



# Frequently asked questions - associated providers

The Department of Health, Disability and Ageing (department) is monitoring the outcomes of all the recent changes to the Australian aged care system, including for associated providers, to ensure the policy intent of the reforms is achieved.

## What does it mean to be an associated provider?

### Who is considered an associated provider under the *Aged Care Act 2024*?

The [Aged Care Act 2024](#) (Act) defines an associated provider under [section 11\(6\)](#) as an entity engaged in conduct under an arrangement with a registered provider relating to their delivery of funded aged care services. This means an associated provider is an organisation delivering services on behalf of a registered provider, like a subcontractor. Subcontractors of registered providers are only considered to be associated providers if they deliver government funded aged care services.

The [aged care service list](#) can be found in [section 8-5](#) of the [Aged Care Rules 2025](#) (Rules) and lists the services that are considered 'funded aged care services' under the Act.

### Do associated providers need to register with the Aged Care Quality and Safety Commission to deliver funded aged care services?

No. Entities subcontracted by the registered provider to deliver funded aged care services on their behalf are not required to register with the Aged Care Quality and Safety Commission (Commission) to deliver services as an associated provider.

Registered providers, the entities directly receiving funding from the Australian Government, must be registered by the Commission to deliver services.

### What is the difference between an associated provider and an aged care worker?

As noted above, an associated provider is an entity engaged in conduct under an arrangement with a registered provider relating to their delivery of funded aged care services.

[Section 11-4](#) of the Act defines an aged care worker as:

- a) an individual employed or otherwise engaged (including as a volunteer) by the registered provider to deliver funded aged care services; or
- b) an individual who:

- i. is employed or otherwise engaged (including as a volunteer) by an associated provider of the registered provider; and
  - ii. is engaging in conduct under the associated provider's arrangement with the registered provider relating to the registered provider's delivery of funded aged care services; or
- c) an individual who is a registered provider.

### **Can an aged care worker also be an associated provider by operation of section 11(6) of the Act?**

Whether an *individual* is considered an aged care worker or an associated provider will depend on the context in which services are being delivered and the arrangements involved. One of the key considerations is whether the individual is operating in a similar way to an aged care worker.

If an individual meets the definition of both an aged care worker and associated provider, the Commission has indicated that it will consider that person an aged care worker and not an associated provider. This means that, from a regulatory perspective, the Commission will engage with the registered provider as if that individual delivering aged care services on their behalf is an aged care worker. This supports regulatory clarity and risk management.

The [Commission has highlighted](#) this issue is usually raised in the context of individuals who own their own business and deliver aged care services themselves (e.g. sole traders).

The following can be used as a guide:

1. Are you delivering an aged care service, on the service list, for which you are being funded?
  - a. If the answer is no – you are neither an aged care worker, nor an associated provider.
2. If yes, the next consideration is if are you delivering the services personally or you are overseeing the delivery of those services as a business owner.
  - a. If you are personally delivering the care, you are doing so as an aged care worker. If you are employing and overseeing other workers delivering the care, you are an associated provider.

**Example:** A registered provider engages a nurse who is an independent contractor to deliver nursing to an older person under the Support at Home program. This individual would be an aged care worker.

**Example:** A registered provider directly employs an occupational therapist to deliver services to Support at Home participants. The occupational therapist would be considered an aged care worker and would need to meet all the requirements of a worker in aged care. The registered provider remains responsible for all regulatory requirements for the delivery of care. The occupational therapist remains responsible for ensuring they work within their scope of practice and maintain required professional association membership and their continuing professional development.

**Example:** A dietitian operating as a sole trader independent contractor is subcontracted by a registered provider to deliver services funded under the Support at Home Program. As the dietitian is employed or otherwise engaged by the registered provider to deliver aged care services, the Commission does not consider this arrangement to be that of an associated provider. If, on the other hand, a company was subcontracted by the registered provider to deliver funded aged care services including dietetics, and employed multiple allied health practitioners, this arrangement would be considered an associated provider arrangement, and the allied health practitioners would be considered aged care workers.

**Example:** An organisation delivering allied health services is registered with the Commission to deliver services funded under the Support at Home program. The organisation is also subcontracted to deliver speech pathology services in residential aged care on behalf of another registered provider. The organisation is considered both a registered provider, and an associated provider delivering services on behalf of the residential aged care provider.

### **Which services are considered aged care services, particularly for the purpose of determining which subcontracting relationships create an associated provider relationship?**

Associated providers are organisations that are subcontracted by a registered provider to deliver *government-funded aged care services* on the registered provider's behalf. [Section 8-5 of the Rules](#) outlines the services that are considered aged care services under the Act. Where a registered provider subcontracts the delivery of an aged care service on the service list to another organisation, that organisation will be considered an associated provider. If an organisation is subcontracted by a registered provider for services not listed on the aged care service list, the organisation will not be considered an associated provider.

The important distinction is whether the subcontracted organisation delivers government-funded aged care services according to the service list. This can be best understood with some examples.

#### **Example – gardening under home maintenance and repairs**

[Section 8-45 of the Rules](#) defines gardening under the service type *Home maintenance and repairs*, in registration category 1. Gardening is the provision of, or assistance with, maintenance of a residential garden, including essential light gardening such as mowing lawns, pruning shrubs and clearing yards that contribute to maintaining the individual's home in a safe and habitable condition.

This excludes:

- professional gardening services that would usually be paid for by an individual (such as tree removal, landscaping, or farm or water feature maintenance)
- gardening services that relate to visual appeal rather than safety or accessibility (such as installing and maintaining plants, garden beds and compost)
- services that are the responsibility of other parties (such as landlords or government housing authorities).

## Example – supply of nursing care consumables

[Section 8-60 of the Rules](#) defines the supply of nursing care consumables in relation to the service type *Nursing care* within registration category 5. The supply of consumables used in delivering clinical care provided by a registered nurse, enrolled nurse or nursing assistant, including oxygen and specialised products for wound care, continence management and skin integrity is considered an aged care service.

This means a subcontractor supplying nursing consumables in this manner would be considered an associated provider, noting the guidance on page 1 about when the Commission might consider that entity to be an aged care worker.

The notification requirement for registered providers relating to their associated providers only applies to services in categories 4, 5 or 6. In addition, **where there are goods, services or elements of service delivery are supplied by another entity** to support the delivery of funded aged care services, **the intent is not to capture this information in this requirement for associated provider notification**. This is because they are typically low risk services or goods that are available in the mainstream market and are funded through aged care to support an older person's independence in the home or community or the functioning of a residential care home (e.g. gardening or maintenance).

This has been reflected in the [guidance from the Commission](#).

## Are labour hire companies providing staff to registered providers considered associated providers?

People who are sourced from a labour hire agency (agency workers) engaged by a registered provider to deliver the funded aged care services on their behalf are considered aged care workers under the Act. This is because:

- while the nature of this engagement is not an employment relationship, the registered provider has primary control over the conduct of the agency workers. For example, the agency workers need to follow the directions of the registered provider, are required to comply with their policies, use their systems and so on.

The Explanatory Statement for the Rules recognises there is a distinction between:

- a provider who enters into an arrangement with an associated provider to deliver a service type (and all relevant activities associated with it, including procurement of workers), and
- a provider who engages a third party to assist the provider with only the procurement of workers to enable that provider to deliver the service type.

As such, the Commission considers these agency workers to have been 'engaged' by the registered provider, which means they meet the definition of an aged care worker in [section 11\(4\)\(a\) of the Act](#).

However, a labour-hire company is not likely to meet the definition of an associated provider, unless they are also delivering funded aged care services on behalf of the registered provider.

The provision of staff is not a funded aged care service (see previous answer above for what services are considered aged care services).

## Requirements, including provider obligations and record-keeping

### What are the requirements for registered providers in relation to their associated providers?

Where a registered provider subcontracts out the delivery of funded aged care services to an associated provider, the registered provider remains responsible for ensuring the associated provider complies with all relevant obligations. Registered providers cannot contract out their legal obligations. As such registered providers must have effective mechanisms in place, including robust governance and communication processes, to be assured of and maintain oversight of services delivered by their associated providers.

Registered providers also need to provide the Commission with information about their associated providers when registering or renewing their registration. Providers operating in categories 4, 5 and 6 also need to notify the Commission of changes to their associated provider relationships, if those associated providers are delivering services in those categories on the registered provider's behalf. The Commission's website provides more information about the [notification requirements for associated providers](#).

### When must providers notify the Commission about changes to their associated providers?

All registered providers are required by [section 167-55 of the Rules](#) to notify the Commission about their associated providers when they become registered providers, and when they renew their registration.

Providers who are registered in categories 4, 5 and 6 must notify the Commission when their arrangement with an associated provider who is delivering services on their behalf **starts, is varied, is extended, or ends**. These changes are communicated to the Commission through a change in circumstance notification, which must be made within 14 days of the registered provider becoming aware of the change.

Providers who are registered in categories 1, 2 and 3 do not need to notify the Commission of any changes to their arrangements with associated providers

### Do associated providers need to meet any requirements under the Act and Rules?

Associated providers should understand and comply with the requirements that apply to delivery of funded aged care services.

Associated providers must deliver services that meet requirements regarding quality and safety of care, including delivering services in alignment with and upholding the [Statement of Rights](#) and complying with the [Aged Care Code of Conduct](#).

Registered providers and associated providers can use the [Aged Care Provider Requirements Search tool](#) to navigate their requirements under the Act and the Rules.

## **What are the vaccination requirements for associated providers?**

The Act requires the registered provider to provide free access, in accordance with the Rules, to certain vaccinations for individuals receiving funded aged care services and aged care workers. [Chapter 4, Part 6, Division 2](#) of the Rules provides more detail on this requirement. The Rules prescribe that providers registered in category 6 – residential care, must provide aged care workers who access any premises where the delivery of these funded services occur, access to the following vaccinations in accordance with the [National Immunisation Program Schedule](#):

- Influenza
- COVID-19
- pneumococcal, and
- shingles.

The Rules also outline that providers registered in category 6 must keep a record for each calendar year of aged care staff who have informed the registered provider, whether voluntarily or as required under a law of a state or territory, that they have received the annual seasonal influenza vaccination and/or COVID-19 vaccination.

As state and territory governments may have additional requirements for vaccinations for workers, it is recommended to check local [government](#) websites for the latest advice or vaccination requirements.

Further information on [COVID-19 vaccinations for residential aged care workers](#) can be found on our website.

## **Do registered providers need to collect and store personal information for all workers of an associated provider delivering funded aged care services?**

Registered providers are required by [section 154-905 of the Rules](#) to keep an up-to-date record for each aged care worker, that includes personal information. Information (name, date of birth, address) about aged care workers is necessary to ensure, for example, that they are not listed on the banning order register, or to identify allegations of misconduct.

[Section 154-910 of the Rules](#) sets out the minimum retention requirements for records relating to responsible persons and aged care workers. It confirms that a registered provider must keep records for 7 years but does not specify in what format. How this information is kept is an operational decision for individual providers.

Registered providers should also refer to the Rules to understand their specific requirements. Some sections within the Rules speak to the format in which records can be kept, noting that this can be either written or electronic. For example, [section 154-20](#) refers to records about influenza vaccinations for individuals receiving residential care. These records can be kept in written or electronic form.

The Act and Rules do not replace other record keeping requirements that providers are required to comply with in relation to other Commonwealth, state or territory laws.



## **What evidence or documentation are associated providers expected to provide to registered providers?**

The registered provider remains responsible for ensuring their associated providers comply with all relevant requirements under the Act and Rules. The onus is on the registered provider to ensure that all workers are screened and to keep a record of information about all aged care workers, as specified in the Rules. This also applies to any workers who deliver services through associated provider arrangements. There is no prescribed format for how that information is stored or shared, but ultimately the registered provider must have a record.

The record keeping requirements for worker screening are set out in [Chapter 4, Part 7, Division 1, Subdivision P of the Rules](#). [Section 154-905](#) makes it a requirement for registered providers to keep an up-to-date record of the following for each aged care worker:

- A record of the worker's full name, date of birth and address.
- A record of the worker's police certificate or NDIS worker screening clearance or (if applicable) statutory declaration.
- A record of how the registered provider has ensured the worker has appropriate qualifications, skills or experience to provide funded aged care services that the registered provider delivers to individuals.

As such, associated providers can expect to be asked for documentation or information that satisfies the above requirements.

The department has published [guidance material](#) on aged care worker screening requirements on its website. This guidance material contains a section on record keeping responsibilities, which includes a sample template that registered providers may wish to consider using.

Further information on aged care worker record keeping requirements and assurance regarding the disclosure of personal information has been answered in the department's [associated provider frequently asked questions](#).

## **Can digital solutions be considered to meet record keeping requirements for aged care workers?**

As noted above, [section 154-905 of the Rules](#) sets out the recordkeeping obligations of registered providers in relation to aged care workers. These requirements are designed to ensure that providers keep and maintain accurate, up-to-date documentation that supports workforce capability, regulatory compliance, and screening. The department understands there are some concerns in the sector around the privacy implications for record keeping requirements for aged care workers. The collection, use and potential disclosure of personal information as required under this subdivision within the Rules is reasonable, necessary and proportionate to achieving these aims, and is consistent with the *Privacy Act 1988* and the Australian Privacy Principles.

[Section 154-910](#) sets out the minimum retention requirements for records relating to responsible persons and aged care workers. It confirms that a registered provider must keep records for 7 years but does not specify in what format. This is an operational decision for providers.

Providers should also refer to the Rules to understand their specific requirements. Some sections within the Rules speak to the format in which records can be kept, noting that this can be either written or electronic. For example, [section 154-20](#) refers to records about influenza vaccinations for individuals receiving residential care. These records can be kept in written or electronic form.

The Act and Rules do not replace other record keeping requirements that providers are required to comply with in relation to other Commonwealth, State or Territory laws.

**Are registered providers required to keep records of the aged care workers of all of their associated providers or can registered providers seek assurance from each associated provider that the associated provider holds this information? If they can seek such assurance, what form should this take?**

The registered provider remains responsible for ensuring their associated providers comply with all relevant requirements under the Act and Rules.

Aged care workers of an associated provider are considered to be aged care workers of the registered provider. As above, providers should have regard to [section 154-905](#), which makes it a requirement for registered providers to keep up-to-date records for each aged care worker. This includes how they have *ensured the worker has appropriate qualifications, skills or experience* to provide funded aged care services that the registered provider delivers to individuals. While the Act makes it a requirement of the registered provider to ensure compliance, it does not specify the way in which registered providers should do so. The mechanisms, including record keeping arrangements, that a registered provider has in place for aged care workers engaged through an associated provider (or labour hire arrangement) are operational matters for each registered provider.

As noted above, in some instances, the Rules stipulate it is the requirement of the *registered provider* to hold relevant records in relation to aged care workers. Another example is the requirement around vaccinations in [Chapter 4, Part 7, Division 1, Subdivision C](#), which makes it a requirement for registered providers to keep vaccination records in relation to service staff in residential care homes.

**A registered provider is required to ensure staff provided through labour hire meet the requirements of aged care workers. Can the labour hire company keep relevant records on behalf of the registered provider and provide assurances to the registered provider? If so, what form should this assurance be in?**

The registered provider must ensure that all workers are screened and must keep a record of information about all aged care workers as specified in the Rules. There is no prescribed format for how that information is stored or shared, but ultimately the registered provider must have a record.

Registered providers are also responsible for ensuring compliance with relevant workforce requirements. This includes screening and record keeping requirements for any aged care workers who deliver funded aged care services on their behalf. This applies to any workers that come from associated providers or labour hire companies.



The record keeping requirements for worker screening are set out in [Chapter 4, Part 7, Division 1, Subdivision P of the Rules. Section 154-905](#) makes it a requirement for registered providers to keep an up-to-date record of the following for each aged care worker:

- A record of the worker's full name, date of birth and address.
- A record of the worker's police certificate or NDIS worker screening clearance or (if applicable) statutory declaration.
- A record of how the registered provider has *ensured the worker has appropriate qualifications, skills or experience* to provide funded aged care services that the registered provider delivers to individuals.
- The name of the person who ensured that the worker has a police certificate or NDIS worker screening clearance or (if applicable) statutory declaration, and the date the person did so.

The mechanisms or arrangements that a registered provider has in place for aged care workers engaged through a third party arrangement are operational matters for each registered provider. However, registered providers must have arrangements and record keeping mechanisms in place to demonstrate that aged care workers engaged through third party arrangements meet relevant workforce requirements.

Providers should have regard to the Act and Rules for a full understanding of the requirements that apply. The [Aged Care Provider Requirements Search tool](#) helps providers navigate their requirements under the new Act and Rules, compiling a list of requirements specific to the user's search inputs.

### **What are the reasons for the recent requirement to submit additional forms when registered providers notify the Commission about their associated providers?**

Prior to 1 November, approved providers were encouraged to update their third-party organisations in the Government Provider Management System (GPMS) in the lead-up to the Act commencing. Approved provider third-party organisations were migrated across as associated providers as part of the transition to the new Act.

Providers that were not approved providers did not have records in GPMS that could be transferred in the same way. To ensure the provider register is complete and accurate, those providers have been given 6 months from commencement of the Act to supply the Commission with the information the department would have otherwise received through the deeming process. This is essentially all the information in [section 104\(3\) of the Act](#), including information about associated provider relationships.

Separately, all registered providers need to supply the Commission with information about their associated providers when registering or renewing their registration. Providers can notify the Commission about [changes in circumstances for associated providers](#) through a smart form on the Commission's website. Providers will submit the smart form using a unique code.

### **Is there a way to bulk upload or update associated provider details in GPMS?**

Transparency in aged care is a key expectation of the Act and regulatory model. This includes requiring providers to notify the Commission of organisations delivering funded aged care

services on their behalf. We understand that many registered providers will have multiple associated provider arrangements that will need to be reported to the Commission.

Bulk upload of information is not currently available. The Commission is considering options to help providers manage large numbers of associated providers and will provide more information and guidance about this soon.

A list of resources – including quick reference guides, fact sheets, videos and other publications – for the [Government Provider Management System](#) is available on the department's website.

## Training and volunteers

### **What are the minimum training and workforce requirements for staff of associated providers, and do all staff (including those with no direct client contact) need to complete mandatory training?**

Australia's Minister for Aged Care and Seniors, Sam Rae, has issued an open [letter to aged care workers](#), reaffirming the critical role every caring professional, including those without direct client contact, has under the Act. The letter highlights that a suite of education and training resources has been made available to help workers understand their requirements under the Act, including modules on person-centred, rights-based care, the strengthened Quality Standards, the Aged Care Code of Conduct, and key changes to how services must be delivered under a consistent regulatory framework.

In his open [letter to aged care providers](#), the Minister for Aged Care and Seniors, has reminded providers that every worker must be supported, prepared and confident to deliver safe, high-quality, rights-based care including support for the transition to the Act and associated reforms. Providers are expected to roster paid time for staff to complete role-relevant training, and to track completion as part of their compliance obligations and everyday practice.

### **Can volunteers be used by associated providers? If so, what requirements apply?**

Yes. Under the Act, an aged care worker is defined as:

- An individual employed or otherwise engaged (including as a volunteer) by the registered provider to deliver funded aged care services
- An individual employed or otherwise engaged (including as a volunteer) by an associated provider and engaging in conduct under the associated provider's agreement with the registered provider for the delivery of funded aged care services.

As volunteers delivering funded aged care services are aged care workers, volunteers are required to meet requirements under the Act and the Rules, including worker screening requirements and adhering to the Aged Care Code of Conduct.

For clarity, volunteers undertaking activities such as providing entertainment to residents, i.e. choral singing or putting up Christmas decorations, are not aged care workers. This is because these types of activities are not listed on the aged care service list as a funded aged care service.

Aged care workers and volunteers can use the [Aged Care Provider Requirements Search tool](#) to help navigate their requirements and further information on volunteering can be found in the [New Aged Care Act and Volunteering in Aged Care](#) booklet.

## Travel, invoicing and pricing

### **How should travel costs and service access be managed for associated providers in rural and remote areas, and what guidance exists for thin markets?**

Under the Support at Home program, travel undertaken as part of service delivery, such as a nurse travelling to a participant's home, is considered a component of the service and should be included in the price for that service. This differs from transport, which is a separate service type used to support participants in accessing community activities.

Registered providers of Support at Home services are responsible for ensuring that their fees charged to participants are reasonable and reflect the actual cost of service delivery, including travel, subcontracting and administration.

However, the prices negotiated between registered providers and associated providers (such as subcontractors and brokered services) are not regulated under the Act. This means:

- Travel does not need to be included in the hourly rate for brokered services unless specified in the contract between the registered and associated provider.
- Travel costs can be negotiated separately and tailored on a case-by-case basis, provided this is agreed upon in the brokerage arrangement.
- Associated providers must comply with general pricing legislation (e.g. Australian Consumer Law) but are not bound by the Support at Home pricing rules.

The department acknowledges the challenges this presents, particularly in rural and regional areas where travel distances can significantly impact service viability. Associated providers may negotiate travel costs separately in their contract arrangements with the registered provider. The flexibility to negotiate travel costs separately is intended to support continued access to services in these areas by allowing pricing arrangements that reflect the true cost of service delivery.

We encourage providers to continue working closely with their provider partners to establish brokerage contracts that reflect the realities of service delivery, including fair and transparent arrangements for travel.

In addition, the Support at Home Thin Markets Grants are part of the Support at Home program. The Australian Government is investing through the grants to help ensure the availability of Support at Home services in rural and remote Australia, and for people with diverse backgrounds and life experiences.

The second grant opportunity under this program opened on 26 November 2025. This grant opportunity provides flexible funding to support service delivery for Support at Home providers operating in thin markets.

To be eligible to apply for the second grant opportunity, a provider must be registered to deliver Support at Home services. Associated providers are not eligible to apply. Further information is available on [GrantConnect](#).

Further details on pricing arrangements under Support at Home can be found here: [Support at Home pricing resources](#).

### **How should pricing, invoicing, and billing cycles be managed between registered providers and associated providers, including travel costs, price caps, and administrative fees?**

The price and invoicing of a service delivered through an associated provider will depend on whether there is a self-management arrangement in place.

If the participant is not self-managing, then:

- The price charged will be the provider's unit price for the service, as agreed with the participant when signing the service agreement and developing the individualised budget. The price for each service represents the entirety of the revenue that Support at Home providers will receive for delivering that service. Providers must not charge participants separate administration fees, travel fees, or charge these expenses to the care management account.
- The provider will receive the invoice and reimburse the associated provider according to their business processes.

If the participant does have a self-management arrangement in place, which includes the participant directly sourcing the associated provider, then:

- The price charged will be the associated provider's service price plus the overhead the provider can charge to facilitate this arrangement. The overhead must not exceed 10% of the associated provider's service price. The final price, including whether an overhead cap is to be charged, must be discussed and agreed to by the participant. Again, the price should represent the entirety of the revenue, and no separate fees can be charged.
- In a self-management arrangement, the provider and participant will also need to agree on who will receive and pay for the invoice and whether reimbursement to the participant will be required. This should be documented.

Once the service has been delivered, providers can determine their individual business processes as to whether they claim daily, weekly or monthly. Providers must issue participants with a statement each month and a final statement upon cessation of services.

Further details on pricing arrangements under Support at Home can be found on the department's website, please visit [Support at Home pricing resources](#).

### **How should registered providers represent and advertise the fees of associated providers, and what transparency is required for consumers?**

Providers are required to list their common price for each service type on the Find a Provider tool, as evaluated over the previous two months. The Common price is the price that has been most frequently charged to their participant, evaluated over a two-month reporting period. The two-month reporting periods will cover November-December, January-February, and so on.

You can find more information here: [Support at Home Pricing FAQ](#) or visit [Support at Home pricing resources](#).