Australian Government
Department of Health, Disability and Ageing

New aged care regulatory model: frequently asked questions

This document answers questions from providers about the new aged care regulatory model.

health.gov.au/regulatory-model

July 2025

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Information to help providers support older people, their families and carers

Does the Statement of Rights need to be signed by older people?

Signing of the Statement of Rights is not a requirement under the new Aged Care Act (new Act). Under section 155, the rules prescribe that a registered provider must:

- provide an older person information on their rights, including a copy of the Statement of Rights
- assist the older person to understand the information and the Statement of Rights and how they apply to them.

A registered provider must do this before, or when, the registered provider commences delivery of funded aged care services to that older person.

Registered providers must retain records to show they comply with their obligations. Rather than stipulating they need to hold a copy of the Statement of Rights signed by the older person, providers can choose how they demonstrate compliance with the requirement.

This change supports the embedding of rights in the delivery of funded aged care services and removes an administrative 'tick-box' requirement.

Associated providers delivering services on behalf of the registered provider do not need to sign the Statement of Rights.

Find more information about the Statement of Rights:

- on our website
- in this video
- in a plain language fact sheet for older people.

How can providers work effectively with older people to explain the Statement of Rights, especially those who may have a cognitive impairment, or those who may require a copy of the Statement of Rights in a language other than English?

The Department of Health, Disability and Ageing aims to provide documents in an accessible format.

- The Statement of Rights factsheet is available in different languages (via the dropdown menu) and in Easy Read.
- My Aged Care has a range of accessible aged care resources.

What provider obligations and rules support recognition and inclusion of family and friends as carers of older people?

The new Statement of Rights gives older people the right to:

- make their own decisions about their own lives
- have their decisions not just accepted, but respected
- get information and support to help them make decisions
- communicate their wishes, needs and preferences
- feel safe and respected
- have their culture and identity respected
- stay connected with their community.

It will be a condition of registration for providers to demonstrate an understanding of the rights of individuals under the Statement of Rights and have practices in place to ensure the delivery of aged care services that are compatible with those rights. When an older person, or someone connected to them, believes their rights may have been breached, they can raise this with their provider and/or escalate a complaint directly to the Aged Care Quality and Safety Commission.

When the new Act starts, older people can choose who can support them to make decisions, if they want or need support. These people can be registered supporters.

To get ready for the new registered supporter role, older people and their representatives might like to review their existing relationships in My Aged Care. If an older person has a regular or authorised representative active in My Aged Care on 31 October 2025, they will become a registered supporter under the new Act. Regular representatives, authorised representatives and older people with regular representatives can opt out of having or being a registered supporter between now and 31 October 2025.

Can an older person in residential care choose which health care providers deliver their services, such as an optometrist or GP?

Yes – all government-funded residential care homes must facilitate a resident's access to appropriate health practitioner services, including GPs. Residents have the right to have services delivered by a health professional of their choice. When a resident wishes to use a health professional different to the one organised by the aged care home, the home is expected to assist the resident in obtaining these services.

Additionally, aged care homes may have specific arrangements in place with one or more health professionals to deliver clinical care for several residents. These health professionals may deliver services to residents only in the event the resident's individual choice is unavailable.

Provider governance

Will there be an information pack to indicate the transition from the key elements of the current Aged Care Act to the new Act?

For more information, see:

- new Act resources for key features of the new Act, such as the regulatory model and Statement of Rights
- the New regulatory model – guidance for CHSP providers booklet for the regulatory changes affecting Commonwealth Home Support Program (CHSP) providers
- the New regulatory model – guidance for NATSIFAC providers booklet for changes to the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Regarding rules for board members, how is clinical background defined?

During consultation on the Rules, we received feedback relating to the requirement for providers to keep records about members of governing bodies with clinical care experience (s154-705), concerning how such clinical experience would be defined. The department is currently considering this feedback in relation to the drafting of the explanatory statement accompanying the Rules, which will assist by providing clarification around such provisions.

This guidance is being developed consistent with the intention that each registered provider considers the clinical experience and qualifications for their governing body that will best support the types of care and services they deliver.

What are the requirements and responsibilities of the governing body of the aged care provider?

Providers must ensure their governing body meets two requirements:

- it has a majority of independent non-executive members
- at least one member with experience in providing clinical care.

Governing body requirements are overseen by the Commission, learn more.

Who can be a responsible person under the new Act?

Under the new Act, the term ‘key personnel’ is changing to ‘responsible person’.

A responsible person includes someone who has responsibility for managing the operations of a registered provider or one of its government-funded aged care services. This includes persons responsible for executive decisions of the registered provider and others with responsibility for planning, directing or controlling activities.

The new Act provides that a responsible person can also include a person responsible for overall management of nursing services delivered by the registered

provider or at an approved residential aged care home, such as a director of nursing or nurse manager.

This change was made in response to feedback on the duty of certain responsible persons to ensure nurses who do not hold any kind of management positions (or are not in a position with the decision-making power to influence daily operations of a registered provider) are not inadvertently subject to obligations.

Responsible persons is a new requirement for CHSP and NATSIFAC providers when they come under the new Act on 1 November 2025.

Can one person be a responsible person for multiple providers, such as a board member on one, an advisor for another or a partner in third service?

Yes, an individual can be listed as a responsible person for multiple services.

The person will need to meet all the obligations of a responsible person for each provider they are engaged with.

Are there certain requirements for providers that are also state government entities?

A government entity can be registered as a provider. As defined in the new Act, government entity means a:

- Commonwealth entity (within the meaning of the Public Governances, Performance and Accountability Act 2013)
- state or territory entity
- body established for a public purpose by or under a law of a state or territory (other than a local government authority).

These providers will be known as government entities under the new Act.

Government entities may not have to meet certain requirements in the rules, particularly around governance such as who are your responsible persons and membership of governing bodies.

Find out more about registered providers and requirements in the Aged Care Rules 2025.

Registration and deeming

When can new providers register for their chosen categories under the new Act?

New providers can register from 1 November 2025 with the Commission.

Existing aged care providers will be automatically moved, or deemed, as registered providers in the categories that match their current operations when the new Act commences.

Learn more about the registration process on the Commission's website.

What types of organisations can apply to become registered providers under the new Act?

When the new Act starts, entities can apply to be registered in the categories relevant to the service types they intend to deliver. The new Act defines and expands the entity types that can become registered providers to include:

- an individual
- a body corporate
- a body politic
- a partnership
- any other unincorporated association that has a governing body.

Providers will require an ABN and must demonstrate the ability to appropriately deliver aged care services relevant to their proposed registration categories. A trustee entity can apply to become a registered provider.

A separate process, called deeming, will ensure current government-funded providers are transitioned as registered providers when the new Act starts.

How will the new universal registration work and will this apply to providers which deliver services across multiple locations?

The new regulatory model will introduce universal registration – a single registration for each provider across all aged care programs and all locations. All providers require an ABN and will need to demonstrate their ability to provide services in their proposed registration categories. Providers will be identified using their ABN details and will only require a single registration when they deliver across multiple programs and sites.

Do I need to deliver all service types in the category I am registered in?

No, a provider does not need to provide all services under their registration category and may not be able to due to their funding arrangements. For example, if services are:

- not included in the funding agreement
- only available under specialist programs like CHSP.

Find more information on the:

- 6 proposed registration categories and the service types within each category
- Aged Care Service List service types.

If a NDIS provider wants to register as a home care provider as well, is there a process to offer both services?

A NDIS provider can apply for registration with the Commission to deliver aged care services. At this time, the processes to become an aged care provider or a NDIS

provider remain separate, although there is nothing to prevent an organisation from being both.

Do public sector services need to go through the deeming process in states and territories, or does this happen automatically?

Aged care services delivered by the public sector, such as state governments and local health networks, will be deemed as registered providers under the new Act. Deeming is an automatic process, and we are engaging with relevant providers where further information is required to facilitate this.

How will the deeming process work for providers that deliver services across multiple program types (e.g. HCP, CHSP STRC and residential aged care) with the Support at Home program roll out?

All existing government-funded providers, including HCP, STRC, CHSP and residential aged care providers, will be deemed into registration categories based on the services they currently deliver or as required under their funding agreement. This will ensure there is no interruption to service delivery and allows providers to maintain continuity of care for older people.

Where you currently deliver services across multiple programs, a single registration will be created using your ABN linking individual program records. Similarly, existing HCP and STRC providers will be deemed into the relevant registration categories to allow them to deliver Support at Home services from 1 November 2025.

Will approved providers which are not currently delivering services be deemed when the new Act comes into effect, or will a new application be required?

On 1 November 2025, existing government-funded providers will be automatically moved, or deemed, into registration categories based on the services they are approved to deliver or are required to deliver under a funding agreement.

Approved providers who have not claimed a subsidy in the 12 months prior to new Act commencement and have no active services will not be deemed into registration categories under the new Act.

Under the deeming process, we have a new extended registration end date. How close can we now expect our audit to be to our registration end date?

The Commission will invite providers to apply to renew their registration up to 18 months before their expiry date. The exact timeframe will depend on the size of the provider and the number of services that need to be audited.

Will the renewal registration notice be sent to approved providers? We have received the deeming registration and were advised that we are up for renewal

in May 2026. It was stated that we should receive a notice to renew up to 18 months prior to the renewal date.

Yes, the Commission will commence the renewal-of-registration process before the provider's registration expires.

The Commission will email the provider and invite them to renew their registration up to 18 months prior to the end of a registration period. Timing will vary depending on the size of the provider, the current and proposed registration categories and whether they need to have an audit against the Aged Care Quality Standards.

If your registration expiry date is in the first half of 2026, you can expect to hear from the Commission soon after 1 November 2025.

The information in my provider registration preview is incorrect. How do I make updates to ensure my organisation's information is correct prior to the new Act coming into effect?

With the deferral of the new Act, providers are encouraged in the interim to review the information in their preview letter and finalise any updates, as required, by following the instructions in the preview letter or as listed on our Provider registration preview webpage.

The Commission will be responsible for managing variations to provider details once the new Act commences.

How does the new regulatory framework reduce the undue administrative burden on small and community-run aged care providers?

The new regulatory model is not intended to increase the regulatory burden on aged care providers.

Processes for providers through universal registration and consolidated obligations will be streamlined under the new model. The system of obligations is intended to be proportionate to the environment the provider operates in, the services they deliver and any risks of harm that may be present.

We have multiple ABNs and separate GPMS accounts. Is there an expectation that these be consolidated? If so, how do we do this?

Each unique ABN will become its own registered provider under the new Act and Government Provider Management System (GPMS) accounts will be linked to a single provider.

A provider may choose for various business reasons to maintain multiple provider registrations under the new regulatory model. This approach may limit the benefits of maintaining a single registered provider record. It would further mean multiple renewal of registration processes and associated costs, as well as reporting and notification requirements for each registered provider.

It is a business decision for a provider if they wish to consolidate any of their services under a single ABN. Find more information about making organisational changes.

Obligations and reporting

When will the aged care provider obligations reference tool be available? For which providers is this relevant?

The obligations tool is planned for release in August 2025, following finalisation of the rules. The obligations finder will help all prospective and current registered providers navigate the obligations that apply to them.

The department will provide user reference tools and guidance to support providers to understand and use the finder effectively.

How do the Financial and Prudential Standards sit within the regulatory framework?

The new Financial and Prudential Standards will come into effect as part of the new Act on 1 November 2025 and will set out the minimum requirements for financial and prudential management of registered providers of government funded aged care. There are three Standards which will apply to providers depending on their registration category:

- Financial and Prudential Management Standard will apply to providers in registration categories 4, 5 and 6, excluding state and local government entities.
- Liquidity Standard will apply to providers in registration category 6 (residential care), excluding NATSIFACP aged care providers and state and local government entities.
- Investment Standard will apply to providers in registration category 6 (residential care), excluding NATSIFACP aged care providers and state and local government entities.

The Commission has been engaging with providers to ensure sector readiness, including for those home care providers who will be captured by the Financial and Prudential Management Standard.

For a provider delivering services in registration category 6, will we need our financials up to date by 1 November 2025?

All providers will need to ensure that they can meet the rules that apply to the registration category for which they are providing services. For example, if you are a category 6 provider (residential aged care), you need to ensure you can meet the specific rules for residential aged care providers, this includes the requirements under the Financial and Prudential Management Standard.

What are my requirements under the new Complaints and Feedback annual reporting?

Under the new complaints reporting requirements, a registered provider must give a complaints and feedback management report to the System Governor and the Commissioner within 4 months after the end of the reporting period for the registered provider.

The reporting period for a registered provider is the 12-month period from 1 July or from the first day of a month determined for the registered provider by the System Governor in accordance with the Aged Care Rules 2025.

Will the requirements for the Quarterly Financial Report & Aged Care Financial Report change?

Aged care providers are required to submit the Quarterly Financial Report and annual Aged Care Financial Report (ACFR). Reporting requirements vary depending on which services are being provided, including mandatory reporting requirements to receive Australian Government funding.

Find more information about the:

- Quarterly Financial Report
- Aged Care Financial Report.

Health care professionals and associated providers

Will the new regulatory model also apply to health care professionals, such as doctors and allied health professionals, providing services in aged care?

No, the new regulatory model will change the way that government-funded aged care providers enter and remain in the system. This includes how provider obligations are defined and the options for regulation, which are available to the Commission as the regulator of government-funded aged care.

The regulatory model does not regulate individual health or medical professionals who are employed by registered aged care providers. The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with National Boards to ensure that Australia's registered health practitioners are suitably trained, qualified and safe to practice. The National Alliance of Self Regulating Health Professions (NASRHP) sets benchmark standards for regulation and accreditation of self-regulated allied health practitioners to provide assurance that patients are receiving quality services from certified health professionals.

The strengthened Aged Care Quality Standards reflect the expected safety and quality of aged care accessed by older people in Australia. Under the Quality Standards, registered providers have obligations to ensure that their workforce deliver services within their scope of practice – this includes the medical and allied health workforce.

How will subcontractors become associated providers under the new Act? What will their responsibilities be under the new regulatory model?

When the new Act starts, subcontractors providing services on behalf of registered providers will be known as associated providers. This is new terminology but not a status like registered providers that requires an application or approval.

A registered provider who subcontracts out any service will be responsible for ensuring their associated providers meet relevant obligations, whether or not the associated provider delivering those services is registered. Registered providers cannot contract out their legal responsibilities.

If using associated providers, the registered provider needs to notify the Commission:

- When providers in all registration categories register or renew their registration, they must specify their legal and business structure, including relationships with any associated providers.
- Providers in registration categories 4, 5 or 6 must notify the Commission when an arrangement with an associated provider commences or is varied, extended or ceases in relation to services provided under those categories.

A client we support has sourced their own allied health provider. As the registered provider, do we need to make sure the associated provider signs a contract with our organisation to deliver those services?

In all cases, the registered provider will be responsible for ensuring compliance with relevant obligations, which includes any workers who deliver care on their behalf regardless of how that worker is engaged. You will need to have a mechanism for ensuring that the allied health provider is suitable to deliver the care in question and that they are delivering services consistent with your obligations.

Do allied health practitioners have to register as aged care providers for Support at Home at this stage?

Existing allied health professionals do not necessarily need to register as providers to deliver services under Support at Home. They can deliver services as associated providers if they are engaged by registered providers.

Find more information about associated providers in the Support at Home program manual (p. 126-7).

How much time will organisations have to list their associated providers in the portal? And is this available now?

All existing providers deemed as registered providers will have their ‘Third Party Organisations’ data in GPMS transformed into associated providers at commencement of the new Act. You can access and submit a notification form through the Self-Service Portal (SSP) to add ‘Third Party Organisation’ before the Act commences.

Once the new Act commences, registered providers in registration categories 4, 5 or 6 must notify the Aged Care Quality and Safety Commission when an arrangement with an associated provider commences or is varied, extended or ceases in relation to services provided under those categories.

To find out more, see the Commission's draft Change in circumstance notification form.

Will registered providers need to register associated providers in GPMS to be able to claim the work they have completed.

No, the data on associated providers is captured for the Commission for their functions around quality and safety.

Rules

When will the final Rules be issued? Will there be an accompanying Explanatory Statement to aid in interpretation?

The department has progressively released the draft Rules, which underpin the new Aged Care Act. All the draft Aged Care Rules for consultation have now been published.

Ministerial making of the Rules will be a decision of the government.

An explanatory statement will accompany the Rules when they are made.

As vaccinations prescribed in the Rules are required to be provided free to staff (pneumococcal and shingles), will there be funding available to providers for these new additional vaccines?

No, section 153 relates to access to the vaccinations in accordance with the Australian Immunisation Handbook (AIH) eligibility requirements.

Vaccinations for certain populations prescribed in the Rules are in line with those recommended under the AIH. Where the vaccination of the individual or worker meets the clinical guidelines under the AIH for the vaccines noted in the question, those vaccines are free as they are funded under the National Immunisation Program (NIP). As such, if the above is met, no additional cost is expected to the Provider.

What are the Restrictive Practice consent processes included in the Act and rules?

The new Act will continue the same consent framework as presently operates under the *Aged Care Act 1997*. Parts of this framework were originally scheduled to cease on 1 December 2024 but have been extended until 1 December 2026.

In the first instance, consent to use a restrictive practice is to be sought from the older person (the affected individual) themselves. Consent from a person other than

the affected individual is only to be sought where the affected individual lacks the capacity to provide consent.

Rules – more information

- Find out more about Rules releases and how to provide feedback
- Contact AgedCareLegislativeReform@health.gov.au.

Meal requirements

What supports will be available to meet the meal requirements for in-home aged care and community respite?

Guidance, tools and resources are under development to assist providers to meet the requirements for meals. This will assist in understanding the expectations and how to demonstrate meeting them.

To lessen the burden on providers, the assessment by Accredited Practising Dietitians (APD) can be conducted remotely where access to an APD is challenging.

In addition, providers can use or build existing processes and systems they are currently required to have under the current Aged Care Quality Standards to assist them to meet the requirements for meals.

This includes requirements to deliver safe and effective services and support for daily living to optimise health and quality of life (Quality Standard 4). Specifically, providers must meet the requirement: 'where meals are provided, they are varied and of suitable quality and quantity.'

Providers should already be partnering with older people and have feedback mechanisms in place. Under Standard 6 of the current Quality Standards, providers are required to regularly seek feedback from older people and others to inform continuous improvement of services. Providers must also demonstrate good organisational governance, which includes having systems for continuous improvement and engaging with older people in the development and delivery of services (Quality Standard 8). We would expect that providers can use these existing systems to support requirements for Quality Assurance Frameworks.

Will each provider be required to have a dietician review for common meal providers, or will one dietician review for these meal suppliers be sufficient?

The requirements for meals under the new Act Rules (s148-20) applies to registered providers who provide meal delivery services into an older person's home or provide meals during community and cottage respite.

Registered providers are responsible for ensuring they meet their obligations under the new Act, even when they subcontract services to third parties.

In this example, the provider may engage an Accredited Practising Dietitian directly or may seek evidence from third party producers that it engaged an Accredited Practising Dietitian to assess their meals.

Contractual arrangements may be put in place to ensure the provider has sufficient evidence to demonstrate meeting the requirements. For example, this could include reports detailing the assessment by the Accredited Practising Dietitian and actions taken by the third-party to improve meals in response to feedback.

Worker regulation

If my staff work across aged care and NDIS, do they require both a NDIS and an Aged Care Worker Screening as well as a Police check?

No, staff do not require both a police check and a NDIS worker screening clearance.

If a staff member works (or has worked) with NDIS participants and they have an NDIS Worker Screening Clearance, a separate police check to work in aged care is not required.

Are contractors/vendors expected to complete the new workers screening check for their staff?

Yes. Contractors, including independent contractors, and vendors, must meet the worker screening requirements if they are an aged care worker.

An aged care worker is a person who is employed or otherwise engaged by the registered provider (or an associated provider of the registered provider) to deliver a funded aged care service. Registered providers will need to consider the contractual arrangements for their respective organisation and the risk of harm to individuals accessing funded aged care services.

When the new Act commences, all aged care workers (and responsible persons) will continue to need either a police certificate or a NDIS worker screening check.

Further information on the new worker screening arrangements (which will not start before 2026) will be communicated to the sector in the future.

Will worker screening checks apply to volunteers?

Yes, worker screening will apply to volunteers if they are an aged care worker.

For more information:

- on screening requirements for the aged care workforce
- email workerregulationse@health.gov.au.

Residential care

What are the rules regarding residential respite residents leave, for example that residents must be discharged if they leave the home overnight for either hospital or social reasons? Will this change under the new Act?

Under the new Act there will continue to be no formal leave provisions for residential respite care, however, the interaction between residential respite and security of tenure will change.

Respite care recipients will no longer need to be automatically exited from their respite episode if they have a temporary overnight absence. Therefore, if a respite care recipient is admitted to hospital overnight, the security of tenure provisions and respite agreement will stay in force until such time as the provider can determine what the care recipient/family want to do in relation to the respite episode.

Importantly, there will be no financial disadvantage to providers – as until the respite recipient or their family decide to end the agreed respite period:

- the respite subsidy will continue to be paid
- the respite recipient will continue to pay basic daily care fees and any agreed Higher Everyday Living Fees
- the booking fee will not need to be refunded while the residential care home continues to hold a place for the person.

Residential care homes and care recipients (or their families) can also agree on temporary overnight absences for **social reasons**. In these instances, the same provisions mentioned above around subsidy payments and client fees apply.

Further information on how to manage temporary absences from residential respite will be provided on the department’s website shortly.

Should the 'Additional Services Agreement' be included as part of the Residential and Accommodation Agreement or be prepared as a separate agreement?

No new Additional Service Fee (ASF) agreements can be made after 31 October 2025. Existing residents who had agreed to an ESF or ASF prior to this date can remain under this agreement for up to 12 months until 31 October 2026. The additional service fee will be replaced by the Higher Everyday Living Fee (HELF). HELF agreements must not be agreed prior to entry and must be separate to Residential and Accommodation Agreements.

How would residential homes/places will be allocated/approved from 1 November 2025?

The new Act will allocate a residential place directly to an older person, instead of an aged care provider. All residential care places allocated from the former Aged Care Approvals Rounds, or through the current bed-ready process, will cease to exist.

From 1 November, the Commission will be responsible for the approval of a residential care home and for the total number of beds at the home.

Find more information:

- about the Commission's Provider Registration Policy
- about the changes that will allocate residential places directly to older people
- by contacting us at bedreadyplaces@health.gov.au.

Aged Care Quality and Safety Commission

The Commission is working closely with the aged care sector in the lead up to the new Act. They regularly update their website and issue regular Quality Bulletins to provide the most current guidance materials and information as possible.

The following are published links to guidance materials available on the Commission's website for providers:

- Provider Registration Policy
- Changing aged care for the better – what you need to know
- New 'universal' provider registration
- Regulatory Strategy 2024-25

For more information about the national regulator of aged care services, or if you have questions regarding provider registration and renewal:

- visit the Commission's website
- email info@agedcarequality.gov.au.

Commonwealth Home Support Program (CHSP)

Governance, registration and regulation

I don't currently deliver CHSP services. How can I become a new CHSP provider?

Currently, a new provider cannot apply to be a CHSP provider unless there is an open grant funding opportunity available through Grant Connect and a provider is found suitable.

We have been preparing for the commencement of Support at Home, as a provider of both HCP & CHSP. Are there specific CHSP preparations which we need to be across which sit outside of our HCP obligations?

There will be some changes to CHSP from 1 November 2025, including the way CHSP services are described, regulated and delivered. CHSP providers should also familiarise themselves with the regulatory model guidance material available under CHSP resources.

The May 2025 CHSP provider update provides information about the 2025-27 extension and any changes to the CHSP. Further information is available in the CHSP 2025-27 Manual.

Can My Aged Care create a universal Manual Referral code for providers to access multiple services provided under CHSP?

Clients who are assessed as eligible to receive CHSP services are issued with a referral for each assessed service. This referral process for CHSP services will continue from 1 November 2025.

Is there any information about how we can support socially isolated clients to continue to engage and participate in our social support programs?

CHSP providers are funded to deliver specific outputs within Aged Care Planning Regions (ACPR) as outlined in their grant agreements.

For clients living in remote/isolated areas, there may be the option of receiving telehealth services to support their wellbeing and prevent social isolation. Clients are encouraged to contact My Aged Care to undergo an assessment and be supported to find an available CHSP provider to deliver the services required.

For local government CHSP providers, are Councillors considered Responsible persons?

The department is developing more detailed guidance on this question in preparation for the new Act. Under CHSP, the concept of a 'Responsible Person' aligns with the definition of an executive decision maker. This includes:

- a member of a group responsible for the executive decisions of the entity at that time
- any other person who has responsibility for, or significant influence over, planning, directing or controlling the activities of entity
- any person responsible for the day-to-day operations of the service, regardless of whether they are employed by the entity.

In determining who qualifies as an executive decision maker, CHSP providers should consider the role and functions an individual performs.

We have been granted a CHSP grant extension. Should we be preparing to deliver Support at Home services?

Existing CHSP providers will be automatically deemed into the relevant category or categories on commencement of the new Act. CHSP providers will continue to deliver CHSP services as outlined in their CHSP grant agreement, including Allied Health and Therapy and Assistive Technology.

CHSP providers who wish to also deliver services under Support at Home will need to apply to the Commission, which is responsible for the provider registration process from 1 November 2025.

Is there a potential to retain CHSP and not transition to Support at Home?

Yes, in the short term. Clients currently accessing CHSP will continue to receive services until the program transitions to the Support at Home program no earlier than July 2027. If a CHSP client's needs are reassessed as more complex, they may be eligible for Support at Home or other services at an earlier time.

Will CHSP clients requiring home modifications, and providers supplying this service to CHSP participants, be required to follow the Support at Home AT-HM guidelines, or is there a separate set of guidelines for CHSP AT-HM?

As part of the two-year CHSP 2025-27 extension, from 1 July 2025, the Commonwealth contribution for CHSP Home adjustments increased from $10,000 to $15,000 per client per financial year to align with the new Act and Support at Home program from 1 November 2025. The CHSP is a separate program to Support at Home and the new AT-HM Scheme. CHSP clients assessed as eligible for CHSP Home adjustments can access these services through CHSP providers funded for Home adjustments. The program requirements for CHSP Home adjustments are outlined in the CHSP 2025-27 Manual available under CHSP Reforms.

Will new aged care entrants assessed from 1 November go straight onto Support at Home or will there be any new CHSP referrals? For those with existing CHSP codes who need a new code to move provider, will they be supported to obtain a new code from MAC?

From 1 November 2025, assessors will refer eligible older people with entry-level aged care needs to the CHSP and those with higher-level needs will be approved for Support at Home.

If an existing CHSP client's needs change, they can be reassessed through the Single Assessment System to determine if they are eligible for Support at Home.

What are the transition arrangements in the final year of the CHSP 2026-2027 to move people across to Support at Home; what can providers do to prepare for this?

The CHSP will transition to Support at Home no earlier than 1 July 2027. Details of the transition are the subject of further government decisions and will be communicated to providers closer to the transition period.

How is the process of arranging urgent CHSP services for hospital discharge going to change in relation to the commencement of the Support at Home program?

Information about the urgent services pathway from 1 November 2025 is available in the CHSP 2025-27 Manual under CHSP Reforms.

Can or will Social Support Individual and Group Social Support be reported as combined under Social Support and Community Engagement?

Individual Social Support and Group Social Support will be reported separately under Social Support and community engagement.

Providers delivering either of these services will note that in their contract extension offers, both services are contracted at the Service level not the Service Type level.

Further information is available in the CHSP Data Exchange Toolkit – Stage 1 and the Data Dictionary (Stage 1) available under CHSP Reforms.

Will the Code of Conduct apply to CHSP providers from 1 November 2025?

As registered providers, CHSP providers must comply with the Aged Care Code of Conduct. The new Act will regulate CHSP providers the same way as other aged care programs. Overarching obligations apply to all aged care providers, such as the Statement of Rights, the Aged Care Code of Conduct and worker screening requirements.

Other obligations will be specific to the service types provided and may include regulation under the strengthened Aged Care Quality Standards. Further information on obligations under each registration category will be shared when available.

For grant recipients not involved in delivery of regulated services, the Grantee Code of Conduct applies. The grantee must:

- undertake activity in a safe and competent manner, with care and skill
- raise and act on concerns about safety of the activity
- disclose, avoid or manage conflicts of interest
- act with integrity, honesty and transparency
- treat people with dignity and respect, without bullying or harassment, including valuing the individual's diversity
- not provide false or misleading information.

Further information is available in the new regulatory model guidance for CHSP providers under CHSP resources.

If our Program service name is CHSP Domestic Assistance, does that mean we need to call our service type: cleaning or linen?

The CHSP Service Type will remain as Domestic Assistance. The CHSP Services under Domestic Assistance include general house cleaning, laundry services or Shopping assistance. The CHSP service catalogue 2025-27 provides further information and can be found under CHSP extension resources.

Service Agreements, funding and fees

How will CHSP services in regional areas be supported given the deferral in implementation of the new Act?

The CHSP has been extended for a further 2 years, from 1 July 2025 to 30 June 2027, to provide certainty of funding for providers until the CHSP transitions to Support at Home no earlier than 1 July 2027.

The 2024-25 growth funding opportunity allocated $100 million for the highest demand service types, including Domestic Assistance, Home Maintenance, Transport and Allied Health and Therapy in Aged Care Planning Regions across the country. Funding became available from late 2024. The department is considering further growth funding opportunities for 2025-27.

How should client contributions be managed for CHSP services?

Fees should be agreed with clients before services are provided. A CHSP reasonable client contribution range for each service type has been developed and is provided as a guide to assist CHSP providers to implement or review their client contribution policy. These reasonable client contribution ranges are provided as a guide and may not be suitable for all client contribution policies.

Client contribution policies and fee charging practices are determined by CHSP providers as part of their individual business operations. CHSP providers should discuss and agree on client contribution amounts with clients before the service is

provided and/or when fee amounts change. This should include a discussion about a client's capacity to pay the fees. CHSP providers will have arrangements for servicing those least able to contribute towards the cost of their care.

Do CHSP clients need to have new service agreements in place by 1 November 2025?

Under the new Act, a service agreement between a CHSP provider and a client will bring together important requirements to support clarity of services, charges and other obligations of CHSP providers and ensure the rights of CHSP clients are upheld. Most of the service agreement requirements should already exist in CHSP providers' current arrangements with clients. There are additional requirements that reflect new service list names, specify review dates and variation arrangements and circumstances where services can be ceased. For new clients, from 1 November 2025, the current draft Rules require that a service agreement is put in place before services commence.

Following consultation, the department will brief the government on the draft Rules and the feedback received. This would likely include providing advice on how existing CHSP clients, with this information already captured as part of their current services, could be deemed as already having a service agreement in place from 1 November 2025 through Transitional Rules.

Find more CHSP guidance material.

When will we receive our 2025-2027 CHSP agreement and the CHSP manual?

The formal 2025-27 grant agreement offers have been sent from May 2025 to CHSP providers as part of the extension process. The CHSP 2025-27 Manual is available under CHSP Reforms.

Is there an opportunity to make an application as a new provider to deliver CHSP services throughout 2025-2027 before Support at Home commences?

To deliver CHSP services, organisations must apply and be successful through a growth funding opportunity.

There are currently no available opportunities for new organisations to become CHSP providers. Any future growth funding opportunities for organisations to become CHSP providers will be advertised on the Grant Connect website.

If a client has a SAH package and funding is exhausted, will they be ineligible for any services funded under CHSP? i.e. social support or meals and need to pay full fee recovery?

Work is continuing on managing the interactions between the Support at Home program and CHSP. However, it is noted that if a participant's level of funding is insufficient to meet their aged-related care and support needs, the participant can be

referred for a Support Plan Review to determine if they are eligible for a higher Support at Home classification.

How can a service be allocated CHSP clients from 1 July 2025?

CHSP providers are funded to deliver specific outputs within Aged Care Planning Regions (ACPR), as outlined in their grant agreements.

Clients are encouraged to contact My Aged Care to undergo an assessment and be supported to find an available CHSP provider to deliver the services required.

Reporting

How will reporting for CHSP change?

From 1 July 2025, Data Exchange (DEX) reporting requirements will change to ensure services align to the new CHSP service list and improve visibility of services being accessed by clients.

DEX changes will occur in 2 stages:

- Stage 1: Reporting will be aligned with the new service list, commencing 1 November 2025.
- Stage 2: Reporting of service type at a more granular level will occur within the 2025-26 financial year.

Further information is outlined in the DEX Exchange Stage 1 Toolkit and Data Exchange Dictionary, which are available under CHSP Reforms.

How will the new CHSP reporting requirements be managed? Will there be a grace period?

Information about how CHSP providers need to report their services from 1 July 2025 were published under CHSP Reforms on 8 May 2025. The DEX Exchange toolkit (Stage 1) and Data Exchange Dictionary (Stage 1) documents describe the changes that will go live on 1 July 2025.

Find out more information about the reforms and changes to CHSP.

For enquiries about:

- the CHSP funding extension and general CHSP enquiries, please contact CHSPprogram@health.gov.au
- the CHSP Community Transport Pricing Pilot or about policy changes to the CHSP in 2025-27, please contact CHSPServiceReform@health.gov.au.

Home care & Support at Home

Resources to support questions on letters and fees:

- Support at Home letters – Frequently asked questions for older people
- Support at Home letters – Frequently asked questions for providers
- Consumer protections for Support at Home prices – fact sheet for participants.

Will current HCP clients only pay 10% care management? Do package management fees also apply?

Support at Home participants who receive ongoing services have 10% deducted from their quarterly budget for care management. This is pooled with their provider to claim care management activities against. Package management fees do not apply under Support at Home.

Under Support at Home, does an approved provider need to deliver care management or can this be outsourced to another party?

From 1 November 2025, Support at Home will operate under a single provider model. This means that a single registered provider will oversee and deliver all Support at Home services for a participant, including care management.

It is a requirement that all participants receive care management services so this means that registered providers, claiming for the delivery of Support at Home services, must:

- be registered into (at minimum) *Category 4 Personal care and care support in the home or community* (including respite), and
- meet Outcome 5.1 (Clinical Governance) of Standard 5: Clinical Care.

Under the single provider model, providers can engage a third-party to deliver services on their behalf however, the provider remains responsible for delivery of the services and compliance with relevant obligations.

Further information is outlined in section 6.9.1 of the Support at Home program manual.

Please clarify the definition of a nursing assistant under the service list for Support at Home.

Under Support at Home, a nursing assistant may work under the supervision of a registered or enrolled nurse to deliver in-scope services under the Nursing Care service type on the Support at Home service list.

How will Assistive Technology and Home Modifications be affected by the reforms?

Older people receiving support through the Home Care Packages (HCP) Program currently use their package funds to access assistive technology and home modifications. From 1 November 2025, these services will be transitioned to a dedicated funding stream in the Support at Home program, through the new Assistive Technology and Home Modifications (AT-HM) scheme. The AT-HM scheme will provide Support at Home participants with separate funding for the assistive technology and home modifications that they need to live safely and independently at home.

Assistive technology and home modifications will continue to be available through other in-home aged care programs, such as the Commonwealth Home Support Program (CHSP), the Multi-Purpose Services Program (MPSP) and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP). These offerings will remain in place beyond 1 November 2025.

Has the lifetime cap on Home Modifications been revised?

We appreciate the feedback that providers and peak organisations have provided in their communications regarding the costs of home modifications and acknowledge that the AT-HM funding may not cover all costs associated with home modifications. Under the current system there is no dedicated funding for home modifications.

The high tier funding cap for home modifications through the new AT-HM scheme of $15,000 over a person's lifetime is the total amount available for home modifications that an older person may need to live safely in their home and is in addition to any assistive technology that the older person may also need. Higher amounts for assistive technology will be available to any older people with a prescribed need.

The government will continue to monitor access to the new system as it is rolled out from 1 November 2025.

What changes for management of consumers will happen for care advisors under the Support at Home program?

Chapter 7 of the Support at Home program manual outlines care management including the goals, types of care management activities that can be claimed under care management, as well as role of the care partner.

Under Support at Home, care management must be delivered to each participant at least monthly. This should be a direct care management activity of at least 15 minutes.

Further information on care management will be provided in the next release of the program manual.

Will there be another round of grandfathering?

There are grandfathering and transitional care arrangements for current HCP care recipients who will transition to the Support at Home program on 1 November 2025.

Find more information on:

- specific grandfathering and transitional arrangements for HCP care recipients in the Support at Home program manual.
- the in-home aged care reforms and the new Support at Home program.

You can also email sah.implementation@health.gov.au for more information.

Funding or fees

Clients can only be charged for time a service occurs (e.g. support worker helping at a home). What happens if the worker leaves a client's home earlier than expected. Is the client still expected to pay the full amount?

No, in this situation a provider should only invoice their client and subsequently submit a claim to Services Australia for the duration of the service. For example, if an hour of personal care was scheduled and only 45 minutes provided then the claim and contribution should be for the value of 45 minutes of 1 hour.

If clients have a rollover amount at the end of October, but it is not enough to purchase the equipment they need and they do not qualify for the grandfather policy, can they use those funds and apply to use some of the $25,000 lifetime funds to cover the shortfall?

If a participant has HCP unspent funds that roll over into Support at Home and they require assistive technology or home modifications, they will use their unspent funds in the first instance. If they have insufficient unspent funds to meet these needs, their provider can complete the AT-HM scheme data collection process through the Health Services Portal (November 2025–February 2026 TBC) to capture the information needed to assign them a funding tier. Alternatively, the provider can refer the participant for a Support Plan Review to have a funding tier allocated.

Are providers obliged to offer the new Higher Everyday Living Fee option to all new residents from 1 November 2025?

Providers are not obliged to offer Higher Everyday Living Fees (HELF) to residents. However, a HELF would be needed if a provider wishes to charge for services at a higher level, or in addition to, those required under the service list.

No new Extra Service Fee (ESF) or Additional Service Fee (ASF) agreements can be made after 31 October 2025. Existing residents who had agreed to an ESF or ASF prior to this date can remain under this agreement for up to 12 months until 31 October 2026.

What is the process if a client stops paying their Income Tested Care Fee?

Please note that under Support at Home there is no longer an income tested care fee (ITCF) and any fees paid will be known as participant contributions.

Service providers will be responsible for the collection of participant contributions. Service providers can cease services under certain circumstances if a participant continuously refuses to pay their contributions for a reason within the individual's control.

What happens to the unspent funds of existing HCP consumers when Support at Home comes into effect? What are the rules regarding these consumers, particularly with large amount of unspent funds?

Transitioned HCP recipients who had unspent funds as of 31 October 2025 retained these funds for use under Support at Home (SaH). HCP unspent funds may be divided into:

- provider-held participant portion HCP unspent funds
- Commonwealth portion HCP unspent funds (which may be held by the Commonwealth, the provider or both).

SaH participants can use the provider held participant portion of HCP unspent funds for paying contributions under SaH. They can continue to do this until this portion of funds is exhausted at which time they will have to pay fees.

There are rules about the use of Commonwealth portion unspent HCP funds:

- SaH care and services: unspent funds are used once the quarterly budget has been fully exhausted, in the following sequence: Commonwealth provider held followed by the home care account.
- Assistive technology or home modifications: Unspent funds must be used before accessing the AT-HM budget in the following sequence: Commonwealth provider held followed by the home care account.

Is there any clarity around whether there is any ability to charge a processing fee for contractor invoices as there is no longer any ability to charge package management fees?

Providers will be able to charge an overhead to cover their costs of supporting the third-party use for activities such as:

- oversight to ensure a third-party worker meets worker obligations under the Act (e.g. carrying out worker screening, training the worker in the provider's complaints and incident management procedures)
- participant claiming and reimbursements.

The overhead that can be charged is capped at 10% of the actual cost of the third-party service. The overhead is not claimed separately by the provider and therefore, must be included in the final service price for the third-party worker.

Note: Providers should ensure that the overhead charged is proportionate to the activities the participant is undertaking to support the arrangement. The overhead cap does not apply if the provider has elected to engage a third-party to deliver services outside of self-management, and the participant is not contributing to coordinating the third-party. The overhead does not apply to AT-HM.

Will clients still be able to do self-management of their own funding utilising the option of lower fees from some of the current HCP providers?

Self-management will continue under Support at Home. Self-management can involve clients:

- coordinating their own services
- scheduling their own services
- choosing their own worker/s
- managing your budget.

Clients and their Support at Home provider must agree on self-management arrangements. Support at Home has a defined service list. If a client is organising their own services, they will only be able to spend their budget on services that are part of their support plan and are on the service list.

If the provider agrees you can use a third-party worker as part of self-management. Under the new Act, there will be changes to how third-party workers are treated. Your provider will need to engage a third-party worker to deliver services to you. The provider may do this directly or through another organisation called an associated provider. Your provider will also be responsible for all aged care workers delivering services to you, even third-party workers. Your provider must ensure that any third-party workers meet any workforce-related requirements.

Whether or not you choose to do a lot of self-management activities, you will receive care management support from your provider. If you are receiving ongoing services, 10% of your budget will be deducted for care management each quarter.

Contact

If you have any further questions about the new regulatory model, email AgedCareRegModel@health.gov.au

Start a conversation about aged care

Transforming aged care laws to put the rights of older people first.

Visit **health.gov.au/regulatory-model**

Phone **1800 836 799** (Aged care reform free-call phone line)

For translating and interpreting services, call 131 450 and ask for 1800 836 799.
To use the National Relay Service, visit nrschat.nrscall.gov.au/nrs to choose your preferred access point on their website, or call the NRS Helpdesk on 1800 555 660.