver flexible, culturally safe care to meet the needs of communities.  Continue to presume capacity of older people to make their own decisions and use supported decision-making principles and practices to continuously improve your service. | Home Care Package providers and Residential aged care providers can continue to maintain organisation information in GPMS and supporting channels. | Many obligations will resemble current requirements, including for grant-funded programs being regulated for the first time.  Code of Conduct compliance.  Police checks for workers (until worker screening commences in 2026) and process for notifying of change in circumstances.  Continuing obligation for notifications under the Serious Incident Response Scheme and compliance with the safe and accountable use of restrictive practices. | Provider reporting and transparency continue for financial reporting obligations, Provider Operations, Quality Indicators and 24/7 Registered Nursing.  Continue to submit mandatory reporting under the approved provider structure for any reporting periods up to 30 June 2025.  Star ratings (where applicable) continuing to provide accessible and transparent information about quality and safety of aged care. |

Aged Care Act – **What is new or changing** for aged care workers?

|  | A skilled workforce | Register and screening | Onboarding/ training | Supporting and valuing expertise | Delivering/support high quality care | Upskilling and ongoing training |
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| What is new or changing? | The Statement of Rights for the older person includes a right for individuals to have services delivered by aged care workers or registered providers who have appropriate qualifications, skills and experience. | Nationally consistent screening requirements for aged care workers with a new Aged Care Worker Screening Check for risk assessed roles (from 2026).  From 1 July 2025 the offences that will stop you from working for a CHSP provider will align to the same set of offences that stop you from working for a NATSIFACP provider. | Aged care workers can access updated learning modules to familiarise themselves with the new legislative changes. | Workers will have increased protections through expanded whistle blower protections.  Aged care workers have benefited from increases to their award wages – these wage increases will continue to be phased in across 2025 and 2026. | New Statement of Rights and Statement of Principles.  Supporting change for diverse audiences and delivery of culturally, appropriate and safe care.  Strengthened Quality standards to ensure care and services are safe, high quality and tailored to meet the needs and preferences of people receiving care.  New obligations to demonstrate a commitment and capability to continuous improvements towards high quality care.  Understanding and respecting the new registered supporter role. | Focus on the Statement or Rights and Statement of Principles to support workers to be empowered to support innovation, continuous improvement and the delivery of high-quality care. |

Aged Care Act – **What is staying the same** for aged care workers?

|  | A skilled workforce | Register and screening | Onboarding/ training | Supporting and valuing expertise | Delivering/support high quality care | Upskilling and ongoing training |
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| What is staying the same? | The definition of an aged care worker continues to mean an individual employed or otherwise engaged, including as a volunteer.  Training for care and support workers including Fee-Free TAFE and subsidised training places.  Providers ensure that staff have the right qualifications, skills and experience to provide the care and services. | Until worker screening commences workers will need either a police certificate (not older than 3 years) that does not record certain offences or a National Disability Insurance Scheme (NDIS) Worker Check.  Notification of change in circumstances. | Education and training to ensure that workers understand their obligations and provide safe, high-quality care. | ​Delivery of care consistent with policies and procedures.  Workers are supported to provide feedback, without fear or retribution, to providers as outlined in strengthened Quality Standards.  Your role in identifying and reducing any safety risks. | Continued focus on person centred care.  Commitment to quality care.  Continued compliance with the Code of Conduct.  Compliance with regulatory requirements.  Continue to presume capacity of older people to make their own decisions and use supported decision making principles and practices to continuously improve your service. | Access to Equip Aged Care learning Modules.  Access to Aged Care Learning Information Solutions (Alis) learning platform (ACQSC). |

Aged Care Act – **What is new or changing** for assessors?

|  | Client referral and triage | Needs assessment | Support Plan completion | Receiving quality care | Connecting to care | Reviewing and reassessing |
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| What is new or changing? | First Nations Assessment Pathway.  New eligibility criteria to be applied.  Eligibility assessment moves from My Aged Care to assessment organisation at triage.  Triage delegates will hold legally delegated powers and act on behalf of the System Governor.  Requests to register a supporter can be recorded but approvals sit with System Governor.  Alternative entry arrangements such as urgent and GP referrals. | Older people will be assessed to access all government funded aged care services, or can access services before an assessment under alternative entry.  Assessors will now also conduct assessments for NATSIFACP and MPSP.  New service list.  Approvals shift from programs to service groups/classifications.  Limited entry of younger people. | Working with an older person's registered supporter/s.  Service recommendations consider the entire service list (rather than services aligned to specific packages. | Delegate responsibility formally delegated via the Act.  Changed process for Notice of Decision, which changes the way people are informed of the assessment outcome.  Increase in scope of reviewable decisions.  Formal decisions are now made and approved by assessment delegate for CHSP, MPSP and NATSIFACP services. | No new responsibilities for Assessors.  Provider registration arrangements, including new registration categories.  Residential places are allocated to people directly. | Broader reconsideration decisions available under the Act.  Information management including protected information arrangements.  Support Plan reviews to include access to end-of-life pathways for existing clients and adjustments to existing AT-HM funding tiers. Changes to the Support Plan are within the existing classification level. |

Aged Care Act – **What is staying the same** for assessors?

|  | Client referral and triage | Needs assessment | Support Plan completion | Receiving quality care | Connecting to care | Reviewing and reassessing |
| --- | --- | --- | --- | --- | --- | --- |
| What is staying the same? | Single Assessment System workforce (started December 2024).  Referral channels and registration for aged care assessment remain the same.  Triage and allocation is based on urgency, priority and eligibility. | Person centred care and rights-based approach maintained in line with Statement of Rights.  Continue to presume capacity of older people to make their own decisions and use supported decision making principles and practices to continuously improve your service. | Person centred care and rights-based approach maintained in line with Statement of Rights. | If approved, the older person receives a Notice of Decision (approval letter) with notification of funding and referral code(s) (if available), and support plan. | Older people continue to find, or be referred to, the right provider for them.  Assessors will continue to refer older people to linking support programs if identified they require assistance. | Support Plan Reviews continue to check-in on whether an older person’s needs have changed.  Reassessment is required if the older person's needs have changed, or if beyond current funding. |

Aged Care Act – **What is new or changing and what is staying the same** for primary care and allied health?

|  | Client referral and triage | Needs assessment | Support Plan completion |
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| What is new or changing? | First Nations Assessment Pathway.  New eligibility criteria to be applied.  Eligibility assessment moves from My Aged Care to assessment organisation at triage.  Triage delegates will hold legally delegated powers and act on behalf of the System Governor.  Requests to register a supporter can be recorded but approvals sit with System Governor.  Alternative entry arrangements such as urgent and GP referrals. | Older people will be assessed to access all government funded aged care services, or can access services before an assessment under alternative entry.  Assessors will now also conduct assessments for NATSIFACP and MPSP.  New service list.  Approvals shift from programs to service groups/classifications.  Limited entry of younger people. | Working with an older person's registered supporter/s.  Service recommendations consider the entire service list (rather than services aligned to specific packages. |
| What is staying the same? | Health professionals continue to consider the aged care needs of their patients to determine if they would benefit from aged care services.  Health professionals continue to deliver services to older people in hospitals, general practices, through telehealth within residential aged care homes and other health care settings.  Continue to presume capacity of older people to make their own decisions and use supported decision making principles and practices to continuously improve your service. | Making referrals for needs assessments to My Aged Care or other specific support services e.g. Dementia Australia.  Hospital discharge assessments.  Health professional may determine that a patient requires access to aged care services or if patient is already accessing aged care, they may require a reassessment.  Obtaining client’s consent to make a referral or current access. | Contacting My Aged Care Service Provider and Assessor Helpline to access patient referral for service information.  Health professionals can access and contribute to patient information in My Health Record.  My Health Record  is used to coordinate care and improve health outcomes for older people. |

Aged Care Act – **What is new or changing and what is staying the same** for software vendors?

|  | Ensure better technology connections between providers and government | Streamline reporting and data exchange | Conformance | Improvement and innovation |
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| What is new or changing? | System changes will be required to enable Services Australia to manage and process payment claims.  If using Business to Government (B2G), the APIs available for developers to build software solutions: Authentication API, Provider Management API, Quality Indicators API, Registered Nurses API.  Further APIs will be introduced in 2026. | Software products that use B2G APIs will need to be updated to support the new changes to remain conformant and to access department systems.  Software developers (and aged care providers who use software products) must transition to the current API version within 12 months to maintain software conformance.  MPS and NATSIFAC will also commence QFR reporting in Q1 2024-25. | Software products must meet set standards for secure use and to minimise clinical safety, privacy, policy architecture, cyber security and legal risks.  Conformance assessment and certification. | Innovate with digital support provided through B2G initiatives. Quality Indicator (QI) and 24/7 RN API streamline provider reporting reducing administrative burden. These APIs are being expanded to further support providers in managing data efficiently and focusing on care delivery.  There will be changes to QFR from Q1 2025-26. |
| What is staying the same? | Digital systems will continue to deliver services to more than 1.5 million older people.  Digital support to manage data efficiency and a focus on care delivery.  Services Australia will continue to calculate participant contributions using the income and asset assessment. |  | Operational continuity is maintained.  Software remaining compliant. | Continue to improve and innovate products for care delivery. |