

Workshop 3: Governance and obligations

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Frequently Asked Questions

The following table provides suggested guidance to answer questions asked during the Governance and Obligations on 20 October, 2025. The answers aim to provide general guidance to assist aged care providers prepare for the SaH reforms.

You can also check out the governance topics on the Aged Care provider Requirements search engine at [Aged Care Provider Requirements Search Tool](#).

Question	Answer
Associated Providers	
Older Person Choice versus Provider Accountability	
<p>If a client insists to bring onboard an associated provider of their choice, but the associated provider doesn't need the requirements/processes stated, as a registered provider, can we refuse to engage that associated provider? How we do balance the client's right for their choice and preference?</p>	<ul style="list-style-type: none"> • Under the Aged Care Act 2024, an <i>associated provider</i> is defined as any entity that delivers funded aged care services under an arrangement with a registered provider. Even when an older person nominates a specific provider, the registered provider is responsible for ensuring that all services delivered comply with their requirements set out in the Act. • Therefore, the registered provider must: <ul style="list-style-type: none"> ○ Ensure the quality, safety and compliance of services delivered on their behalf by associated providers ○ Oversee and monitor the performance of associated providers ○ Must make sure that all their aged care workers, including those delivering services through an associated provider, meet the requirements including that they: <ul style="list-style-type: none"> ▪ Are suitably trained and qualified ▪ Meet worker screening requirements ▪ Comply with the Aged Care Code of Conduct ▪ Deliver funded aged care services in line with the registered ▪ Notify the Commission about their associated providers • If a registered provider determines that the associated provider an older person has chosen would mean the registered provider was not complying with their requirements, they can refuse the older person's choice. This makes sure they (the registered provider) comply with their own obligations. • To balance the older person's right to choice and preference, the registered provider should:

Question	Answer
<p>Problem with self-managed clients using their own associated providers e.g. carers, gardener, just submitting invoices for reimbursement.</p>	<ul style="list-style-type: none"> ○ Engage early and transparently with the older person about the suitability of their preferred provider ○ Explore alternative arrangements that respect the older person's preferences while ensuring compliance ○ Document the decision-making process and offer support in identifying suitable providers ● For a more detailed overview of the types of services recognised as associated providers and more associated provider guidance, see The Aged Care Quality and Safety Commissions Regulatory Bulletin on Associated Providers ● Under the Aged Care Act 2024, registered providers remain responsible for the quality, safety, and compliance of all services delivered under their registration, even if the older person is self-managing and has chosen the associated provider. Therefore, all of the above-mentioned registered provider obligations apply. ● In addition, where there is agreement between the registered provider, older person and associate provider to deliver services, the associated provider must be listed in the older persons service agreement and on any invoices submitted for reimbursement The Service Agreement should clearly outline: <ul style="list-style-type: none"> ○ The nature and scope of the services to be delivered ○ The cost of the services ○ The roles and responsibilities of each party including the client who is self-managing ● The registered provider is responsible for ensuring that the invoice aligns to the agreed service scope and pricing and that it is compliant with the Support at Home program ● The registered provider is also responsible for providing the older person with a monthly statement even for periods when no services are delivered ● This helps to balance the older persons right to choice and control through self-management with the need to ensure safety and quality of funded aged care services through provider oversight
<p>Compliance and Suitability of Associated Providers</p>	



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Question	Answer
<p>Do providers that provide a good e.g. Lite and Easy Meals, chemists - webster packs. Need to go through the full process of police checks etc as an associated provider? Or is it only service providers that go into homes etc to provide a service</p>	<ul style="list-style-type: none">• As per the above-mentioned associated provider guidance, associated providers are defined in the Act as any entity (individual or organisation) that delivers funded aged care services under an arrangement with a registered provider.• Registered providers are not responsible for ensuring organisations that deliver non-funded services independently are delivering care in line with the new Act, unless those organisations are engaged to deliver funded aged care services on the provider's behalf.• For a further detail on individuals and entities classified as associated providers see: The Aged Care Quality and Safety Commissions Regulatory Bulletin on Associated Providers
<p>Our organisation is also complying with Child Safe Organisations / Standards. How do we ensure that Associated Providers are also complying? Is there a suggested clause to use?</p>	<ul style="list-style-type: none">• You will need to develop a business practice that enables you to explain to associated providers the requirements of service provision to aged care recipients under the new Aged Care Act 2024 (Cth). From there you could develop a checklist to support associated providers in meeting your compliance requirements under the Act.• The Act defines associated providers as any entity (organisation or individual) that engages in conduct under an arrangement with a registered provider relating to the delivery of funded aged care services. In practice, this means any organisation that has an arrangement with a registered provider to deliver funded aged care services on their behalf
<p>Will the commission expect that every single contractor be registered in the GPMS system? This task is rather cumbersome especially when existing management systems are already in place to oversee associated providers/contractors. It also requires a high level of access (Board Level) to access the forms in GPMS to add and update this data. It also is double data entry from a management perspective.</p>	<ul style="list-style-type: none">• As per the Commission's regulatory bulletin, registered providers in registration categories 4, 5 or 6 must notify the Commission when they add, change or remove associated providers delivering services on their behalf via a notification of change in circumstance form.• Registered providers in registration categories 1, 2 and 3 must tell the Commission about their associated providers at registration and renewal of registration only.• If you are an approved provider before 1 November 2025, any third-party organisations (TPOs) already in GPMS will be transferred automatically to associated providers. Following 1 November, Smart Change in Circumstance Forms will be used: Start a form download Aged Care Quality and Safety Commission

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Question

Answer

Would an associate provider such as a gardener, have to meet all these requirements? For this type of services, these requirements may appear excessive, and we lose all providers in that category, how do provide gardening services moving forward?

Is there a standardized list of what is required so that all providers are asking for the same information. Example Lite'n'easy deal with multiple providers and to make it easier for them, it would be better if we (Providers) all asked for the same thing so they only have to produce one set of documentation. At the moment "we" might ask for different things to another provider which is both confusing and frustrating for the Associated Provider.

- If the gardener is providing a service on behalf of a registered provider, the gardener is deemed an associated provider. The registered provider is responsible for the quality, safety and compliance of services delivered by that associated provider, including ensuring aged care workers are:
 - suitably trained and qualified
 - meet worker screening requirements
 - comply with the Aged Care Code of Conduct
- This means that even for non-care services like gardening, the registered provider must have systems in place to verify compliance
- See the Supplementary *EY New Aged Care Act 2024 Governance Support Toolkit for an associated provider checklist example*
- Currently, there is no single nationally mandated checklist for associated providers
- See the Supplementary *EY New Aged Care Act 2024 Governance Support Toolkit for an associated provider checklist example*. See also, [The Aged Care Provider Requirements Search Tool](#) published by the Department of Health and Aged Care



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Question	Answer
OT's often work with private builders for home modifications - how do the new laws interface with this	<ul style="list-style-type: none"> Registered providers remain legally responsible for ensuring that all services delivered by associated providers comply with their obligations If a builder is subcontracted by the registered provider to perform home modifications funded under programs like Support at Home, they are considered an associated provider. The registered provider must verify compliance and maintain oversight

Governing Body Obligations

Governing Body Composition

"Where providers meet governing body requirements, they must establish a governing body with a majority of independent non-executive members with at least one member with experience in providing clinical care"

This is very confusing for CHSP providers. We do provide flexible in-home respite - so Registered for Category 4, but do not take clients with "care" needs. Other than a support worker may support in toileting. Previous advice from the Dept and ACQSC has been that if that is the case, having a Board member with experience in providing clinical care if NOT required?

Please define governing bodies - Board of Management - not set up as yet, CEO, GM?

- The governing body requirements under the new Aged Care Act apply to registered providers delivering aged care services under the Act. These requirements include:
 - A majority of independent non-executive members on the governing body
 - At least one member with experience in providing clinical care
 - However, the guidance from the Aged Care Quality and Safety Commission states that these responsibilities do not apply if the provider operates under:
 - The Commonwealth Home Support Program
 - The National Aboriginal and Torres Strait Islander Flexible Aged Care Program
- For further guidance, please refer to Provider Governance Responsibilities
- A governing body is the group of individuals with ultimate responsibility for an organisation's strategy, oversight, and accountability for safe, quality aged care. Its key roles include:
 - Setting organisational culture and priorities
 - Ensuring compliance with Aged Care Quality Standards and the Code of Conduct
 - Overseeing risk management and quality care advisory bodies

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Question	Answer
	<ul style="list-style-type: none"> • The governing body is distinct from operational management roles such as CEO, General Manager (GM), or senior executives and the term 'governing body' should not be confused with 'governing person'. These are separate concepts under aged care legislation, and different obligations apply to each • The structure of a governing body depends on the organisation's legal framework. Common examples include: <ul style="list-style-type: none"> ○ <u>Board of Directors</u>: used by companies incorporated under the Corporations Act 2001 (Cth) ○ <u>Board of Management</u>: often used for incorporated associations or not-for-profit entities ○ <u>Management Committee</u>: often used by community organisations ○ <u>Trustee Board</u>: often used for organisations operating under a trust structure • However, regardless of structure it must be comprised of (unless exempted): <ul style="list-style-type: none"> ○ A majority of independent non-executive members on the governing body ○ At least one member with experience in providing clinical care • Exemptions apply if your organisation: <ul style="list-style-type: none"> ○ Is a state and territory or a state, territory or local government authority ○ Has fewer than 5 board members, and provides care to fewer than 40 older people ○ Is an aboriginal community controlled organisation ○ Operates under a grant agreement, such as the Commonwealth Home Support Programme or National Aboriginal or Torres Strait Islander Flexible Aged Care Program • For further guidance, please see Aged Care Quality and Safety Commission - Governing Body Guidance and Aged Care Quality and Safety Commission Topic Guide

Governing Body Engagement and Retention	
<p>How can you motivate a governing body who are disengaged, don't respond to updates/emails etc.?</p>	<p>Engaging a governing body requires a strategic approach that connects their responsibilities to the organisation's purpose and compliance obligations. Consider some of the following:</p> <ul style="list-style-type: none"> • Educating and clarifying governing body roles and accountabilities: For example, providing educational updates during governing body meetings on their organisational and legal due diligence requirements and possible civil penalties (both personal and organisational) for non-

Question	Answer
<p>Given the increased expectations placed on Governing bodies how do you attract and retain governing body members?</p> <p>These requirements are going to be quite onerous on voluntary boards. Any suggestions?</p>	<p>compliance. (see EY's <i>New Aged Care Act 2024 Governance Support Toolkit - Governing Body Agenda Template and Briefing Paper Templates</i>)</p> <ul style="list-style-type: none"> • Providing quick, relevant and concise information: Consider sharing short, targeted updates that focus on decisions they need to make or risks they need to manage • Use External Speakers or Training Sessions: Consider engaging a speaker during a governing body meeting to share information on governance responsibilities. Share and encourage governing body members to engage with webinars, workshops and other training sessions relating to their obligations under the new Aged Care Act 2024 • Demonstrate their impact: Show how their oversight directly affects service quality, safety and organisational compliance to reinforce the importance of engagement • Attracting and retaining governing body members can be supported by targeting a more diverse range of individuals, including considering younger professionals or those from other industries with a strong community focus. Strategies may include: <ul style="list-style-type: none"> ○ Offering shadow governing bodies or observer opportunities to allow potential members to gain experience and understand board responsibilities before committing formally ○ Promoting the impact and value of governing body service, highlighting how participation contributes to the organisation's mission and quality of care ○ Actively recruiting for skills and diversity, ensuring the board reflects a range of expertise, experiences, and community perspectives: <ul style="list-style-type: none"> ▪ Consider using platforms like the AICD Director portal, Ethical Jobs portal or SEEK where there are opportunities to seek out new Directors looking for opportunities to be members of Governing Bodies • Governing bodies will need to individually consider how they meet these requirements and minimise disruption • There may be opportunities to consider working with other Governing Bodies to streamline processes or pool some resources for support

Question	Answer
<p>Suitability Matters</p>	
<p>Is a stat dec from AP's [Associate Providers] that they will only allow staff with a valid Police Check adequate to suffice or do they have to send a police check for all their workers ? Also again is a stat dec from an AP to state they have trained them in Aged Care standards and Statement of Rights etc enough?</p> <p>In the case of Local Governments who provide aged care services, our Councillors are deemed the key personnel for the purposes of the Aged Care Act and subject to the responsible persons criteria. What happens if a Councillor ceases to meet these requirements? In my view it creates a paradox where they can no longer be a key personnel but not meeting them does not oust them from office so they will continue to key personnel nonetheless.</p>	<ul style="list-style-type: none"> • Under the Aged Care Act 2024 and Quality Standards, the registered provider remains ultimately accountable for ensuring all associated providers and their staff meet suitability, training, and compliance requirements • A statutory declaration or written assurance from an associated provider can be part of your evidence, but on its own, it is not sufficient. The registered provider must have a verifiable process to confirm compliance, not just rely on declarations • Please see the supplementary <i>EY New Aged Care Act 2024 Governance Support Toolkit for an associated provider checklist example</i> to support with confirming compliance • Under section 12 of the Aged Care Act 2024, individuals who are responsible persons must meet ongoing suitability requirements, such as not having serious criminal convictions, insolvency, or adverse regulatory findings. Elected members of local government authorities who are registered providers may be responsible persons. • If a suitability concern arises, for example, a Councillor is found to no longer meet one or more suitability matters, the registered provider has a legal obligation to: <ul style="list-style-type: none"> ○ Notify the Aged Care Quality and Safety Commission (ACQSC) within the required timeframe, and ○ Take reasonable steps to ensure all key personnel remain suitable • The Act does not automatically require removal of the individual from office or from their Council role. However, if the provider cannot demonstrate that it has met its obligation to ensure all key personnel are suitable, this could result in non-compliance with registration conditions and may trigger regulatory action by the ACQSC • In practice, the provider may need to: <ul style="list-style-type: none"> ○ Review and adjust governance arrangements, and ○ Reassign or restrict the Councillor's involvement in decisions relating to aged care services to manage compliance risk • Given the intersection of federal aged care law and state-based local government obligations, it is recommended the Council seek legal advice and consult with the relevant state local government authority to clarify next steps



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Question	Answer
Consumer Complaints and Feedback	
<p>Is the new legislation expectation that not only organisation management are processing feedback and complaints, but it is also part of the governing body to oversee and step in and manage consumer feedback and complaints?</p>	<ul style="list-style-type: none">• Under the new Aged Care Act and strengthened governance requirements, the governing body is accountable for ensuring safe and quality care, which includes oversight of complaints and feedback systems. This does not mean the governing body directly manages individual complaints• It is generally appropriate for the governing body to review complaint and feedback trend data, key metrics, systemic issues and/ or unresolved or complex complaints rather than inputting into ongoing complaint management or investigating general operational incidents, which will help to maintain clear separation between operational management and governance. This approach ensures accountability while preserving proper delegation of duties• Clearly defined escalation pathways and roles and responsibilities in the organisation's complaints management policy and procedures can also help to support separation and effective delegation between management and the governing body• See the Aged care Quality and Safety Commissions guidance on Complaints and Feedback Management for more information
<p>Does this present issues with separation and clear delegation of duties? Or is it more appropriate that the Board are reviewing trend data rather than granular itemised client level incident reporting. Thank you.</p>	<ul style="list-style-type: none">• Six hours is a long meeting, especially for older persons. To improve engagement and reduce fatigue, consider:<ul style="list-style-type: none">○ Prioritising older peoples input upfront in the agenda (e.g. dedicate one hour to their feedback)○ Implementing a Consumer Advisory Body who can gather and share questions and concerns from across the community beforehand. These questions could be provided along with feedback summary trends before the session and could allow the governing body sufficient time to consider prior to the meeting○ Providing written follow up responses and socialising via the Consumer Advisory Body to ensure transparency and accountability (consider using newsletters or other forms to communicate and key updates or changes)• For more information on Consumer Advisory Bodies, see The Aged Care Quality and Safety Commissions Consumer Advisory Body Guidance• Any time that you can use a Consumer Advisory Body for meeting with consumers, older persons would be advantageous
<p>We have a meeting with the consumers and the Board - it is 6 hours long and they are exhausted and do not want to attend the whole meeting. Any recommendations how to make it less other than splitting it up? They didn't like that idea</p>	
<p>Would using the advisory body functions be sufficient to meet this requirement?</p>	

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Question	Answer
	<ul style="list-style-type: none"> Some providers may have other informal meeting opportunities with older persons, community lunches, through service surveys and supporter/ older person meetings
<p>Documentation and Evidence</p>	
<p>Can Samantha bullet point what she wrapped up the webinar with in the FAQ - that is a great checklist for providers</p> <p>Where are we able to get a final copy of statement of rights to make large scale posters for residential care and support and home businesses?</p> <p>Aren't all places going to be audited?</p>	<ul style="list-style-type: none"> Provider Readiness Checklist See implementation checklist attached for more templates, tools and useful links See the A3 poster - Aged Care Act 2024 Statement of Rights - A3 poster Australian Government Department of Health, Disability and Ageing
<p>How is the dysphagia scenario related to Home Care where we do not have 24/7 oversight of the client? When we are made aware of clinical risks and harm to the client as a result of their decision, we do complete incidents reports and Dignity of Risk consents plus implement strategies but we have very limited oversight because we are Home Care</p>	<ul style="list-style-type: none"> Not all providers will undergo the same level of auditing. Under the new Aged Care Act, audits are risk-based and linked to registration categories: <ul style="list-style-type: none"> Residential care (Category 6) and nursing/complex care (Category 5) will be audited against all or most Quality Standards Personal care and respite (Category 4) will be audited against selected standards Providers in Categories 1-3 (home support, assistive technology, advisory services) are generally not subject to routine performance audits, though compliance checks can occur The new Aged Care Act applies across all registration categories, but the approach to managing risk will differ by service type, for example: <ul style="list-style-type: none"> Home Care (e.g., Category 3 or 4): Providers should take steps to proactively identify risks (such as dysphagia), document Dignity of Risk consents, and implement strategies to mitigate incidents even without 24/7 oversight. For example, if aged care workers are providing meals on wheels or preparing meals, they should still ensure that food texture modifications are considered and documented even if they are not there when the older person is eating that meal Higher-care categories (e.g., Category 5 or 6): Expect more direct clinical oversight and monitoring In all cases, providers must take reasonable steps to minimise harm while respecting consumer choice. Compliance is demonstrated through proactive risk management, clear documentation (e.g., Dignity of Risk consents), and incident reporting—not constant oversight



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Question	Answer
<p>Won't *everyone* be category 4 given that Cat 4 covers Clinical and ALL providers are providing Care Management (a Clinical service)?</p> <p>If clients are on a waiting list is the service agreement enacted once service commences?</p> <p>If you deliver across border services , do you have different obligations for each state e.g Victoria and NSW thanks</p>	<ul style="list-style-type: none">• Not necessarily, the session was also available to Support at Home and CHSP providers• Registration categories are based on service type and risk, not just whether care management occurs e.g. category one registration providers may only provide transport or home maintenance• If a client is on a waiting list, a service agreement is not required until service delivery begins• Before 1 November 2025: For CHSP and Support at Home services, the agreement must be finalised before or within 28 days of service commencement• From 1 November 2025:<ul style="list-style-type: none">○ New clients: A signed service agreement is required before any service is delivered○ Existing clients: Providers must transition current arrangements into a formal agreement by the next scheduled review date• No, the Aged Care Act 2024 and associated Aged Care Rules are Federal legislation, therefore, core obligations as an approved provider are the same across all states and territories• However, providers will need to be aware of any State based jurisdictional obligations such as Workplace health and safety legislation or guardianship and powers of attorney legislation, differing health records acts, payroll tax requirements etc. across States and Territories

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