



Australian Government

Department of Health, Disability and Ageing



Your guide to the Aged Care Act 2024

Aligning to changes

The Department of Health, Disability and Ageing (the Department) has developed this document to help you understand the changes introduced by the Aged Care Act 2024 (the Act), and how they might apply to you.

We understand that some areas may raise questions or require further information based on your personal circumstances or background. To discuss in more detail and get the support that's right for you, visit:

- [My Aged Care](#),
- [Older Persons Advocacy Network \(OPAN\)](#), **or**
- [National Aboriginal and Torres Strait Islander Ageing and Aged Care Council \(NATSIAACC\)](#)

The information in this document is current at the time of publication, and the Department reserves the right to add or change information as needed.

To support your understanding, this document will cover the following topics:

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Your rights in care

Understanding your rights in care

What the Statement of Rights mean for you

The Aged Care Act 2024 (the Act) will commence from 1 November 2025. The Act is the main federal law that sets out how the aged care system operates. The Act puts the rights of older people first.

The Act includes a Statement of Rights, detailing the rights that you can expect when accessing government-funded aged care services. The rights help to ensure that you and your will and preferences are at the centre of the new aged care system.

The Statement of Rights are as follows:

Autonomy and freedom of choice	I have the right to make my own choices about my care, relationships, lifestyle and taking risks, with support if I want it or if necessary.
Equitable Access	I have the right to have my needs assessed in a way that works for me including having my cultural background, past trauma or cognitive conditions, such as dementia, respected.
Safe, quality care	I have the right to be treated with dignity and respect by experienced aged care workers who value my identity, culture, spirituality and diversity.
Privacy and confidentiality	I have the right to have my privacy respected, and my personal information kept confidential. I must be in control of who my information is shared with.
Communication and complaints	I have the right to be informed in a way I understand and to raise concerns without fear of reprisal. My feedback must be dealt with fairly and promptly.
Support and social connections	I have the right to stay connected to important people, pets and culture. As an Aboriginal or Torres Strait Islander person, I can stay connected to Country and/or Island Home.

Module 1 – Aged Care Act 2024 includes more information on the Statement of Rights.

What you can expect from your provider

The Statement of Rights is there to give you, and the people who support you, confidence that you are empowered and receiving high quality care. If you are using, or want to use, government-funded aged care services, your needs, choices, culture, identity, and personal situation must be respected.

There are strengthened Aged Care Quality Standards (Quality Standards) that aged care providers must follow. If you ever feel that a carer, aged care worker, volunteer or provider is not meeting these standards, you or someone you trust can speak up without fear of what might happen as a result.

You can expect your provider to:

- care for you in a way that respects your will and preferences, and what is important to you
- work with you to make sure your care meets your rights
- provide information to you about using their services and your rights
- receive feedback and complaints from you.

Your residential aged care home provider will be assessed

Star Ratings help you understand the quality of care at mainstream residential aged care homes. The Act brings changes to the Star Ratings system. Providers will be assessed against the Aged Care Quality Standards. The Aged Care Quality and Safety Commission will check that these standards are being met by doing audits and undertaking risk-based monitoring actions outside of the registration framework such as reviews, inspections and investigations.

If an aged care home is not providing safe and quality care, the government will have stronger powers to step in and take action. This is all to help make sure you receive better care and are kept safe.

Changes to the Star Ratings system

The way Star Ratings are calculated for Compliance and Staffing will be updated.

From 1 November 2025, the Compliance rating will be changed to better show how well aged care homes are following the rules and meeting the Aged Care Quality Standards.

Aged care homes will need to meet both of their care time targets for registered nurses and total care time to get a Staffing rating of 3 stars or more. This change will make sure ratings match the new government rules about care time.

Examples of rights in daily care

To better understand the Statement of Rights in practice and what you can expect in your daily care, the following scenarios outline expected practice, aligned to what the older person also expects to receive in care.

They present a holistic approach to meeting the mental, social and physical expectations of the older person, consistent with the rights-based focus of the Act.

Scenario 1 – Ali’s wish to walk to the garden alone



Ali, a veteran receiving home care support under the Aged Care Act, enjoys walking to the community garden near his home. He has a history of minor falls and reduced balance, but Ali insists on walking unassisted to the community garden or the local shops from his home, despite concerns about falling and other risks.

Ali receives regular support for cleaning, shopping assistance, and mobility guidance. His care plan includes support from a trained aged care worker who has been carefully assigned to him based on his physical support needs and preferences.

The table below outlines expected practice, aligned to what the older person also expects to receive in care, and describes why it is best practice. It presents a holistic approach to meeting the mental, social and physical expectations of the older person, consistent with the rights-based focus of the Act.

Aspect	Expected practice	Person-centred care outcome
Provider's initial response	Workers initially raise safety concerns but engage Ali in a conversation about options which includes any safety strategies to assist mobility and consideration of additional care or services that may support reablement.	Supports the right of the older person to receive open communication and support from workers. They are being listened to.
Focus of decision-making	Ali's right to make decisions and exercise choice, including those with personal risk.	Reflects the right of the older person to exercise choice and make decisions affecting their life, including working in partnership with the older person so they are empowered to take personal risks.
Consideration of Ali's wishes	Ali has the right and can make decisions about his own life, including the services he receives.	<p>Aligns with the right of the older person to exercise choice and make decisions regarding how services are delivered to them.</p> <p>Empowers their care planning in a way that supports their choices and preferences.</p>
Outcome	Ali agrees to use his walking aid and wear a mobile alert device. Workers support his decision and check-in after his walks.	Encourages providers to co-design risk mitigation strategies with older people, rather than restrict their choices.
Risk management approach	Manage and mitigate risk collaboratively while enabling choice.	Demonstrates decision-making led by the older person, and balancing dignity of risk with proactive support.

Aspect	Expected practice	Person-centred care outcome
Older person empowerment	High. Ali feels respected and empowered to make decisions about his life.	Reinforces the older person’s agency and mental, social, and physical wellbeing through empowerment.
Organisational culture	Rights-respecting, balancing autonomy and safety through dialogue.	Embeds a culture of respect and open communication, and addresses the independence, autonomy, empowerment and freedom of choice of the older person.

Scenario 2 – Mila’s bathing preferences



Mila has had a severe stroke, that impacts her speech and use of her left side. She lives in an aged care home and needs assistance with activities such as bathing. Aged care workers have observed that Mila is often reluctant to shower, and on some occasions, refuses to.

The table below outlines expected practice, aligned to what the older person expects to receive in care and describes why it’s best practice. It presents a holistic, best practice approach to meeting the mental, social and physical expectations of the older person, consistent with rights-based focus of the Act.

Aspect	Expected practice	Why it is best practice
Initial provider response	Workers raise the issue during handover and flag it for a collaborative conversation.	Highlights the importance of workers identifying and raising issues to assist seeking a solution.
Assumptions made	Workers recognise that refusal may be due to unmet needs or a communication barrier.	Reflects that care must be tailored to the older person's needs and preferences. The practice encourages enquiry rather than judgement.
Communication approach	A calm, respectful conversation is arranged with Mila, her registered supporter, as it is Mila's wishes to involve her registered supporter, and an aged care worker.	Respects the right of the older person to request to be supported by an advocate or other person and have their preferences respected. Supports communication and upholds the person's right to participate in decisions about their care, even with communication limitations.
Support involved	Due to Mila's impacted speech, Mila's registered supporter helps her express that she prefers showering in the morning and only with a female aged care worker.	Demonstrates supported decision-making in practice. Ensures the care provided reflects the older person's stated preferences.
Response to preferences	The care plan is updated to reflect Mila's decisions and preferences. Roster and routine are adjusted.	Reflects the right of the older person to exercise choice and make decisions regarding how services are delivered to them. Documentation of agreed decisions, preferences and change to practices supports continuity of care provided and demonstrates trauma-informed care in practice.

Aspect	Expected practice	Why it is best practice
Outcome	Mila now showers regularly and comfortably, feeling respected, understood, and empowered.	<p>Recognises that every older person has the right to be treated with dignity and to have their identity respected.</p> <p>Enhances mental, social, and physical wellbeing and trust in care relationships through empowerment of the older person.</p>
Risk management approach	Risk addressed by identifying root cause through conversation and supporting Mila's autonomy.	<p>Highlights communication strategy in line with addressing risks through understanding individual preferences, rather than imposing restrictions.</p> <p>Reflects working partnership with the older person to enable a safe and respectful solution that supports the older person's choices.</p>
Organisational culture	Person-centred, communicative, flexible, and inclusive of those in Mila's circle of support and when she wants to involve them.	<p>Reflects a culture that ensures care is respectful, coordinated and inclusive.</p> <p>Supports rights-based care by embedding communication and flexibility in service delivery.</p>



Learn more about understanding your rights in care

View [this webinar](#) held by the Older Persons Advocacy Network (OPAN) to learn more about the Statement of Rights and what it means for you.

Visit [OPAN's website](#) to access free information and education sessions about your government-funded aged care.

Supporting the needs of all older people

Your care, your preference

You have the right to feel safe and respected in your care, no matter your background, culture, or beliefs. This includes support for your identity, culture, spirituality, and personal needs.

Your background, identity and life experiences shape who you are, as well as your preferences and needs. Your individual needs and preferences must be recognised and supported as part of safe, person-centred care.

Aged care providers are required by law, to make sure that you feel safe in your environment, supported and included. It is important to share what is important to you and, if you feel comfortable, to explain why and ask how your provider will understand and meet your individual preferences and needs.

For more support and information, see the table below.

Aboriginal or Torres Strait Islander people, including Stolen Generations survivors	<ul style="list-style-type: none">My Aged CareDepartment of Health, Disability and AgeingAged Care QualityNACCHONATSIAACC
Veterans or war widows	<ul style="list-style-type: none">My Aged CareDepartment of Veteran Affairs
People from culturally and linguistically diverse communities	<ul style="list-style-type: none">Department of Health, Disability and AgeingMy Aged Care10 questions to askOPANAgeing AustraliaTranslating and Interpreting ServiceMCCI
People who are financially or socially disadvantaged	<ul style="list-style-type: none">My Aged Care

People experiencing homelessness or at risk of becoming homeless	<ul style="list-style-type: none"> ▪ Homelessness Australia
Parents or children affected by forced adoptions or removals	<ul style="list-style-type: none"> ▪ Helping Hand
People who are adult survivors of institutional child sexual abuse	<ul style="list-style-type: none"> ▪ Department of Social Services ▪ Blue Knot Foundation ▪ National Redress Scheme
People who are care-leavers, including Forgotten Australians and former child migrants	<ul style="list-style-type: none"> ▪ Helping Hand ▪ Department of Health, Disability and Ageing ▪ My Aged Care
People who identify as lesbian, gay, bisexual, transgender, intersex or other	<ul style="list-style-type: none"> ▪ My Aged Care ▪ LGBTIQ+ Health Australia
People living with a disability or mental ill-health	<ul style="list-style-type: none"> ▪ My Aged Care ▪ Department of Health, Disability and Ageing ▪ OPAN ▪ ConnectAbility Australia ▪ Health direct ▪ Disability Advocacy Network Australia
People who are neurodivergent	<ul style="list-style-type: none"> ▪ National Seniors Australia ▪ National Ageing Research Institute
People who are deaf, blind, hard of hearing, or vision impaired	<ul style="list-style-type: none"> ▪ Hearing Australia ▪ Vision Australia
People who live in rural, remote, or very remote areas.	<ul style="list-style-type: none"> ▪ Department of Health, Disability and Ageing ▪ My Aged Care

You have the right to choose an aged care provider who will respect and support your will and preferences. Some providers offer services that have been independently verified to make sure they meet the right standards.

You can visit the [My Aged Care website](#) and use the '*Find a provider tool*' to find providers who will meet your preferences and offer the kind of care that's right for you.

Culturally safe care – what you can expect

Cultural safety means your care is shaped around what matters to you and your voice is heard. Below are some examples of how your aged care provider should deliver safe, respectful, and culturally sensitive care.

Creating a culturally safe environment for Aboriginal and Torres Strait Islander people

If you are an Aboriginal and/or Torres Strait Islander Elder or Older Person, you have the right to culturally safe care; that is, care delivered in an environment where your identity is recognised, your culture is respected, and only you, the person receiving care, can determine whether your experience is culturally safe.

A culturally safe environment is created through ongoing critical self-reflection by aged care providers and workers, an understanding of how their own culture and actions may affect others, and an active commitment to eliminating racism. It also requires co-design with Aboriginal and Torres Strait Islander Communities and must prioritise cultural continuity, safety, and respect at every level of care delivery.

The following scenarios are an example of expected practice for delivering culturally safe care, aligned to what Elders and Older People expect to receive in care. They present a holistic approach to meeting the mental, social and physical expectations of Elders and Older People, consistent with the rights-based focus of the Act.



Uncle Mick is a 68-year-old Torres Strait Islander man, who, due to his health and mobility issues, is living in a residential aged care facility off his Island Home. Uncle Mick, his family and medical providers came to the decision for Uncle Mick to move off Island Home.

This means he is now away from his family, friends, culture and Community. Uncle Mick has had past experiences with institutions that have impacted his sense of safety and comfort. As a result, he prefers not to spend time in the communal dining area.

The following table shares an example of expected practice for delivering culturally safe care, aligned to what Elders and Older People expect to receive in care. It presents a holistic approach to meeting the mental, social and physical expectations of Elders and Older People, consistent with the rights-based focus of the Act.

Aspect	Expected practice
Situation	Uncle Mick loves to cook and loves to eat. Uncle Mick has cultural meal preferences and does not feel comfortable eating in the communal dining area.
Initial provider response	Uncle Mick, with the support of his family upon his request, yarn with the provider about Uncle Mick’s meal preferences. The Provider acknowledges the importance of Uncle Mick’s preference and sits down to yarn with Uncle Mick and his family to ask questions about Uncle Mick’s preferred foods, meal times and preferred dining setting.
Assumptions made	The provider recognises the importance of understanding the individual wishes and needs of every person in care. They also acknowledge that the best way to understand this is to communicate directly with the person in their care.
Communication approach	Uncle Mick is at the centre of all communication. There is open and ongoing communication and at the request of Uncle Mick at his initial assessment, the Provider openly communicates with his family, Community and Community Liaison Officer to ensure Uncle Micks needs and wants are at the forefront of the care he receives The provider gives Uncle Mick and his family a plan about how they will accommodate his preferences. The provider encourages Uncle Mick to take his time to review the new care plan with his family and check that it correctly reflects his needs and wants.

Aspect	Expected practice
Support involved	Uncle Mick and his family have a yarn about his care plan. He also yarns with his friends and Community Liaison Officer to get their thoughts and talk it through. Uncle Mick is happy with the care plan and speaks again with the provider to confirm this.
Response to preferences	<p>Uncle Mick provides input into menu discussions related to culturally appropriate and inclusive foods, meal timing and dining structure. Uncle Mick eats his meals in an area of the garden that he feels comfortable, safe, connected to Island Home and reminds him of home.</p> <p>The provider changes worker schedules and timetable to ensure consistency of care for Uncle Mick, as outlined in his care plan.</p>
Outcome	Uncle Mick feels confident expressing his needs and wishes. He is actively involved in daily life at the residential centre. His family brings in meals from his Community, and he enjoys taking part in cooking activities with others. His room reflects his identity, with photos from home and items of family, Community, and cultural significance. He eats in the garden and loves sharing his family recipes with fellow residents. He remains strongly connected to his Community, culture and Island Home.
Risk management approach	The provider looks to understand the link between communication and individualised care and the impact this has on decreasing the risk to mental, physical and cultural safety. This builds an environment where Elders and Older People are happy and in control of their decisions and care.
Organisational culture	Services and care are centred around the person. Providers give Uncle Mick flexible, personal and inclusive care in line with his needs and wishes.



Uncle Banjo is a 67-year-old Aboriginal man who has recently started receiving in home care services for personal care, showering and cleaning, delivered by an aged care provider.

Uncle Banjo often has people from his Community and family members visiting him at his home, one of his favourite pastimes is having yarns and hosting people in his home.

The following table shares an example of expected practice for delivering culturally safe care, aligned to what Elders and Older People expect to receive in care. It presents a holistic approach to meeting the mental, social and physical expectations of Elders and Older People, consistent with the rights-based focus of the Act.

Aspect	Expected practice
Situation	Uncle Banjo wants to host family, friends and his Community at his home at any time of the day. He wants the aged care workers who visit his home to yarn with him.
Initial provider response	The provider meets with Uncle Banjo in his home with his family, as he has requested, and yarns with him about what is important to him and how he would like his in-home care to look.
Assumptions made	They acknowledge that they do not know what Uncle Banjo’s needs and wishes are without talking to him first. It is important to ask and listen to Uncle Banjo’s needs and wishes.

Communication approach	Ongoing communication. After the initial discussion with Uncle Banjo about his needs and wishes, the provider creates his care plan and shares it with him to make sure that it correctly reflects what they discussed. The provider encourages Uncle Banjo to take his time to review and reminds him that he can update his care plan at any time.
Support involved	Uncle Banjo yarns with his family and Community about his care plan as he would like their thoughts. Uncle Banjo and his Aboriginal Liaison Officer contact the provider and agree that the care plan correctly reflects Uncle Banjo's needs and wishes.
Response to preferences	<p>The provider shares Uncle Banjo's wishes and needs with aged care workers who are visiting him in his home so that they know what makes him feel culturally safe and empowered.</p> <p>When an aged care worker attends Uncle Banjo's home for the first time they sit down with him introduce themselves, yarn and have a cuppa. If they have visited previously, the workers complete their tasks and then sit down with Uncle Banjo for a cuppa and a yarn. Uncle Banjo has visitors come to the house whenever he wants.</p>
Outcome	Uncle Banjo is actively engaged in his own care plan and services. He looks forward to visits from his family, friends, Community and aged care workers. He feels comfortable and safe to talk about his needs and wishes. He feels empowered to make decisions about his life and care and he values not being rushed to make these decisions.
Risk management approach	The provider looks to understand the link between communication and individualised care and the impact this has on decreasing the risk to mental, physical and cultural safety. This builds an environment where Elders and Older People are happy and in control of their decisions and care.
Organisational culture	Services and care are centred around the person. Providers give Uncle Banjo flexible, personal and inclusive care in line with his needs and wishes. Providers and aged care workers are walking beside Uncle Banjo, his family, friends and Community.

Creating a culturally safe environment for people from Culturally and Linguistically Diverse (CALD) backgrounds



Maria is a Greek Australian person receiving in home aged care services through an aged care provider. The provider has a Cultural Liaison Coordinator whose role is to work with older people from CALD backgrounds. This person works with Maria to remain living safely at home while helping her co-design a care plan that reflects her preferences on her language, culture, faith, and personal routines.

Maria's home care plan includes culturally tailored support and key documents about her aged care provider's services are translated in her preferred language. Her meals feature Greek cuisine, such as spanakopita and lentil soup, and she can participate in Orthodox holiday observances. Staff who visit her home receive cultural safety training, and when needed, Maria communicates in her preferred language with a Greek-speaking aged care worker or interpreter.

Maria is supported to stay socially connected. She attends a local Greek seniors' group and has regular visits from a Greek Orthodox priest. She enjoys traditional music, crafts, and shared meals with other people from her community. She enjoys celebrating her culture with her family.

Impact






By recognising the importance of language, faith, food, and family in Maria's wellbeing, the provider helped her feel respected, understood, and safe. Maria now feels more confident and connected to her identity.

You have the right to communicate in your preferred language and ask for care that reflects your culture and spirituality. Talk to your aged care worker, provider, or registered supporter to make sure your environment and services reflect what matters to you.

Having your needs communicated and respected

Culturally appropriate care means making sure your culture, background, and personal needs are respected and included in your aged care. Aged care providers must offer care that is safe, respectful, and be committed to always improving to meet your needs.

Here are some ways to demonstrate your rights and communicate your cultural preferences to your provider and workers:

	talk to your provider about what culturally appropriate and safe care means to you
	Speak with your loved ones, you can register them as a supporter to assist you with identifying your needs and concerns
	connect with support workers, they can help you understand what you're entitled to and advocate for care that meets your needs
	access free translation and interpreting services to help communicate your needs, if you choose
	join the provider's governance boards to share your voice and thoughts on services

For interpretation and/or translation support, visit the following websites:

- [TIS National](#) – free interpreting services for government-funded aged care providers, older people, their families and loved ones.
- [Department of Health, Disability and Ageing](#) – Translating and interpreting services to support people from culturally and linguistically diverse backgrounds engage with aged care.

If you, or someone you care about, ever feel uncomfortable or that your cultural needs or personal preferences are not being respected, you have the right to speak up without fear of what might happen as a result. You can talk to your worker or service provider, or if you would rather, you can speak to someone else who you trust to support you, like a registered supporter or independent aged care advocate.

Below is an example of how you, your registered supporters and your provider can work together to communicate choice and provide a culturally safe and diverse environment.

Delivering culturally safe, respectful and inclusive care

This case study looks at clear communication that helps older people exercise choice and control.



Aunty Lou is an 87-year-old Aboriginal woman who lives with her extended family in a remote community. She receives home care services.

Over the Christmas period, many of her family go away on holiday. Aunty Lou usually stays at home. When this happens, she manages with a small amount of additional support from an aged care program.

Aunty Lou has recently been diagnosed with early-stage dementia. Her family is concerned about her being at home alone.

Aunty Lou's daughter, who is her registered supporter, talks with Aunty Lou about a local aged care centre that offers residential respite care for a few weeks of rest over the holiday period.

Aunty Lou likes this idea and asks that her and her daughter talk to the Manager of the centre. They are advised that a four-week booking for the time that they are looking for is available. They are invited to return a month before the booking to discuss Aunty Lou's wishes.

During Aunty Lou’s intake assessment at the aged care facility, the Manager welcomes Aunty Lou and her daughter and introduces them to an Aboriginal and Torres Strait Islander Liaison Officer who joins them for the tour and initial discussions.

Together, they walk through the centre and begin a yarn about Aunty Lou’s needs and preferences. As part of this conversation, the Manager explains the services the facility offers, helping Aunty Lou and her daughter understand what supports are available and how they align with Aunty Lou’s wishes. The Liaison Officer supports the conversation to ensure Aunty Lou feels respected and heard.

Aunty Lou’s needs and preferences	Aged care facility’s current offering	How the provider meets Aunty Lou’s needs
Aunty Lou would like to have a room that has access to a garden with local native plants and a comfortable sitting area, so she is connected to Country.	Rooms have a small garden area and comfortable sitting area but no native plants.	Noting that the garden outside Aunty Lou’s room doesn’t fully reflect her wishes, the aged care facility offers to take her to a nearby garden with native plants and a sitting area. They also discuss plans to improve the facility’s own garden by planting native species, and invite Aunty Lou and her family to be involved in selecting plants that are meaningful to her, supporting cultural connection and community involvement.
Due to her early-stage dementia Aunty Lou requires picture cues to better understand the options available to her at the centre during the intake assessment.	The aged care facility can meet these needs.	No improvement required.
Aunty Lou lists her current medications and	The aged care facility can meet these needs.	No improvement required.

when she needs to take them.		
Maintaining a connection to traditional meals is deeply meaningful for Aunty Lou for cultural and social reasons. She would like bush tucker that consists of native ingredients and traditional cooking methods such as smoking and ground oven cooking.	Standard meals from their current menu that do not meet the needs of Aunty Lou's meal preferences.	To support Aunty Lou's connection to culture, the provider explores options for preparing traditional meals during her stay. While hiring a chef with knowledge of her traditional foods is considered, they also discuss involving a friend or Community Member to help prepare meals with Aunty Lou. This allows her to stay connected to her culture, continue her role in cooking, and maintain ties with her community.
Aunty Lou mentioned she was a member of the local community choir and that she enjoys singing and listening to gospel music.	The aged care facility is set up so that it can play music in both communal areas and in residents' rooms.	The facility can accommodate playing music of Aunty Lou's choice during her stay and will work with her to select songs she enjoys. In addition, they explore transporting Aunty Lou to her local community choir so she can continue participating in regular sessions, supporting her connection to music, culture and community.
Aunty Lou mentions that she likes yarnning with people.	The aged care facility can meet these needs.	No improvement required. Workers are briefed to facilitate opportunities for Aunty Lou to meet new people.

Aunty Lou said she preferred to shower in the evening.	The aged care facility can meet these needs. They will ensure the staffing roster accommodates this preference.	No improvement required. Workers can be scheduled to accommodate this. It will also be included in Aunty Lou's care plan and shared with workers to ensure consistency.
Aunty Lou would like to yarn with her family on the phone while they are on holidays when she wishes.	The aged care facility can meet these needs. They will ensure the staffing roster accommodates this preference.	No improvement required. Aged Care Workers will be briefed and the request included in Aunty Lou's care plan to ensure it's consistently followed. The facility will also ensure Aunty Lou has access to a phone or tablet to make calls, with any required technology (such as FaceTime or Zoom) set up to support her. Her family's contact details will be displayed in her room to make calling easier.

As part of the tour of the facility and throughout the intake assessment, the Manager explains to Aunty Lou and her daughter that they will review Aunty Lou's preferences and compare them with their service current service offering. If there are any areas the service does not yet provide for, they will communicate with her before her stay to explain how they plan to meet her needs during her time at the aged care facility.

At the end of the intake assessment the Manager answers any questions that Aunty Lou and her daughter have and provides them with a respite handbook to take away. The handbook helps Aunty Lou understand what to bring with her and what to expect when she stays at the centre.

The Manager sends an email to Aunty Lou and her daughter explaining the services they are able to provide, and the services or needs they do not currently meet. The Manager then explains how they plan to meet those needs that they are not able to meet.

The Manager and Aboriginal and Torres Strait Islander Liaison Officer follows up from the email with a teleconference call with Aunty Lou and her daughter to talk

through how the facility will meet Aunt Lou's needs and wants. The Manager gives Aunt Lou and her daughter time to reflect and discuss in their own time.

After Aunt Lou and her daughter have had time to discuss, Aunt Lou expresses to her daughter that she is happy with how they will meet her needs and wants they are able to accommodate at the facility during her stay. Aunt Lou and her daughter get in touch with the Manager to advise they are happy to proceed with the booking.

The Manager follows up the email with a teleconference with Aunt Lou and her daughter to discuss the way they will meet Aunt Lou's needs and confirm if based on this, they are happy to book in. During the teleconference, visual aids are provided to Aunt Lou to help her understand how her needs and wants will be accommodated. The Manager gives Aunt Lou and her daughter time to discuss on their own before booking in. Aunt Lou expresses to her daughter that she is happy with the accommodation that the facility is proposing for her stay and they call the Manager to confirm her stay.

Aunt Lou is taken to the centre by her family on the first day of the holidays. They're invited to stay the night with Aunt Lou to help her settle in and be there to reassure her in the morning if she is confused about where she is and why.

Aunt Lou's room is light and bright. It opens onto a small garden with a comfortable seating area. Aunt Lou's daughter stays with her for the night.

When she wakes up in the morning, she seems slightly agitated and unsure. Her daughter reassures her about where she is and why and this calms Aunt Lou.

Aunt Lou and her daughter speak to one of her care workers and Aunt Lou requests to go to the area that has native plants for a walk and to feel connected to Country. The carer takes her and her daughter to the garden.

Aunt Lou's daughter explains that she is going to leave and that she will be back to pick her up in a few weeks. She tells her that she can call her at any time, and she just needs to let her care worker know and they will make sure she can get in contact with her. Aunt Lou understands and farewells her daughter.

The care worker asks Aunt Lou if she would like to listen to some music, Aunt Lou says yes. They go into the communal area and her care worker asks her what music she wants to listen to and puts on a CD of gospel music for Aunt Lou before leaving to help someone else. The care worker hears her singing softly to herself.

Aunt Lou enjoys the food that she has requested and looks forward to mealtimes where she can meet new friends and yarn with them about her family and share stories of her culture.

After catching up with new friends, Aunt Lou decides to go back to her room for the night, where an aged care worker helps her shower before settling down for the night.

Aunt Lou soon settles into the daily routine at the centre. She enjoys:

- yarning with new friends
- the surroundings of the facility with native plants and the ability to go outside at times she prefers, allowing her to freely reconnect to Country
- that staff understand and meet her needs.

When her family comes to pick her up, Aunty Lou asks the Manager if she can come back again next Christmas.



Learn more about supportive and inclusive aged care

- Visit [My Aged Care](#) for more information about culturally appropriate and diverse aged care services.
- Visit [NATSIFACP](#) for more information about the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.
- Visit [NACCHO](#) for more information about supporting Aboriginal and Torres Strait Islander health and wellbeing.
- Visit [Department of Health, Disability and Ageing](#) for more information about support for LGBTI Elders.
- Visit [Multicultural Aged Care](#) for more information about culturally appropriate care.

Decision-making – Your choice, your control

Supported decision-making and the role of a registered supporter

Everyone has the right to make decisions about their life, including the aged care support and services they receive. Supported decision-making is the process of providing support to help you make and communicate your decisions and remain in control of your life. This applies even in circumstances where there is personal risk. It is driven by your will and preferences, not what other people may think is your will and preferences or what is in your best interest.

If you want, you can register who you trust to help you make and communication your own decisions, with My Aged Care. These trusted people are called 'registered supporters'.

Family, carers, and other important people in your life can still support you even if they are not registered as supporters. You do not have to register a supporter. You can also have more than one registered supporter.

Regardless of whether you have a registered supporter, you have a right to make your own decisions about your aged care.

What is a registered supporter's role?

The role of a registered support is to:

Help to make and communicate decisions

A registered supporter can help you make and communicate your own decisions about aged care, if you want. This might include speaking to My Aged Care, aged care assessors, aged care providers and workers, and the Aged Care Quality and Safety Commission

Help to access and understand information

A registered supporter can help you to access and understand information relevant to your aged care decisions

Request information about aged care services

A registered supporter can request, access and receive information about your aged care services and needs

All registered supporters have duties under the Act that they must comply with. These duties are intended to protect your safety, rights, wishes and preferences. Registered supporters must:

- act honestly, diligently, and in good faith
- act in a way that promotes your will and preferences, and your personal, cultural and social wellbeing
- support you only to the extent needed for you to make your own decisions.

Registered supporters must avoid or manage any conflicts of interest.

It is important to remember that becoming a registered supporter does not provide a person with decision-making authority for you. A registered supporter's role is to support you to make your own decisions. They should respect your right to make decisions even if they do not agree with all of them.

Some registered supporters also have guardianship, enduring power of attorney or similar legal authority. For example, these people might be appointed by an older person or by a tribunal. They can make decisions on their behalf under state or territory arrangements.

An appointed decision maker may be appointed by the older person, a court, tribunal, board or panel under a law of the Commonwealth, a State or a Territory, or have guardianship for an older person under a law of the Commonwealth, a State or a Territory. An appointed decision maker can only make decisions on the older person's behalf in line with their legal authority and if that legal authority is active.

You can find out more about the duties of a registered supporter [here](#).



Registering a supporter and opting out

How to register a supporter

From 1 November, if you would like to request to register a supporter, you can contact My Aged Care, an aged care assessor, an Aged Care Specialist Officer, or complete the registration form online, via a printed copy, or via your My Aged Care Online Account.

What happens if you already have a representative in My Aged Care

From 1 November, there will be a change to how the people who help you make and communicate your decisions are recognised. If you have a regular or authorised representative in My Aged Care on 31 October 2025, they will automatically become your 'registered supporter' on 1 November. This ensures continuity of decision-making support for you. However, you can ask for this not to happen. This is called opting out. If you want to opt out, you can do this at any time before 31 October by:

- calling My Aged Care on 1800 200 422
- visiting your My Aged Care Online Account.

There is no financial cost to opting out.

If you are comfortable with the transition to a registered supporter relationship, there is nothing you or your representative needs to do. If you would like to check or update who your representatives in My Aged Care are before 1 November, you can review this with My Aged Care.

If you would like to learn more about the new registered supporter role, including how representative relationships in My Aged Care transition under the Act, a [guide is available](#). For more information on the upcoming changes to support roles and relationships in aged care, visit [My Aged Care](#).

What if I do not opt out?

If you or your representative in My Aged Care do not opt out before 31 October and they are active in My Aged Care on 31 October, they will become your registered supporter on 1 November.

If a representative relationship in My Aged Care moves to a registered supporter relationship on 1 November 2025, you can still request to end the registered supporter relationship at any time. You can do this by:

- calling My Aged Care on 1800 200 422
- ending the relationship in your My Aged Care online account.

You can request that someone stop being your registered supporter for any reason. This may include if you feel that your registered supporter is not supporting you the way you would like, or they are not complying with their duties under the Act.

You, or anyone else, can also make a complaint or provide information about a registered supporter not performing their role or complying with their duties. Any person can raise a complaint or concern with the System Governor about the conduct of a registered supporter by calling My Aged Care.

You can also contact an independent advocate to help you consider your options. The Older Persons Advocacy Network has an Aged Care Advocacy Line – call 1800 700 600 for free and confidential information and advocacy.



Learn more about supported decision-making and the new registered supporter role

Visit [OPAN's website](#) to view their supported decision-making webinar

For more information about the new registered supporter role visit [Department of Health, Disability and Ageing](#)

Services delivery changes

Accessing government-funded aged care services

Key changes to accessing government-funded aged care services

Choice and control	<p>You will now be supported to have more choice over the services you use and more control over how you use your funding.</p> <p>Making decisions under the Aged Care Act</p> <p>The Act gives you the legal right to make your own care and financial decisions, with the option to have support in your decision-making such as by registering a supporter. Tools like Star Ratings help you compare aged care homes and make informed choices.</p> <p>New Support at Home Program</p> <p>The program may help you to stay at home longer, with services planned with you to meet your assessed needs delivered first and then billed afterward, encouraging independence and flexibility.</p> <p>Advocacy, information and Support</p> <p>Free, independent and confidential support is available from independent aged care advocates for anyone experiencing issues or feeling unsafe in aged care.</p>
Fairness	<p>We are making changes to how aged care is funded to make it sustainable and fair for everyone.</p> <p>Government will continue to fund the majority of aged care services</p> <p>The government remains the main funder of aged care, with co-contributions based on individual financial situations.</p> <p>Guaranteeing access to clinical care</p> <p>All clinical care is fully government-funded. Co-contributions only apply to non-clinical services (for example bathing and mobility assistance) and are set at a fixed percentage of service costs.</p>

Transition to capped prices

Price caps for Support at Home services start from 1 November 2026. Co-contributions will be limited across aged care types, with time limits for certain fees and strong government contribution ratios.

The no worse off principle

If you are approved for or receiving a home care package before 12 September 2024 you will not be financially disadvantaged. Existing fee arrangements will continue or improve under Support at Home.

Greater funding for those who need it most

People with less income or assets will receive the most government support. Financial hardship provisions remain, and care remains accessible regardless of ability to pay.

Transparency

We are making sure aged care funding, and your co-contributions are being used appropriately.

Setting and monitoring prices

Prices will be set with help from the Independent Health and Aged Care Pricing Authority (IHACPA) to ensure fairness.

Dollars to care

You will be able to see how your money is spent on care, food, staff and more, through publicly available provider profiles and government audits.

Refundable Accommodation Deposit retention (RADs) cap

From 1 November 2025, providers can retain a maximum of 2% of your RAD each year (up to 5 years), supporting facility upkeep and development. This only applies to those entering the system from 1 November 2025.

Accountability

We are holding providers accountable, so you know upfront what to expect from them, including how funding is spent.

Strengthening regulation

Providers must uphold the Statement of Rights and meet quality standards. If they do not uphold these, actions will be taken against them.

Confidence to share feedback or make complaints

Older people should feel confident and supported to share negative experiences with their provider. Multiple channels are available for raising concerns, including an independent Complaints Commissioner. Whistleblower protections are in place for safety.

Inspector General of Aged Care

An independent office will oversee the entire system, monitor issues, and ensure government-funded aged care services are accountable and meet community needs.

Capping how much of your care budget can be used for care management

A flat rate of 10% of an older person's quarterly budget will apply to care management, with additional support for people with diverse or complex needs. Note that providers will hold these in a fund for all older people who they deliver aged care to and only applies to the Support at Home program.

Using digital services

There are lots of improvements happening in the aged care sector in all different areas. One of the ways that you, your registered supporters, providers and workers can ensure that your information is up to date, accurate, personalised and accountable, is by using digital platforms. The main platform that you will hear about and have access to is My Aged Care.

My Aged Care is still the place to start your enquiries for aged care, or seek an assessment. You can engage with My Aged Care by calling 1800 200 422, by booking an appointment with an Aged Care Specialist Officer at select Services Australia centres at or by visiting the My Aged Care website.

From 1 November 2025, if you are seeking to access government-funded aged care services you will need to have undergone an aged care needs assessment through My Aged Care.

If you have already registered with My Aged Care, you can access your Online Account through myGov.

If you do not have a My Aged Care account yet, it's easy to get started. You can follow the step-by-step instructions to set up your Online Account and register with My Aged Care here.



For those who are unable to access the My Aged Care digital platform, the following options are available

- call My Aged Care on 1800 200 422 (free call) between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays (local time)
- book a face-to-face appointment with an Aged Care Specialist Officer (ACSO) at select Services Australia service centres by calling 1800 227 475 between 8am to 5pm on weekdays.

Single Assessment System

Aged care assessments are being reformed to make it easier for you to enter government-funded aged care and access, and be reassessed, for different services as your needs change.

The new Single Assessment System will provide a pathway to access all government-funded in-home, flexible care and entry to residential aged care. The system should:

- be simpler for you, your family and carers to navigate
- limit the number of times you have to tell your story
- adapt to your changing needs, without having to change your assessment provider
- ensures access to assessments in regional, rural and remote areas
- have shorter wait times for assessments.

Aboriginal and Torres Strait Islander aged care assessment organisations will commence in a phased approach from July 2025. They will provide a better choice for you to seek a culturally safe, trauma aware and healing informed assessment.

Over time, these services will extend their reach and cover more areas across Australia. A culturally safe assessment process will help to improve the experience for older Aboriginal and Torres Strait Islander people and improve their uptake of aged care services.

How do I apply for an aged care needs assessment?

How you apply for an aged care needs assessment has not changed, but the Single Assessment System aims to make this process smoother.

You will need to:

- visit the My Aged Care website to 'Apply for an Assessment Online', or
- call My Aged Care on 1800 200 422 (free call) between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays (local time), or
- book a face-to-face appointment with an Aged Care Specialist Officer (ACSO) at select Services Australia service centres by calling 1800 227 475 between 8am to 5pm on weekdays.

Someone, like your registered supporter, family member or carer, can help you to do this if you wish to involve them.

My Aged Care can:

- register you with My Aged Care, if you are calling for the first time
- ask you some initial questions to discuss the aged care services you may need
- refer you to an assessment organisation in your local area.

For support navigating these services you can visit:

- [Elder Care Support program](#)
- [OPAN](#)
- [Care finder](#), or you can speak with your general health practitioner.

Summary of the steps to access aged care services

Register and apply for aged care	Register and apply for services through the My Aged Care website or call My Aged Care on 1800 200 422.
Eligibility test	You will be assessed against the Eligibility Criteria to determine if you qualify for government-funded aged care services.
Aged care needs assessment	<p>You will then be referred for an assessment. Assessments are done in person by an approved needs assessor.</p> <p>The assessor will explain the process to you, including how the Integrated Assessment Tool works. The assessor may recommend approval of one or more services.</p>
Classification	<p>The assessor will determine a classification type and classification level for the recommended services.</p> <p>The classification type refers to the duration of care needed (duration meaning whether the services is ongoing, short-term, or related to hospital transition).</p> <p>The classification level refers to the amount of funding you can receive for the services, unless you access services through a specialist aged care program.</p>
Prioritisation	You will be prioritised based on how urgently you need the services.
Placement and access	Once you have been approved for services, you may be offered a place based on priority. You can start receiving services once a place has been allocated.



Learn more about accessing services

- Visit the Department's website **to learn more about the Single Assessment System.**
- **Learn more about Aboriginal and Torres Strait Islander assessment organisations on the Department's website.**
- Visit the Department's website **to learn more about the Single Assessment System.**
- **Learn more about Aboriginal and Torres Strait Islander assessment organisations on the Department's website.**
- **Visit the Department's website to learn more about the Single Assessment System.**

Key changes to residential aged care

Places to people - Embedding choice in residential aged care

When the Act begins on 1 November 2025, changes will mean:

Greater choice in residential care

You will have more choice to enter a residential aged care home that best meets your needs.

Clear information to make informed decisions

You will receive understandable information to make more informed decisions about your care.

High quality and innovative care

Aged care providers will have incentive to provide high quality care and more innovative models of care.

Greater freedom to adjust and expand services

Aged care providers will be able to offer more services in more locations.

Residential aged care place allocation

From 1 November 2025, residential aged care places will be allocated to people, not providers. This gives you more choice over where you live.

The Government will no longer decide where or when residential aged care places are allocated (except in the case of specialist aged care providers, such as National Aboriginal and Torres Strait Islander Flexible Aged Care Program providers).

Once you are approved for residential care, you will be allocated a residential place. You can use this place to move into an aged care home of your choice. Government funding will follow you to your chosen provider.

Residential care fees and means testing

Please note, different fees and charges will apply if you access residential care through a specialist aged care program.

What will stay the same?

Some aspects of the residential aged care contributions and means testing will remain the same under the reforms.

The Government will remain the majority funder of aged care costs.

All older people will continue to pay the basic daily fee which is set by Government.

The way that different types of income and assets are assessed in the residential aged care means assessment will not change.

Current financial hardship arrangements will remain in place so that older people who are unable to afford their contributions will be supported and not prevented from accessing care.

- the government will continue to fund the majority of aged care
- all older people will continue to pay a Basic Daily Fee
- the way different types of income and assets are assessed in the residential aged care means assessment will not change
- current financial hardship assistance arrangements will continue.

Changes to means testing

The Act introduces fairer co-contributions from those who can afford to pay for residential aged care.

An older person's means tested amount will continue to be determined by Services Australia based on their assessable income and assets as recorded in their means assessment.

However, the income and asset taper rates are changing, and additional income and asset thresholds will be introduced.

Under the Act there will be four income thresholds and four asset thresholds in addition to the income free area and asset free area. This means that only older people with sufficient means will contribute.

- fairer co-contributions from those who can afford to pay for residential aged care
- it will continue to be the sum of their income tested amount and asset tested amount
- income and asset taper rates are changing

- only people with sufficient means will contribute

Hotelling Supplement contribution

The Hotelling Supplement, which covers the gap between the basic daily fee and the full cost of everyday living services, will continue.

From 1 November, the Hotelling Supplement contribution will become means tested for new residents.

Those with income and/or assets above the threshold will pay some or all of the supplement, ensuring Government support is directed to those most in need.

- starting 1 November 2025, the Hotelling Supplement will be means tested for new residents
- older people who can afford to pay their full accommodation costs will contribute to daily living costs such as food, cleaning, laundry and utilities.

For the Hotelling Supplement, Residents with over \$238,000 in assets, over \$95,400 in income, or a combination, will contribute up to the full hotelling supplement, which, as of 1 November, is \$15.60 per day.

For those only paying part of the Hotelling Supplement, the Government will cover the remainder, ensuring providers receive the same amount for all residents.

For example, for a person who, based on their means assessment is asked to pay \$2 per day towards the hotelling supplement at the current rate, the Government will pay the remaining \$10.55. This ensures the hotelling supplement that the provider receives is the same for every resident.

- the means test will require a contribution from residents with:
 - assets over \$238,000 or
 - income over \$95,400 or
 - a combination.
- The contribution will be up to the maximum Hotelling Supplement of \$15.60 per day (20 September 2024 rates).
- The government will pay providers the difference.

Non-Clinical Care Contribution

A means tested fee that will be introduced from 1 November is the Non-Clinical Care Contribution (NCCC). The current means tested care fee will be abolished for new residents entering care after 1 November. Under the new system, the Government will fully fund all clinical costs in residential and home-based aged care (such as nursing costs). A new means tested non-clinical care contribution will be introduced to cover costs such as bathing, mobility assistance and provision of lifestyle activities.

- the Government will fully fund all clinical care costs in residential and home-based aged care
- for new residents from 1 November 2025, the new means-tested Non-Clinical Care Contribution (NCCC) will replace the Means Tested Care Fee
- this contribution will be for non-clinical care costs such as bathing, mobility assistance and lifestyle activities
- it will only apply to residents who can afford to pay the full Hotelling Supplement contribution.

The new non-clinical care contribution means that older people will contribute at the rate of 7.8% of their assets over a value of \$502,981 or 50% of income over \$131,279 or a combination of the two.

The non-clinical care contribution is capped to protect long-term residents. There is a daily cap of \$101.16 and a lifetime cap of \$130,000 (indexed twice a year). Older people in care for over four years will stop paying this contribution.

The \$130,000 lifetime cap is also a combined cap across aged care services. Where an older person has spent time in the Support at Home program before entering residential aged care any contributions that they make in the Support at Home program before they enter residential aged care will count towards the \$130,000 combined lifetime cap.

- the non-clinical care means test will require a contribution of:
 - 7.8% of assets over \$502,981 or
 - 50% of income over \$131,279 or
 - a combination of the two, up to a daily limit of \$101.16
- it is paid until the older person has contributed \$130,000 or lived in residential aged care for 4 years, whichever occurs first
- the Government will pay the difference.

Mandatory reporting

Under the Act, both providers and older people will have mandatory reporting to keep means assessments and related fees up to date with Services Australia.

You will regularly report an older person's refundable accommodation deposit balances to Services Australia.

If the refundable deposit information does not match current records, Services Australia or the Department of Veterans' Affairs will confirm details with the older person and update assessments if needed.

This will make it easier for older people to keep their financial information and means assessments up to date and to ensure that the fees they are paying are correct.

Older people will also be required to report changes of their personal and financial circumstances to Services Australia or to the Department of Veterans Affairs (for example if an older person has sold their home to pay a Refundable Accommodation Deposit).

Older people can opt out of disclosing their income and assets to Services Australia. An older person who does this is referred to as 'a means not disclosed' older person.

Older people who are classified as 'means not disclosed' are not eligible for Government support with their accommodation costs or for the means tested care fee. This will continue to be the case under the new legislation and new fee arrangements.

- you will regularly report individual refundable deposit balances
- older people will be required to report changes to their personal and financial circumstances
- older people can opt to be classified as 'means not disclosed'. They:
 - won't be asked to report financial circumstances
 - won't be eligible for government support with accommodation costs or Non-Clinical Care Contribution
 - can later elect to complete a means assessment but this cannot be back dated to their entry to care.

No worse off principle

A no worse off principle will apply to everyone in residential aged care as of 31st of October 2025. This means that those who are living permanently in residential aged care on the 31st of October 2025 will have their current means tested fee arrangements maintained until they leave care. Their accommodation payments will also not change as they have already signed a contract with their provider. The new arrangements for means testing will only apply to those who enter residential aged care permanently from the 1st of November 2025.

- the current fee arrangements will continue for older people already in care before 1 November 2025
- older people can 'opt out' of their existing fee arrangements at any time.

You can view these case studies which demonstrate the potential impact of the proposed changes for new residents, across various levels of income and/or assets, on the [Department's website](#).



Learn more about changes to residential aged care

- [You can learn more about residential aged care reforms.](#)
- [To better understand how fees are calculated, view the scenarios.](#)
- [You can learn more about residential aged care reforms.](#)
- [To better understand how fees are calculated, view the scenarios.](#)
- [You can learn more about residential aged care reforms](#)

Key changes to in-home aged care

The Government is improving in-home aged care to help you live independently at home for longer.

From 1 November 2025, Support at Home will replace the existing Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.

The Commonwealth Home Support Programme (CHSP) will transition to Support at Home no earlier than 1 July 2027.

Support at Home will:

- better support you to remain independent at home through an increase in places
- bring together current in-home aged care programs over time
- have new assessment and classification arrangements to ensure the program is more equitable
- increase focus on early interventions to help you to stay active and independent
- ensure higher levels of care for people with complex needs who require more help to remain at home.

Support at Home – short-term pathways

The Support at Home program offers three short-term pathways designed to meet specific and often urgent needs of older people. These pathways complement ongoing services and focus on restoring, maintaining, or supporting quality of life at critical points.

A summary of the Support at Home short-term pathways is provided below.

Assistive Technology and Home Modifications (AT-HM) Scheme

Purpose

To support older people to live safely and independently at home by providing the right aids, equipment and environmental modifications.

What is it?

Assistive Technology (AT) includes equipment, devices, and products that support daily living (e.g. shower chairs, grab rails, ramps). Home modifications involve structural changes to improve safety and accessibility (e.g. bathroom modifications, handrails, door widening).

Access

Approved through an aged care assessment; participants are placed in funding tiers based on need.

Key features

- must use approved items from the AT-HM list
- funding provided upfront
- participant contributions may apply
- providers must ensure products and modifications are fit for the assessed need.

Restorative Care Pathway

Purpose

To help older people regain or maintain functional ability and independence after a change in their condition.

What is it?

A short-term, intensive program providing allied health and/or nursing interventions to help older people regain function, confidence, or manage a new condition.

Access

Restorative Care Pathway

Requires aged care assessment and identification of eligibility for the pathway.

Key features

- delivered by a qualified care partner (e.g. allied health professional, nurse)
- focus on personalised, goal-oriented plans
- includes care management and multidisciplinary team coordination
- time-limited intervention.

End-of-Life Pathway

Purpose

To support older people approaching the end of life to stay at home with appropriate clinical, social, and personal care.

What is it?

Short-term, intensive supports for people with a prognosis of 3 months or less who wish to remain at home, focusing on comfort, dignity, and holistic support.

Access

Requires clinical verification of prognosis (3 months or less to live).

Key features

- provides clinical, personal, and social support
- includes care management and coordination with specialist palliative care teams where applicable
- flexible, compassionate support model
- prioritises dignity, comfort, and quality of life.

Support at Home – payment model

Key points regarding the Support at Home payment model:

- providers do not invoice you directly for services funded under the Support at Home program (except for contributions), noting you will still be able to see what services fees you are being charged through the provision of monthly statements
- instead, Services Australia manages all of your budgets and releases funds as claims are submitted
- this ensures transparency, consistency, and safeguards against you being charged outside the regulated framework.

Source of funds - participant budgets

Government funding

The Australian Government contributes a subsidy amount based on the participant's Support at Home classification (either ongoing or short-term pathway) and level.

Participant contributions

Participants may be required to contribute towards their services. This amount is determined by Services Australia, based on an assessment of the participant's income and assets.

Contribution amounts vary by service type and personal financial circumstances.

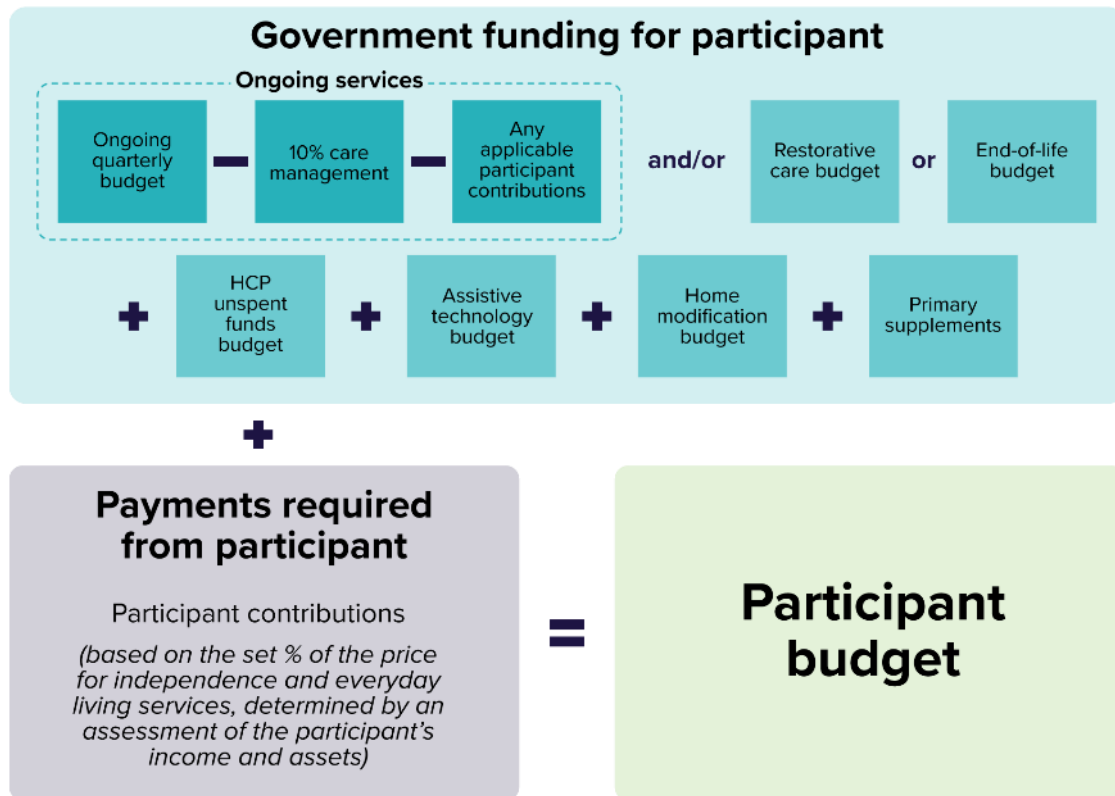
Contributions are held within the participant's budget account, managed by Services Australia. Services Australia will take care of the payments for your services, so you don't have to worry about handling the money yourself. If applicable, you will pay your co-contribution to the provider only after receiving the service.

The government will fully-fund aged care services classed as clinical care. There is no contribution for clinical support services (such as nursing and physiotherapy).

Combined budget

The total budget (government subsidy + participant contribution) is managed as one account by Services Australia, from which providers claim only once services are delivered.

The diagram below outlines the different funding components that make up the participant's budget.



You can view case studies showing examples of contributions for the Support at Home program, for people with different ranges of income and/or assets [here](#).



Learn more about in-home aged care reforms

- To view a summary of the Support at Home Program and the contributions participants will pay, read the [Support at Home factsheet](#).
- Learn more from the [Support at Home Program handbook](#).
- View the [Support at Home case studies](#) to better understand the impact of the changes.
- To view a summary of the Support at Home Program and the contributions participants will pay, read the [Support at Home factsheet](#).
- Learn more from the [Support at Home Program handbook](#).

Key changes to specialist aged care programs

Multi-Purpose Service Program (MPSP)

Key changes for Multi-Purpose Service (MPS) providers under the Act include:

- access to the MPSP via the Single Assessment System for aged care
- new eligibility and assessment requirements, and requirements for delivery of home care under the MPS program
- new regulatory model and strengthened quality standards
- new subsidy framework based on the current funding model.

Accessing services under the MPSP

Multi-Purpose Service Program (MPSP) provides combined health and aged care services for some rural and remote communities. They are generally located in small communities where it would not be viable to operate a separate hospital and aged care home.

All Multi-Purpose Services deliver residential care and some services deliver care in the home.

Anyone interested in accessing services under the MPSP must make an application for government-funded aged care services. This must be in the approved form.

The standard process for older people seeking access to funded aged care services includes the following steps:

1. Contact My Aged Care
2. Apply for access to funded aged care services
3. Be determined to be eligible for an aged care needs assessment
4. Undergo a needs assessment by an approved needs assessor, who makes recommendations regarding required services and other matters
5. Be provided with an access approval
6. Approach a provider who delivers services under the MPS program and reach an agreement for services to be delivered.

You can use the Find a provider tool on the My Age Care website to search for services in your area.

NATSIFACP and provider impacts

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) funds culturally safe aged care. A culturally safe environment is one where you feel safe and secure in your identity, culture and community setting. It's available for Elder or older Aboriginal and Torres Strait Islander People in rural and remote areas.

If you live in a rural or remote area and are **not** an Elder or older Aboriginal and Torres Strait Islander Person, please visit the [Department of Health, Disability and Ageing](#) for more information about what aged care options are right for you.

Accessing services under NATSIFACP

Any Elder or older Aboriginal and Torres Strait Islander Person interested in accessing services under the NATSIFACP must make an application for funded aged care services.

The new Single Assessment System will provide a single assessment pathway for Elder or older Aboriginal and Torres Strait Islander People, so they don't have to change assessment providers as their needs change and ensure access to assessments in regional and remote rural areas.

From July 2025, NATSIFACP providers will be able to refer Elder or older Aboriginal and Torres Strait Islander People to an Aboriginal and Torres Strait Islander assessment organisation if available in their area for aged care assessments.

NATSIFACP providers can deliver services without the standard assessment process when there is an urgent need or a delay in accessing a culturally safe aged care assessment. Under this alternate entry process, providers can make an initial assessment and start providing services before an aged care needs assessment has occurred.



Learn more about specialist aged care programs

For more information about the Multi-Purpose Service Program visit [Department of Health, Disability and Ageing](#).

For more information about the National and Torres Strait Islander Flexible Aged Care Program visit [Department of Health, Disability and Ageing](#).

Safety & empowerment

Navigating complaints and raising concerns

What to do when you feel your rights aren't being respected

If you ever feel that your rights are not being upheld, or if something just does not feel right, you have the right to speak up. You can:

- talk to your aged care provider or a staff member
- ask someone you trust to speak on your behalf
- make a formal complaint to the Aged Care Quality and Safety Commission (ACQSC).

Providers are expected to handle complaints in the same way as the ACQSC. This involves a rights-respecting, open disclosure approach that aims for a fair and restorative outcome.

Raising a concern doesn't just help you but it can also help others who might be having the same problem. It gives your aged care provider a chance to fix things and improve the service for everyone.

Getting support from an aged care advocate

If you would like support to raise a concern you can always talk with an aged care advocate. They are independent, confidential, free to talk to, and can:

- help you understand and exercise your aged care rights
- find aged care services that meet your needs
- resolve issues with your government-funded aged care provider
- support you in meetings or when making a complaint
- speak up for you if you are not comfortable doing it yourself.

You can call the Aged Care Advocacy Line on 1800 700 600 for free and confidential support. They'll connect you with an advocate in your state or territory. You can also visit the Older Persons Advocacy Network (OPAN) website at opan.org.au.

How to make a complaint if something feels wrong

If something does not feel right, you have had a poor experience or you feel you have been treated unfairly, you can speak up. You can report your concern to:

- an aged care worker of a registered provider
- a registered provider
- a responsible person of a registered provider
- an independent aged care advocate
- a staff member of the Aged Care Quality and Safety Commission
- the department, or an official of the department.

All aged care providers must have a complaints system in place. You, your registered supporter, carer, family member, friend, or any other person supporting you can use this system to give feedback or raise a concern about the care or services you're receiving.

What happens when you make a complaint

It should be safe and easy for you to raise a concern. You will not be punished or treated badly for making a complaint. Providers and workers are expected to listen, respond respectfully and take your concerns seriously.

To understand how your complaints will be handled please see the diagram below:

- Acknowledge each complaint quickly.
- Assess each complaint, give it priority, and start to think about which resolution approach to take.
- Plan the type of information they may need to collect to assess complaints, and how they will collect it.
- Investigate (if required)
- Respond to the complainant with a clear decision
- Follow up any concerns
- Consider the learnings from the complaint and action what can be improved

What to do if you are not satisfied with the outcome

If you feel like your complaint has not been addressed or resolved, confidential and anonymous complaints can also be made directly to the Aged Care Complaints Commissioner. Anyone can make a complaint including:

- people who use aged care
- family, friends, registered supporters and carers of people who use aged care
- aged care staff and volunteers
- health and medical professionals.

For more information visit the Aged Care Quality and Safety Commission's website.

Your right to speak up

The Statement of Rights outlines what rights you are entitled to have upheld as someone receiving aged care. This includes the right to speak up, to be heard, and to be treated with dignity and respect. If you ever feel unsure or uncomfortable, remember you have the right to ask questions, raise concerns, and get support.

The Act will do more to protect whistleblowers, people who call out issues. This is to make sure that you, people who are close to you, and aged care workers can report information without fear that they will be punished or treated unfairly.

More information about whistleblower protections will be provided in Module 3.



Learn more about safety and empowerment

- To learn more about advocacy support visit [OPAN](#).
- Learn more about whistleblower protections at [Department of Health, Disability and Ageing](#).
- Learn more on how to make a complaint at [Aged Care Quality and Safety Commission](#).

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This publication is not legal advice and must not to be used or relied upon as a substitute for legal advice. Users must seek their own independent legal advice in relation to their particular circumstances.

Let's change aged care together

We invite Australians to continue to have their say about the aged care reforms.



Visit agedcareengagement.health.gov.au



Phone **1800 318 209** (Aged care reform free-call phone line)

For translating and interpreting services, call 131 450 and ask for 1800 318 209.

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.