



15 January 2026

Committee Secretary
Senate Standing Committee on Community Affairs
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Via the Senate online submission system

Dear Committee Secretary

Aged Care – review 1

Ageing Australia welcomes the opportunity to provide feedback to the Senate Community Affairs Legislation Committee (Committee) **review** of the rules for 11 specified provisions of the *Aged Care Act 2024*.

Ageing Australia is the national peak body representing providers across the aged care and seniors housing sector, including retirement living, seniors housing, residential care, home care, community care and related services.

Ageing Australia's recommendations and key messages are provided below. Specific comments on the rules are contained in **Appendix 1**.

Recommendations

1. In relation to funding, we recommend that the Committee consider:
 - a. Increasing the Accommodation Supplement in the 2026-27 federal budget, to support sustainable and investable residential aged care homes.
 - b. Establishing a floor to the Maximum Permissible Interest Rate (MPIR) at eight per cent, or an equivalent mechanism that can achieve the same outcome, to support sector stability and investability.
 - c. Undertaking a review of the Australian National Aged Care Classification (AN-ACC) funding model to support the viable delivery of high-quality care to older people.
 - d. Increasing the care management cap for Support at Home to 15 per cent and reviewing whether a further increase is necessary.
2. That the Committee review what requirements can be streamlined or removed, to address reporting and compliance burden.
3. That the Committee consider the feedback included in **Appendix 1**.

Funding

In our December 2025 **Pre-Budget Submission 2026-27**, we highlighted that the commencement of the *Aged Care Act 2024* on 1 November 2025 marks a fundamental shift for the sector. While the reforms create a strong foundation for rights-based, person-centred care, their success will depend on effective implementation. Without this, older Australians risk missing out on the dignity, independence and quality of life the system is intended to deliver.

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We also emphasised that without targeted investment and a genuine long-term workforce strategy, older Australians will see reduced choice and access to critical services will continue to erode.

In relation to funding, we recommended the Australian Government urgently focus on ensuring aged care services are adequately funded to deliver high-quality, rights-based care, while also supporting sector viability and investability. Investing in aged care now will improve access to appropriate support for older people and help reduce pressure on Australia's broader health system, which is already experiencing significant demand growth. It will strengthen access to the right care and support, enhance quality of life of older people and their families and contribute to a more sustainable future for the system overall.

Rules relating to Chapter 4, Funding of aged care services of the *Aged Care Act 2024*, are set out in Chapters 7, 8, 9 and 10 of the Aged Care Rules 2025.

Consistent with four of our recommendations in our [Pre-Budget Submission 2026-27](#), we recommend the Committee, as part of this review, considers:

- Increasing the Accommodation Supplement in the 2026-27 federal budget to support sustainable and investable residential aged care homes.
- Establishing a floor to the Maximum Permissible Interest Rate (MPIR) at eight per cent, or an equivalent mechanism that can achieve the same outcome, to support sector stability and investability.
- Undertaking a review of the Australian National Aged Care Classification (AN-ACC) funding model to support the viable delivery of high-quality care to older people.
- Increasing the care management cap for Support at Home to 15 per cent and reviewing whether a further increase is necessary.

Reporting and compliance burden

There are various requirements in the rules which have added to the significant reporting and compliance burden for registered providers.

Ageing Australia supports the new *Aged Care Act 2024*, including its focus on individuals' rights and quality care. It is important that the requirements in the *Aged Care Act 2024* and in the Aged Care Rules 2025, and the way they are implemented, strengthens care and safety – without reducing access to services or diminishing provider viability.

The delivery of quality care and quality improvement is critical to aged care. However, overly prescriptive and/or onerous requirements impact the capacity of the workforce to provide direct care and inhibit continuous improvement and innovation. It also adds costs to the sector, the government, and the community.

The rules also assume workforce availability (including GPs, other medical specialists, allied health, and administrators) that many providers, particularly in regional, rural and remote areas, do not consistently have access to, adding to difficulties in meeting requirements.

Providers have said that one of their most significant concerns is the cumulative administrative burden.

It is critical that the rules are workable, proportionate and aligned with contemporary clinical governance, workforce capability, and sustainable service delivery. There needs to be realistic expectations about documentation, behavioural support, and clinical assessment skills in a sector experiencing workforce shortages.

Our members consistently raise the growing financial and workforce impost of increasing administrative activity, particularly following the introduction of the new Act. As a result,

expenditure on administrative resources is increasing at a time when the focus should be on resourcing rights-based care.

The Department acknowledged anticipated regulatory burden in their 2023 Impact Analysis for the Aged Care Bill 2024 saying "The new Act will impose additional regulatory requirements on aged care providers, potentially increasing costs and pressure on the sector". They also committed to "remain alert to opportunities to further reduce the regulatory burden for affected stakeholders".

We are seeking a more proactive and targeted approach to reducing red tape. In **Appendix 1**, we identify specific areas where changes to the rules could materially reduce the administrative burden, including in relation to record-keeping requirements for worker screening for associated providers.

We also recommend the Committee reviews what requirements can be streamlined or removed.

The review should also consider how to reduce regulatory overlap (e.g. registration, reporting and auditing requirements) including with:

- the National Disability Insurance Scheme
- trustee and guardianship arrangements
- work, health and safety requirements
- related state and territory legislation.

Such a review would be consistent with the Productivity Commission's 10 December 2025 inquiry report [delivering quality care more efficiently](#).

Higher everyday living fee arrangements

Higher everyday living fee arrangements are arrangements residential aged care providers can enter with individuals for the delivery of an enhanced and/or additional service above what is required to be delivered as a funded aged care service.

We are concerned that the requirements for higher everyday living agreements are negatively impacting these services, ultimately reducing service offerings in the sector, and limiting options for individuals to receive additional services they want and are prepared to pay for.

We are also concerned that the requirements are leading to increased administration costs and therefore increased fees for individuals.

The Department of Health, Disability and Ageing is currently undertaking an evaluation of the higher everyday living fee arrangements including to assess whether the legislation is fit for purpose and is achieving its policy intent.

Notwithstanding the current evaluation being undertaken by the Department of Health, Disability and Ageing, we have identified in **Appendix 1** a number of practical changes that could be made to the rules governing higher everyday living agreements

Thank you again for the opportunity to provide feedback on rules made for the specified provisions of the *Aged Care Act 2024*. Please contact Jennifer Chynoweth, Head of Funding and Reform if you have any questions or would like to discuss our feedback.

Yours sincerely

Roald Versteeg
General Manager, Policy & Advocacy

Appendix 1 Additional feedback on the rules being reviewed

Appendix 1

Additional feedback on the rules being reviewed

Section 15 – Aged Care Quality Standards (pages 76-85 of the Aged Care Rules 2025)

Overall comments

Providers have indicated that while the Standards are sound, they require extensive documentation to demonstrate compliance. Documentation requirements relating to emotional well-being, choice, partnerships, and governance often require significant additional time. Care plans are longer and more complex, making them less likely to be fully read and understood by personal care workers.

The framework has become overly complex and bureaucratic. Providers are now navigating layers of compliance requirements that are disproportionate to the risk. This approach ultimately diverts resources away from direct care to administrative compliance.

We recommend that compliance requirements in the Aged Care Rules 2025 be reviewed using a risk-based approach to identify those that could be streamlined or removed, without negatively impacting the delivery of quality funded aged care services.

Specific comments

Paragraph 15-15(12)(b), Outcome 2.7-Information management, Standard 2–The organisation (page 80 of the Aged Care Rules 2025)

The words “and understood” should be deleted, as providers are not able to ensure that information is understood by the individual and other persons.

Subsection 15-15(13), Outcome 2.7-Information management, Standard 2–The organisation (page 80 of the Aged Care Rules 2025)

This requirement is inconsistent with other important obligations under other parts of the *Aged Care Act 2024* (e.g. obligations to provide information to the Aged Care Quality and Safety Commission), as well as other laws (e.g. if the provider receives a Coroner’s request or court subpoena). We recommend that “in line with their informed consent” is replaced with “in line with applicable privacy laws”.

Paragraph 15-20(2)(b), Outcome 3.1-Assessment and planning, Standard 3 – The care and services (page 81 of the Aged Care Rules 2025)

To clarify the information required in a care and services plan, we recommend this paragraph be amended to: “include strategies for management of assessed risk and preventative care related to funded aged care services delivered”.

Subsection 15-20(4), Outcome 3.2-Delivery of funded aged care services, Standard 3 – The care and services (page 81 of the Aged Care Rules 2025)

Providers cannot “ensure” these requirements in all circumstances. For example, a provider cannot make an individual accept services that contribute to the results outlined in paragraphs 15-20(4)(a) and (b). We recommend this requirement be changed to: “The provider must ensure that the delivery of funded aged care services takes into account the care needs, goals and preferences of individuals and optimises their quality of life, reablement and maintenance of function”.

Subsection 15-25(2), Outcome 4.1b-Environment-services delivered other than in the individual's home, Standard 4 – The environment (page 82 of the Aged Care Rules 2025)

It is often impractical for providers to undertake a risk assessment for every location an individual wishes to visit in advance. In many cases, assessing the environment can only occur once a worker arrives on site. Even settings such as medical clinics or hospitals can present unforeseen risks. Individuals may also choose to visit public places, such as shopping centres, where cleanliness and safety cannot be assured in advance.

We recommend that "...the provider must ensure that individuals are able to access funded aged care services in a clean, safe and comfortable environment..." be changed to "...the provider assists individuals to access environments that are clean, safe and comfortable and...".

Subsection 15-30(4), Outcome 5.2-Preventing and controlling infections in delivering clinical care services, Standard 5 – Clinical care (page 83 of the Aged Care Rules 2025)

We recommend replacing the word "controlled" with "managed", as the term "controlled" (particularly when paired with the word "ensure") is unrealistic in many care settings. For example, in home care contexts, it may be unachievable to fully control infection risks in environments affected by overcrowding, hoarding and squalor, or in public areas.

Paragraph 15-30(6)(b), Outcome 5.3-Safe and quality use of medicines, Standard 5 – Clinical care (page 83 of the Aged Care Rules 2025)

This paragraph should clarify that medicines may, in addition to registered health practitioners, be administered by appropriately trained aged care workers under the delegation and clinical supervision of a registered nurse or other appropriate registered health practitioner.

We have been advised by the Department of Health, Disability and Ageing, the Aged Care Quality and Safety Commission and the Australian Commission on Safety and Quality in Health Care that this is the intention of this requirement. This approach is consistent, for example, with the residential care medication management service type (item 3, section 8-155, residential clinical care, page 68 of the Aged Care Rules 2025).

Subsection 15-40(1) Outcome 7.1-Daily living, Standard 7 – The residential community (page 85 of the Aged Care Rules 2025)

As it is not possible for registered providers to "ensure" these things are met in all circumstances, we recommend that the words "to the extent possible" be added to the end of the sentence.

Subsection 15-40(2) Outcome 7.1-Daily living, Standard 7 – The residential community (page 85 of the Aged Care Rules 2025)

Registered providers cannot "ensure" a feeling. People's feelings can be influenced by many things that a provider may have no control over. We recommend using an alternative word for "ensure", such as "support", or to reframe the requirement to be less subjective e.g. to provide/create a safe environment in residential aged care homes.

Section 16 – meaning of reportable incident (pages 86-89 of the Aged Care Rules 2025)

Overall comments

The definitions capture many low-impact interpersonal events between residents that previously did not require formal reporting. These incidents often result in no injury, no sustained distress, and can be resolved quickly by staff. However, the new requirements still trigger a full reportable-incident workflow, including completion of templates, documentation of assessments, and notification to families and management. The overall impact is an increase in administrative work for events that carry minimal clinical risk.

We recommend minimum thresholds are provided before incidents require reporting. These minimum thresholds should be determined in consultation with the sector.

Section 141 – Provider Register (pages 170-172 of the Aged Care Rules 2025)

Overall comments

Transparency and accountability are important. At the same time, providers are concerned that historical sanctions, even where issues have been fully addressed, may continue to be displayed without adequate context. This risks creating a lasting reputational impact that no longer reflects current performance or risk. We recommend consideration be given to how and when historical sanctions are displayed.

Similar consideration should also be given to information included in the Provider Register regarding responsible persons and aged care workers. In addition, information about individuals included in the Provider Register, and in particular information that will be published by the Commissioner, needs to appropriately balance the need for sharing such information against the impact on the individual's privacy.

Specific comment

Paragraph 141-25(1)(b) Corrections of the Provider Register (page 172 of the Aged Care Rules 2025)

There should be a timeframe stipulated for the Commissioner to correct the information. We recommend within 14 days.

Section 154 – personal information and record keeping (pages 214-226 of the Aged Care Rules 2025)

Overall comments

These provisions represent one of the most significant increases in workload, particularly the requirement for detailed, structured documentation across all service types.

Providers report that the rules are highly prescriptive, requiring major changes to ICT systems that are costly and complex to implement.

We recommend that these requirements be reviewed using a risk-based approach to identify those that could be streamlined or removed without negatively impacting the delivery of quality aged care services.

Specific comments

Paragraph 154-205(1)(c) Requirements for records of complaints and feedback (page 217 of the Aged Care Rules 2025)

The wording implies that all feedback is negative when it may not be. We recommend replacing "resolve complaints and feedback" with "respond to complaints and feedback where required".

Paragraphs 154-205(1)(f), (g) and (h) Requirements for records of complaints and feedback (page 217 of the Aged Care Rules 2025)

The requirement for records to be kept and retained for "each complaint and feedback" in paragraphs 154-205(1)(f), (g) and (h), is excessive and administratively burdensome. We recommend changing "each complaint and feedback" to "complaints and feedback".

Subdivision P – worker screening (sections 154-900 to 154-915, pages 223 to 224 of the Aged Care Rules 2025)

These record-keeping requirements impose a disproportionate administrative burden on registered providers that engage associated providers to deliver funded aged care services. This arises from paragraph 11(4)(b) of the *Aged Care Act 2024*, which deems employees, or other individuals engaged by an associated provider in conduct relating to the registered provider's delivery of funded aged care services, to be aged care workers of the registered provider for the purposes of the Act.

There are also administrative burden issues for organisations that are associated providers for multiple registered providers.

In addition, there are heightened privacy risks where the full name, date of birth and address of employees or other individuals of an organisation are known to many registered providers. This is particularly the case where an organisation delivers funded aged care services to a large number of registered providers (e.g. meals providers who provide meals for Support at Home participants).

Compounding these concerns, it is not always clear which employees or other individuals engaged by associated providers are engaged in conduct relating to the delivery of funded aged care services. This is particularly the case for meal providers who provide meals for Support at Home participants.

In December 2025 the Department of Health, Disability and Ageing published [associated providers – Frequently asked questions](#). However, the guidance provided in this document does not address the administrative burden and increased privacy risks raised by the requirements in the Aged Care Rules 2025.

We recommend these rules be amended to reduce the volume of records that registered providers are required to retain in relation to employees or other individuals engaged by associated providers. In these circumstances, the registered provider should be permitted to rely on appropriate assurances from associated providers that the relevant information is held and that required screening checks have been undertaken.

Section 162 – restrictive practices (pages 249-259 of the Aged Care Rules 2025)

Overall comments

The rules require detailed documentation, consent processes, the involvement of behaviour specialists and regular clinical review for any restrictive practice — including environmental and emergency interventions. In regional, rural and remote areas, behaviour specialists and geriatricians are not readily available, leading to delays. This creates ongoing compliance challenges, even when care is person-centred and appropriate. It is also unclear how these requirements apply to individuals who enter a memory support unit directly.

Providers remain exposed where compliance is dependent on external prescribers, practitioners, or guardianship bodies, whose responsiveness is outside the provider's control.

We recommend these rules be amended to provide clearer protection for providers acting in good faith, and to introduce defined timeframes for external decision-makers.

Chapter 4 – funding of aged care services (Chapters 7, 8, 9 and 10, pages 370-592 of the Aged Care Rules 2025)

Overall comments

Funding of aged care services is a significant concern for the sector.

Residential aged care providers continue to report concerns about the real impact of the determined AN-ACC price compared with the actual cost of delivering care to residents, particularly in regional, rural and remote areas. While the government reported a 4.67 per cent uplift in AN-ACC prices on 1 October 2025, the increase has not kept pace with rising wage, staffing and operating costs. Additionally, provider modelling indicates actual growth in AN-ACC funding of only 1.7 to 2.9 per cent, further widening the difference between reported funding averages and the real cost of care delivery. Accommodation contributions and capital funding remain inadequate to fully cover the true cost of existing accommodation or support new and redevelopments, particularly in thin markets.

Workforce shortages mean providers rely more on agency staff, attracting much higher hourly costs not reflected in the funding model.

Providers, individuals and families are also struggling to understand the interaction and complexities of Commonwealth contributions, individual fees, accommodation payments, and means testing under the new legislative framework.

(Rules) Chapter 7–Funding of aged care services–Commonwealth contributions (pages 370-476 of the Aged Care Rules 2025)

Overall comments

Our recommendations in relation to these rules have been set out in the letter.

(Rules) Chapter 8–Funding of aged care services–individual fees and contributions (pages 477-504 of the Aged Care Rules 2025)

Overall comments

Providers report that individuals and their families frequently find the aged care fee arrangements difficult to understand. Providers are often required to engage in repeated conversations explaining fees, subsidies, means testing and payment options. This slows entry into care, increases administrative workload and, most importantly, creates anxiety for older Australians who feel they are losing control over funding decisions due to the complexity of the system.

It is essential the Department of Health, Disability and Ageing considers what resources and training is made available to individuals and their supporters to improve understanding of this complicated payment system.

In relation to higher everyday living agreements, we support the evaluation of the higher everyday living fee arrangements currently being undertaken by Department of Health, Disability and Ageing, including to assess whether the legislation is fit for purpose for all stakeholders.

Notwithstanding the evaluation currently being undertaken by the Department of Health, Disability and Ageing, we recommend a series of changes be made to the rules now, to address the immediate – often administrative – issues regarding higher everyday living agreements.

Specific comments

Subparagraph 283-15(6)(a)(ii) Booking fee (page 485 of the Aged Care Rules 2025)

The rules should be amended to clarify the steps a provider is required to take regarding paying a booking fee refund if the provider cannot find someone “that the provider is reasonably satisfied that it is appropriate to pay the refund to within 28 days after the provider becomes aware of the individual’s death”. This may occur, for example, if there are competing claims from family members.

Section 284-5 Entry requirements—all higher everyday living agreements (page 486 of the Aged Care Rules 2025)

Subsection 284-7(1) Additional entry requirements—ad hoc higher everyday living agreements (page 487 of the Aged Care Rules 2025)

Section 284-10 Requirements that higher everyday living agreements must comply with-all higher everyday living agreements (page 488 of the Aged Care Rules 2025)

Section 284-13 Additional requirements-ad hoc higher everyday living agreements (page 492 of the Aged Care Rules 2025)

Section 284-15 Indexation of agreed amounts—all higher everyday living agreements (page 492 of the Aged Care Rules 2025)

We recommend that the above five provisions be amended in relation to ad-hoc higher everyday living agreements. They impose impractical requirements on providers that could cause confusion for individuals.

Subsection 284-7(2) requires that a provider and an individual may only enter into an ad-hoc higher everyday living agreement immediately before, or at the time, the service or additional service is to be delivered. Ad-hoc higher everyday living agreements “relate to a specific transaction for delivery of a single service at a point in time”¹. An example of this type of transaction is the purchase of a coffee from an on-site cafe.

While it is important that individuals know what service they are purchasing and what the cost of that service is, it is impractical and potentially confusing for other requirements in the rules to apply to ad-hoc everyday living agreements. For example, the provider is currently required:

- (for services at a higher standard) to specify how the service is of a higher standard than the funded aged care service required by the *Aged Care Act 2024*
- (if the service is an additional connected service) to specify the funded aged care service that the additional service is connected with
- (when a service has been delivered) to confirm that the agreement is terminated once the service has been delivered and the individual has paid the agreed amount for the service.

Additionally, section 284-15 (indexation of agreed amounts) should be limited to standing higher everyday living agreements as indexation is not relevant to amounts for single services delivered at a point in time through ad-hoc higher everyday living agreements.

Subsections 284-11(7) and (8) Additional requirements—standing higher everyday living agreements-Variation and termination-general (page 489 of the Aged Care Rules 2025)

The rules should be amended to require the individual to notify their provider, if they decide to vary or terminate the agreement within the first 28 days after the agreement

¹ Page 73, [Residential Care Service List and higher everyday living fee Guidance for providers](#) Department of Health, Disability and Ageing October 2025

is entered into. It is not reasonable for one party to an agreement to vary or terminate it without informing the other party, being the registered provider.

The rules should also be amended to limit the circumstances in which agreements may be unilaterally varied (by an individual within 28 days after the agreement is entered into, or, by the individual or the provider after the end of 28 days after the agreement is entered into). It should be made clear that variations are limited to reducing, including to zero, the number of times that a service is delivered. It is not reasonable for other variations, including adding additional services, to be made without first discussing and agreeing with the individual's provider.

Subparagraph 285-5(a)(ii) Refund of amounts paid in advance if individual dies or stops accessing services (page 494 of the Aged Care Rules 2025)

The rules should be amended to set out what the provider is required to do in relation to paying a refund if the provider cannot find someone "that the provider is reasonably satisfied, on the basis of other evidence shown to the provider, that it is appropriate to pay the refund to within 14 days after the provider was shown the other evidence". This may occur, for example, if there are competing claims from family members.

(Rules) Chapter 9–Funding of aged care services–accommodation payments and accommodation contributions etc. (pages 505--563 of the Aged Care Rules 2025)

Section 290-25 – Decision of Pricing Authority on application (pages 540-541 of the Aged Care Rules 2025)

Providers have raised concerns about the significant administrative burden of seeking Pricing Authority approval for prices higher than the prevailing maximum accommodation payment amount. The current approval process can delay necessary pricing adjustments that reflect local residential property market trends and catchment dynamics. While the approval requirement provides important consumer safeguards, the process should be streamlined to reduce unnecessary red tape and administrative delays.

We recommend that the process be refined to simplify requirements, such as introducing a streamlined notice process for certain adjustments, shortening assessment timeframes and providing clearer guidance on the evidence needed to support applications for higher refundable accommodation deposits (RADs).

The approval timeframe under paragraph 290-25(8)(b) of 4 years also contributes to the administrative burden. When re-approval is delayed or denied, providers are constrained from aligning prices with market movements and must revert to the prevailing maximum accommodation payment amount. Streamlining re-approval processes, extending validity periods, or allowing interim continuation of the most recently approved rate, would all help balance administrative efficiency with consumer protection.

Section 313-10 – Working out of amount of interest on refundable deposit balance (pages 562-563 of the Aged Care Rules 2025)

There is an error with the formula in subsection 313-10(2), because it only addresses situations referred to in the table in subsection 311(4) of the *Aged Care Act 2024* and doesn't address other situations where a provider refunds a refundable deposit balance after the last day of the refund period.

(Rules) Chapter 10-Funding of aged care services-means testing (pages 564--592 of the Aged Care Rules 2025)

Overall comments

Providers have consistently reported delays in Services Australia's processes, including means assessments and notifications, and backdated corrections. These delays have created uncertainty for both families and providers. Providers may be required to manage extended periods without clear information about an individual's required contributions. This creates uncertainty and impacts financial planning and cashflow.

Means-testing outcomes can change unexpectedly when an individual's circumstances change (e.g. home sale, financial updates). Reassessments often take time, again leaving both providers and families without timely information to support decision-making.

In addition, we are aware of examples where Services Australia has sent multiple letters in a short period of time to an individual, and their provider, setting out different amounts for what aged care fees the individual can be asked to pay. This has resulted in uncertainty and unnecessary administrative costs.

We recommend Services Australia reviews their processes to address these concerns.

Ambiguity about whether Support at Home contributions are to be charged may create inconsistent practice and inequitable outcomes. While section 273 of the *Aged Care Act 2024* uses "may charge", the current rules could better operationalise a default expectation of charging, with clear, nationally consistent exceptions. The implications of providers not invoicing or collecting the means tested fee are varied and include impacts for pricing transparency and the lifetime contribution cap policy.

We recommend that Chapter 10 be amended to establish a requirement for the provider to invoice the participant for their means tested contribution and to collect that contribution.

Specific comments

Section 314-10 Method for determining individual contribution rate-Division 1-Means testing in a home or community setting (pages 565--566 of the Aged Care Rules 2025)

Providers report that some participants are choosing services based on the contribution rate rather than assessed need, due to the contribution amounts, which could have clinical consequences. We recommend the Committee review the contribution amounts for the independence and everyday living categories under section 314-10 and the service types within the categories, particularly for the independence means-testing category that includes personal care. The Committee should review the impacts of service choices on the health and wellbeing of individuals.

Subdivision E-Requirement to notify event of change in circumstances and Subdivision F-Varying or revoking individual contribution rate determination (sections 315-5-318A-5, pages 575-577 of the Aged Care Rules 2025)

It is not clear whether there is a minimum dollar amount for when an individual is required to notify the System Governor of an event or change in circumstances. Otherwise, every minor change (e.g. assets or income increases or decreases, even as low as a dollar) would be required to be notified to the System Governor.

As noted earlier, there can be uncertainty as well as administrative costs if the individual contribution rate changes more than once in a short period of time, which would result in multiple letters to an individual and their provider. We recommend that consideration be given to updating the rules on changes to individual contribution rates to reduce confusion and excessive administration.

Section 507 – Register of banning orders (pages 613-615 of the Aged Care Rules 2025)

Overall comments

The national register of banning orders is strongly supported. However, strict requirements for data accuracy and timely updating are essential to avoid workers, entities, or information about them being incorrectly included.

Specific comments

Subsection 507-10(4) Corrections on the Commissioner’s initiative, Accessing and correcting information included in the register of banning orders in relation to individuals (page 614 of the Aged Care Rules 2025)

We recommend change “may” to “must”, as we consider that the Commissioner must correct information in the register of banning orders where the information, relating to an individual, is inaccurate, out of date, incomplete, irrelevant or misleading. There should also be a timeframe stipulated for the Commissioner to make such a correction. We recommend within 14 days.

Subsection 507-20(3) Correcting information included in the register of banning orders in relation to entities other than individuals—corrections sought by entities (page 614 of the Aged Care Rules 2025)

There should be a timeframe stipulated for the Commissioner to make a correction or to decide not to make the requested correction. We recommend within 14 days.

Subsection 507-20(4) Correcting information included in the register of banning orders in relation to entities other than individuals—corrections sought by entities (page 614 of the Aged Care Rules 2025)

If the Commissioner decides not to make the requested correction, the Commissioner should be required to give reasons. The entity must also be allowed to ask for the decision to be reviewed.

Subsection 507-25(5) Correcting information included in the register of banning orders in relation to entities other than individuals—corrections on the Commissioner’s initiative (page 615 of the Aged Care Rules 2025)

“As soon as practicable” in this rule is open ended. The proposed correction could be quite important for the public and/or the entity concerned. We recommend the Commissioner be required to consider and action any comments within 14 days.