Joint statement to clarify the roles and responsibilities for the delivery of health care for people receiving aged care services

Older people have the same right to free, timely and quality care through public hospital and health services as everyone else.

Purpose

Service providers and funders have overlapping roles and responsibilities to care for older people. This is a statement to clarify roles and responsibilities and to provide policy guidance for aged care and health providers.

This statement does not have any legal or enforceable authority, but it complements existing powers in the following instruments:

- The roles and responsibilities of the Australian Government, state and territory governments in the health system, and at the interface between the health and aged care systems, as set out in the 2026-31 Addendum to the National Health Reform Agreement (NHRA)[1]
- The roles and responsibilities of registered providers as set out in the *Aged Care Act 2024* and the *Aged Care Rules 2025*, including the requirement to conform with the Strengthened Aged Care Quality Standards (strengthened ACQS).

This document aims to:

- support system stewards to understand responsibilities and coordinate their services to improve health outcomes for people receiving aged care
- ensure the respective and joint roles and responsibilities of system leaders and service providers are clearly defined, to support effective clinical health care for people receiving aged care
- recognise the increasing complexity of care delivery that is evolving through increased life expectancy
- support other instruments (including but not limited to, standards, regulation, and reporting) to drive accountability for the delivery of healthcare for older people
- support future reform and transformation of health and aged care service provision for

[1] Australian Government Department of Health, Disability and Ageing, *Addendum to National Health Reform Agreement 2026-2031,* About the National Health Reform Agreement | Department of Health, Disability and Ageing

older people.

This clarification statement outlines:

- the key principles informing roles and responsibilities of governments and providers, informed by the NHRA and the *Aged Care Act 2024*
- the practical application of those principles through delineation of clinical care.

Key principles

The following principles underpin the delivery of clinical health care for people receiving aged care services:

Government systems

1. The safety, health, wellbeing and quality of life of individuals is the primary consideration in the delivery of aged care and health services.
2. The Commonwealth aged care system supports the delivery of funded aged care services that put older people first, treat older people as unique individuals, and recognises the rights of individuals under the Statement of Rights.
3. The Commonwealth and states and territories are collective stewards of a complex care system and share responsibility to ensure systems work together effectively and efficiently.
4. The Commonwealth is responsible for funding registered providers to deliver services consistent with provider registration obligations, and for regulating aged care to ensure people receive safe, high-quality assessments for and delivery of services that meet their needs. This includes where there is an interface with the health services provided by state and territory governments.
5. The Commonwealth stewards the aged care system through system planning, policy-setting, market management, and funding registered providers of aged care services to ensure adequate supply of aged care services to meet demand.
6. The Commonwealth stewards and funds primary health care, including the Pharmaceutical Benefits Scheme and Medicare Benefits Schedule. This recognises the fundamental role of primary care in prevention and early intervention, including screening, treatment and management of health conditions and medications, and preventing unnecessary hospitalisations or entry into permanent residential aged care. The Commonwealth funds Primary Health Networks, which play a critical linkage role in the community as well as assess and plan for the needs of the community, and other essential services for daily living.
7. States and territories are responsible for system management of public hospital and health services including system-wide public hospital service planning and performance to ensure adequate supply of appropriate services to meet demand. This includes where there is an interface with aged care services funded by the Commonwealth.
8. States and territories recognise the right of older people under the Medicare Principles to receive public hospital services free of charge as public patients on the basis of clinical need and within a clinically appropriate time. Older people receiving residential aged care services have the same right to free, timely and quality care through public hospital services as everyone else.
9. Older people receiving aged care services may also require access to other complex care supports and programs delivered and/or funded by the Commonwealth or states and

territories. These include mental health care, memory clinics, palliative care, disability supports and behaviour supports. These services must be coordinated across the health and aged care systems.

Clinical care

1. It is a shared responsibility of all clinical care providers to support transitions between systems and ensure best outcomes for the individual. These care transitions include responsibilities for care and treatment plans, diagnosis, information transfer and discharge planning as well as access to palliative care and end of life care.
2. Receiving assistance through the aged care system must not prevent older people from also accessing public hospital services on the basis of clinical need, within a clinically appropriate period. While recognising this, registered providers must undertake to provide any care they can safely and reasonably provide before directing older people to emergency departments, including referral to alternative services where appropriate.
3. A core responsibility of registered aged care providers is to coordinate care for people receiving aged care and to respond to deterioration and change in a person's health, including cognitive function, wellbeing, and quality of life.
4. Clinical staff providing aged care services must be supported to work to their full scope of practice within the appropriate legislative framework.
5. Registered providers of aged care services must appropriately escalate care to other service providers as required (including primary preventative, early intervention and specialist care), in accordance with the needs, goals and preferences of the older person and/or their support people.
6. Aged care, primary care, Primary Health Networks, community-based health service providers and hospital service providers will work collaboratively to provide access to culturally safe health and aged care services for all people, including, but not limited to Aboriginal and Torres Strait Islander people, older people who are from culturally and linguistically diverse backgrounds, LGBTIQ+ people, or those living in rural and remote regions.
7. Older people, including those receiving aged care, have the same right to choose to receive public hospital and health services free of charge as public patients, based on clinical need, as the general population.

Delineation of clinical roles and responsibilities

Commonwealth

Supporting provision of clinical services through:

a. Aged care system (see registered provider roles below), including assessment and service provision.
b. Medicare Benefits Schedule including:
    - primary care (face to face and telehealth), such as:
        - general practitioners, nurse practitioners and practice nurses
        - allied health
        - pathology
        - advance care planning and care at the end of life discussions
    - specialist medical care including mental health services.
c. Primary health care support for older people commissioned by Primary Health Networks, to address equity and diverse needs of older people.
d. Commonwealth funded behaviour management advisory services.
e. Pharmaceutical Benefits Scheme and community pharmacy (including Residential Medication Management Reviews and Quality Use of Medicines).

States and territories

Provision of clinical services through[2]:

a. Public hospital system management, including providing older people with access to all public hospital services, emergency and non-admitted services such as post-acute care and rehabilitation and sub-acute care.
b. Health and aged care support for older people in Multi-Purpose Services.
c. Specialist health support for people in Specialist Dementia Care Program units, including care planning.
d. Support through Aged Care Outreach Services.
e. Other care not generally expected to be provided by primary care or aged care for older people such as:
    - specialist allied health care, such as high-risk foot service.
    - specialist nursing health care, such as management of peripherally inserted central catheter lines, oversight of implantable infusion pumps and insulin infusion pumps.
    - specialist palliative care to support dignity at end of life, including Voluntary Assisted Dying services.
    - specialist behavioural or clinical issues requiring assessment by a geriatrician/ psychogeriatrician / Older People's Mental Health Services (including for facilitated discharge from hospital to aged care services).
    - specialist support for chronic and complex care needs (including specialist clinics and services to facilitate early discharge or avoid unnecessary hospital presentation).
    - state and territory led public health activity, including but not limited to, receipt of

[2] While system management and clinical care delivery responsibilities for public hospital services are held by States and Territories, funding and stewardship is also contributed by the Commonwealth government

infectious diseases notifications and supporting outbreaks and emergency preparedness and response activities within established protocol.

Residential aged care providers

Registered providers of residential aged care must regularly review their clinical governance frameworks to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for older people.[3]

Registered providers must ensure older people experience a well-coordinated transition, whether planned or unplanned, to or from a provider's care. The provider must set out clear responsibility and accountabilities for the delivery of funded aged care services to older people between aged care workers, registered health practitioners, allied health professionals and assistants, and across organisations.

Individualised clinical care (provided directly or sub-contracted as needed), with clinical staff recognising, responding to deterioration, and escalating appropriately. Clinical care provided by residential aged care providers includes:

a. Nursing care and procedures.
b. Assistance with or provide personal hygiene support.
c. Oral health management.
d. Bariatric care needs.
e. Wound and pressure injury prevention and management including appropriate escalation for medical care and specialist wound consultation where such care is required, such as infection, or complex wounds including those requiring negative pressure wound devices.
f. Initial comprehensive clinical assessment for input to the care and services plan for the individual, carried out by a registered nurse (in consultation with other registered health practitioners as needed) in line with the individual's needs, goals and preferences.
g. Supporting older people to develop an advance care directive or co-develop an advance care plan with residents and their families to clarify the goals of care.
h. Care and services plan reviews to occur regularly along with reassessment when changes in condition occur, including any post-acute episode or deterioration, (readmission from any external care settings or post hospitalisation), and ensuring the right care team is involved to support changed care needs.
i. Palliative care to support residents' care and dignity at end of life, including measures for comfort under the direction/supervision of a doctor or specialist palliative care service.
j. Medication management and administration (including Schedule 8) and pain management consistent with quality use of medicines guidelines.[4]
k. Prevention, identification and response to clinical deterioration[5] and other risks to wellbeing.
l. Care for people living with all stages of dementia that supports their comfort and dignity, including managing behavioural and psychological symptoms of dementia using non-

[3] A clinical governance framework is a requirement under the Aged Care Quality Standards (standard 5.1)
[4] Further guidelines are provided on the Aged Care Quality and Safety Commission website

[5] NSQHS Standards – Recognising and responding to acute deterioration standard

pharmacological and pharmacological methods (where required).

m. Replacement of medical devices[6].
n. Access to medical consultation and intervention, including organising transport to appointments.
o. Allied health therapy programs designed to maintain and/or restore a resident's ability to perform daily tasks for themselves. This excludes post-acute care rehabilitation.
p. Assistance with accessing other allied health care which does not form part of the resident's internal therapy program where appropriate.
q. Ensure all staff are trained in Infection Prevention and Control (IPC) and a lead[7] is appointed to oversee the IPC program and its continuous implementation.
r. Provision of fit-for-purpose aids and equipment that meets a resident's assessed care needs, excluding motorised wheelchairs and custom-made mobility aids.
s. Health promotion activities, including providing information on diet, exercise and vaccinations, and condition specific prevention (for example, to reduce drug and alcohol misuse and smoking).
t. Enable lifestyle enhancements and participation to ensure quality of life and psychosocial wellbeing is maintained.

In-home aged care programs

Registered providers deliver Commonwealth funded in-home aged care services[8] in line with their registration category and the ACQS. This includes clinical care[9].

Registered providers and their aged care workers proactively recognise and respond to deterioration and changing needs and escalate appropriately. Clinical care provided can include:

a. Non-acute care not requiring intervention from acute care systems.
b. Nursing care carried out by a registered nurse, enrolled nurse, or nursing assistant working within their scope of practice.
c. Nutrition, hydration, and diet-related care and support.
d. Management of skin integrity including wound prevention and management
e. Continence management.
f. Medication management and support, including administration of medications.
g. Mobility management and falls prevention and management.
h. Replacement of medical devices[10] (for example, urinary catheter, percutaneous feeding tube, negative pressure devices).
i. Arranging access and referral to other health practitioners (this may include facilitating transport to clinical services) which are not already provided under another system.

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[6] Replacement of medical devices and other procedures that require specialist expertise are all subject to nursing and other staff being appropriately trained and working within their scope of practice, as required by Aged Care Quality Standards, and professional codes of conduct.

[7] IPC lead requirement introduced in 2020. Further information is available on the Infection Prevention and Control Lead webpage

[8] Through the Support at Home Program, Commonwealth Home Support Program, NATSIFAC and Multi-Purpose Service Program.

[9] These responsibilities pertain to clinical care provided by Commonwealth-funded community aged care providers, distinct from other support services delivered to people receiving aged care in the community. These include the Commonwealth Home Support Program, Support at Home and the Transition Care Program.

[10] Noting that this may be above the scope of some community providers, and that community aged care services are complemented by other community-based health services.

j. Assessment, recommending and providing prescriptions for provision of assistive technology and home modifications, including wrap-around services.
k. Restorative care, reablement and maintenance care.
l. Allied health and therapeutic supports (e.g. dietetics, physiotherapy, occupational therapy, psychology, social work and speech pathology).
m. Generalist palliative and end-of-life care (complementary and in addition to any specialist palliative care interventions provided by other services).
n. Care for older people with bariatric support needs.

Glossary of terms

Term	Meaning
Advanced care directive	A document completed and signed by a competent person who still has decision-making capacity regarding their future care and preferences for end of life care. In Australia, advance care directives are recognised by specific legislation or common law. Advance care directives can record the person's preferences for future care and/or appoint a substitute decision-maker to make decisions about the person's health care.
Aged Care Quality and Safety Commission	The national regulator of Commonwealth funded aged care services, and the primary point of contact for older people, providers, and workers in relation to quality and safety in aged care in Australia.
Carer	A person who provides personal care, support and help to an older person. This does not include members of a respite organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the *Carer Recognition Act 2010*.
Clinical care	Health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical wellbeing. It includes care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health practitioners. Organisations providing clinical care are expected to make sure it is evidence-based, meets the older person's needs, and optimises their health and wellbeing.
In-home aged care	Australian Government subsidised aged care services to support older people who need assistance to keep living independently at home and in their community. Commonwealth Home Support Program provides entry-level services for those who need a small amount of support. The Support at Home program is available for those with greater or more complex needs. Other care programs include Multi-Purpose Service Program, National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Disability Support for Older Australians program.
Non-acute (or maintenance) care	Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Patients requiring maintenance care often require care over an indefinite period.

Term	Meaning
Registered provider	Commonwealth funded aged care services are delivered by registered providers (and associated providers of registered providers) and the aged care workers of registered providers under the Commonwealth aged care legislation. Under subsection 11(2) of Part 2 of Chapter 1 of the *Aged Care Act 2024* a registered provider means an entity that: a) is registered as a registered provider (whether under paragraph 105(1)(a), because of a renewal under paragraph 108(1)(a), or because of a determination made by the System Governor under subsection 117(1)); and b) the registration period has not ended; and c) that registration has not been revoked under a provision of Part 3/Chapter 3 of the act.
Residential aged care	Means a service delivered by a registered provider in the service type 'residential care' as defined in Division 8 of Part 3 of Chapter 1 of the Aged Care Rules 2025.
Registered supporter	Registered supporters help older people to make and communicate their own decisions in aged care.
Sub-acute care	Specialised multidisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life. A person's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation, and/or participation restriction. Subacute care is comprised of the rehabilitation, palliative, geriatric evaluation and management and psychogeriatric care types.