

Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP)

Panel Member Information Handbook

1 January 2021

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# 1. Introduction

Welcome to the newly established Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (the Panel).

The purpose of this handbook is to bring together, in a single document, key information for Panel Members on their role and responsibilities as a representative of the Department of Health (the Department). Panel Members, employees and sub-contractors should familiarise themselves with the documents that form the Deed of Standing Offer (SON 3734988). This will enable Panel Members to assist aged care service providers to deliver and maintain quality aged care services to older people living in rural and remote areas, including Aboriginal and Torres Strait Islander communities.

It is the responsibility of the Panel Member to be compliant with the Laws and Policies of the Terms and Conditions outlined under Schedule 2 of the Deed of Standing Offer.

Please note this information booklet will be updated periodically, to check if you are working on the latest version, please go to the SDAP pages on the [Department’s website](https://www.health.gov.au/initiatives-and-programs/remote-and-aboriginal-and-torres-strait-islander-aged-care-service-development-assistance-panel-sdap).

## 1.1 What is the purpose of the Panel?

The Panel provides an effective means for the Department to access highly qualified and skilled professionals to assist aged care providers to build up their skills, improve the quality of aged care services and develop culturally appropriate local solutions.

## 1.2 About the Panel?

The Panel was established as a result of an open Request for Tender process. Tenderers assessed as having the capacity to deliver the required services were appointed to the Panel, which came into effect on 1 January 2021.

Successful tenderers were offered a Deed of Standing Offer (the Deed), a contract with the Department that:

* defines the specific service category/categories to be delivered by each Panel Member;
* establishes how services will be purchased through the use of an Official Order;
* specifies the Department's legal requirements; and
* specifies each Panel Member’s schedule of rates for the period of the Deed.

There is no funding associated with the Deed. The Department is not obliged to purchase any services from the Panel and therefore does not guarantee any contracts for services (Official Orders) will be entered into during the term of the Panel.

The Panel will be effective from 1 January 2021 until 1 July 2022. An option to extend the contract for up to two years beyond 1 July 2022 will be available at the discretion of the Department.

## 1.3 Who can seek assistance from the Panel?

Aged care service providers who deliver services in rural and remote areas and/or those providing aged care to a significant number of Aboriginal and Torres Strait Islander people located anywhere in Australia are eligible for assistance. This includes:

* [residential aged care](https://www.health.gov.au/initiatives-and-programs/residential-aged-care) services operating under the *Aged Care Act 1997;*
* service providers funded under the [Home Care Packages Program](https://www.health.gov.au/initiatives-and-programs/home-care-packages-program);
* service providers delivering [Commonwealth Home Support Programme](https://www.health.gov.au/initiatives-and-programs/commonwealth-home-support-programme-chsp) services, at the Department’s discretion; and/or
* service providers funded under the [National Aboriginal and Torres Strait Islander Flexible Aged Care Program](https://www.health.gov.au/initiatives-and-programs/national-aboriginal-and-torres-strait-islander-flexible-aged-care-program).

Eligibility of aged care service providers are determined by the Modified Monash Model (MMM) under the category of MMM 6 (Remote) and MMM 7 (Very Remote). MMM 5 (Small rural towns) will be assessed on a case by case basis.

## 1.4 What support is offered under the Panel?

Each Panel Member has been assessed as having the capacity to deliver some or all of the following service categories:

Category 1: **Provider Capability and Support**

Category 2: **Sector Development**

Category 3: **Project Management (Capital Infrastructure)**

Further information on the types of activities under each of the service categories is available on the [Department’s website](https://www.health.gov.au/initiatives-and-programs/remote-and-aboriginal-and-torres-strait-islander-aged-care-service-development-assistance-panel-sdap).

## 1.5 Who pays for the services?

The Department will meet the costs of Panel services covered by an Official Order.

Aged care service providers can also seek assistance from these organisations independently. If this occurs it will be a commercial arrangement between the two organisations; the Department is not party to these arrangements.

## 1.6 What is the process for procuring Panel services? Is this required?

The Department is guided in its procurement decisions by an overarching Australian Government procurement policy framework. The Commonwealth Procurement Rules set out the policies and principles that must be adhered too and standards that must be met in procuring services from the Panel.



# 2. Engaging Panel Members for Projects

Panel Members may be called upon to deliver targeted projects that will assist aged care services in rural and remote locations and/or those providing aged care to a significant number of Aboriginal and Torres Strait Islander people.

## 2.1 SDAP Application

Eligible aged care service providers must complete and submit an application for assistance to the Department via SDAP@health.gov.au.

The Department considers the application to determine whether the provider is eligible and if Panel assistance is appropriate. If so, the SDAP team will work with the service provider and relevant areas of the Department to develop a *Statement of Requirement* (SOR) forming the scope, aims and objectives of the services to be provided.

The Department will then approach Panel Members to submit a quotation to provide services under the terms and conditions of their Deed.

## 2.2 Panel Member selection

The Department requires written quotations. The information provided to each Panel Member invited to quote is identical and provided in accordance with the Commonwealth Procurement Rules. The Department may approach one or more Panel Members for quotation.

The Department will evaluate the quotations received assessing the Panel Member’s ability to meet the project requirements and value for money is achieved. The process to evaluate quotations is the same for each Panel Member’s response.

A Panel Member must advise the Department in writing if it intends to accept or decline to provide a quote when requested within 7 days of receipt of email.

## 2.3 Request for Quotation (RFQ)

The Department will send out a *Form of Request For Quotation* (Schedule 5A) which sets out the project timeframes and requirements, and a *Form of Quotation* (Schedule 5B) which is a checklist and declaration for completion by the Panel Member. An Expenditure Template will be provided to breakdown the expenses for the project.

**In preparing a quotation, it is important to note that Panel Members** must not communicate with or solicit information in relation to this RFQ from any employee of the Department or from the aged care service, other than the Contact Officer.

### ***2.3.1 Schedule 5A Request for Quotation***

The SOR (at Item 6 of the RFQ) provides background on the service and a detailed description of the services required. It is important that Panel Members invited to quote understand the scale and the type of services the aged care service provider is seeking assistance with and any response to a request for quote is proportionate to the actual business need relative to the scale of the service delivery operation being assisted.

Item 7 of the RFQ sets out the required reporting framework, RFQ responses are to include a draft Project Plan that clearly sets out the proposed actions, including the proposed number of site visits, timeframes for the project deliverables and identifies the specified personnel to provide the services. If the quotation includes a subcontracting arrangement, the Department must approve the arrangement prior to the subcontractor’s engagement.

Panel Members are required to provide a draft *Risk Management Plan* to identify all potential **risks to the success of the project or the observed risk to clients whilst on site**, this must include proposed risk treatments.

Items 6 and 7 of the RFQ provide a framework for submitting details of the services to be provided. Panel Members must ensure that they clearly address all of the items listed. In addition*,* Panel Members must provide sufficient information in their responses to address the *Evaluation Criteria* (Item 8) as each quotation will be assessed against these criteria.

Quotations need to include estimates of all expenditure related to the project (Item 9). An expenditure template will be provided and must be completed by Panel Members.

Panel Members also need to ensure that the quotation addresses any other requirements set out at Item 11 of the RFQ. In particular, if addressing challenges in an Aboriginal or Torres Strait Islander community, Panel Members are required to demonstrate an understanding and experience of local cultural, community and organisational sensitivities relevant to the location.

If seeking clarification or further information in relation to the RFQ, Panel Members should only contact the nominated Contact Officer listed in the RFQ via the SDAP inbox. If a Panel Member requires clarification or has questions about an RFQ, a response will be provided to all Panel Members who have been invited to quote. Panel Members will have seven days from the date of invitation for quotation to request additional information of the RFQ.

### ***2.3.2 Schedule 5B Quotation Form***

To complete the quotation, Panel Members must complete and sign the Quotation Form (Schedule 5B). Panel Members are required to sign a declaration at Item 9 stating that the quotation has been prepared in accordance with the conditions of their Deed.

### ***2.3.3 Quotations submitted by closing time and date***

Panel Members must submit their response to the RFQ by the closing time and date to the email address shown at Item 2 of the RFQ.

A quotation may be excluded from consideration if:

* the quotation is submitted late;
* the minimum content and format requirements have not been met; or
* quotation prices are not as per Schedule 4 of the Deed.

**Where a quotation is incomplete, the Department will only evaluate the information submitted within the lodgement deadline.**

Once the quotation has been lodged with the Department, an email will be sent to the Panel Member confirming receipt of the quotation.

### ***2.3.4 Assessment against evaluation criteria***

Once a RFQ is submitted to the Department, quotations will be reviewed by the Evaluation Team against the evaluation criteria set out in the RFQ (Item 8).

The criteria for evaluation will encompass the:

* extent to which the Panel Member’s proposal meets the requirements set out in the RFQ;
* Panel Member’s proven capacity to provide the requirements; and
* total costs to be incurred by the Department.

The Evaluation Team will determine which quotation will provide the best value for money, in accordance with the requirements and evaluation criteria specified in the RFQ.

### ***2.3.5 Value for money***

*Best value for money* does not necessarily mean that the Department accepts the lowest quotation. When assessing an RFQ, the financial and non-financial costs and benefits of each of the quotations inform the value for money assessment. Factors include:

* the quality and appropriateness of the proposed services;
* the proposal being fit for purpose;
* the Panel Member’s relevant experience and performance history;
* flexibility of the proposal (including innovation and adaptability);
* sustainability of the proposed services; and
* whole-of-project costs.

## 2.4 Email of Offer and Official Order

The Official Order is a contract formed under the umbrella of the Deed and includes the services to be delivered and performance requirements appropriate to each project.

The Department will notify the successful Panel Member or may engage in discussion and negotiations prior to finalising the Official Order.

If negotiations between the Department and the preferred Panel are unsuccessful, the Department may choose to negotiate with a second preferred Panel Member. The Department will notify **unsuccessful** respondents and, if requested, will debrief unsuccessful respondents following the award of an Official Order (contract). Confidentiality of other tenderer’s quotations and commercial details will be maintained.

Panel Members should note that no work is to commence until the Panel Member receives the executed copy of the Official Order from the Department. Only once both parties have signed is the arrangement binding.

The SDAP Contract Officer (CO) can be contacted via SDAP@health.gov.au if there are any concerns about the project.

Panel Members are encouraged to establish regular, open and clear communications with the CO. This is to facilitate a cooperative working relationship and help ensure the project achieves best possible outcomes for the aged care service.

## 2.5 Complaints

Any complaints about the RFQ process should be made in writing and sent by email to the CO. If the complaint is not resolved, complaints can be directed via email to the Department’s Complaints Office via email at procurement.advice@health.gov.au.

# 3. Project Management

## 3.1 Start-Up Report and Project Initiation

At the commencement of the project, the Department will provide the Panel Member with the aged care service provider’s contact details. The Panel Member is then able to contact the aged care service provider to introduce the project team, discuss the proposed approach to the project and to agree on the timing of site visits.

It is important for the Panel Member to develop a good working relationship with the aged care service provider. Interactions with the relevant departmental state and territory office are to be directed through the CO in the first instance.

### ***3.1.1 Project Scope***

The scope of projects may consist of two stages, pending the length of a project.

Stage 1 will provide the support and assistance required to review, develop and implement policies, procedures, training and addressing identified gaps. Post Stage 1, the aged care service provider will be given a period of time to operate independently as outlined in the Official Order.

Stage 2 requires the Panel Member to work in collaboration with the Panel Member and the service, to review the project, identify and address any gaps that may have arisen since the completion of Stage 1, noting it is the role of the Panel Member to ensure changes and sustainability are embedded.

## 3.2 Monitoring

The Department will undertake regular monitoring of projects. This is to ensure that Panel Members fulfil the requirements in the Official Order and to check progress against anticipated outcomes.

Reporting requirements will be clearly set out in the RFQ and Official Order and typically require that Panel Members provide the Department with:

* **Start-Up Report and Project Plan**
* **Site Visit Reports (per visit)**
* **Progress Reports (one and/or two)**
* **Final Report**

The timely provision of reports is a critical measure in evaluating a Panel Member’s performance against the Official Order. Certain reports will be milestones within the project plan and have progress payments attached. These reports also assist the Department in assessing the likelihood of the project achieving improvements in the capability and capacity of the aged care service.

**Panel Members should raise with the Department any risks to the project as they arise. The Official Order will generally include an option for extension should unforeseen circumstances arise and additional time is required to complete the project.**

### ***3.2.1 Project Start-Up Report***

The Panel Member is required to provide a **Project Start-Up Report** in the form of a pdf document via email within 10 days of the project’s initial site visit. The report should include but is not limited to:

* a narrative of the visit, including the initial observations of the service, relationships that were built, how the scope of the support was received and the interactions with the service;
* the current staff structure of the service (basic diagram, including positions and names);
* a review of whether the current project plan reflects the need of the provider and any matters that may be outside the scope of the project;
* informing the Department immediately of issues that would pose risks to the health, safety or well-being of clients;
* issues or risks that may jeopardise or delay the project and any proposed actions to remedy the situation; and
* a brief overview of the service’s infrastructure.

### **3.2.2 Finalised Project Plan (to be delivered with the Project Start-Up Report)**

After the first site visit the Panel Member is required to provide a Finalised Project Plan in the form of a pdf document via email with the Project Start-Up Report which includes but is not limited to:

* the project activities that most accurately reflects what is required of the project following the first on-site visit with the approved provider;
* a table outlining the project activities, respective actions for each activity, performance indicators and a means of measurement or other evidence that is intended to demonstrate the successful delivery of the activity; and
* a project timeline including;
	+ onsite and offsite hours for each consultant and activity;
	+ planned site visits; and
	+ total project hours.

### ***3.2.3 Site Visit Reports***

Panel Members are required to provide Site Visit updates in the form of a pdf document via email within 10 days of each site visit (excluding the first site visit where the Project Start-Up Report will be provided). This report is a short and concise snapshot in time which includes but is not limited to:

* a couple of short paragraphs addressing the site visit details outlining days/dates on site, attendees and service locations attended (includes service outlets and/or head office);
* a summary of tasks undertaken (in list form) whilst on-site and, where applicable, with which staff members these tasks were performed with;
* an outline of outcomes met on site;
* expected outcomes not met on site - include reasons for the outcomes not being met and how they will be remedied;
* the projected dates/timeframe of the next proposed site visit (if applicable) as well as a brief outline of the key focus points for the next visit;
* issues or risks that may jeopardise or delay the project and any proposed actions to remedy the situation; and
* informing the Department immediately of any urgent or emergency matters that would pose a risk to the health, safety or well-being of clients.

### ***3.2.4 Progress Report(s)***

A critical use of the Progress Report for the Department is understanding the observations and experiences of the Panel Member as they assist the aged care service provider. This assists the Department in assessing the likelihood that the project outcomes will be sustainable and lead to meaningful and ongoing increase in the capability of the aged care service provider.

Panel Members are required to provide a Progress Report in the form of a pdf document via email which includes but is not limited to:

* an opening paragraph to provide context to the following project update;
* an executive summary outlining the project from contract execution to its current state, including;
	+ observations following initial contact with the provider and the following site visits;
	+ has the project been well received, if not why not;
	+ a narrative of the actions and key tasks undertaken to date;
	+ how the service is progressing and how the service has changed/improved to date;
	+ the project challenges experienced and what has been done to mitigate them; and
	+ the focus moving forward.
* issues/risks/concerns to the service provider that pose risks to the health, safety or well-being of clients;
* issues/risks/concerns that may jeopardise or delay the delivery of the project. Include the proposed actions to remedy the situation to ensure all activities are met;
* an updated service staffing structure, if relevant (basic diagram, include position and names);
* the table at **Appendix A** of the Official Order, should be maintained, updated and included in subsequent Progress Reports. The table must;
	+ align with the proposed project activities and actions within the Project Plan;
	+ inform the reader of the progress of each individual activity and reflect its current status;
	+ include, alongside the appropriate activity, any recommendations or endorsements submitted to the service, who they were submitted to, whether it was approved and if not, why not.
* the completed table at **Appendix B** of the Official Order, measuring the project outputs.

### ***3.2.5 Final Report***

A critical use of the Final Report is to gain an understanding of the outcomes of the project and an outline of the project from execution to completion. This report will be used by the Department to share with key stakeholders, the nature of the project and the results of the assistance provided.

Panel Members are required to provide a Final Report in the form of a pdf document via email which includes but is not limited to:

* a Project Summary outlining:
	+ the Panel Members observations of the service and the project as a whole;
	+ a comparative outline demonstrating what the service environment was like at the start of the project and how it looks following the completion of the project. What has changed and how the service is operating independently as a viable and sustainable service;
	+ an outline of the tasks undertaken during Stage 2, what activities needed to be revisited and how the issues were rectified:
	+ any adjustments to the project’s scope, aims or objectives that were made throughout the project;
	+ what made the project successful, outline the critical success factors;
	+ the challenges experienced throughout the project and how they were overcome; and
	+ the lessons learnt and considerations for future SDAP projects.
* What succession plans are in place following the exit of the SDAP project to ensure the future sustainability of the service, its capacity to maintain ongoing compliance and continued operation following any unforeseen changes (i.e. staff turnover, reform);
* the completed table at **Appendix A** of the Official Order must:
	+ align with the project activities and actions with in the Project Plan;
	+ inform the reader of the outcome of each individual activity and reflect a completed status; and
	+ include, alongside the appropriate activity, all recommendations and endorsements submitted to the service, who they were submitted to, whether it was approved and when (and if not approved, explain why);
* the completed table at **Appendix B** of the Official Order measuring the project outputs:
* provide a reconciliation of actual hours spent on the project; and
* attach copies of policies, procedures and documentation developed as part of the project.

Panel Members must provide supporting evidence in the form of Project Resources, that demonstrates how deliverables were met (for example reporting of performance indicators or measures, photographs, comments from stakeholders or community residents) and sustainability of outcomes.

Panel Members may be asked to undertake a further site visit to follow up and review sustainability of changes that have been put in place.

When the Final Report is received, the Department will review the report to determine if it demonstrates that the project was completed in accordance with the Official Order and agreed Project Plan. This will include reviewing project deliverables and other issues such as the cooperation of the aged care service and an assessment of the effectiveness of the assignment. Payment in accordance with the Official Order is contingent upon the Department’s acceptance of the Final Report.

If a project Final Report indicates—or the Department considers—not all deliverables have been met, the Department may not accept the report and may require that certain tasks or actions be performed before a project is considered finalised. In these circumstances, a final payment will not be made to the Panel Member until the Department is satisfied all deliverables have been met and all information sought has been provided.

## 3.3 Project Payments

Fees payable for the performance of services by Panel Members are set out at Item 3 of the Official Order. Payments generally relate to agreed project deliverables including draft and final Project Plans, Progress Report/s and the Final Report.

Payment is made 30 days after delivery of a correctly rendered tax invoice (refer to Item 3 of the Official Order).

## 3.4 Completing a contract

At the end of a project, the Department undertakes a contract closure process. The CO will ensure that final payments, debt recovery, reviews, evaluations or any other action required is completed in order to formally close the Official Order.

An exit meeting will be organised with the relevant state or territory Health officers to pass on project learnings and if necessary, discuss issues to continue monitoring.

**No further work can be performed on the project or any further payments made once the contract is closed.**

# 4. Panel Member Responsibilities

**Panel Members are expected to drive project outcomes by influencing service providers to make the necessary changes required to uplift capability, ensuring the provider continues to operate a high quality and sustainable service.**

Each Panel Member should have its own practices and procedures in place to ensure it meets its obligations under the Deed and Official Orders. This includes maintaining evidence that these obligations have been met.

## 4.1 Maintaining Panel Member information

It is important for Panel Members to provide advice to the Department, via SDAP@health.gov.au , if there is any change to their organisational details for example:

* changes to contact details;
* changes to ownership, business name, ABN or legal structure;
* changes to key personnel and updated police checks;
* changes to Insurance arrangements; and
* changes in the expertise, capacity and experience to deliver services as prescribed in a Deed or Official Order.

Some changes may require a variation to the Deed or Official Order.

## 4.2 Professional standards

Panel Members must ensure all personnel (including subcontractors) perform services to a standard recognised as a high professional standard by the industry to which they belong (if applicable) and comply with all applicable Commonwealth and industry standards and guidelines.

## 4.3 Reporting concerns or issues

Panel Members are required to notify the Department of any concerns or issues related to the project that may potentially impact the project. Concerns should be reported via the CO as soon as possible. The Department may request further information or evidence regarding the matters raised and the actions (if any) taken by the Panel Member in response to the matter.

**If during a site visit to an aged care service, a Panel Member has any concerns regarding the health, safety and wellbeing of care recipients or employees, please contact the CO as soon as possible.**

## 4.4 Conflict of Interest

Conflict of interest refers to a conflict or risk of a conflict arising through the Panel Member engaging in any activity that may restrict their ability to provide the services.

Therefore, if a Panel Member is invited to provide a quotation to the Department for Panel services, any existing commercial relationship between the aged care service provider seeking support and the Panel Member should be fully disclosed during the tender process.

## 4.5 Disclosure of Panel information

Panel Members are able to advertise their membership on the Panel but **cannot** disclose any information specifically relating to the Deed, Official Order or services without prior approval in writing from the Department. This includes any information that may identify an aged care service receiving assistance through the panel.

Panel Members also need to be aware that the Department may be required to publish some information regarding the Panel to meet its reporting requirements.

Further information on disclosure of this information and about the disclosure of personal information under the *Privacy Act 1988* can be found in Schedule 2 of the RFQ.

## 4.6 Understanding the aged care environment

It is important that Panel Members understand the requirements of aged care services eligible for Panel assistance and of the legislative and regulatory environment in which it operates.

### ***4.6.1 Legislative framework***

The *Aged Care Act 1997* and its subordinate legislation (the Aged Care Principles) provide the legislative framework for Australian Government funded aged care services. It is essential that Panel Members become familiar with service provider responsibilities under this legislation. Copies of the legislation can be found on the Federal Register of Legislation at [legislation.gov.au](http://www.legislation.gov.au).

### ***4.6.2 The Aged Care Quality Standards***

The Aged Care Quality and Safety Commission (Commission) is responsible for the accreditation and assessment of Australian Government funded aged care service providers. The Commission assesses the quality of care of service providers against eight different standards, and each one is about an aspect of care that contributes to safety, health and wellbeing:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation’s service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance

Panel support can be given to assist aged care services to help meet these standards particularly where a service provider has been assessed by the Commission as not having met the standards and has been put on a Non-Compliance Notice. When the Commission determines a provider is non-compliant with their responsibilities under the *Aged Care Act 1997*, Aged Care Principles and/or its Commonwealth funding agreement, the Commission will notify the provider of the non-compliance and the relevant regulatory actions that will be taken.

The Commission also provides education and training to the aged care sector and has developed policies, procedures and guidance materials to support the accreditation of residential aged care service providers and the quality review of aged care service providers.

Panel Members should refer to the Commission website for information on the quality framework at [agedcarequality.gov.au](http://www.aacqa.gov.au).

### ***4.6.3 IT and system requirements***

Service providers require IT systems in place to allow them to meet their service delivery and reporting obligations.

Panel Members are required to have an understanding of My Aged Care, including the requirements for service providers to lodge information and receive referrals for services through the My Aged Care provider portal.

Fact sheets, webinars and other information about My Aged Care is available at [myagedcare.gov.au/view-your-my-aged-care-online-account](https://www.myagedcare.gov.au/view-your-my-aged-care-online-account).

### ***4.6.4 Broader aged care reforms***

Panel Members are also required to keep up to date with changes to the aged care system and the implications for remote and Aboriginal and Torres Strait Islander aged care services.

The Department of Health regularly communicates via email to the aged care sector providing information on program and policy updates as well as future reform.

To receive regular updates Panel Members are encouraged to subscribe by visiting the [Subscribe to announcements and eNewsletter for the Aged Care Industry](https://www.health.gov.au/using-our-websites/subscriptions/subscribe-to-aged-care-sector-announcements-and-newsletters) webpage.