



Aged Care and Other Legislation Amendment Act 2025

No. 45, 2025

**An Act to amend the law relating to aged care and
healthcare identifiers, and for related purposes**

Note: An electronic version of this Act is available on the Federal Register of Legislation
(<https://www.legislation.gov.au/>)

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Aged Care and Other Legislation Amendment Act 2025

No. 45, 2025

An Act to amend the law relating to aged care and healthcare identifiers, and for related purposes

[Assented to 19 September 2025]

The Parliament of Australia enacts:

1 Short title

This Act is the *Aged Care and Other Legislation Amendment Act 2025*.

2 Commencement

- (1) Each provision of this Act specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. Sections 1 to 3 and anything in this Act not elsewhere covered by this table	The day this Act receives the Royal Assent.	19 September 2025
2. Schedule 1, Part 1	Immediately after the commencement of the <i>Aged Care Act 2024</i> .	1 November 2025
3. Schedule 1, Part 2	1 July 2026.	1 July 2026
4. Schedule 2, Part 1	Immediately after the commencement of Schedule 2 to the <i>Aged Care (Consequential and Transitional Provisions) Act 2024</i> .	1 November 2025
5. Schedule 2, Parts 2 to 5	The day after this Act receives the Royal Assent.	20 September 2025
6. Schedule 3	At the same time as the <i>Aged Care Act 2024</i> commences.	1 November 2025
7. Schedule 4	The day after this Act receives the Royal Assent.	20 September 2025
7. Schedule 5	The day after this Act receives the Royal Assent.	20 September 2025

Note: This table relates only to the provisions of this Act as originally enacted. It will not be amended to deal with any later amendments of this Act.

- (2) Any information in column 3 of the table is not part of this Act. Information may be inserted in this column, or information in it may be edited, in any published version of this Act.

3 Schedules

Legislation that is specified in a Schedule to this Act is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this Act has effect according to its terms.

Schedule 1—Amendment of the Aged Care Act 2024

Part 1—Amendments commencing immediately after the commencement of the Aged Care Act 2024

Aged Care Act 2024

1 Section 7 (definition of *accommodation bond*)

Repeal the definition, substitute:

accommodation bond has the meaning prescribed by the rules.

2 Section 7

Insert:

accommodation bond balance has the meaning prescribed by the rules.

3 Section 7 (definition of *accommodation charge*)

Repeal the definition, substitute:

accommodation charge has the meaning prescribed by the rules.

4 Section 7

Insert:

administrative action: see subsection 582(2).

5 Section 7

Insert:

approved report form: see section 166A.

6 Section 7 (definition of *available balance*)

Repeal the definition, substitute:

available balance, at a time, for any of the following notional accounts, or for an unspent Commonwealth portion, means the sum of the credits that have been made to the account or portion at or before that time reduced (but not below zero) by the sum of the debits that have been made to the account or portion at or before that time:

- (a) a notional ongoing home support account;
- (b) a notional short-term home support account;
- (c) a notional service delivery branch account;
- (d) a notional assistive technology account;
- (e) a notional home modifications account;
- (f) a notional home care account.

7 Section 7

Insert:

Chief Executive Centrelink has the same meaning as in the *Human Services (Centrelink) Act 1997*.

Chief Executive Medicare has the same meaning as in the *Human Services (Medicare) Act 1973*.

Commonwealth entity has the same meaning as in the *Public Governance, Performance and Accountability Act 2013*.

8 Section 7 (definition of deliver)

Repeal the definition, substitute:

deliver, a funded aged care service, has a meaning affected by section 11A.

9 Section 7

Insert:

entry contribution has the meaning prescribed by the rules.

entry contribution balance has the meaning prescribed by the rules.

10 Section 7 (paragraph (a) of the definition of *government entity*)

Omit “(within the meaning of the *Public Governance, Performance and Accountability Act 2013*)”.

11 Section 7

Insert:

high quality care: see section 20.

12 Section 7

Insert:

in effect:

- (a) for a place allocated under subsection 92(1): see section 92A;
and
- (b) for a place allocated under subsection 95(1): see section 97.

13 Section 7

Insert:

notional home care account means a notional account established for an individual under subsection 226E(1).

14 Section 7 (definition of *notional service delivery account*)

Repeal the definition, substitute:

notional service delivery branch account means a notional account established for a service delivery branch of a registered provider under subsection 203(1).

15 Section 7 (paragraph (d) of the definition of *provisional subsidy amount*)

Omit “an ongoing or”, substitute “a”.

16 Section 7

Insert:

quarter means a period of 3 months beginning on 1 July,
1 October, 1 January or 1 April.

17 Section 7 (definition of *relevant administrative action*)

Repeal the definition.

18 Section 7

Insert:

retention period, for an individual: see subsection 308(1).

19 Section 7 (after paragraph (b) of the definition of *subsidy*)

Insert:

(ba) subsidy referred to in section 242A;

20 Subparagraph 8(1)(g)(v)

Repeal the subparagraph.

21 Paragraphs 9(2)(e) to (h)

Repeal the paragraphs, substitute:

- (e) if the individual is accessing the service other than under a specialist aged care program:
 - (i) a classification decision establishing a classification level in a classification type for the service group is in effect for the individual; and
 - (ii) if a priority category decision is required under section 86 for the classification type for the service group—such a decision under section 86 has been made for the individual for the classification type for the service group; and
 - (iii) if the classification type or classification level is one for which the System Governor may allocate the individual a place under section 92—a place has been allocated to the individual under that section for that classification type or classification level and is in effect; and
- (f) if the individual is accessing the service under a specialist aged care program:

- (i) a classification decision establishing a classification level in a classification type for the service group has been made for the individual; and
- (ii) if the System Governor may allocate the registered provider a place under section 95—a place has been allocated to the registered provider under that section and is in effect.

22 Subsection 11(2)

Repeal the subsection (not including the heading or the note), substitute:

- (2) A **registered provider** means an entity that is registered as a registered provider (whether under paragraph 105(1)(a), because of a renewal under paragraph 108(1)(a), or because of a determination made by the System Governor under subsection 117(1)), if:
 - (a) the registration period has not ended; and
 - (b) the registration has not been revoked under a provision of Part 3 of Chapter 3.

23 Subsection 11(7)

Repeal the subsection, substitute:

11A Delivery of funded aged care services

Delivery not affected by involvement of associated providers

- (1) To avoid doubt, a registered provider delivers a funded aged care service for the purposes of this Act even if some or all of the work involved in delivering the service to an individual is done by one or more associated providers of the registered provider.

Circumstances when non-delivery of funded aged care services is taken to be delivery of funded aged care services

- (2) A service is taken to have been delivered by a registered provider to an individual for the purposes of this Act if:
 - (a) the service is included on the list referred to in subsection 8(1); and
 - (b) the service was scheduled to be delivered by the registered provider to the individual on a day; and

- (c) had the service been delivered as scheduled, the individual could have accessed the service through a service group as referred to in subsection 9(2); and
 - (d) subsection (3) applies to the service.
- (3) This subsection applies to the service if:
 - (a) both:
 - (i) the service was scheduled to be delivered by the registered provider to the individual on the day at an agreed time and place; and
 - (ii) the only reason that the service was not delivered was because the individual cancelled the delivery of the service within the period, before that day, that is prescribed by the rules; or
 - (b) the circumstances prescribed by the rules apply.
- (4) If subsection (2) applies in relation to a service:
 - (a) a reference in this Act to the number of hours or units of the service delivered to the individual on a day is taken to be a reference to the number of hours or units that were scheduled to be delivered to the individual on the day; and
 - (b) a reference in this Act to the service delivery branch through which the service was delivered is taken to be a reference to the service delivery branch through which the service was scheduled to be delivered.
- (5) Subsection (2) does not apply:
 - (a) in circumstances prescribed by the rules; or
 - (b) for the purposes of a provision of this Act prescribed by the rules.

Certain reimbursements taken to be delivery of funded aged care services

- (6) If:
 - (a) an individual incurs costs in acquiring a service that is included on the list referred to in subsection 8(1); and
 - (b) the registered provider reimburses, in accordance with any requirements prescribed by the rules, the individual for the whole or a part of the costs; and

- (c) had the service been delivered to the individual by the registered provider, the individual could have accessed the service through a service group as referred to in subsection 9(2); and
 - (d) any other circumstances prescribed by the rules in relation to the individual, the acquisition or the service apply;
- the reimbursement is taken, for the purposes of this Act, to be the delivery of the service by the registered provider to the individual.
- (7) Subsection (6) does not apply:
- (a) in circumstances prescribed by the rules; or
 - (b) for the purposes of a provision of this Act prescribed by the rules.

24 At the end of section 15

Add:

Periodic reviews of operation of Aged Care Quality Standards

- (4) The System Governor must cause periodic reviews to be conducted of the operation of the Aged Care Quality Standards.
- (5) The first review must be completed before the end of the period of 5 years starting on the day this Act commences.
- (6) Each later review must be completed before the end of each subsequent 5 year period.
- (7) The System Governor must give the Minister a written report of each review as soon as practicable after the review is completed.
- (8) The System Governor must cause a copy of the report of each review to be published on the Department's website as soon as practicable after the Minister receives the report.

25 Section 27

Omit "with the consent of the individual", substitute "in line with the individual's will and preferences".

26 At the end of subsection 28(2)

Add:

; or (d) is included in a class of persons prescribed by the rules.

27 Subsection 29(1)

Omit “Subject to subsection (2), any information or document that is required or authorised under, or for the purposes of, this Act”, substitute “Any information or document that is required or authorised under, or for the purposes of, this Act (other than Part 5 of Chapter 4 of this Act)”.

28 Subsection 29(3)

ReNUMBER as subsection (2).

29 Subsection 30(2)

Omit “subsection 27(1)”, substitute “section 27”.

30 Subparagraph 54(2)(b)(ii)

Omit “section 53”, substitute “(2)”.

31 Subparagraph 58(c)(ii)

Omit “was informed, prior to making the election,”, substitute “has been informed”.

32 Subsection 75(3)

Repeal the subsection, substitute:

- (3) The classification assessment must be instead undertaken at a time that is both:
 - (a) after the aged care needs assessment; and
 - (b) on or after the start date included in a start notification for delivering funded aged care services to the individual under that classification type at an approved residential care home of a registered provider.

33 Subsection 81(4)

Omit “For classification levels in the classification type ongoing for the service group residential care, rules”, substitute “Rules”.

34 Subsection 82(1) (heading)

Omit “, *assistive technology or home modifications*”, substitute “*or assistive technology*”.

35 Subsection 82(1)

Omit “, *assistive technology or home modifications*”, substitute “*or assistive technology*”.

36 After subsection 82(1)

Insert:

Short-term funded aged care services delivered through service group home modifications

- (1A) An individual may make an application for a classification assessment for the individual for the classification type short-term for the service group home modifications if:
- (a) the individual has the classification type short-term for the service group in effect; and
 - (b) the individual considers a different classification level in the classification type for the service group should be approved for the individual; and
 - (c) the funded aged care services are not being delivered under a specialist aged care program; and
 - (d) the System Governor considers circumstances (if any) prescribed by the rules apply.

37 Section 84

Before “A prioritisation assessment”, insert “(1)”.

38 Subparagraph 84(b)(iii)

Omit “ongoing or”.

39 Subparagraph 84(b)(iv)

Omit “or short-term”.

40 At the end of section 84

Add:

- (2) Despite subsection (1), a prioritisation assessment is not required to be undertaken in relation to an individual for a classification type for a service group if:
- (a) the classification type for the service group is ongoing for home support; and
 - (b) the circumstances prescribed by the rules apply.

41 Paragraph 85(2)(a)

Omit “, assistive technology or home modifications”, substitute “or assistive technology, or for the classification type short-term for the service group home modifications”.

42 Paragraph 85(2)(b)

Omit “or short-term”.

43 Subsection 86(1)

Repeal the subsection, substitute:

General requirements

- (1) If the System Governor is given a prioritisation report for an individual for a classification type for a service group under section 85, the System Governor must establish a priority category for the individual for the classification type for the service group in accordance with any criteria, methods or procedures prescribed by the rules for the purposes of section 87.

44 Subsection 86(2)

Repeal the subsection.

45 Subsection 86(5) (heading)

Omit “*or short-term*”.

46 Subsection 86(5)

Omit “or short-term”.

47 Subsection 87(1)

Omit “paragraph 85(2)(a)”, substitute “subsection 86(1)”.

48 Subsection 87(2)

Omit “paragraph 85(2)(b)”, substitute “subsection 86(1)”.

49 Subsection 87(2)

Omit “or short-term”.

50 Section 89

After “in effect until”, insert “the earliest of the following”.

51 Paragraph 89(a)

Repeal the paragraph, substitute:

- (a) for a classification type for the service group home support—the individual is allocated a full place under subsection 92(1) for that classification type for the service group;
- (aa) for a classification type for any other service group—the individual is allocated a place for the classification type for the service group under subsection 92(1);

52 At the end of section 89

Add:

Note: The effect of paragraph (a) is that an individual’s priority category decision remains in effect if an interim place has been allocated for the classification type for the service group home support.

53 Subsections 91(1) and (2)

Repeal the subsections, substitute:

- (1) The Minister must, in writing, determine a method for a financial year, that may be used at any time during that year, for working out the following:
 - (a) the number of places available at that time to be allocated to individuals for each service group;
 - (b) how many of the places mentioned in paragraph (a) for a service group are for allocation for a particular classification type (other than hospital transition) for the service group;
 - (c) how many of the places mentioned in paragraph (b) for a particular classification type for a service group are for

allocation for a particular classification level in the classification type;

- (d) if the service group is home support—how many of the places mentioned in paragraph (b) or (c) are for allocation as interim places or full places for the classification type or classification level.
- (2) Without limiting subsection (1), the method prescribed may be based on any of the following factors:
- (a) forecast demand for funded aged care services at the time and the forecast cost of those services at that time;
 - (b) the appropriation for the financial year and how much of that appropriation is left at the time;
 - (c) target average wait times for individuals with access approvals for a classification type for a service group who are seeking to access funded aged care services through the service group.

54 Subsection 91(4)

Omit “process and”.

54A At the end of section 91

Add:

- (6) In making a determination under subsection (1) for the 2025-26 financial year, the Minister must ensure that the method makes available:
- (a) a number of places equal to, or greater than, the guaranteed (tranche 1) number, for allocation to individuals for the service group home support by the end of 31 December 2025; and
 - (b) at least an additional 43,000 places, for allocation to individuals for the service group home support by the end of 30 June 2026.

Note: This guarantees at least 83,000 services (whether home care packages or home support places) for recipients.

- (7) Nothing in subsection (6) limits the Minister’s powers under any of paragraphs (1)(b) to (d) in respect of the places mentioned in that subsection.

(8) In this section:

guaranteed (tranche 1) number means the number worked out as follows:

- (a) 40,000; less
- (b) the following:
 - (i) if the difference between the number of home care packages immediately before the commencement of the *Aged Care Act 2024* and the number of home care packages immediately before the transition time is greater than or equal to 40,000—40,000;
 - (ii) if the difference between the number of home care packages immediately before the commencement of the *Aged Care Act 2024* and the number of home care packages immediately before the transition time is greater than zero but less than 40,000—that difference;
 - (iii) otherwise—zero.

number of home care packages, at a time, means the number of home care packages under the Australian Government framework known as the National Priority System that were available and released to recipients at that time in accordance with determinations under subsection 23B-1(1) of the *Aged Care Act 1997*.

transition time means the beginning of the day after the *Aged Care and Other Legislation Amendment Act 2025* receives the Royal Assent.

55 Subsection 92(1)

After “If the System Governor considers”, insert “, at a time during a financial year, that”.

56 After subsection 92(1)

Insert:

- (1A) However, subsection (1) does not apply in relation to an individual and a classification type for a service group if:
 - (a) the classification type for the service group is ongoing for home support; and

(b) the circumstances prescribed by the rules apply.

57 Paragraphs 92(4)(b) and (c)

Repeal the paragraphs, substitute:

- (b) if the service group is residential care—the day the place is allocated; and
- (c) if the service group is home support, assistive technology or home modifications:
 - (i) information about when the place takes effect or is taken to be withdrawn in accordance with section 92A; and
 - (ii) for the service group home support—whether the place is an interim place or a full place.

58 Subsection 92(5)

Repeal the subsection.

58A At the end of section 92

Add:

- (5) The System Governor’s power to allocate places to an individual under subsection (1) must be exercised in the 2025-26 financial year so that:
 - (a) a number of places equal to, or greater than, the guaranteed (tranche 1) number (within the meaning of section 91) are allocated to individuals for the service group home support by the end of 31 December 2025; and
 - (b) at least an additional 43,000 places are allocated to individuals for the service group home support by the end of 30 June 2026.

Note: This ensures the 83,000 services (whether home care packages or home support places) guaranteed by subsection 91(6) are released.

- (6) If the System Governor fails to comply with paragraph (5)(a) or (b), the System Governor must give the Minister a written statement that sets out the reasons for the failure.
- (7) The System Governor must do so within 14 days of:

- (a) for a failure to comply with paragraph (5)(a)—31 December 2025; or
 - (b) for a failure to comply with paragraph (5)(b)—30 June 2026.
- (8) The Minister must cause a copy of the statement to be tabled in each House of the Parliament within 15 sitting days of that House after the statement is given to the Minister.

59 After section 92

Insert:

92A When a place is in effect

Home support, assistive technology or home modifications

- (1) A place allocated under subsection 92(1) to an individual for a classification type for the service group home support, assistive technology or home modifications takes effect on the start day for the individual included in a start notification given by a registered provider for the classification type for the service group.
- (2) Despite subsection (1), if the start day is not within the period prescribed by the rules, the place:
 - (a) does not take effect; and
 - (b) is taken to be withdrawn.
- (3) Despite subsection (1), if:
 - (a) the place allocated to the individual is a full place for a classification type for the service group home support; and
 - (b) an interim place is in effect for the individual for the classification type for the service group;the full place takes effect on the day the System Governor gives notice to the individual of the allocation of the place under subsection 92(3).
- (4) A place allocated under subsection 92(1) to an individual for a classification type for the service group home support, assistive technology or home modifications ceases to have effect at the time prescribed by the rules.

Residential care

- (5) A place allocated under subsection 92(1) to an individual for a classification type for the service group residential care takes effect on the day the places is allocated to the individual and remains in effect until the individual dies.

60 Section 93

Repeal the section, substitute:

93 Method for allocation

- (1) The System Governor must determine in what order to allocate places to individuals under subsection 92(1) for a classification type for a service group or for a classification level for a classification type for a service group.
- (2) The rules may prescribe a method that the System Governor must follow in deciding the order of allocation under subsection (1) for a classification type for a service group or for a classification level for a classification type for a service group.
- (3) Without limiting subsection (1), a method prescribed for the purposes of subsection (2) for the allocation of a place to an individual for a classification type for a service group, or a classification level for a classification type for a service group, may be based on any of the following factors:
- (a) the individual's priority category (if any) for the classification type;
 - (b) the day the individual's access approval for the classification type was given;
 - (c) whether the individual has an interim place in effect for the classification type or the classification level;
 - (d) the individual's wait time for the allocation of a place for the classification type or the classification level;
 - (e) whether the individual has informed the System Governor that the individual is not seeking access to funded aged care services for a specified period.

61 Subparagraph 111(3)(b)(i)

Omit “, which must be less than or equal to the number of beds stated in the certificate of occupancy for the home”.

62 Paragraph 112(1)(b)

Omit “, which must be less than or equal to the number of beds stated in the certificate of occupancy for the home”.

63 Section 146

Omit “conform”, substitute “comply”.

64 After section 150

Insert:

150A Refundable deposit register

- (1) It is a condition of registration that a registered provider of a kind prescribed by the rules:
 - (a) establish and maintain, in accordance with any requirements prescribed by the rules, a register (a *refundable deposit register*) that includes the information or records prescribed by the rules relating to refundable deposits, accommodation bonds or entry contributions paid to, or held by, the registered provider; and
 - (b) do so in a manner consistent with the requirements in section 168.
- (2) Without limiting subsection (1), the rules may prescribe that information or records relating to the following be included in the refundable deposit register:
 - (a) information relating to the payment of a refundable deposit, accommodation bond or entry contribution;
 - (b) information relating to amounts deducted from a refundable deposit balance, accommodation bond balance or entry contribution balance;
 - (c) information relating to refunds of a refundable deposit balance, accommodation bond balance or entry contribution balance.

65 Section 152

Before “It”, insert “(1)”.

66 At the end of section 152

Add:

- (2) Without limiting subsection (1), worker screening requirements prescribed by rules made for the purposes of paragraph (1)(a) or (b) may include requirements relating to aged care workers whose normal duties include the direct delivery to an individual of a funded aged care service specified in an instrument in force under subsection (3).
- (3) The Commissioner may, by notifiable instrument, specify funded aged care services for the purposes of subsection (2).

67 Section 166

Repeal the section, substitute:

165A Reports about reportable incidents

Requirement to report

- (1) A registered provider of a kind prescribed by the rules must, if the rules prescribe that reports relating to reportable incidents must be given to the Commissioner, report reportable incidents to the Commissioner in accordance with this section.
- (2) A report under subsection (1) must:
 - (a) be in the approved report form; and
 - (b) be prepared, and given, in accordance with any other requirements prescribed by the rules.

Note: For *approved report form*, see section 166A.

Civil penalty

- (3) An entity contravenes this subsection if:
 - (a) the entity is a registered provider; and
 - (b) the entity fails to comply with subsection (1).

Note: A registered provider may commit an offence or contravene a civil penalty provision if the provider gives false or misleading information or documents (see Part 7.4 of the *Criminal Code* and section 591 of this Act).

Civil penalty: 250 penalty units.

166 Other reports by registered providers

Requirement to report

- (1) A registered provider of a kind prescribed by the rules must, if the rules prescribe that a report must be given to one of the following persons, give a report to that person in accordance with this section:
 - (a) the Commissioner;
 - (b) the Complaints Commissioner;
 - (c) the Inspector-General of Aged Care;
 - (d) the System Governor;
 - (e) the Pricing Authority.
- (2) A report under subsection (1) must:
 - (a) if the rules prescribe information that must be included in the report:
 - (i) include that information; and
 - (ii) be in the approved report form (if any); and
 - (b) if paragraph (a) does not apply—be in the approved report form; and
 - (c) in any case—be prepared, and given, in accordance with any other requirements prescribed by the rules.

Note: For *approved report form*, see section 166A.

Prescribed information

- (3) Without limiting paragraph (2)(a), the rules may prescribe information relating to any of the following:
 - (a) complaints and feedback received by a registered provider;
 - (b) the workforce, and governance, of a registered provider;
 - (c) compliance by a registered provider with requirements relating to nursing services;

- (d) locations at which funded aged care services are delivered by a registered provider;
- (e) specified groups of individuals to whom a registered provider is delivering funded aged care services;
- (f) how specified funded aged care services are delivered;
- (g) specified financial and prudential matters.

Prescribed requirements relating to preparing and giving reports

- (4) Without limiting paragraph (2)(c), the rules may prescribe requirements relating to either of the following:
 - (a) the collection or generation of information prescribed for the purposes of paragraph (2)(a) (including requirements relating to making particular measurements or assessments in connection with that collection or generation);
 - (b) reporting periods and the timeframes within which a report must be given in relation to those reporting periods (including by providing that a prescribed reporting period or timeframe is subject to an exemption determined by the System Governor in accordance with the rules).

Requirement to publish reports

- (5) If the rules prescribe that a report given by a registered provider under subsection (1) must be published, the registered provider must publish the report in accordance with any requirements prescribed by the rules.

Civil penalty

- (6) An entity contravenes this subsection if:
 - (a) the entity is a registered provider; and
 - (b) the entity fails to comply with subsection (1) or (5).

Note: A registered provider may commit an offence or contravene a civil penalty provision if the provider gives false or misleading information or documents (see Part 7.4 of the *Criminal Code* and section 591 of this Act).

Civil penalty: 250 penalty units.

166A Approved report forms—section 165A and 166 reports

When a report is in the approved report form

- (1) A report under section 165A or 166 is in the ***approved report form*** if:
- (a) it is in a form approved under subsection (2) or (3) of this section for that kind of report by the person (the ***report recipient***) to whom the report is required to be given; and
 - (b) it contains the information that the form requires, and any further information, statement or document as the report recipient requires, whether in the form or otherwise; and
 - (c) it is given in the manner that the report recipient requires (which may include electronically).

Approval of forms

- (2) The Commissioner may, in writing, approve a form for a kind of report under section 165A.
- (3) Any of the following persons may, in writing, approve a form for a kind of report under section 166:
- (a) the Commissioner;
 - (b) the Complaints Commissioner;
 - (c) the Inspector-General of Aged Care;
 - (d) the System Governor;
 - (e) the Pricing Authority.
- (4) More than one kind of report may be combined in the same form approved under subsection (2) or (3).
- (5) More than one form may be approved under subsection (2) or (3) for the same kind of report.
- (6) A different form may be approved under subsection (2) or (3) for a kind of report for different circumstances.

Publication of approved report forms and requirements

- (7) If a form is approved under subsection (2) or (3), the person who approved the form must cause the following to be published on the Department's website:
- (a) the form;
 - (b) any requirements mentioned in paragraphs (1)(b) and (c) relating to the kind of report that are not included in the form.

68 Paragraph 175(2)(b)

After "home", insert "only".

69 After section 178

Insert:

178A Offences relating to non-permitted use of accommodation bonds

Offence for registered provider

- (1) An entity commits an offence if:
- (a) the entity is a registered provider; and
 - (b) the entity uses an accommodation bond; and
 - (c) the use of the accommodation bond is not permitted by rules made for the purposes of paragraph 287(3)(a); and
 - (d) at a particular time during the period of 5 years after the use of the accommodation bond, both of the following apply:
 - (i) an insolvency event (within the meaning of the *Aged Care (Accommodation Payment Security) Act 2006*) occurs in relation to the entity;
 - (ii) there is at least one outstanding accommodation payment balance (within the meaning of that Act) for the entity.

Penalty: 300 penalty units.

Offence for responsible persons

- (2) A person commits an offence if:

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- (a) the person is a responsible person of a registered provider (the *entity*); and
- (b) the entity uses an accommodation bond; and
- (c) the use of the accommodation bond is not permitted by rules made for the purposes of paragraph 287(3)(a); and
- (d) the person knew that, or was reckless or negligent as to whether:
 - (i) the accommodation bond would be used; and
 - (ii) the use of the accommodation bond was not permitted; and
- (e) the person was in a position to influence the conduct of the entity in relation to the use of the accommodation bond; and
- (f) the person failed to take all reasonable steps to prevent the use of the accommodation bond; and
- (g) at a particular time during the period of 5 years after the use of the accommodation bond, both of the following apply:
 - (i) an insolvency event (within the meaning of the *Aged Care (Accommodation Payment Security) Act 2006*) occurs in relation to the entity;
 - (ii) there is at least one outstanding accommodation payment balance (within the meaning of that Act) for the entity; and
- (h) at the time the accommodation bond was used, the entity was a corporation.

Penalty: Imprisonment for 2 years.

Strict liability

- (3) Strict liability applies to paragraphs (1)(d) and (2)(g) and (h).

70 Subsection 189(1) (note)

Omit “165 and 166”, substitute “165, 165A and 166”.

71 Section 190 (after the paragraph beginning “Part 4”)

Insert:

Part 4 makes provision for that Part not applying in relation to individuals included in a class of individuals prescribed by the rules. The rules may, in relation to the delivery of certain funded aged care services to these individuals, prescribe different requirements that relate to accommodation bonds, accommodation charges or entry contributions.

72 Subsection 191(1)

Omit “A registered”, substitute “The System Governor must determine that a registered”.

73 Subsection 191(1)

Omit “the System Governor is reasonably satisfied”.

74 Subsection 191(1)

Omit “subsections (2) and (3)”, substitute “subsections (2), (3) and (4)”.

75 Paragraph 191(2)(c)

After “section 92”, insert “and the place is in effect”.

76 Paragraph 191(2)(e)

Repeal the paragraph.

77 At the end of section 191

Add:

- (4) The requirement is that:
 - (a) unless paragraph (b) applies—the day is on or after the start day specified in a start notification given by the registered provider for delivering ongoing or short-term funded aged care services to the individual for the service group through a service delivery branch of the provider; or
 - (b) if the rules prescribe circumstances for the purposes of this paragraph—those circumstances apply.

78 Subsection 192(1)

After “on a day”, insert “in a quarter”.

79 Subsection 192(1) (method statement, steps 3, 4, 5, 6 and 7 and the final sentence)

Repeal the steps and the sentence, substitute:

Step 3. Work out the sum of:

- (a) the provisional subsidy amount; and
- (b) any secondary person-centred supplements for the classification type ongoing for the service group home support that apply to the individual for the day.

The result is the amount of subsidy for which the registered provider is eligible for the individual for the service for the day.

80 Subsection 192(2) (method statement, steps 3, 4, 5, 6 and 7 and the final sentence)

Repeal the steps and the sentence, substitute:

Step 3. Work out the sum of:

- (a) the provisional subsidy amount; and
- (b) any secondary person-centred supplements for the classification type short-term for the service group home support that apply to the individual for the day.

The result is the amount of subsidy for which the registered provider is eligible for the individual for the service for the day.

81 Section 193

Repeal the section, substitute:

193 Available ongoing home support quarterly account balance

Quarterly ongoing home support accounts

- (1) A notional ongoing home support account is established for an individual for the quarter (the **first quarter**) in which an entry day for the individual occurs for the classification type ongoing for the service group home support, and each subsequent quarter, unless circumstances prescribed by the rules apply.

Initial credit for account for first quarter

- (2) The following is credited to the account for the first quarter at the start of the individual's entry day:
- (a) the base individual amount for the individual for the classification type for the service group for the individual for that day multiplied by the remaining days in the quarter (including that day);
 - (b) the sum of any primary person-centred supplements for the classification type for the service group that apply to the individual on that day multiplied by the remaining days in the quarter (including that day).

Initial credit for accounts for subsequent quarters

- (3) For an account for a quarter other than the first quarter, the following is credited to the account at the start of the first day of that quarter:
- (a) the base individual amount for the individual for the classification type for the service group for that day multiplied by the days in the quarter;
 - (b) the sum of any primary person-centred supplements for the classification type for the service group that apply to the individual on the day multiplied by the days in the quarter.

Rollover credits

- (4) For an account for a quarter other than the first quarter, the amount prescribed by the rules is credited to the account at the earlier of the following:

- (a) if the registered provider gives the System Governor notice that the provider has made the provider's final claim for subsidy for the previous quarter—the day that claim is approved under subsection 251(4);
- (b) the day that is 61 days after the last day of the previous quarter.

Credit due to change in classification or full place coming into effect

(5) If:

- (a) either:
 - (i) a decision by the System Governor comes into effect for the individual for the classification type ongoing for the service group home support on a day in a quarter that is after the entry day for the individual; or
 - (ii) a full place comes into effect for the individual for that classification type and service group on a day in a quarter that is after that entry day; and
- (b) the base individual amount (the ***new base individual amount***) for the individual for the classification type for the service group is higher as a result of that decision or that place coming into effect;

the account for that quarter is credited with the amount that is the difference between the new base individual amount and the base individual amount for the individual for the classification type ongoing for the service group home support that applied before the decision or place came into effect multiplied by the remaining days in the quarter (including that day).

Credit due to primary person-centred supplement applying

- (6) If a primary person-centred supplement for the classification type ongoing for the service group home support starts to apply to the individual on a day in a quarter that is after the entry day for the individual, the amount of that person-centred supplement for the day multiplied by the remaining days in the quarter (including that day) is credited to the account for the quarter.

Debits

- (7) If a claim is made under section 251 for person-centred subsidy for the delivery of an ongoing funded aged care service to the individual on a day, the account is debited in accordance with section 251B immediately after the claim is approved under subsection 251(4).
- (8) To avoid doubt, the time at which the account is debited may be a time after the end of the quarter to which the claim relates.

Rules may prescribe circumstances for no credits

- (9) Despite subsection (3), (4), (5) or (6), the rules may prescribe circumstances in which a credit which would otherwise be required under that subsection is not to be made.

Ceasing of accounts

- (10) A notional ongoing home support account for a quarter ceases in the circumstances prescribed by the rules.

82 Subsection 195(2)

Repeal the subsection.

83 Paragraphs 195(3)(a) and (b)

Omit “the number of days in the maximum period of effect for the individual’s classification level for the classification type for the service group”, substitute “the number of days in the period prescribed by the rules (which must not be longer than the maximum period of effect for the individual’s classification level for the classification type for the service group)”.

84 After subsection 195(3)

Insert:

Credit due to circumstances prescribed by the rules applying

- (3A) If the circumstances prescribed by the rules apply in relation to the individual, at the start of a day prescribed by the rules the amount prescribed by the rules is credited to the account.

(3B) Without limiting subsection (3A), rules made for the purposes of that subsection may provide that the System Governor may determine the amount for the individual in accordance with the rules.

(3C) If a determination made by the System Governor under rules made for the purposes of subsection (3A) is made in writing, the determination is not a legislative instrument.

85 Subsection 195(4)

Omit “at the start of the day”.

86 Subsections 195(5) and (6)

Repeal the subsections, substitute:

Debits

(5) If a claim is made under section 251 for person-centred subsidy for the delivery of a short-term funded aged care service to the individual, the account is debited in accordance with section 251B immediately after the claim is approved under subsection 251(4).

(6) To avoid doubt, the time the account is debited may be a time after the end of the relevant period to which the claim relates.

87 Before paragraph 197(3)(a)

Insert:

(aa) circumstances that include that the System Governor has made a determination about particular matters; and

88 At the end of section 197

Add:

(5) If a determination made by the System Governor under rules made for the purposes of subsection (2) is made in writing, the determination is not a legislative instrument.

89 Section 201

Repeal the section, substitute:

201 Eligibility for provider-based subsidy

A registered provider is eligible for ***provider-based subsidy*** for an ongoing funded aged care service delivered by the registered provider to an individual on a day if:

- (a) the requirements in paragraphs 191(2)(a), (b), (c), (d), (g), (h) and (i) are met in relation to the funded aged care service and the individual; and
- (b) the requirements in subsection 191(3) are met in relation to the funded aged care service and the individual; and
- (c) the funded aged care service is prescribed by the rules.

90 Section 202 (method statement, step 3 and the final sentence including paragraphs (a) and (b))

Repeal the step and the sentence, substitute:

The result is the amount of provider-based subsidy for which the registered provider is eligible for the individual for the service for the day.

91 Section 203

Repeal the section, substitute:

203 Available service delivery branch financial year account balance

Service delivery branch account

- (1) A notional service delivery branch account for a registered provider for a service delivery branch of the provider is established:
 - (a) for the financial year (the ***first financial year***) for which the start day (the ***initial account start day***) included in the first start notification given for any individual (the ***first individual***) for the delivery of ongoing funded aged care services through the service group home support to the individual through the service branch occurs; and
 - (b) for each subsequent financial year (unless circumstances prescribed by the rules apply).

Credits—first and second quarters of active operation

- (2) For the first quarter (the **first quarter of operation**) in the first financial year or the subsequent quarter (the **second quarter of operation**) the amount referred to in subsection (3) is credited to the account for the financial year in which the quarter occurs in relation to each individual (including the first individual) to whom both of the following apply on a day in the quarter:
- (a) the registered provider gives a start notification for the individual for the classification type ongoing for the service group home support on that day;
 - (b) the individual's start day included in that notification is on or before that day.
- (3) The amount is the sum of:
- (a) the base provider amount for the individual, multiplied by the number of days prescribed by the rules; and
 - (b) the amount of any provider-based supplements that apply to the provider in relation to the individual, multiplied by the number of days prescribed by the rules.

Credits—subsequent quarters

- (4) At the start of the first day of a quarter in a financial year (other than the first quarter of operation or second quarter of operation), the following is credited to the account:
- (a) the sum of the base provider amount for each individual covered by subsection (5) for the quarter, multiplied by the number of days in the quarter;
 - (b) the sum of any provider-based supplements that apply to the provider in relation to an individual covered by subsection (5) for the quarter, multiplied by the number of days in the quarter.
- (5) An individual is covered by this subsection for a quarter (the **relevant quarter**) if:
- (a) the registered provider has given, at a time in any previous quarter during which the account has existed, a start notification for the individual for the classification type ongoing for the service group home support and that time is

- before the time (the **test time**) prescribed by the rules in the quarter immediately before the relevant quarter; and
- (b) the individual's start day included in that notification was on or before the day the notification was given; and
- (c) any other requirements prescribed by the rules are met.

Credit due to change in classification, or change from interim to full place, of individual to whom services are being delivered through service delivery branch

- (6) If:
- (a) either of the following apply in relation to an individual for a day that is on or after the initial account start day:
 - (i) a new classification level for the classification type ongoing for the service group home support comes into effect for the individual on the day;
 - (ii) a full place comes into effect for the individual for the classification type ongoing for the service group home support on the day; and
 - (b) the base individual amount (the **new base individual amount**) for the individual for the classification type for the service group is higher as a result of that classification level or place coming into effect;

the account for the financial year in which that day occurs is credited with the difference between the new base individual amount and the base individual amount for the individual for the classification type for the service group that applied before the classification level or full place came into effect, multiplied by the remaining days in the quarter in which the day occurs (including that day).

Credit for provider-based supplement starting to apply

- (7) If a provider-based supplement starts applying to the provider in relation to an individual:
- (a) for an individual to whom subsection (2) applies—on a day in the first quarter of operation or second quarter of operation that is after the day the registered provider gives a start notification for the individual; or

- (b) for an individual to whom subsection (4) applies for a quarter—on a day in that quarter;

the account for the financial year in which the quarter occurs is credited with the amount of that provider-based supplement for the day multiplied by the number of days prescribed by the rules.

Rollover credit

- (8) For an account for a financial year other than the first financial year of operation, if the circumstances prescribed by the rules apply, then the amount prescribed by the rules for those circumstances is credited to the account at the earlier of the following:
 - (a) if the registered provider gives the System Governor notice that the provider has made the provider’s final claim for subsidy for the previous financial year—the day that claim is approved under subsection 251(4);
 - (b) the day that is 61 days after the last day of the previous financial year.

Debits

- (9) If a claim is made under section 251 for provider-based subsidy for the delivery of an ongoing funded aged care service to an individual through the service delivery branch on a day, the account is debited in accordance with section 251B immediately after the claim is approved under subsection 251(4).
- (10) To avoid doubt, the time the account is debited may be a time after the end of the financial year to which the claim relates.

Ceasing of accounts

- (11) An account for a financial year ceases in circumstances prescribed by the rules.

92 Section 204

Omit “subsection 203(3)”, substitute “subsection 203(5) for a quarter”.

93 Subsection 209(1)

Omit “A registered”, substitute “The System Governor must determine that a registered”.

94 Subsection 209(1)

Omit “the System Governor is reasonably satisfied”.

95 Subsection 209(1)

Omit “subsection (2) and (3)”, substitute “subsections (2), (3) and (4)”.

96 Paragraph 209(2)(c)

After “section 92”, insert “and the place is in effect”.

97 Paragraph 209(2)(e)

Repeal the paragraph.

98 At the end of section 209

Add:

(4) The requirement is that:

- (a) unless paragraph (b) applies—the day is on or after the start day specified in a start notification given by the registered provider for delivering ongoing or short-term funded aged care services to the individual for the service group through a service delivery branch of the provider; or
- (b) if the rules prescribe circumstances for the purposes of this paragraph—those circumstances apply.

99 Section 210 (method statement, steps 3, 4, 5, 6 and 7 and the final sentence)

Repeal the steps and the sentence, substitute:

Step 3. Work out the sum of:

- (a) the provisional subsidy amount; and
- (b) any secondary person-centred supplements for the classification type ongoing or short-term for the

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<p>service group assistive technology that apply to the individual for the day.</p>

<p>The result is the amount of subsidy for which the registered provider is eligible for the individual for the service for the day.</p>
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100 Subsection 211(2)

Repeal the subsection.

101 Subsection 211(5)

Omit “at the start of the day”.

102 Subsections 211(6) and (7)

Repeal the subsections, substitute:

Debits

- (6) If a claim is made under section 251 for person-centred subsidy for the delivery of an ongoing or short-term funded aged care service through the service group to the individual on a day in the account period, the account is debited in accordance with section 251B immediately after the claim is approved under subsection 251(4).

103 Before paragraph 214(3)(a)

Insert:

- (aa) circumstances that include that the System Governor has made a determination about particular matters; and

104 At the end of section 214

Add:

- (5) If a determination made by the System Governor under rules made for the purposes of subsection (2) is made in writing, the determination is not a legislative instrument.

105 Subsection 218(1)

Omit “A registered”, substitute “The System Governor must determine that a registered”.

106 Subsection 218(1)

Omit “, the System Governor is reasonably satisfied”.

107 Subsection 218(1)

Omit “subsection (2) and (3)”, substitute “subsections (2), (3) and (4)”.

108 Paragraph 218(2)(c)

After “section 92”, insert “and the place is in effect”.

109 Subparagraph 218(2)(d)(i)

Omit “ongoing or”.

110 Paragraph 218(2)(e)

Repeal the paragraph.

111 At the end of section 218

Add:

(4) The requirement is that:

- (a) unless paragraph (b) applies—the day is on or after the start day specified in a start notification given by the registered provider for delivering short-term funded aged care services to the individual for the service group through a service delivery branch of the provider; or
- (b) if the rules prescribe circumstances for the purposes of this paragraph—those circumstances apply.

112 Section 219

Omit “an ongoing or”, substitute “a”.

113 Section 219 (method statement, steps 3, 4, 5, 6 and 7 and the final sentence)

Repeal the steps and the sentence, substitute:

Step 3. Work out the sum of:

- | |
|---|
| (a) the provisional subsidy amount; and |
|---|

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-
- | |
|---|
| <p>(b) any secondary person-centred supplements for the classification type short-term for the service group home modifications that apply to the individual for the day.</p> |
|---|

<p>The result is the amount of subsidy for which the registered provider is eligible for the individual for the service for the day.</p>
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114 Subsection 220(1)

Omit “ongoing or”.

115 Subsection 220(2)

Repeal the subsection.

116 Subsection 220(4)

Omit “at the start of the day”.

117 Subsections 220(5) and (6)

Repeal the subsections, substitute:

Debits

- (5) If a claim is made under section 251 for person-centred subsidy for the delivery of a short-term funded aged care service through the service group home modifications to the individual on a day in the account period, the account is debited in accordance with section 251B immediately after the claim is approved under subsection 251(4).

118 Before paragraph 223(3)(a)

Insert:

- (aa) circumstances that include that the System Governor has made a determination about particular matters; and

119 At the end of section 223

Add:

- (5) If a determination made by the System Governor under rules made for the purposes of subsection (2) is made in writing, the determination is not a legislative instrument.

120 Section 224

Omit “ongoing or”.

121 At the end of subsection 226A(1)

Add:

- ; and (c) neither section 21F nor section 21JB of those Principles applied in relation to the Commonwealth portion of that amount (whether or not the Commonwealth portion had become due and payable to the Commonwealth).

122 Subsection 226A(2)

Repeal the subsection.

123 Subsections 226A(4) and (5)

Repeal the subsections, substitute:

Debits for claims

- (4) If a claim is made under section 251 for person-centred subsidy for the delivery of a funded aged care service to the individual on a day, the unspent Commonwealth portion is debited (if at all) in accordance with section 251B immediately after the claim is approved under subsection 251(4).

124 At the end of section 226B

Add:

- (4) The provider must return the available balance of the unspent Commonwealth portion for the individual to the Commonwealth:
- (a) within the period prescribed by the rules after the day the notice of the election is given to the System Governor; and
 - (b) in accordance with any other requirements prescribed by the rules.

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Note: If the available balance is not returned to the Commonwealth in accordance with this section, it may be a recoverable amount: see subsection 514(3).

125 Paragraph 226C(2)(b)

Repeal the paragraph, substitute:

- (b) return the available balance of the unspent Commonwealth portion for the individual to the Commonwealth:
 - (i) within the period prescribed by the rules after the cessation; and
 - (ii) in accordance with any other requirements prescribed by the rules.

126 At the end of subsection 226C(2)

Add:

Note: If the available balance is not returned to the Commonwealth in accordance with this section, it may be a recoverable amount: see subsection 514(3).

127 Paragraph 226D(2)(b)

Repeal the paragraph, substitute:

- (b) return the available balance of the unspent Commonwealth portion for the individual to the Commonwealth:
 - (i) within the period prescribed by the rules after the cessation; and
 - (ii) in accordance with any other requirements prescribed by the rules.

128 At the end of subsection 226D(2)

Add:

Note: If the available balance is not returned to the Commonwealth in accordance with this section, it may be a recoverable amount: see subsection 514(3).

129 Subsection 226E(1)

Repeal the subsection, substitute:

Home care account

- (1) A notional home care account is established for an individual at the transition time if:
 - (a) immediately before the transition time:
 - (i) the individual had a home care account under the old Act; and
 - (ii) the home care account balance of that account under the old Act was not zero; or
 - (b) at the transition time, a registered provider holds an unspent Commonwealth portion for the individual under section 226A.

130 Subsection 226E(2)

Repeal the subsection.

131 Subsection 226E(3)

Repeal the subsection, substitute:

Initial credit

- (3) At the transition time, the amount that, immediately before the transition time, is recorded in the information technology system relating to aged care payments operated by Services Australia as the amount of the individual's home care account balance is credited to the account.

132 Subsections 226E(7), (8) and (9)

Repeal the subsections, substitute:

Debits for claims

- (7) If a claim is made under section 251 for person-centred subsidy for the delivery of a funded aged care service to the individual on a day, the account is debited (if at all) in accordance with section 251B immediately after the claim is approved under subsection 251(4).

Debit to zero in prescribed circumstances

- (8) If circumstances prescribed by the rules apply to the individual on a day, the account is reduced to zero on that day.

Ceasing of account

- (9) The account ceases in the circumstances prescribed by the rules.

133 Division 4 of Part 2 of Chapter 4 (heading)

Repeal the heading, substitute:

Division 4—Subsidy for residential care—general

Subdivision AA—When this Division does not apply

227A Division (other than section 227) not to apply to individuals in prescribed classes

This Division (other than section 227) does not apply in relation to an individual accessing ongoing funded aged care services through the service group residential care if the individual is in a class of individuals prescribed by the rules.

Note: For the amount of subsidy for residential care for these individuals, see Division 4A.

134 Subsection 227(1)

Omit “A registered”, substitute “Subject to subsections (3) and (4), the System Governor must determine that a registered”.

135 Subsection 227(1)

Omit “the System Governor is reasonably satisfied the requirements in subsections (2) to (4) are met”, substitute “the requirements in subsections (2) and (2A) are met”.

136 Subsection 227(2)

After “The requirements are”, insert “that on the day”.

137 Paragraph 227(2)(c)

After “section 92”, insert “and the place is in effect”.

138 Paragraph 227(2)(e)

Repeal the paragraph.

139 After subsection 227(2)

Insert:

(2A) The requirement is that:

- (a) unless paragraph (b) applies—the day is on or after the start day specified in a start notification given by the registered provider for delivering ongoing or short-term funded aged care services to the individual for the service group at an approved residential care home of the provider; or
- (b) if the rules prescribe circumstances for the purposes of this paragraph—those circumstances apply.

140 Subsection 227(3)

Omit “Despite subsection (1), a”, substitute “The System Governor must determine that a”.

141 Subsection 227(3)

Omit “the System Governor is reasonably satisfied that”.

142 Subsection 227(4)

Omit “Despite subsection (1), a”, substitute “The System Governor must determine that a”.

143 Subsection 227(4)

Omit “the System Governor is reasonably satisfied that”.

144 Subsection 227(5)

Omit “a particular day”, substitute “the day”.

145 Paragraph 230(1)(a)

Repeal the paragraph, substitute:

- (a) for the ongoing classification type:

- (i) the accommodation supplement; and
- (ii) the hotelling supplement; and
- (aa) for the short-term classification type—the hotelling supplement; and

146 Before paragraph 231(3)(a)

Insert:

- (aa) circumstances that include that the System Governor has made a determination about particular matters; and

147 At the end of section 231

Add:

- (5) If a determination made by the System Governor under rules made for the purposes of subsection (2) is made in writing, the determination is not a legislative instrument.

148 Subsection 234(5)

After “determined” (second occurring), insert “in”.

149 Subsection 235(1) (method statement, step 2)

Omit “see subsection (4)”, substitute “see subsection (3)”.

150 Subsection 235(6)

Repeal the subsection.

151 At the end of section 239

Add:

- (3) Without limiting subsection (2), circumstances prescribed for a provider-based supplement may include circumstances relating to any of the following:
 - (a) characteristics of the approved residential care home in which the service was delivered (such as its location and number of beds);
 - (b) the number of other individuals to whom the registered provider delivered funded aged care services at the approved residential care home during a particular period (whether or not that period includes the day, and whether or not the

funded aged care services were provided during that period to the individual in relation to whom the supplement applies);

- (c) information provided to the System Governor in relation to the registered provider's compliance with one or more of the following in relation to the approved residential care home for a particular period (whether or not that period includes the day):
 - (i) a condition of the registered provider's registration under Division 1 of Part 4 of Chapter 3;
 - (ii) an obligation of the registered provider under Division 2 of that Part.

- (4) Before the Minister makes rules prescribing circumstances for the purposes of paragraph (2)(a), the Minister must be reasonably satisfied that additional funding will assist those registered providers to improve, or maintain, compliance with any of the following in relation to the delivery of funded aged care services to individuals at the approved residential care home:
 - (a) a condition of registration under Division 1 of Part 4 of Chapter 3 that applies to those providers;
 - (b) an obligation under Division 2 of that Part that applies to those providers.

152 Subsection 242(5)

Repeal the subsection.

153 After Subdivision D of Division 4 of Part 2 of Chapter 4

Insert:

Division 4A—Amount of subsidy for residential care— individuals in prescribed classes

242A Eligibility for subsidy

- (1) A registered provider is eligible for subsidy for a funded aged care service delivered by the registered provider to an individual in a class of individuals prescribed by rules made for the purposes of section 227A through the service group residential care on a day if

the System Governor is reasonably satisfied the requirements in subsections (2) to (4) are met.

General requirements

- (2) The requirements are:
- (a) the registered provider's registration is in effect and covers the funded aged care service; and
 - (b) the individual has an access approval that is in effect that covers the funded aged care service; and
 - (c) the individual has been allocated a place for the classification type for the service group under section 92; and
 - (d) the individual has a classification level in effect for the classification type ongoing or short-term for the service group; and
 - (e) either:
 - (i) the registered provider has given a start notification for delivering ongoing or short-term funded aged care services to the individual through the service group at an approved residential care home of the provider; or
 - (ii) circumstances prescribed by the rules apply; and
 - (f) the funded aged care service is not being delivered to the individual under a specialist aged care program; and
 - (g) the individual is not excluded (see subsection (5)).

Circumstances where registered provider not eligible

- (3) Despite subsection (1), a registered provider is not eligible for subsidy for a day for the service group residential care for an individual if the System Governor is reasonably satisfied that:
- (a) the registered provider ceased delivering funded aged care services through the service group to the individual in an approved residential care home on that day (and that day is a different day to the day the provider started delivering those services); and
 - (b) no other registered provider subsequently started delivering funded aged care services through the service group to the individual in another approved residential care home on that day.

- (4) Despite subsection (1), a registered provider is not eligible for subsidy for a day for the service group residential care for an individual if the System Governor is reasonably satisfied that:
- (a) the provider started delivering funded aged care services through the service group to the individual in an approved residential care home on the day; and
 - (b) the provider was not the first registered provider to start delivering funded aged care services through the service group to the individual in an approved residential care home on the day.

Excluded individuals

- (5) For the purposes of paragraph (2)(g), an individual is *excluded* in relation to funded aged care services delivered to the individual by a registered provider through the service group residential care in an approved residential care home on a particular day if:
- (a) the number of individuals to whom the registered provider delivered funded aged care services through that service group in that home during that day exceeds the total number of beds covered by the registered provider's registration for that home (as reduced by any offline beds for that home); and
 - (b) the individual is in the group of one or more individuals who comprise the excess based on working back from the most recent individual to enter the approved residential care home.

242B Amount of subsidy

The amount of subsidy a registered provider is eligible for under section 242A for an ongoing funded aged care service delivered to an individual in a class of individuals prescribed by rules made for the purposes of section 227A through the service group residential care on a day is the amount prescribed by the rules for that class of individuals.

154 Subdivision E of Division 4 of Part 2 of Chapter 4 (heading)

Repeal the heading, substitute:

Division 4B—Approved residential care homes with specialised status and leave from approved residential care homes

155 Subsection 243(3)

Repeal the subsection, substitute:

- (3) The System Governor must consider an application made by a registered provider under subsection (1) and decide:
- (a) whether to determine that the approved residential care home has specialised status; and
 - (b) if determining that the approved residential care home has specialised status—the period, not exceeding the period referred to in paragraph (5)(c), for which the determination has effect.

156 Paragraph 243(4)(a)

After “the decision”, insert “, including the period of effect for the determination”.

157 At the end of subsection 243(5)

Add:

; and (c) the maximum period of effect for such a determination.

158 After section 243

Insert:

243A Revoking specialised status determinations

Revocation on initiative of System Governor

- (1) The System Governor may, by written notice given to a registered provider, revoke a determination made under subsection 243(3) in relation to the registered provider and an approved residential care home if circumstances prescribed by the rules apply.

Revocation on request

- (2) A registered provider may, by written notice given to the System Governor, request the System Governor to revoke a determination made under subsection 243(3) in relation to the registered provider and an approved residential care home.
- (3) The System Governor must revoke a determination for which a request is given under subsection (2) and give written notice to the registered provider of the revocation.

Notice requirements

- (4) A notice given under subsection (1) or (3) must specify the day the revocation takes effect (which must not be earlier than the day the notice is given).

159 Subdivision F of Division 4 of Part 2 of Chapter 4 (heading)

Repeal the heading.

160 Subsection 244(2)

Omit “for the purposes of this Division”, substitute “for the purposes of this Act”.

161 Paragraph 244(7)(b)

Omit “subsections (4), (5), (6) or (7)”, substitute “subsections (3), (4), (5) or (6)”.

162 After subsection 247(1)

Insert:

- (1A) To avoid doubt, paragraph (1)(a) does not prevent there being one or more other parties to the agreement.

163 Paragraph 247(4)(c)

Renumber as paragraph (b).

164 Paragraph 249(2)(a)

Repeal the paragraph.

165 Sections 250 and 251

Repeal the sections, substitute:

250 Payment of subsidy

- (1) Subsidy is payable by the Commonwealth to a registered provider if:
 - (a) the registered provider is eligible for subsidy under section 191, 201, 209 or 218 for a funded aged care service delivered to an individual on a day; and
 - (b) the registered provider gives the System Governor a claim for that subsidy in accordance with section 251.

Note: Subsidy is not payable to the extent that there are insufficient funds in an individual's relevant notional account: see section 251A.

- (2) Subsidy payable in relation to individuals to whom funded aged care services were delivered through each service delivery branch of a registered provider is separately payable by the Commonwealth.
- (3) If the full amount of subsidy for which a registered provider is eligible under section 191, 201, 209 or 218 for a funded aged care service delivered to an individual on a day is not payable because of the previous operation of section 251A in relation to the subsidy, the registered provider remains eligible for so much of the full amount of subsidy as remains unpaid.

Note: If additional credits are made to the individual's relevant notional account or the registered provider's relevant notional service delivery branch account, the unpaid amount may become payable in accordance with subsection (1) if an additional claim is made for that unpaid amount.

251 Claims for subsidy

- (1) For the purposes of obtaining payment, a registered provider must give to the System Governor a claim, in an approved form, for any subsidy that is payable, for the relevant period for the subsidy, to the registered provider under section 250 for a funded aged care service delivered to an individual through a service delivery branch of the registered provider during the relevant period.

- (2) The *relevant period* is:
- (a) for person-centred subsidy for an ongoing funded aged care service delivered to an individual through the service group home support—a quarter; and
 - (b) for provider-based subsidy for an ongoing funded aged care service delivered to an individual through the service group home support—a financial year; and
 - (c) for subsidy for a short-term funded aged care service delivered to an individual through the service group home support—the maximum period of effect for the individual’s classification level for the classification type for the service group; and
 - (d) for subsidy for ongoing funded aged care services delivered to an individual through the service group assistive technology—the period prescribed by the rules; and
 - (e) for subsidy for short-term funded aged care services delivered to an individual through the service group assistive technology or home modifications—the maximum period of effect for the individual’s classification level for the classification type for the service group.
- (3) The claim must be given to the System Governor before the end of:
- (a) whichever of the following periods ends first:
 - (i) the period of 60 days after the end of the relevant period;
 - (ii) the period of 60 days after an event prescribed by the rules occurs; or
 - (b) if the System Governor determines a longer period for the claim than would otherwise apply under paragraph (a)—that longer period.
- Note: Because the claim must be given before the end of the period applicable under this subsection, it can be given at any time before the end of that period, including during the relevant period
- (4) The System Governor must approve the claim for any subsidy that is payable to the registered provider, and give the registered provider a payment summary relating to the claim, as soon as reasonably practicable after the claim is given to the System Governor under subsection (1), unless the System Governor gives a written notice under section 252 to the registered provider in

relation to the claim (which deals with registered providers who are not eligible).

- (5) To avoid doubt, for the purposes of this section:
- (a) multiple claims can be made for a single relevant period; and
 - (b) claims for multiple days in the same relevant period can be included in a single claim; and
 - (c) a further claim may be made for an unpaid amount referred to in subsection 250(3).

251A Subsidy amounts not payable to the extent of insufficient funds

Person-centred subsidy for home support

- (1) Despite subsection 250(1), subsidy for which a registered provider is eligible under section 191 for the delivery of a funded aged care service to an individual on day is payable only to the extent that, immediately before the claim for the subsidy is approved, the amount worked out at Step 1 of the method statement in subsection 192(1) or 192(2) (the **debit amount**) in relation to the subsidy does not exceed:
- (a) the available balance of the individual's notional ongoing home support account or notional short-term home support account (as applicable) for the quarter or account period (as applicable) in which the day occurs; or
 - (b) if there is an excess amount—the excess amount (as reduced (but not below zero) by the sum of any reduction amounts referred to in Step 2 of the method statement in subsection 192(1) or 192(2) and the available balance of any unspent Commonwealth portion held by the provider for the individual) does not exceed the available balance of any notional home care account for the individual.

Provider-based subsidy for home support

- (2) Despite subsection 250(1), subsidy for which a registered provider is eligible under section 201 for the delivery of a funded aged care service to an individual on a day is only payable to the extent that, immediately before the claim for the subsidy is approved, the

amount worked out at Step 1 of the method statement in section 202 (the *debit amount*) in relation to the subsidy does not exceed the available balance of the registered provider's notional service delivery branch account for the service branch through which the service was delivered for the financial year in which the day occurs.

Person-centred subsidy for assistive technology or home modifications

- (3) Despite subsection 250(1), subsidy for which a registered provider is eligible under section 209 or 218 for the delivery of a funded aged care service to an individual on a day is only payable to the extent that, immediately before the claim for the subsidy is approved, the amount worked out at Step 1 of the method statement in section 210 and 219 (the *debit amount*) in relation to the subsidy as reduced (but not below zero) by the available balance of any unspent Commonwealth portion held by the registered provider for the individual:
- (a) does not exceed the available balance of any notional home care account for the individual; or
 - (b) if there is an excess amount—the excess amount (as reduced (but not below zero) by the sum of any reduction amounts referred to in step 2 of the method statement in section 210 or 219) does not exceed the available balance of the individual's notional assistive technology account or notional home modifications account.

251B Debiting of notional accounts and unspent Commonwealth portions

Person-centred subsidy for home support

- (1) If the System Governor approves a claim relating to subsidy for which the registered provider is eligible under section 191 for the delivery of a funded aged care service to an individual on a day, the following must be debited, in the following order, to cover so much of the debit amount referred to in subsection 251A(1) that is payable under that subsection:

- (a) the individual's notional ongoing home support account or notional short-term home support account for the quarter or account period in which the day occurs;
- (b) any unspent Commonwealth portion held by the provider for the individual;
- (c) the individual's notional home care account (if any).

Provider-based subsidy for home support

- (2) If the System Governor approves a claim relating to subsidy for which the registered provider is eligible under section 201 for the delivery of a funded aged care service to an individual on a day, the registered provider's notional service delivery branch account for the service delivery branch through which the service was delivered for the financial year in which the day occurs must be debited to cover so much of the debit amount referred to in subsection 251A(2) that is payable under that subsection.

Person-centred subsidy for assistive technology or home modifications

- (3) If the System Governor approves a claim relating to subsidy for which the registered provider is eligible under section 209 or 218 for the delivery of a funded aged care service to an individual on a day, the following must be debited, in the following order, to cover so much of the debit amount referred to in subsection 251A(3) that is payable under that subsection:
 - (a) any unspent Commonwealth portion held by the provider for the individual;
 - (b) the individual's notional home care account (if any);
 - (c) the individual's notional assistive technology account or notional home modifications account.

Debiting of unspent Commonwealth portions

- (4) To avoid doubt, an unspent Commonwealth portion held by a registered provider for an individual is required to be debited under this section if the portion has reduced an excess amount referred to in paragraph 251A(1)(b) or the debit amount as referred to in subsection 251A(3).

Note: If additional credits are made to the individual's relevant notional account or the provider's relevant notional service delivery branch account, the unpaid amount may become payable in accordance with subsection 250(1) if an additional claim is made for that unpaid amount.

166 Paragraph 252(a)

Repeal the paragraph, substitute:

- (a) the registered provider has made a claim under section 251 for subsidy for the delivery of a funded aged care service to an individual on a day; and

167 Paragraph 253(1)(a)

Omit "that period", substitute "the period applicable for the claim under subsection 251(3)".

168 Subsection 254(1)

Repeal the subsection, substitute:

- (1) Subsidy is payable by the Commonwealth to a registered provider for each day in a payment period for which the registered provider is eligible for an individual under section 227, 236 or 242A.

169 Subsection 254(2)

Omit "The sum of person-centred subsidy and provider-based subsidy", substitute "The sum of subsidy".

170 Subparagraph 256(2)(b)(ii)

Omit "the System Governor reasonably believes".

171 Subparagraph 256(2)(b)(ii)

Omit "likely", substitute "any".

172 Subsection 257(1)

Omit "person-centred subsidy and provider-based subsidy", substitute "subsidy".

173 Paragraph 258(a)

Repeal the paragraph, substitute:

- (a) the registered provider has made a claim under section 257 for subsidy in relation to an individual; and

174 At the end of Subdivision D of Division 6 of Part 2 of Chapter 4

Add:

263A Mergers of service delivery branches

- (1) The rules may make provision for, or in relation to, the merger of 2 or more service delivery branches of a registered provider into a single service delivery branch of the provider.
- (2) Without limiting subsection (1), the rules may make provision for, or in relation to, any one or more of the following matters:
 - (a) the consolidation of the notional service delivery branch accounts for those branches;
 - (b) any other rights, obligations or responsibilities of the registered provider in relation to each of those service delivery branches under this Chapter as they exist immediately before the merger takes effect;
 - (c) any other matter that is reasonably necessary to deal with the matter specified in paragraph (a) or (b).

175 Subsection 264(1)

Omit “in effect”, substitute “established”.

176 At the end of subsection 273A(1)

Add:

- ; and (c) section 21F of those Principles did not apply in relation to the care recipient portion of that amount.

177 After section 275

Insert:

275A Division not to apply to individuals in prescribed classes

This Division does not apply in relation to an individual accessing ongoing funded aged care services through the service group

residential care if the individual is in a class of individuals prescribed by the rules.

Note: For fees and contributions for these individuals, see Division 2A.

178 Subsections 277(4) and (5)

Repeal the subsections, substitute:

- (4) Reduce the amounts worked out under each of Steps 1, 3 and 4 of the method statement in subsection (1) in accordance with rules made for the purposes of subsection 231(3).

179 Subsections 278(3) and 279(6)

Repeal the subsections.

180 Subsection 284(2)

Omit “a written”, substitute “an”.

181 Subsection 284(2) (note)

Repeal the note.

182 At the end of section 284

Add:

- (7) To avoid doubt, a higher everyday living fee may be charged in accordance with subsection (1) for a service that is not included on the list of services referred to in subsection 8(1) if the service is incidental to, or capable of enhancing the quality of, a particular funded aged care service that is included on that list.

183 After section 285

Insert:

Division 2A—Fees and contributions payable for delivery of funded aged care services to individuals in prescribed classes

285A Fees and contributions payable for delivery of funded aged care services to individuals in prescribed classes

- (1) A registered provider delivering ongoing funded aged care services through the service group residential care to an individual in a class of individuals referred to in section 275A may charge the individual one or more amounts prescribed by the rules for a day for that class for or in connection with those services.
- (2) The individual must not be required to pay an amount for a day more than 1 month in advance of the day.
- (3) If the individual dies or stops accessing funded aged care services, any amounts paid in advance for a day occurring after the individual dies or stops accessing those services must be refunded in accordance with the rules.
- (4) A registered provider must comply with any other requirements prescribed by the rules in relation to an amount that an individual may be charged under this section.

184 Part 4 of Chapter 4 (at the end of the heading)

Add “etc.”.

185 Subsection 287(3)

Repeal the subsection, substitute:

- (3) If the provisions of this Part do not apply in respect of the delivery of funded aged care services to a class of individuals because of subsection (2), the rules may prescribe requirements in relation to the following:
 - (a) the entering of agreements for, and the charging, payment or use of, an accommodation bond for the delivery of those services;

- (b) the retention of, deduction of amounts from, transfer of, refund of, or payment of interest in relation to the refund of, an accommodation bond balance;
- (c) the entering of agreements for, and the charging or payment of, an accommodation charge for the delivery of those services;
- (d) the transfer of, or the payment of interest in relation to the refund of, an entry contribution balance.

186 Subsection 289(1) (note 2)

Repeal the note, substitute:

Note 2: The Pricing Authority may, on application by a registered provider, approve the registered provider agreeing to, and charging, a higher maximum accommodation payment amount: see section 290.

187 Subsection 290(2)

Repeal the subsection, substitute:

- (2) The application may relate to:
 - (a) an approved residential care home of the provider, including a home that is being, or is proposed to be, refurbished; or
 - (b) a distinct part of an approved residential care home of the provider, including a distinct part that is being, or is proposed to be, constructed or refurbished; or
 - (c) a residential care home, or a proposed residential care home, that the provider has applied, or intends to apply, for approval of under section 111; or
 - (d) a distinct part of a residential care home, or a proposed residential care home, that the provider has applied, or intends to apply, for approval of under section 111.

Note: Although applications may be made under this section in relation to residential care homes that are not approved residential care homes, only a registered provider delivering funded aged care services through the service group residential care in an approved residential care home may charge, under this Part, an amount of accommodation payment.

188 Subparagraph 290(3)(b)(i)

Omit “the approved residential care home, or the distinct part of the approved residential care home”, substitute “the residential care home, or the distinct part of the residential care home”.

189 Subsections 290(6) and (7)

Repeal the subsections, substitute:

- (6) The Pricing Authority must, in accordance with the rules:
- (a) consider an application made in accordance with subsection (3), and any further information given in accordance with the rules or a notice given under subsection (4); and
 - (b) make a decision to approve or not approve the higher maximum accommodation payment amount specified in the application; and
 - (c) notify the registered provider, in writing, of the decision.

Note: A decision not to approve a higher maximum accommodation payment amount is a reviewable decision.

- (7) If the Pricing Authority approves a higher maximum accommodation payment amount specified in an application that relates to a residential care home, or a distinct part of a residential care home, that is being, or is proposed to be, constructed or refurbished, the Pricing Authority must include the conditions prescribed by the rules on the approval.

190 Paragraphs 290(9)(c) and (d)

Omit “the approved residential care home”, substitute “the residential care home”.

191 Subsection 290(10)

Repeal the subsection.

192 At the end of section 290

Add:

- (12) Without limiting this section, the rules may:

- (a) prescribe the period within which the Pricing Authority must make, and give notice of, a decision in relation to an application made under this section; and
- (b) prescribe conditions, relating to particular circumstances, that must be met for an approval of a higher maximum accommodation payment amount to take effect; and
- (c) make provision for and in relation to the time when, or the period during which, a decision of the Pricing Authority in relation to an approval of a higher maximum accommodation payment amount is to have effect.

193 At the end of paragraph 294(1)(b)

Add:

- or (iii) at the individual's start day, the individual's daily means tested amount has not been determined and the individual does not have means not disclosed status;

194 After paragraph 294(1)(c)

Insert:

- (ca) that, if the individual pays an accommodation payment because of subparagraph (b)(iii) in the period (the ***interim period***) between the individual's start day and the day the individual's daily means tested amount at the individual's start day is determined, the following will apply:
 - (i) the amount of accommodation payment charged by the registered provider for a day in the interim period must be equal to, or less than, the agreed accommodation payment amount, as expressed as a daily accommodation payment amount;
 - (ii) any accommodation payment paid during the interim period must be paid by daily payments;
 - (iii) the individual is to be refunded the amount (if any) by which the accommodation payment paid during the interim period exceeds the amount that would have been payable if the individual's daily means tested amount for the individual's start day had been determined at the start day;

195 Paragraph 294(1)(e)

Omit “that the individual”, substitute “subject to paragraph (ca), that the individual”.

196 At the end of paragraph 296(a)

Add:

or (iii) at the individual’s start day, the individual’s daily means tested amount has not been determined and the individual does not have means not disclosed status;

197 Paragraph 298(c)

Before “an individual”, insert “unless circumstances prescribed by the rules apply—”.

198 After paragraph 302(ca)

Insert:

(cb) circumstances in which an amount of daily payment may be refunded; and

199 Paragraph 302(d)

After “the payment”, insert “or refund”.

200 Subsection 303(1)

Repeal the subsection, substitute:

(1) Subject to paragraph 294(1)(ca), an individual may pay a refundable deposit at any time on or after the individual’s start day.

201 Paragraph 303(2)(a)

Omit “the agreed accommodation payment amount for the individual and the home”, substitute “an amount equal to the agreed accommodation payment amount for the individual and the home, minus any retention amounts that have been deducted under section 308”.

202 Section 304

Repeal the section, substitute:

304 Rules about refundable deposits

The rules may prescribe:

- (a) circumstances in which an amount of refundable deposit may be refunded; and
- (b) any other matters relating to the payment or refund of refundable deposits.

203 Subsection 308(1)

Omit “from a refundable deposit balance”, substitute “from an individual’s refundable deposit balance during the period (the *retention period*) of 5 years beginning on the day a refundable deposit was first paid by the individual”.

204 Subsection 308(2)

Repeal the subsection, substitute:

Rate of retention

- (2) A retention amount is to be calculated at a rate of 2 per cent per annum:
 - (a) on a daily basis; and
 - (b) applied to the refundable deposit balance each day.

205 Before subsection 308(3)

Insert:

Timing of deductions etc.

206 After subsection 308(3)

Insert:

- (3A) Subject to subsection (4), a registered provider must deduct a retention amount from an individual’s refundable deposit balance at least once in each 3-month period starting on the day the individual paid the refundable deposit.

207 Paragraph 308(4)(b)

Omit “the period of 5 years beginning on the day a refundable deposit was first paid by the individual”, substitute “the individual’s retention period”.

208 Subsections 308(4A) and (5)

Repeal the subsections, substitute:

Calculating an individual’s retention period

- (5) A day is only to be counted for the purposes of calculating an individual’s retention period if:
- (a) on the day, a registered provider delivers ongoing funded aged care services to the individual through the service group residential care in an approved residential home; and
 - (b) the individual has paid a refundable deposit in relation to the delivery of those services in the approved residential care home (regardless of whether the refundable deposit balance is nil on the day).

Note: For paragraph (a), on each day during which an individual is on leave mentioned in subsections 244(3) to (7) from an approved residential care home, the individual is taken to have been delivered ongoing funded aged care services through the service group residential care by the registered provider in the approved residential care home: see subsection 244(2).

- (6) For the purposes of subsection (5), an individual is also taken to have been delivered ongoing funded aged care services through the service group residential care by the registered provider in the approved residential care home on a day if the individual:
- (a) is absent from the approved residential care home on the day; and
 - (b) is not on leave from the approved residential care home on the day (see section 244); and
 - (c) would have been on social leave from the approved residential care home on the day except that the individual has previously been on social leave during the current financial year for 52 days.

Rules may exempt certain classes of individuals

- (7) This section does not apply in respect of an individual's refundable deposit balance if the individual is in a class of individuals prescribed by the rules.

209 Paragraph 310(2)(d)

After "balances", insert ", accommodation bond balances or entry contribution balances".

210 At the end of section 312

Add:

- (4) Subsection (2) does not apply in circumstances prescribed by the rules.

211 Paragraph 314A(1)(a)

Repeal the paragraph, substitute:

- (a) the System Governor determines that the individual has that status in accordance with subsection (2); or

212 Subsection 314A(2)

Repeal the subsection, substitute:

- (2) For the purposes of paragraph (1)(a), the System Governor must determine that the individual has means not disclosed status if the individual is asked to provide specified information prescribed by the rules, within a specified period prescribed by the rules, and the individual fails to do so.

213 Subsection 314A(4)

Omit "sufficient information", substitute "the information required".

214 Subsection 316(1) (note)

Omit "and 318", substitute ", 318 and 318A".

215 Subsection 316(2)

Repeal the subsection, substitute:

- (2) The System Governor must vary the old determination:

- (a) following the making of certain social security decisions (see section 317); and
 - (b) if an event or a change in the individual's circumstances occurs (see section 318).
- (2A) The System Governor may revoke the old determination and make a new individual contribution rate determination for the individual if the System Governor is satisfied that the old determination is incorrect (see section 318A).
- (2B) This section does not limit the application of subsection 33(3) of the *Acts Interpretation Act 1901* in relation to an individual contribution rate determination.

216 Section 317 (heading)

Omit “or revoking”.

217 Subsections 317(1) to (3)

Repeal the subsections, substitute:

- (1) This section applies if:
 - (a) an individual contribution rate determination is in force for an individual; and
 - (b) a decision under the social security law (within the meaning of the *Social Security Act 1991*) has been made; and
 - (c) any requirements prescribed by the rules are met.
- (2) The System Governor must, within the period prescribed by the rules, vary the determination if the determination is no longer correct because of the decision.

218 Subsection 317(4)

Omit “or new determination” (wherever occurring).

219 Subsection 317(5)

Omit “or new determination”.

220 Subsection 317(5)

Omit “System Governor is satisfied as mentioned in paragraph (1)(b)”, substitute “decision mentioned in paragraph (1)(b) was made”.

221 Section 318 (heading)

Omit “or revoking”.

222 Subsections 318(1) to (4)

Repeal the subsections, substitute:

- (1) This section applies if:
 - (a) an individual contribution rate determination is in force for an individual; and
 - (b) the System Governor is notified of the occurrence of an event or a change in an individual’s circumstances in accordance with rules made for the purposes of subsection 315(1).
- (2) The System Governor must, within the period prescribed by the rules, vary the determination.

223 Subsections 318(5) and (6)

Omit “or new determination” (wherever occurring).

224 Subsection 318(6)

Omit “or satisfied”.

225 After section 318

Insert:

318A Revoking an incorrect individual contribution rate determination

- (1) This section applies if:
 - (a) an individual contribution rate determination is in force for an individual; and
 - (b) the System Governor is satisfied that the determination is no longer correct; and
 - (c) any requirements prescribed by the rules are met.
- (2) The System Governor may, within the period prescribed by the rules, decide to revoke the determination and make a new individual contribution rate determination for the individual.

System Governor may request further information

- (3) The System Governor may, by written notice, request the individual to give the System Governor further information, within the period specified in the notice (which must not be less than 28 days after giving the notice), to assist the System Governor to make the decision.

Note: The individual is not obliged to give the information.

- (4) The System-Governor may, at the request of the individual, extend the specified period.

Effect of decision

- (5) Subject to subsection (6), the new determination takes effect:
- (a) if the new determination results in an increase to the individual contribution rate—at the start of the day after the end of the quarter in which it is made; or
 - (b) if the new determination results in a decrease to the individual contribution rate—at the start of the day on which it is made.
- (6) The rules may prescribe that, in specified circumstances, the new determination takes effect on a specified day (which must not be earlier than the day the System Governor is satisfied as mentioned in paragraph (1)(b)).

226 Paragraph 320(1)(a)

Repeal the paragraph, substitute:

- (a) the System Governor determines that the individual has that status in accordance with subsection (2) or (2A); or

227 Subsection 320(2)

Repeal the subsection, substitute:

- (2) For the purposes of paragraph (1)(a) the System Governor must determine that the individual has means not disclosed status if the individual is asked to provide specified information prescribed by the rules within a specified period prescribed by the rules to assist the System Governor to determine the individual's daily means tested amount, and the individual fails to do so.

- (2A) For the purposes of paragraph (1)(a) the System Governor may determine that the individual has means not disclosed status if:
- (a) the individual's income determination (if any) has been revoked under section 324 and a new income determination has not been made for the individual; or
 - (b) the individual's asset determination (if any) has been revoked under section 331 and a new asset determination has not been made for the individual.

228 Subsection 320(4)

Omit "sufficient information", substitute "the information required".

229 Subsection 322(2)

Omit "sufficient information", substitute "the information required".

230 Paragraph 324(2)(a)

Repeal the paragraph.

231 After subsection 324(2)

Insert:

- (2A) The income determination must be varied if the System Governor has been notified of the occurrence of an event or a change in the individual's circumstances under Subdivision D (see also section 325).

232 Subsection 324(3)

Omit "varied or".

233 After subsection 324(3)

Insert:

- (3A) This section does not limit the application of subsection 33(3) of the *Acts Interpretation Act 1901* in relation to an income determination.

234 Subsections 325(2) to (4)

Repeal the subsections, substitute:

- (2) The System Governor must, within the period specified in the rules, vary the income determination in force for the individual.

235 Paragraph 328(1)(b)

Omit “325 or”.

236 Subsection 329(2)

Omit “sufficient information”, substitute “the information required”.

237 Paragraph 331(2)(a)

Repeal the paragraph.

238 After subsection 331(2)

Insert:

- (2A) The asset determination must be varied if the System Governor has been notified of the occurrence of an event or a change in the individual’s circumstances under Subdivision D (see also section 332).

239 After subsection 331(3)

Insert:

- (3A) This section does not limit the application of subsection 33(3) of the *Acts Interpretation Act 1901* in relation to an asset determination.

240 Subsections 332(2) to (4)

Repeal the subsections, substitute:

- (2) The System Governor must, within the period specified in the rules, vary the asset determination in force for the individual.

241 Paragraph 335(1)(b)

Omit “332 or”.

242 Paragraphs 336(1)(a) and (b)

Repeal the paragraphs, substitute:

- (a) the amount of subsidy, payable to a registered provider for the individual, worked out under Division 4 or Division 4A of Part 2; or
- (b) the amount of fees or contributions that may be charged by a registered provider to the individual under Division 2 or Division 2A of Part 3.

243 Paragraphs 337(1)(a) and (b)

Repeal the paragraphs, substitute:

- (a) the amount of subsidy, payable to a registered provider for the individual, worked out under Division 4 or Division 4A of Part 2; or
- (b) the amount of fees or contributions that may be charged by a registered provider to the individual under Division 2 or Division 2A of Part 3.

244 Paragraph 339(1)(f)

Omit “, such as periodic review of the Aged Care Quality Standards”.

245 Paragraphs 342A(2)(a), (b) and (c)

Omit “for non-specialist”, substitute “for”.

246 After subsection 342A(2)

Insert:

- (2A) Without limiting subsection (1), a report may include corrections or updates to information included in a previous report.

247 Subsection 342A(5) (definition of *quarter*)

Repeal the definition.

248 At the end of Part 2 of Chapter 5

Add:

343A Identity cards for approved needs assessors

- (1) The System Governor must issue an identity card to an approved needs assessor.

Form of identity card

- (2) The identity card must:
- (a) satisfy the requirements prescribed by the rules; and
 - (b) contain a photograph that is no more than 5 years old of the approved needs assessor.

Identity card to be carried and produced in accordance with rules

- (3) An approved needs assessor must carry and produce the identity card as prescribed by the rules.

Strict liability offence

- (4) A person commits an offence of strict liability if:
- (a) the person has been issued with an identity card under subsection (1); and
 - (b) the person ceases to be an approved needs assessor; and
 - (c) the person does not return the identity card to the System Governor within 14 days after ceasing to be an approved needs assessor.

Penalty: 1 penalty unit.

- (5) Subsection (4) does not apply if the identity card was lost or destroyed.

Note: A defendant bears an evidential burden in relation to the matter in subsection (5): see subsection 13.3(3) of the *Criminal Code*.

249 Paragraph 376(2)(b)

After “refundable deposits,” insert “accommodation bonds, accommodation charges, entry contributions,”.

250 Paragraph 377(1)(b)

After “the refundable deposits”, insert “, accommodation bonds and entry contributions”.

251 Paragraph 448(a)

Repeal the paragraph, substitute:

- (a) subsections 165A(3) and 166(6) (failure to give or publish reports);

252 After paragraph 511(1)(a)

Insert:

- (aa) APS employees in Services Australia; or

253 Subsection 511(2)

Omit “under 489”, substitute “under section 489”.

254 Paragraph 511(2)(a)

After “567(1)”, insert “, 569(1) or 570(1)”.

255 Before subsection 514(1)

Insert:

Recoverable amounts—entity not entitled to payment

256 At the end of section 514

Add:

Recoverable amounts—unspent Commonwealth portion

- (3) The available balance of an unspent Commonwealth portion for an individual that is held by an entity is a **recoverable amount**, and the entity is a **debtor** in relation to the amount, if:
- (a) the entity was required to return the available balance to the Commonwealth in accordance with section 226B, 226C or 226D; and
 - (b) the entity failed to comply with that requirement.

257 Subsection 521(3)

Repeal the subsection, substitute:

- (3) The System Governor may, on behalf of the Commonwealth, waive the right of the Commonwealth to recover a class of recoverable amounts only if:
- (a) circumstances described in section 522, 523 or 524 apply to each recoverable amount in the class; or

- (b) circumstances described in section 524A apply to the class.

258 At the end of Division 3 of Part 13 of Chapter 6

Add:

524A Circumstances for waiver—determined classes

- (1) The System Governor may waive the right to recover a recoverable amount that is included in a class of recoverable amounts determined by the Minister by legislative instrument.
- (2) A determination under subsection (1) may state:
 - (a) any conditions to be met before the System Governor exercises the power to waive the recoverable amounts; and
 - (b) any limits on the amounts of the recoverable amounts to be waived.

259 After subsection 537(8)

Insert:

Use or disclosure of information relating to fire safety

- (8A) A person may use relevant information, or disclose relevant information to the chief executive officer (however described) of a State or Territory fire authority, if:
 - (a) the relevant information relates to fire safety; and
 - (b) the use or disclosure is for the purposes of assisting the State or Territory fire authority to perform its functions.
- (8B) For the purposes of subsection (8A), a ***State or Territory fire authority*** means a State or Territory authority that has functions relating to fire safety under a law of the State or Territory (including a local by-law).

260 Subsection 541(2)

Repeal the subsection, substitute:

Disclosure for star ratings

- (2) The System Governor must publish information about the following in relation to funded aged care services delivered by registered providers in approved residential care homes:
- (a) the quality of those services;
 - (b) action taken under this Act:
 - (i) to ensure the quality of those services; or
 - (ii) to ensure compliance with this Act in relation to the delivery of those services; or
 - (iii) because of a failure to comply with this Act in relation to the delivery of those services;
 - (c) any other matter prescribed by the rules relating to:
 - (i) those services; or
 - (ii) registered providers in their delivery of those services.
- (2A) Subsection (2) does not apply in relation to services delivered under specialist aged care programs unless the rules provide otherwise.

261 Subsection 541(3)

Omit “for a”, substitute “for an approved”.

262 Subsection 541(4)

Repeal the subsection, substitute:

- (3A) The System Governor may give an approved residential care home a low star rating for quality if the registered provider in relation to whom the approved residential care home is approved fails to comply with requirements under this Act to report on that quality.
- (4) The System Governor may use or disclose relevant information for the purposes of:
- (a) creating information for publication under subsection (2); or
 - (b) calculating star ratings for approved residential care homes.

263 Subsection 541(6)

After “registered provider”, insert “in relation to whom an approved residential care home is approved”.

264 Section 557 (after table item 21)

Insert:

- | | | |
|-----|--|-------------------------|
| 21A | A decision under subsection 243A(1) to revoke a determination that an approved residential care home in relation to a registered provider has specialised status | The registered provider |
|-----|--|-------------------------|

265 Section 557 (table item 33, column 1)

Omit “325(2) or”.

266 Section 557 (table item 38, column 1)

Omit “332(2) or”.

267 Subsection 567(1)

Repeal the subsection, substitute:

Delegation to persons engaged by Commonwealth entities etc.

- (1) Subject to subsection (4), the System Governor may, in writing, delegate all or any of the System Governor’s functions or powers under this Act, other than Parts 2 to 9 of Chapter 6 (regulatory mechanisms), to a person engaged (whether as an employee or otherwise) by:
- (a) a Commonwealth entity; or
 - (b) an organisation that performs services for a Commonwealth entity.

Note: Sections 34AA to 34A of the *Acts Interpretation Act 1901* contain provisions relating to delegations.

- (1A) To avoid doubt, an organisation performs services for a Commonwealth entity even if that organisation performs those services in accordance with a contract or other arrangement with another organisation that performs services for the Commonwealth entity.

268 Subsection 569(1)

Repeal the subsection, substitute:

- (1) The System Governor may, in writing, delegate all or any of the System Governor's functions or powers under this Act, other than Parts 2 to 9 of Chapter 6 (regulatory mechanisms), to the Chief Executive Centrelink.

269 Subsection 569(2)

Repeal the subsection, substitute:

Subdelegation

- (2) Subject to subsection (5), if the System Governor delegates a power or function to the Chief Executive Centrelink under subsection (1), the Chief Executive Centrelink may, in writing, subdelegate the power or function to a person engaged (whether as an employee or otherwise) by Services Australia.

270 Subsection 569(3)

Omit "a Departmental employee (within the meaning of the *Human Services (Centrelink) Act 1997*)", substitute "an APS employee in Services Australia".

271 At the end of section 569

Add:

Subdelegation to persons who are not APS employees

- (4) Before subdelegating a function or power under subsection (2) to a person who is not an APS employee in Services Australia, the Chief Executive Centrelink must have regard to whether the person has appropriate qualifications or expertise to perform the function or exercise the power.

Limitation—automation of administrative action

- (5) The Chief Executive Centrelink may only subdelegate a function or power under subsection 582(1) (which deals with automation of administrative action) to an APS employee who is holding, occupying, or performing the duties of an SES office or position in Services Australia.

272 Subsection 570(1)

Repeal the subsection, substitute:

- (1) The System Governor may, in writing, delegate all or any of the System Governor's functions or powers under this Act, other than Parts 2 to 9 of Chapter 6 (regulatory mechanisms), to the Chief Executive Medicare.

273 Subsection 570(2)

Repeal the subsection, substitute:

Subdelegation

- (2) Subject to subsection (5), if the System Governor delegates a power or function to the Chief Executive Medicare under subsection (1), the Chief Executive Medicare may, in writing, subdelegate the power or function to a person engaged (whether as an employee or otherwise) by Services Australia.

274 Subsection 570(3)

Omit "a Departmental employee (within the meaning of the *Human Services (Medicare) Act 1973*)", substitute "an APS employee in Services Australia".

275 At the end of section 570

Add:

Subdelegation to persons who are not APS employees

- (4) Before subdelegating a function or power under subsection (2) to a person who is not an APS employee in Services Australia, the Chief Executive Medicare must have regard to whether the person has appropriate qualifications or expertise to perform the function or exercise the power.

Limitation—automation of administrative action

- (5) The Chief Executive Medicare may only subdelegate a function or power under subsection 582(1) (which deals with automation of administrative action) to an APS employee who is holding,

occupying, or performing the duties of an SES office or position in
Services Australia.

276 At the end of subsection 571(1)

Add:

; or (c) the System Governor’s powers and functions under
section 582 (automation of administrative action).

277 Subsection 571(2)

Omit “If,”, substitute “Subject to subsection (4), if,”.

278 At the end of section 571

Add:

Limitation—automation of administrative action

- (4) The Secretary of the Department administered by the Minister who administers the *Veterans’ Entitlements Act 1986* may only subdelegate a function or power under subsection 582(1) (which deals with automation of administrative action) to an APS employee holding, occupying, or performing the duties of an SES office or position in that Department.

279 Before paragraph 573(1)(aa)

Insert:

(aaa) the System Governor’s powers and functions under
Subdivision A of Division 2 of Part 4 of Chapter 3
(obligations relating to reporting, notifications and
information); or

280 Subsections 582(1) and (2)

Repeal the subsections, substitute:

- (1) The System Governor may, in writing, arrange for the use, under the System Governor’s oversight, of computer programs to take administrative action that must be taken by the System Governor under this Act.
- (2) *Administrative action* is any of the following:

- (a) making, or refusing or failing to make, a decision under a provision mentioned in subsection (2A);
- (b) exercising, or refusing or failing to exercise, a power under a provision mentioned in subsection (2A);
- (c) performing, or refusing or failing to perform, a function or duty under a provision mentioned in subsection (2A);
- (d) doing, or refusing or failing to do, anything (including giving a notice) related to making a decision, exercising a power or performing a function or duty under a provision mentioned in subsection (2A).

(2A) For the purposes of subsection (2), the provisions are the following provisions of this Act:

- (a) subsection 78(1) (which deals with classification levels);
- (b) subsection 86(1) (which deals with priority category decisions);
- (c) subsection 92(1) (which deals with allocation of places to individuals);
- (d) subsection 93(1) (which deals with deciding the order of allocation of places to individuals);
- (e) Parts 2 to 5 of Chapter 4 (which deal with funding of aged care services);
- (f) section 541 (which deals with star ratings);
- (g) a provision of this Act prescribed by the rules.

281 Subsection 582(3) (heading)

Omit “*relevant*”.

282 Subsection 582(3)

Omit “Relevant administrative”, substitute “Administrative”.

283 Subsection 582(3)

Omit “relevant”.

284 Subsection 582(4) (heading)

Omit “*decisions*”, substitute “*actions*”.

285 Subsection 582(4)

Omit “make a decision in substitution for a decision”, substitute “take administrative action (the *substituted action*) in substitution for administrative action”.

286 Subsection 582(4)

Omit “decision taken”, substitute “administrative action taken”.

287 Subsection 582(5)

Omit “The substituted decision”, substitute “The substituted action”.

288 Paragraph 582(5)(a)

Omit “substituted decision takes effect (which may be earlier than the day the substituted decision is made”, substitute “substituted action takes effect (which may be earlier than the day the substituted action is taken”.

289 Paragraph 582(5)(b)

Omit “the decision”, substitute “the administrative action”.

290 After subsection 582(5)

Insert:

- (5A) The day specified under paragraph (5)(a) may be earlier than the day the substituted action is taken, but not earlier than the day of the administrative action taken by the operation of the computer program.

System Governor may still take administrative action

- (5B) An arrangement under subsection (1) does not prevent the System Governor from taking administrative action under the provisions referred to in subsection (2A).

Substituted action does not limit right to review or reconsideration of administrative action

291 Subsection 582(6)

Omit “a decision”, substitute “an administrative action”.

292 Subsection 583(1) (heading)

Omit “*relevant*”.

293 Subsection 583(1)

Omit “relevant” (wherever occurring).

294 Subsection 583(2) (note)

Omit “Relevant administrative”, substitute “Administrative”.

295 Subsection 583(3)

Omit “relevant”.

296 After subsection 583(5)

Insert:

(5A) A failure to comply with subsection (4) or (5) does not affect the validity of the substituted decision.

297 Paragraph 583(7)(a)

Omit “decisions made”, substitute “actions taken”.

298 Paragraph 583(7)(b)

Omit “decisions so made”, substitute “actions so taken”.

299 Paragraph 583(7)(c)

Omit “decisions taken”, substitute “administrative action taken”.

300 Subsection 602(10)

After “Division 4”, insert “or Division 4A”.

Part 2—Amendments commencing 1 July 2026

Aged Care Act 2024

301 Paragraph 539(4)(b)

Omit “*Veterans’ Entitlements Act 1986*”, substitute “*Military Rehabilitation and Compensation Act 2004*”.

302 Paragraph 539(4)(d)

Repeal the paragraph.

303 Subsection 572(2)

Omit “section 213 of the *Veterans’ Entitlements Act 1986*”, substitute “section 360DB of the *Military Rehabilitation and Compensation Act 2004*”.

304 Paragraph 598(2)(b)

Omit “Military Rehabilitation and Compensation Commission”, substitute “Repatriation Commission”.

Schedule 2—Amendment of the Aged Care (Consequential and Transitional Provisions) Act 2024

Part 1—Amendments commencing immediately after transition time

Aged Care (Consequential and Transitional Provisions) Act 2024

1 Subitem 1(1) of Schedule 2

Insert:

modify the operation of the provisions of an Act or instrument includes
modify that operation by notionally adding, omitting or substituting
text.

Note: Examples of modifying the operation of the provisions of an Act or instrument by
notionally adding, omitting or substituting text include notionally adding, omitting or
substituting:

- (a) words in a provision; or
- (b) part of a provision; or
- (c) a whole provision; or
- (d) a series or group of provisions.

new law means any of the following laws:

- (a) the new Act;
- (b) an instrument made under the new Act.

2 Subitem 1(1) of Schedule 2 (definition of *old law*)

Repeal the definition, substitute:

old law means any of the following laws:

- (a) the old Act;
- (b) the Commission Act;
- (c) the old Transitional Provisions Act;
- (d) an instrument made under the old Act, the Commission Act
or the old Transitional Provisions Act.

3 Subitem 1(1) of Schedule 2

Insert:

Subsidy Principles means the *Subsidy Principles 2014*.

4 Subitem 1(2) of Schedule 2

Omit “new Act” (wherever occurring), substitute “new law”.

5 At the end of Part 1 of Schedule 2

Add:

1A Section 7 of the *Acts Interpretation Act 1901*

This Schedule does not limit the effect of section 7 of the *Acts Interpretation Act 1901* as it applies in relation to the repeals and amendments made by this Act.

6 Subitem 2(1) of Schedule 2

After “subitem (2) applies”, insert “or who is in a transitional cohort under a determination made under subitem (3)”.

7 Paragraph 2(1)(g) of Schedule 2

Omit “referred to in paragraph (2)(g) of this item”, substitute “who is in a transitional cohort under a determination made under subitem (3)”.

8 Paragraph 2(2)(f) of Schedule 2

Omit “Program; or”, substitute “Program.”.

9 Paragraph 2(2)(g) of Schedule 2

Repeal the paragraph.

10 Subitem 2(3) of Schedule 2

Omit “determine a class of individuals to be a transitional cohort for the purposes of paragraph (2)(g)”, substitute “determine that individuals included in a specified class are in a transitional cohort for the purposes of this item”.

11 Subitem 3(1) of Schedule 2

After “subitem (2) applies”, insert “or who is in a transitional cohort under a determination made under subitem (4)”.

12 Subparagraph 3(1)(c)(iii) of Schedule 2

Omit “(2)(c), (e) or (f)”, substitute “(2)(c) or (e)”.

13 Paragraphs 3(2)(e) and (f) of Schedule 2

Repeal the paragraphs, substitute:

(e) subitem (3) applies in relation to the individual and:

- (i) the individual was accessing flexible care provided in a residential setting through a multi-purpose service (within the meaning of the old Principles); or
- (ii) the individual was party to a written agreement with an approved provider (within the meaning of the old Act) of a multi-purpose service (within the meaning of the old Principles) which provides for the individual to commence accessing flexible care provided in a residential setting through that service within the period of 3 months beginning at the transition time; or
- (iii) the individual had, at any time in the previous 12 months, received services under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

14 Subitem 3(3) of Schedule 2

Repeal the subitem substitute:

(3) This subitem applies in relation to the individual if:

- (a) the individual has, by reason of sickness (within the meaning of the new Act), a continuing need for funded aged care services (including nursing services) in the service group; or
- (b) the individual is an Aboriginal or Torres Strait Islander person.

15 At the end of item 3 of Schedule 2

Add:

-
- (4) The System Governor may, by legislative instrument, determine that individuals included in a specified class are in a transitional cohort for the purposes of this item if:
- (a) the individuals in that class were eligible to access, at any time in the 12 month period ending at the transition time:
 - (i) residential care, or flexible care provided in a residential setting, under the old Act; or
 - (ii) care provided in a residential setting under a Commonwealth program; and
 - (b) the System Governor considers it reasonably necessary to make the determination to ensure continuity of funded aged care services through the service group residential care for those individuals.
- (5) A determination under subitem (4) may be made after the transition time.

16 Subitem 4(1) of Schedule 2

After “subitem 2(2) applies,”, insert “or who are in a transitional cohort under a determination made under subitem 2(3),”.

17 Subitem 4(2) of Schedule 2

After “subitem 3(2) applies,”, insert “or who are in a transitional cohort under a determination made under subitem 3(4),”.

18 After paragraph 4(2)(a) of Schedule 2

Insert:

- (ab) if circumstances specified by the determination apply in relation to the individuals in the class and a classification type for the service group residential care—the priority category that each of those individuals is taken to have been assigned for the classification type for the service group under subsection 86(1) of the new Act at the transition time;

19 Paragraph 6(3)(a) of Schedule 2

Omit “the entity”, substitute “an entity”.

20 After Part 3 of Schedule 2

Insert:

Part 3A—Transitional provisions for Chapter 4 of the new Act

Division 1—Home care subsidy under the old law

20B Claims for home care subsidy—pre-transition time payment periods

- (1) Despite the repeal of the old law, a claim for home care subsidy, or a variation of a claim for home care subsidy, may be made on or after the transition time in respect of a payment period ending before the transition time, and the old Act and the Subsidy Principles continue to apply to the claim and any subsidy payable as a result of the claim, as if the repeal had not happened.
- (2) If an overpayment to a person of an amount by way of home care subsidy is made before or after the transition time, and the amount has not been recovered by the Commonwealth before the transition time:
 - (a) the amount is taken, after the transition time, to be a recoverable amount for the purposes of the new Act; and
 - (b) the entity is a debtor in relation to the recoverable amount for the purposes of the new Act.

20C Pending application for hardship supplement

Despite the repeal of the old law, sections 48-10, 48-11 and 48-12 of the old Act, and Subdivision A of Division 4 of Part 2 of Chapter 3 of the Subsidy Principles, continue to apply to an application under subsection 48-11(4) of the old Act that was made, but not decided, before the transition time, as if the repeal had not happened.

Division 2—Subsidy for home support

20D Notification of service delivery branches

- (1) This item applies if, at the transition time:
 - (a) an entity is, because of subitem 5(1) of this Schedule, taken to be a registered provider under paragraph 105(1)(a) of the new Act; and

-
- (b) a home care service is, because of subitem 5(8) of this Schedule, taken to be a service delivery branch of the registered provider.
 - (2) The registered provider is taken, at the transition time, to have given the System Governor a notification for the service delivery branch in accordance with subsection 203(1) of the new Act.

Division 3—Unspent home care amounts

20DA Unspent home care amounts—Commonwealth portions and home care accounts

Responsibility to pay Commonwealth portion after the transition time

- (1) Subitem (2) applies if, before the transition time:
 - (a) section 21F or section 21JB of the *User Rights Principles 2014* applied to the Commonwealth portion of a care recipient's unspent home care amount; and
 - (b) the time at which the Commonwealth portion becomes due and payable to the Commonwealth had not occurred; and
 - (c) the Commonwealth portion had not been paid to the Commonwealth.
- (2) Despite the repeal of the old law, that section continues to apply after the transition time, in relation to the Commonwealth portion, as if the repeal had not happened.

Recovery of Commonwealth portion—registered providers

- (3) If a person who is, at the transition time, taken to be a registered provider because of subitem 5(1) of this Schedule fails, after the transition time, to comply with section 21F or 21JB of the *User Rights Principles 2014* (as that section continues to apply because of subitem (2) of this item) in relation to the Commonwealth portion of a care recipient's unspent home care amount:
 - (a) the Commonwealth portion is taken to be a **recoverable amount** under section 514 of the new Act; and

- (b) the registered provider is taken to be a **debtor** under section 514 of the new Act in relation to the recoverable amount.

Note: Division 2 of Part 13 of Chapter 6 of the new Act deals with the recovery of recoverable amounts.

Recovery of Commonwealth portion—persons who are not registered providers

- (4) Despite the repeal of the old law, Division 95 of the old Act continues to apply after the transition time in relation to the Commonwealth portion of a care recipient's unspent home care amount as if the repeal had not happened, if:
 - (a) subitem (2) of this item applies in relation to the Commonwealth portion; and
 - (b) the person who was, immediately before the transition time, the approved provider in relation to the Commonwealth portion is not, at the transition time, taken to be a registered provider because of subitem 5(1) of this Schedule.

Note: Division 95 of the old Act deals with the recovery of overpayments.

Credit to new Act home care account for return of Commonwealth portion after the transition time

- (5) Subitem (6) applies in relation to an individual if:
 - (a) immediately before the transition time, the individual was a care recipient with an unspent home care amount; and
 - (b) at a time (the **post-transition time**) after the transition time:
 - (i) a person (whether or not a registered provider) pays the Commonwealth portion of the care recipient's unspent home care amount to the Commonwealth in accordance with section 21F or 21JB of the *User Rights Principles 2014* (as that section continues to apply because of subitem (2) of this item); or
 - (ii) the Commonwealth recovers the Commonwealth portion of the care recipient's unspent home care amount (whether under Part 13 of Chapter 6 of the new Act or under Division 95 of the old Act as that Division continues to apply because of subitem (4) of this item); and

-
- (c) at the post-transition time, the individual has a home care account in accordance with section 226E of the new Act.
 - (6) The individual's home care account is credited, at the start of a day prescribed by the transitional rules, by the amount of the Commonwealth portion.

20DB Unspent home care amounts—care recipient portions

- (1) Subitem (2) applies if, before the transition time:
 - (a) section 21F of the *User Rights Principles 2014* applied to the care recipient portion of a care recipient's unspent home care amount; and
 - (b) the period within which the care recipient portion must be paid in accordance with that section had not ended; and
 - (c) the care recipient portion had not been paid in accordance with that section.
- (2) Despite the repeal of the old law, section 21F and subsection 21G(1) of the *User Rights Principles 2014* continue to apply after the transition time, in relation to the care recipient portion, as if the repeal had not happened.

Division 4—Residential care subsidy under the old law

20E Claims for residential care subsidy—pre-transition time payment periods

- (1) Despite the repeal of the old law, a claim for residential care subsidy, or a variation of a claim for residential care subsidy, may be made on or after the transition time in respect of a payment period ending before the transition time, and the old Act and the Subsidy Principles continue to apply to the claim and any subsidy payable as a result of the claim, as if the repeal had not happened.
- (2) If an overpayment to a person of an amount by way of residential care subsidy is made before or after the transition time, and the amount has not been recovered by the Commonwealth before the transition time:
 - (a) the amount is taken, after the transition time, to be a recoverable amount for the purposes of the new Act; and

- (b) the entity is a debtor in relation to the recoverable amount for the purposes of the new Act.

20F Pending application for hardship supplement

Despite the repeal of the old law, sections 44-30, 44-31 and 44-32 of the old Act, and Subdivision B of Division 5 of Part 3 of Chapter 2 of the Subsidy Principles, continue to apply to an application under subsection 44-31(4) of the old Act, that was made, but not decided, before the transition time, as if the repeal had not happened.

Division 5—Subsidy for residential care

20G Leave from an approved residential care home

- (1) This item applies if, at the transition time:
 - (a) an entity is, because of subitem 5(1) of this Schedule, taken to be a registered provider under paragraph 105(1)(a) of the new Act; and
 - (b) because of subitem 5(7) of this Schedule, a place through which a residential care service is provided is taken to be an approved residential care home in relation to the entity.

Hospital leave

- (2) A day before the transition time on which an individual was on leave from the residential care service under subsection 42-2(2) of the old Act or subsection 42-2(2) of the old Transitional Provisions Act is to be counted, for the purposes of the new Act, as a day on which the individual was on hospital leave from the approved residential care home.

Hospital transition leave

- (3) A day before the transition time on which an individual was on leave from the residential care service under subsection 42-2(3A) of the old Act is to be counted, for the purposes of the new Act, as a day on which the individual was on hospital transition leave from the approved residential care home.

Social leave

- (4) In determining, for the purposes of paragraph 244(7)(c) of the new Act, the number of days during a financial year on which an individual has previously been on leave from the approved residential care home under subsection 244(7) of that Act, any day during that financial year on which the individual was on leave from the residential care service under subsection 42-2(3) of the old Act is to be counted.

Division 6—Flexible care subsidy under the old law**20H Flexible care provided as short-term restorative care—claims for flexible care subsidy—pre-transition time payment periods**

- (1) Despite the repeal of the old law, a claim for flexible care subsidy in respect of a flexible care service through which an approved provider provides flexible care as short-term restorative care, or a variation of such a claim for flexible care subsidy, may be made on or after the transition time in respect of a payment period ending before the transition time, and the old Act and the Subsidy Principles continue to apply to the claim and any subsidy payable as a result of the claim, as if the repeal had not happened.
- (2) If an overpayment to a person of an amount by way of flexible care subsidy in respect of a flexible care service through which an approved provider provides flexible care as short-term restorative care is made before or after the transition time, and the amount has not been recovered by the Commonwealth before the transition time:
- (a) the amount is taken, after the transition time, to be a recoverable amount for the purposes of the new Act; and
 - (b) the entity is a debtor in relation to the recoverable amount for the purposes of the new Act.

21 Paragraph 52(1)(b) of Schedule 2

Omit “Act.”, substitute “Act; or”.

22 At the end of subitem 52(1) of Schedule 2

Add:

- (c) information that was obtained or generated before the transition time for the purposes of the aged care programs under any of the following items in the *Financial Framework (Supplementary Powers) Regulations 1997*:
 - (i) Item 415.018 – Schedule 1AA – Residential and flexible care;
 - (ii) Item 163 – Schedule 1AB – Commonwealth Home Support Programme.

23 Subitem 52(2) of Schedule 2

Repeal the subitem, substitute:

- (2) For the purposes of the new Act, the information is taken, after the transition time, to be relevant information within the meaning of that Act.
- (3) To avoid doubt, a reference in paragraph (1)(a) to protected information within the meaning of the old Act includes a reference to information that is taken to be protected information because of the operation of item 8 of Schedule 4 to this Act (which deals with information acquired or generated for transitional purposes).

24 After item 52 of Schedule 2

Insert:

52A Public interest certificates and determinations

- (1) A certificate issued by the Secretary under paragraph 86-3(1)(a) of the old Act that is in force immediately before the transition time continues in force (and may be dealt with) after the transition time as if it were a determination made by the System Governor under subsection 539(10) of the new Act.
- (2) A determination made by the Commissioner under paragraph 61(1)(a) of the Commission Act that is in force immediately before the transition time continues in force (and may be dealt with) after the transition time as if it were a determination made by an Appointed Commissioner under subsection 539(11) of the new Act.

52B Modification of provision relating to unauthorised use or disclosure of protected information

- (1) For the purposes of applying subsection 535(2) of the new Act after the transition time, in relation to protected information disclosed to a person before that time, the operation of paragraph 535(2)(d) of that Act is modified as if it included a reference to the disclosure of the information to the person being authorised by or under any of the following provisions:
- (a) section 86-3, 86-4 or 86-4A of the old Act;
 - (b) section 61 of the Commission Act.
- (2) For the purposes of applying subsection 535(2) of the new Act after the transition time, in relation to protected information disclosed to a person before that time, paragraph 535(2)(e) of the new Act is to be disregarded.

25 After item 58 of Schedule 2

Insert:

58A System Governor may make a determination about a reconsidered decision

- (1) This section applies to a decision (the *reconsidered decision*) made after the transition time, on reconsideration or review of a reviewable decision made before the transition time, being:
- (a) a reconsideration of the reviewable decision under any of the following, as continued in operation by item 58 of this Schedule:
 - (i) Part 6.1 of the old Act;
 - (ii) Part 6.1 of the old Transitional Provisions Act;
 - (iii) Part 8B of the Commission Act;
 - (iv) Part 7 of the Commission Rules; or
 - (b) a review of the reviewable decision under the *Administrative Review Tribunal Act 2024*.
- (2) The System Governor may make a determination, in writing, that does one or more of the following in relation to the reconsidered decision:

- (a) provides for matters relating to the application of the old law, the new Act, or both the old law and the new Act, to an entity or an individual affected by the reconsidered decision, being matters that the System Governor is satisfied are necessary or convenient having regard to the reconsidered decision;
- (b) specifies that a state of affairs specified in the determination is taken to exist before, on or after the transition time in respect of an entity or an individual affected by the reconsidered decision, being a state of affairs that the System Governor is satisfied would have existed if the reconsidered decision had been in force at a specified time before the transition time;
- (c) provides for or in relation to any other matters that the System Governor is satisfied are necessary or convenient to give effect to the reconsidered decision.

Reconsidered decisions about providers

- (3) Without limiting subitem (2), if the reconsidered decision grants, or results in the grant of, an entity's application for approval as an approved provider, a determination made by the System Governor under that subitem may do one or more of the following:
 - (a) specify that the entity is taken to have become a registered provider at a specified time that is on or after the transition time;
 - (b) provide for or in relation to any of the matters set out in Part 3 of Schedule 2 to this Act with respect to the registered provider including, but not limited to, the following:
 - (i) the registration period of the registered provider;
 - (ii) the provider registration categories in which the registered provider is taken to be, registered;
 - (iii) the approved residential care homes covered by the registration;
 - (c) provide for or in relation to any other matters that the System governor is satisfied are necessary or convenient to give effect to the reconsidered decision.

Reconsidered decisions on access to care

- (4) Without limiting subitem (2), if the reconsidered decision grants, or results in the granting of, an individual's application for access to care, a determination made by the System Governor under that subitem may do one or more of the following:
- (a) specify that the individual requires access to funded aged care services at a specified time that is on or after the transition time;
 - (b) provide for or in relation to any of the matters set out in Part 2 of this Schedule in relation to the individual including, but not limited to, in relation to the following:
 - (i) matters of a kind mentioned in item 2 or 3 of this Schedule (which deal with access approvals);
 - (ii) matters of a kind mentioned in item 4 of this Schedule (which deals with classification levels, priority category and place allocation decisions);
 - (c) provide for or in relation to any other matters that the System Governor is satisfied are necessary or convenient to give effect to the reconsidered decision.

Determination has effect according to its terms

- (5) A determination under subitem (2) has effect according to its terms.

Determination is not a legislative instrument

- (6) A determination under subitem (2) is not a legislative instrument.

26 Subitem 65(4) of Schedule 2

Omit "subitem (5)", substitute "subitems (4A) and (5)".

27 After subitem 65(4) of Schedule 2

Insert:

- (4A) Rules expressed to take effect from a date before the rules are registered under the *Legislation Act 2003* must not be made after the end of the period of 24 months beginning on the day this subitem commences.

Part 2—Protected information

Aged Care (Consequential and Transitional Provisions) Act 2024

28 In the appropriate position

Insert:

Schedule 4—Special rules about provisions for information management for transitional purposes

Part 1—Interpretation

1 Meaning of expressions—general

In this Schedule:

new law means the *Aged Care Act 2024* and any instruments made under that Act.

old law means any of the following laws:

- (a) the *Aged Care Act 1997*;
- (b) the *Aged Care Quality and Safety Commission Act 2018*;
- (c) the *Aged Care (Transitional Provisions) Act 1997*;
- (d) an instrument made under any of those Acts.

personal information has the same meaning as in the *Privacy Act 1988*.

System Governor means the Secretary of the Department.

transition time means the time the new Act commences.

2 Meaning of transitional purpose

- (1) A **transitional purpose**, in relation to the performance of a function or duty, the exercise of a power or the doing of a thing, means the performance of the function or duty, the exercise of the power or the doing of the thing for the purposes of the transition from the regime provided for by the old law to the regime provided for by the new law:

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- (a) whether the performance of the function or duty, the exercise of the power or the doing of the thing is under, for the purposes of or in connection with the old law or the new law; and
 - (b) whether the performance of the function or duty, the exercise of the power or the doing of the thing is before, on or after the transition time.
 - (2) Without limiting subitem (1), the performance of a function or duty, the exercise of a power or the doing of a thing is for a transitional purpose if it is:
 - (a) in preparation for the performance of a function or duty, the exercise of a power or the doing of a thing under, for the purposes of or in connection with the new law; or
 - (b) under, for the purposes of, or in connection with:
 - (ii) a savings, transitional or application provision (however described); or
 - (iii) the application of the *Acts Interpretation Act* in relation to the interaction between the old law and the new law.

Part 2—Dealing with information in performing functions, etc. for a transitional purpose

3 Authorisations to collect, use or disclose protected information for transitional purpose

- (1) A person may, for a purpose mentioned in subitem (2), collect, use or disclose the following:
 - (a) protected information within the meaning of any of the following:
 - (i) the *Aged Care Act 1997*;
 - (ii) the *Aged Care Quality and Safety Commission Act 2018*;
 - (iii) the *Social Security Act 1991*;
 - (iv) the *Social Security (Administration) Act 1999*;
 - (b) information that was obtained or generated before the transition time for the purposes of the aged care programs under any of the following items in the *Financial Framework (Supplementary Powers) Regulations 1997*:

- (i) Item 415.018 – Schedule 1AA – Residential and flexible care;
- (ii) Item 163 – Schedule 1AB – Commonwealth Home Support Programme.

(2) The purposes are as follows:

- (a) performing a function or duty, exercising a power or doing a thing for a transitional purpose; or
- (b) assisting another person to perform a function or duty, exercise a power or do a thing for a transitional purpose.

Note 1: This subitem constitutes an authorisation for the purposes of paragraph 86-2(2)(e) of the *Aged Care Act 1997* and paragraph 60(3)(c) of the Commission Act.

Note 2: This subitem constitutes an authorisation for the purposes of the *Privacy Act 1988* and other laws (including the common law).

(3) This item applies to the collection, use or disclosure of information on or after the day the *Aged Care Act 2024* received the Royal Assent and before the transition time.

(4) The status and rights of all persons are, by force of this subitem, declared to be, and always to have been, the same as if this item had been in force during the period:

- (a) beginning on the day the *Aged Care Act 2024* received the Royal Assent; and
- (b) ending at the transition time.

(5) To avoid doubt, a reference in paragraph (1)(a) to protected information within the meaning of the *Aged Care Act 1997* includes a reference to information that is taken to be protected information because of the operation of item 8 of this Schedule (which deals with information acquired or generated for transitional purposes).

4 System Governor may request information or documents from persons or bodies

(1) If the System Governor reasonably believes that a person or body has information or documents relevant to the performance of the System Governor's functions for a transitional purpose, the System Governor may, before the transition time, request the person or body to give the

System Governor any such information or documents (or copies of any such documents).

- (2) The person or body is not required to comply with the request.

Note: The System Governor may require a person to attend to answer questions or give information or documents under item 5.

5 Notices to give information or produce documents required for System Governor's functions

- (1) The System Governor may, by notice in writing given to a person before the transition time, require the person, within 14 days or another reasonable time stated in the notice, to:
- (a) give the System Governor any information; or
 - (b) produce to the System Governor any documents (or copies of documents);

specified in the notice that the System Governor requires for the performance of the System Governor's functions for a transitional purpose.

- (2) The System Governor may, by notice in writing given to the person, before or after the transition time, extend the time within which the information must be given or documents or copies of documents must be produced in accordance with the notice under subitem (1).

6 Failing to comply with notice

Strict liability offence

- (1) A person commits an offence of strict liability if:
- (a) the person is required to give information, or produce documents or copies of documents, in accordance with a notice given to the person under subitem 5(1); and
 - (b) the person fails to comply with the requirement.

Penalty: 30 penalty units.

Civil penalty provision

- (2) A person is liable to a civil penalty if:

- (a) the person is required to give information, or produce documents or copies of documents, in accordance with a notice given to the person under subitem 5(1); and
- (b) the person fails to comply with the requirement.

Civil penalty: 30 penalty units.

7 Privilege against self-incrimination not abrogated

- (1) Nothing in this Part affects the right of a person to refuse to answer a question, give information or give a document or a copy of a document on the ground that answering the question, giving the information or giving the document might tend to incriminate the person.
- (2) The fact that this item is included in this Part does not imply that the privilege against self-incrimination is abrogated in any other Act.

8 Meaning of *protected information*—information acquired or generated for transitional purposes

The definition of *protected information* given by paragraph 86-1(a) of the *Aged Care Act 1997* is taken to include information acquired or generated under or for the purposes of the old law or this Act for a transitional purpose.

9 Use of protected information for transitional purposes

Paragraphs 86-2(1)(c) and (2)(a) of the *Aged Care Act 1997* are taken to apply to information acquired or generated under or for the purposes of the old law or this Act for a transitional purpose.

10 Compensation for acquisition of property

- (1) If the operation of this Part would result in an acquisition of property (within the meaning of paragraph 51(xxxi) of the Constitution) from a person otherwise than on just terms (within the meaning of that paragraph), the Commonwealth is liable to pay a reasonable amount of compensation to the person.
- (2) If the Commonwealth and the person do not agree on the amount of the compensation, the person may institute proceedings in the Federal Court of Australia or the Supreme Court of a State or Territory for the

recovery from the Commonwealth of such reasonable amount of compensation as the Court determines.

Part 3—Automation of administrative action

Aged Care (Consequential and Transitional Provisions) Act 2024

29 In the appropriate position

Insert:

Schedule 5—Automation of administrative action

1 Definitions

In this Schedule:

administrative action: see subitem 2(2).

System Governor means the Secretary of the Department.

2 Automation of administrative action

- (1) The System Governor may, in writing, arrange for the use, under the System Governor's oversight, of computer programs to take administrative action that must be taken by the System Governor under:
 - (a) this Act; or
 - (b) legislative instruments made under this Act.
- (2) ***Administrative action*** is any of the following:
 - (a) making, or refusing or failing to make, a decision under a provision mentioned in subitem (3);
 - (b) exercising, or refusing or failing to exercise, a power under a provision mentioned in subitem (3);
 - (c) performing, or refusing or failing to perform, a function or duty under a provision mentioned in subitem (3);
 - (d) doing, or refusing or failing to do, anything (including giving a notice) related to making a decision, exercising a power or performing a function or duty under a provision mentioned in subitem (3).

-
- (3) For the purposes of subitem (2), the provisions are the following:
- (a) a provision of this Act prescribed by rules made under subitem (11);
 - (b) a provision of a legislative instrument made under this Act prescribed by rules made under subitem (11).

System Governor is treated as having taken administrative action

- (4) Administrative action taken by the operation of a computer program under an arrangement under subitem (1) is treated, for all purposes, as administrative action taken by the System Governor.

Substituted actions

- (5) The System Governor may take administrative action (the ***substituted action***) in substitution for administrative action the System Governor is treated as having taken under subitem (4) if the System Governor is satisfied that the administrative action taken by the operation of the computer program is not correct.
- (6) The substituted action takes effect on:
- (a) if the System Governor specifies the day on which the substituted action takes effect (which may be earlier than the day the substituted action is taken)—that specified day; or
 - (b) otherwise—the day of the administrative action taken by the operation of the computer program.
- (7) The day specified under paragraph (6)(a) may be earlier than the day the substituted action is taken, but not earlier than the day of the administrative action taken by the operation of the computer program.

System Governor may still take administrative action

- (8) An arrangement under subitem (1) does not prevent the System Governor from taking administrative action under the provisions referred to in subitem (3).
- (9) Subitem (5) does not limit any other provision of this Act, or a provision of a legislative instrument made under this Act, that provides for the review or reconsideration of an administrative action.

Arrangement not a legislative instrument

- (10) An arrangement under subitem (1) is not a legislative instrument.

Rule-making power

- (11) The Minister may, by legislative instrument, make rules prescribing matters:
- (a) required or permitted by this Schedule to be prescribed by the rules; or
 - (b) necessary or convenient to be prescribed for carrying out or giving effect to this Schedule.

3 Oversight and safeguards for automation of administrative action

System Governor to ensure administrative action is action that could be validly taken

- (1) The System Governor must take all reasonable steps to ensure that administrative action taken by the operation of a computer program under an arrangement under subitem 2(1) is administrative action that the System Governor could validly take under:
- (a) this Act; or
 - (b) a legislative instrument made under this Act.
- (2) Without limiting subitem (1), the System Governor must do the things (if any) prescribed by rules made under subitem 2(11) for the purposes of this subitem.

Note: Administrative action may still be invalid even if subitems (1) and (2) are complied with.

- (3) A failure to comply with subitem (1) or (2) does not affect the validity of the administrative action taken by the operation of a computer program under an arrangement under subitem 2(1).

Notice to entities of substituted decisions

- (4) If, under subitem 2(5), the System Governor makes a decision in substitution for a decision the System Governor is treated as having taken under subitem 2(4), the System Governor must, within 14 days of

the making of the substituted decision, give the entity that is the subject of the substituted decision written notice of the substituted decision.

- (5) The notice must include how the entity may apply for reconsideration of the substituted decision.
- (6) A failure to comply with subitem (4) or (5) of this item does not affect the validity of the substituted decision.

Publication

- (7) If the System Governor makes an arrangement under subitem 2(1) in relation to particular provisions of this Act or of a legislative instrument made under this Act, the System Governor must cause a statement to be published on the Department's website:
 - (a) to the effect that the System Governor has made such an arrangement; and
 - (b) setting out those particular provisions.

Details in annual report

- (8) The System Governor, when preparing the Department's annual report under section 46 of the *Public Governance, Performance and Accountability Act 2013* for a period, must include the following information in that report:
 - (a) the total number of substituted actions taken by the System Governor under subitem 2(5) of this Schedule in that period;
 - (b) the kinds of substituted actions so taken;
 - (c) the kinds of administrative action taken by the operation of the computer program that the System Governor was satisfied were not correct.
- (9) The System Governor may also include in the report any other information (other than personal information within the meaning of the *Privacy Act 1988*) about the operation of item 2 and this item in that period that the System Governor considers appropriate.

Part 4—Modification of operation of Commonwealth aged care system during first 12 months

Aged Care (Consequential and Transitional Provisions) Act 2024

30 In the appropriate position

Insert:

Schedule 6—Modification of operation of Commonwealth aged care system during first 12 months

1 Definitions

In this Schedule:

modify the operation of the provisions of an Act or instrument includes
modify that operation by notionally adding, omitting or substituting
text.

Note: Examples of modifying the operation of the provisions of an Act or instrument by
notionally adding, omitting or substituting text include notionally adding, omitting or
substituting:

- (a) words in a provision; or
- (b) part of a provision; or
- (c) a whole provision; or
- (d) a series or group of provisions.

new Act means the *Aged Care Act 2024*.

old law means any of the following laws:

- (a) the *Aged Care Act 1997*;
- (b) the *Aged Care Quality and Safety Commission Act 2018*;
- (c) the *Aged Care (Transitional Provisions) Act 1997*;
- (d) an instrument made under any of those Acts.

transition time means the time the new Act commences.

2 Modification of operation of Commonwealth aged care system during first 12 months

- (1) If the Minister is satisfied that it is necessary or appropriate to do so, the Minister may, by legislative instrument, make rules that alter the operation of any aspect of the Commonwealth aged care system by:
- (a) modifying the operation of the provisions of the new Act, this Act (other than this Schedule) or any other Act or instrument; or
 - (b) saving (with or without modifications) specified provisions of the old law.

Example 1: The rules may, before the transition time, modify the operation of the provisions of the old law if the Minister is satisfied that it is necessary or appropriate to do so to facilitate the commencement of the new Act or this Act.

Example 2: The rules may modify the operation of a provision of the new Act so as to make it amenable to automation.

Examples 3: The rules may modify the operation of the provisions of the new Act, this Act or any other Act or instrument in relation to the interaction between subsidies payable to a provider and the balance (if any) of an individual's home care account (within the meaning of the new Act).

Example 4: The rules may save provisions of the old law that provide for subsidy under the old law.

- (2) Without limiting paragraph (1)(a), modifications made by the rules may be expressed to apply:
- (a) generally; or
 - (b) in relation to a specified person or class of persons.
- (3) Without limiting subitem (1), the rules may include application, saving or transitional provisions relating to any modifications or savings made by those rules.

Expiry of rules

- (4) Rules made under subitem (1) are repealed:
- (a) at the end of the period of 12 months beginning on the day after the rules are made; or
 - (b) if the rules specify an earlier time—at the specified earlier time.

Time limit on making rules

- (5) Rules must not be made under subitem (1) after the end of the period of 12 months beginning on the day this subitem commences.

Retrospective effect of rules

- (6) Despite subsection 12(2) of the *Legislation Act 2003* and subject to subitem (7), rules made under subitem (1) may be expressed to take effect from a date before the rules are registered under that Act.
- (7) If:
- (a) rules made under subitem (1) are expressed to take effect from a date before the rules are registered under the *Legislation Act 2003*; and
 - (b) a person engaged in conduct before the registration date; and
 - (c) but for the retrospective effect of the rules, the conduct would not have contravened a provision of an Act;

then a court must not convict the person of an offence, or order the person to pay a pecuniary penalty, in relation to the conduct on the grounds that it contravened a provision of that Act.

Relationship with other provisions

- (8) Neither of the following limit the rules that may be made under subitem (1):
- (a) section 602 of the new Act;
 - (b) anything in this Act.

Review by Senate Committee

- (9) The Senate Community Affairs Legislation Committee, or such other committee constituted under a resolution of the Senate, may:
- (a) begin a review of any rules made under subitem (1) within 3 months after the day the rules are tabled in the Senate; and
 - (b) report the Committee's findings to the Senate as soon as practicable after completing each review.

Part 5—Delegation

Aged Care (Consequential and Transitional Provisions) Act 2024

31 In the appropriate position

Insert:

Schedule 7—Delegation

1 Definitions

In this Schedule:

Chief Executive Centrelink has the same meaning as in the *Human Services (Centrelink) Act 1997*.

Chief Executive Medicare has the same meaning as in the *Human Services (Medicare) Act 1973*.

System Governor means the Secretary of the Department.

2 Delegation—general

- (1) The System Governor may, in writing, delegate all or any of the System Governor's functions or powers under this Act, or a legislative instrument made under this Act, to a person engaged (whether as an employee or otherwise) by the Department.

Note: Sections 34AA to 34A of the *Acts Interpretation Act 1901* contain provisions relating to delegations.

Delegation to holders of specified non-SES offices or positions

- (2) Before subdelegating a function or power under subitem (1) to an APS employee in the Department holding, occupying, or performing the duties of a specified office or position that is not an SES office or position, the System Governor must have regard to whether the office or position is sufficiently senior for the employee to perform the function or exercise the power.

Delegation to persons who are not APS employees

- (3) Before delegating a function or power under subitem (1) to a person who is not an APS employee, the System Governor must have regard to whether the person has appropriate qualifications or expertise to perform the function or exercise the power.

Limitation—automation of administrative action

- (4) The System Governor may only delegate a function or power under subitem 2(1) of Schedule 5 (which deals with automation of administrative action) to an APS employee who is holding, occupying, or performing the duties of an SES office or position in the Department.

3 Delegation to the Chief Executive Centrelink

- (1) The System Governor may, in writing, delegate all or any of the System Governor's functions or powers under this Act, or a legislative instrument made under this Act, to the Chief Executive Centrelink.

Subdelegation

- (2) Subject to subitem (5), if the System Governor delegates a power or function to the Chief Executive Centrelink under subitem (1), the Chief Executive Centrelink may, in writing, subdelegate the power or function to a person engaged (whether as an employee or otherwise) by Services Australia.

Subdelegation to holders of specified non-SES offices or positions

- (3) Before subdelegating a function or power under subitem (2) to an APS employee in Services Australia holding, occupying, or performing the duties of a specified office or position that is not an SES office or position, the Chief Executive Centrelink must have regard to whether the office or position is sufficiently senior for the employee to perform the function or exercise the power.

Subdelegation to persons who are not APS employees

- (4) Before subdelegating a function or power under subitem (2) to a person who is not an APS employee in Services Australia, the Chief Executive Centrelink must have regard to whether the person has appropriate
-

qualifications or expertise to perform the function or exercise the power.

Limitation—automation of administrative action

- (5) The Chief Executive Centrelink may only subdelegate a function or power under subitem 2(1) of Schedule 5 (which deals with automation of administrative action) to an APS employee who is holding, occupying, or performing the duties of an SES office or position in Services Australia.

4 Delegation to the Chief Executive Medicare

- (1) The System Governor may, in writing, delegate all or any of the System Governor's functions or powers under this Act, or a legislative instrument made under this Act, to the Chief Executive Medicare.

Subdelegation

- (2) Subject to subitem (5), if the System Governor delegates a power or function to the Chief Executive Medicare under subitem (1), the Chief Executive Medicare may, in writing, subdelegate the power or function to a person engaged (whether as an employee or otherwise) by Services Australia.

Subdelegation to holders of specified non-SES offices or positions

- (3) Before subdelegating a function or power under subitem (2) to an APS employee in Services Australia holding, occupying, or performing the duties of a specified office or position that is not an SES office or position, the Chief Executive Medicare must have regard to whether the office or position is sufficiently senior for the employee to perform the function or exercise the power.

Subdelegation to persons who are not APS employees

- (4) Before subdelegating a function or power under subitem (2) to a person who is not an APS employee in Services Australia, the Chief Executive Medicare must have regard to whether the person has appropriate qualifications or expertise to perform the function or exercise the power.

Limitation—automation of administrative action

- (5) The Chief Executive Medicare may only subdelegate a function or power under subitem 2(1) of Schedule 5 (which deals with automation of administrative action) to an APS employee who is holding, occupying, or performing the duties of an SES office or position in Services Australia.

5 Delegations in relation to specified kinds of matters

Without limiting this Schedule or subsection 33(3A) of the *Acts Interpretation Act 1901*, a power or function may be delegated or subdelegated generally or only in relation to specified kinds of matters.

6 Subdelegation

Sections 34AA, 34AB and 34A of the *Acts Interpretation Act 1901* apply in relation to a subdelegation in the same way to the way in which they apply to a delegation.

7 Complying with directions

In exercising powers or performing functions delegated or subdelegated by a person under this Schedule the delegate or subdelegate must comply with any directions of the person.

Schedule 3—Amendments of other Acts

Aged Care (Accommodation Payment Security) Act 2006

1 Section 3 (paragraph beginning “In certain circumstances”)

Omit “an approved provider or former approved provider”, substitute “a registered provider or former registered provider”.

2 Section 3 (paragraph beginning “Any rights”)

Omit “an approved provider or former approved provider”, substitute “a registered provider or former registered provider”.

3 Section 3 (paragraph beginning “The Commonwealth”)

Omit “approved”, substitute “registered”.

4 Subsection 6(1) (definition of *accommodation bond*)

Omit all the words from and including “meaning” to and including “1997”, substitute “same meaning as in the *Aged Care Act 2024*”.

5 Subsection 6(1) (definition of *accommodation bond balance*)

Omit all the words from and including “meaning” to and including “1997”, substitute “same meaning as in the *Aged Care Act 2024*”.

6 Subsection 6(1)

Insert:

approved residential care home has the same meaning as in the *Aged Care Act 2024*.

7 Subsection 6(1) (definition of *entry contribution*)

Omit “has the meaning given by the Dictionary in Schedule 1 to the *Aged Care Act 1997*”, substitute “has the same meaning as in the *Aged Care Act 2024*”.

8 Subsection 6(1) (definition of *entry contribution balance*)

Omit “has the meaning given by the Dictionary in Schedule 1 to the *Aged Care Act 1997*”, substitute “has the same meaning as in the *Aged Care Act 2024*”.

9 Subsection 6(1) (definition of *formal agreement*)

Omit “has the meaning given by the Dictionary in Schedule 1 to the *Aged Care Act 1997*”, substitute “has the same meaning as in the rules made under the *Aged Care (Consequential and Transitional Provisions) Act 2024*”.

10 Subsection 6(1)

Insert:

funded aged care service has the same meaning as in the *Aged Care Act 2024*.

11 Subsection 6(1) (definition of *insolvency event*)

Omit “an approved provider”, substitute “a registered provider”.

12 Subsection 6(1) (definition of *insolvency event*)

Omit “*approved provider or former approved provider*”, substitute “*registered provider or former registered provider*”.

13 Subsection 6(1) (definition of *insolvency event*)

Omit “approved provider or former approved provider” (wherever occurring), substitute “registered provider or former registered provider”.

14 Subsection 6(1) (at the end of the definition of *insolvency event*)

Add:

- ; (h) the making of a debt agreement (within the meaning of the *Bankruptcy Act 1966*) to which the registered provider or former registered provider is a party in the capacity of a debtor;
- (i) the execution of a personal insolvency agreement (within the meaning of the *Bankruptcy Act 1966*) by the registered

provider or former registered provider in the capacity of a debtor.

15 Subsection 6(1) (definition of *provisional allocation*)

Repeal the definition.

16 Subsection 6(1) (definition of *refundable deposit balance*)

Omit “has the meaning given by the Dictionary in Schedule 1 to the *Aged Care Act 1997*”, substitute “has the same meaning as in the *Aged Care Act 2024*”.

17 Subsection 6(1)

Insert:

registered provider has the same meaning as in the *Aged Care Act 2024*.

18 Subsection 6(2)

Omit “an approved”, substitute “a registered”.

19 Paragraph 6(2)(aa)

Omit “Division 52P of the *Aged Care Act 1997*”, substitute “section 311 of the *Aged Care Act 2024*”.

20 Subparagraphs 6(2)(b)(i) to (iii)

Repeal the subparagraphs, substitute:

- (i) for accommodation bond balances—the rules made under the *Aged Care Act 2024*; or
- (ii) for entry contribution balances—a formal agreement applying in respect of the balance; and

21 Subparagraph 6(2)(c)(ii)

Repeal the subparagraph, substitute:

- (ii) the end of a period of 14 days beginning immediately after the day on which the individual in relation to whose entry to a residential care service or flexible care service the amount of the unregulated lump sum was paid ceased accessing relevant funded aged care

services for the unregulated lump sum (see subsection 2A).

22 After subsection 6(2)

Insert:

(2A) For the purposes of subparagraph 6(2)(c)(ii), ***relevant funded aged care services*** for an unregulated lump sum means funded aged care services:

- (a) delivered by the registered provider that holds the unregulated lump sum; and
- (b) delivered in an approved residential care home, being the approved residential care home that was, immediately before the commencement of the *Aged Care Act 2024*, the place of the residential care service or flexible care service in relation to which the unregulated lump sum was paid.

23 Paragraph 6(3)(d)

Omit “is”, substitute “was”.

24 At the end of subsection 6(3)

Add:

Note: The expressions used in this section have the same meanings as in the *Aged Care Act 1997*: see section 6A of this Act. Unregulated lump sums cannot be paid under the *Aged Care Act 2024*, but agreements may still be in force after that Act commences. Unregulated lump sums paid under these agreements may relate to approved providers that are deemed to be registered providers because of the operation of the *Aged Care (Consequential and Transitional Provisions) Act 2024* and may therefore form part of an outstanding accommodation payment balance.

25 At the end of Part 1

Add:

6A References to the *Aged Care Act 1997*

- (1) An expression used in a provision of this Act and in the *Aged Care Act 1997* has the same meaning in that provision as it had in that Act immediately before the commencement of the *Aged Care Act 2024*.

(2) A reference in this Act to a former registered provider, or to a person who has been a registered provider, is taken to include a reference to a former approved provider.

(3) Subsections (1) and (2) are subject to a contrary intention.

26 Subsection 7(1)

Omit “an approved”, substitute “a registered”.

27 Paragraph 7(1)(a)

Repeal the paragraph, substitute:

(a) the person is a Chapter 5 body corporate (within the meaning of the *Corporations Act 2001*); and

28 Paragraph 9(1)(a)

Omit “an approved”, substitute “a registered”.

29 Paragraph 9(1)(b)

Omit “or (f)”, substitute “(f), (h) or (i)”.

30 Paragraph 9(2)(a)

Omit “an approved”, substitute “a registered”.

31 Paragraph 9(2)(b)

Omit “or (f)”, substitute “(f), (h) or (i)”.

32 Paragraph 10(1)(a)

Omit “an approved provider (the *approved provider or former approved provider*)”, substitute “a registered provider (the *registered provider or former registered provider*)”.

33 Paragraph 10(1)(b)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

34 Paragraphs 10(2)(b) and (c)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

35 Paragraphs 11(1)(a) and (b)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

36 Subsection 12(1)

Omit “an approved provider (the *approved provider or former approved provider*)”, substitute “a registered provider (the *registered provider or former registered provider*)”.

37 Paragraphs 12(1)(a) and (b)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

38 Paragraph 12(2)(c)

Omit “Fees and Payments Principles made under section 96-1 of the *Aged Care Act 1997*”, substitute “rules made for the purposes of section 313 of the *Aged Care Act 2024* under section 602 of that Act”.

39 Paragraph 12(2)(d)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

40 Paragraphs 12(3)(b) and (c)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

41 Subsection 13(1)

Omit “an approved provider (the *approved provider or former approved provider*)”, substitute “a registered provider (the *registered provider or former registered provider*)”.

42 Paragraph 13(2)(b)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

43 Section 13A (heading)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

44 Paragraph 13A(1)(a)

Omit “an approved provider (the *approved provider or former approved provider*)”, substitute “a registered provider (the *registered provider or former registered provider*)”.

45 Paragraphs 13A(1)(d) and (e)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

46 Paragraph 13A(3)(b)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

47 Paragraph 14(1)(b)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

48 Section 15

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

49 Section 15 (note)

Omit “approved provider or former approved provider”, substitute “registered provider or former registered provider”.

Airports Act 1996

50 Subsection 71A(3) (paragraph (a) of the definition of *community care facility*)

Omit “aged care”, substitute “funded aged care services”.

51 Subsection 71A(3) (paragraph (a) of the definition of *community care facility*)

Omit “1997”, substitute “2024”.

52 Subsection 71A(3) (paragraph (c) of the definition of *community care facility*)

Omit “1991;”, substitute “1991.”.

53 Subsection 71A(3) (paragraph (d) of the definition of *community care facility*)

Repeal the paragraph.

A New Tax System (Goods and Services Tax) Act 1999

54 Paragraph 38-25(1)(a)

Omit “Schedule 1 to the *Quality of Care Principles”, substitute “a provision of the *aged care service list specified in regulations made for the purposes of this paragraph”.

55 Paragraph 38-25(1)(b)

Omit “through a residential care service (within the meaning of the *Aged Care Act 1997*)”, substitute “at an *approved residential care home”.

56 Paragraph 38-25(1)(c)

Omit “an approved provider (within the meaning of that Act)”, substitute “a registered provider (within the meaning of the *Aged Care Act 2024*)”.

57 Paragraph 38-25(2)(b)

Omit “Schedule 1 to the *Quality of Care Principles”, substitute “a provision of the *aged care service list specified in regulations made for the purposes of this paragraph”.

58 Paragraph 38-25(3)(b)

Omit “Schedule 1 to the *Quality of Care Principles”, substitute “a provision of the *aged care service list specified in regulations made for the purposes of this paragraph”.

59 Paragraphs 38-25(3)(c)

Omit all the words after “set out”, substitute “in a provision of the *aged care service list specified in regulations made for the purposes of this paragraph”.

60 Paragraph 38-25(3B)(b)

Omit “*Aged Care Secretary”, substitute “*Aged Care System Governor”.

61 Paragraph 38-25(4A)(c)

Omit “*Aged Care Secretary”, substitute “*Aged Care System Governor”.

62 Subsection 38-25(5)

Omit all the words after “is covered by”, substitute:

an extra service fee (within the meaning of the *Aged Care Rules 2025*) is only ***GST-free*** under this section to the extent that the services were:

- (a) supplied before 31 October 2026; and
- (b) covered by Schedule 1 to the *Quality of Care Principles 2014* (as in force before the commencement of the *Aged Care Act 2024*) when the extra service agreement concerned was entered into.

63 Subsection 38-30(1)

Omit all the words after “A supply of”, substitute “care is ***GST-free*** if subsidy is payable under Division 1, 2 or 3 of Part 2 of Chapter 4 of the *Aged Care Act 2024* to the supplier for the care”.

64 Subsection 38-30(3)

Omit “*home”.

65 Paragraph 38-30(3)(b)

Omit “item 2.1 (daily living activities assistance) of Part 2 of Schedule 1 to the *Quality of Care Principles”, substitute “a provision of the *aged care service list specified in regulations made for the purposes of this paragraph”.

66 Paragraph 38-30(4)(b)

Omit “to be similar to a supply that is GST-free because of subsection (2)”, substitute “for the purposes of this paragraph”.

67 Section 38-35

Repeal the section, substitute:

38-35 Specialist aged care programs

A supply of a funded aged care service (within the meaning of the *Aged Care Act 2024*) is ***GST-free*** if subsidy for a specialist aged care program is payable under Division 5 of Part 2 of Chapter 4 of that Act to the supplier for the care.

68 Section 177-11 (heading)

Omit “Aged Care Secretary”, substitute “Aged Care System Governor”.

69 Section 177-11

Omit “*Aged Care Secretary may”, substitute “*Aged Care System Governor may”.

70 Paragraph 177-11(a)

Omit “Aged Care Secretary of functions under subsection 96-2(5) of the *Aged Care Act 1997*”, substitute “Aged Care System Governor of functions under Division 1 of Part 3 of Chapter 8 of the *Aged Care Act 2024*”.

71 Subparagraph 177-11(b)(ii)

Omit “Secretary”, substitute “System Governor”.

72 Section 195-1 (definition of *Aged Care Minister*)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

73 Section 195-1 (definition of *Aged Care Secretary*)

Repeal the definition.

74 Section 195-1

Insert:

aged care service list means the list of services prescribed in the rules made under the *Aged Care Act 2024* for the purposes of section 8 of that Act.

Aged Care System Governor means the System Governor (within the meaning of the *Aged Care Act 2024*).

approved residential care home has the meaning given by section 7 of the *Aged Care Act 2024*.

75 Section 195-1 (definition of *home care*)

Repeal the definition.

76 Section 195-1 (definition of *Quality of Care Principles*)

Repeal the definition.

77 Section 195-1 (definition of *residential care service*)

Repeal the definition.

78 Section 195-1 (paragraph (d) of the definition of *retirement village*)

Repeal the paragraph, substitute:

(d) an *approved residential care home;

79 Section 195-1 (paragraph (a) of the definition of *serviced apartment*)

Omit all the words after “who require”, substitute “the services set out in a provision of the *aged care service list specified in regulations made for the purposes of this paragraph”.

Australian Participants in British Nuclear Tests and British Commonwealth Occupation Force (Treatment) Act 2006

80 Subsection 4(1) (paragraph (a) of the definition of *hospital or other institution*)

Omit “a residential care service (within the meaning of the *Aged Care Act 1997*)”, substitute “an approved residential care home (within the meaning of the *Aged Care Act 2024*)”.

81 Section 13A

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

82 Paragraph 16(4A)(b)

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

83 Transitional—continuity of arrangements

The amendment of the definition of *hospital or other institution* in subsection 4(1) of the *Australian Participants in British Nuclear Tests and British Commonwealth Occupation Force (Treatment) Act 2006* made by this Schedule does not affect the continuity of any arrangement entered into in accordance with section 15 of that Act that was in force immediately before the commencement of this item.

Child Support (Registration and Collection) Act 1988

84 Subsection 16AB(3) (paragraph (c) of the definition of *designated program Act*)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

85 Saving provision

Section 16AB of the *Child Support (Registration and Collection) Act 1988* applies on and after the commencement of this item as if a reference in paragraph (c) of the definition of **designated program Act** in subsection 16AB(3) of that Act to the *Aged Care Act 2024* included a reference to the former *Aged Care Act 1997*.

Health and Other Services (Compensation) Act 1995

86 Subsection 3(1) (paragraph (b) of the definition of *eligible benefit*)

Repeal the paragraph.

87 Subsection 3(1) (definition of *home care*)

Repeal the definition, substitute:

home care means a funded aged care service (within the meaning of the *Aged Care Act 2024*) delivered in a home or community setting (within the meaning of that Act).

88 Subsection 3(1) (definition of *home care subsidy*)

Repeal the definition, substitute:

home care subsidy means a person-centred subsidy or provider-based subsidy for the service group home support under the *Aged Care Act 2024*.

89 Subsection 3(1) (definition of *nursing home benefit*)

Repeal the definition.

90 Subsection 3(1) (definition of *nursing home care*)

Repeal the definition.

91 Subsection 3(1) (definition of *residential care*)

Repeal the definition, substitute:

residential care means a funded aged care service (within the meaning of the *Aged Care Act 2024*) delivered in a residential setting (within the meaning of that Act).

92 Subsection 3(1) (definition of *residential care subsidy*)

Repeal the definition, substitute:

residential care subsidy means a person-centred subsidy or provider-based subsidy for the service group residential care under the *Aged Care Act 2024*.

93 Division 2 of Part 2 (heading)

Omit “Nursing home benefit, residential”, substitute “Residential”.

94 Section 9 (heading)

Omit “nursing home care,”.

95 Paragraph 9(1)(b)

Omit “nursing home care,”.

96 Subsection 9(2A)

Omit “Part 3.1 of the *Aged Care Act 1997* and Part 3.1 of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

97 Subsection 9(3)

Omit “nursing home care,” (wherever occurring).

98 Subsection 9(3)

Omit “nursing home benefit,” (wherever occurring).

99 Section 10 (heading)

Omit “nursing home benefit,”.

100 Subsection 10(1)

Omit “nursing home care,” (wherever occurring).

101 Subsection 10(1)

Omit “nursing home benefit,” (wherever occurring).

102 Subsection 10(3)

Omit “nursing home care expenses,”.

103 Paragraph 17(1)(b)

Omit “nursing home care,”.

104 Subparagraph 21(7)(b)(ii)

Omit “nursing home care,”.

105 Paragraph 23(5)(b)

Omit “nursing home care,”.

106 Paragraphs 23(7)(b) and (c)

Omit “nursing home care needs,”.

107 Subsection 23B(5)

Omit “nursing home care,”.

108 Subparagraph 24(9)(b)(ii)

Omit “nursing home care,”.

109 Paragraph 42(1)(f)

Omit all the words after “Minister administering”, substitute “the *Aged Care Act 2024* should make a determination under subsection 199(3), 207(3), 216(3), 225(3), 233(3) or 241(3) of that Act”.

Healthcare Identifiers Act 2010

110 Subsection 3(1)

Omit all the words from and including “, healthcare” to and including “provided”, substitute “, healthcare or support services is correctly matched to health information that is created when healthcare or support services are provided”.

111 Section 3A (paragraph beginning “Under this Act”)

Omit “and healthcare provider organisations”, substitute “, healthcare provider organisations and healthcare support service providers”.

112 Section 3A (paragraph (c) of paragraph beginning “There are strict rules”)

Omit “a healthcare provider or a healthcare provider organisation”, substitute “an individual healthcare provider, a healthcare provider organisation or a healthcare support service provider”.

113 Section 3A (paragraph beginning “This Act facilitates”)

Omit “the healthcare identifier”, substitute “healthcare identifiers”.

114 Section 3A (paragraph beginning “This Act facilitates”)

After “system)”, insert “and for health administration purposes that support the delivery of healthcare and support services”.

115 Section 5

Before “In this Act”, insert “(1)”.

116 Section 5 (definition of *aged care*)

Repeal the definition.

117 Section 5 (definition of *Aged Care Minister*)

Omit “1997”, substitute “2024”.

118 Section 5 (definition of *aged care purpose*)

Repeal the definition.

119 Section 5 (definition of *contracted service provider*)

After “of a healthcare provider”, insert “or a health administration entity”.

120 Section 5 (paragraph (b) of the definition of *contracted service provider*)

Omit “services;”, substitute “services; or”.

121 Section 5 (after paragraph (b) of the definition of *contracted service provider*)

Insert:

- (c) business or administrative support to assist in the delivery of healthcare, support services or health administration;

122 Section 5 (definition of *contracted service provider*)

After “the healthcare provider” (wherever occurring), insert “or health administration entity”.

123 Section 5

Insert:

funded aged care service has the same meaning as in the *Aged Care Act 2024*.

health administration: see section 7A.

health administration entity means an entity, or an entity included in a class of entities, determined by the Minister under subsection 7B(1).

124 Section 5 (at the end of the definition of *healthcare provider*)

Add:

; or (c) a healthcare support service provider.

125 Section 5 (definition of *healthcare recipient*)

After “healthcare”, insert “or a support service”.

126 Section 5

Insert:

healthcare support service provider means an entity that:

- (a) provides:
 - (i) healthcare; or
 - (ii) a support service; and
- (b) does not, in the ordinary course of business, employ an individual employee who satisfies subsection 9(2) or paragraph 9A(1)(a), (b) or (c).

127 Section 5 (definition of *identified healthcare provider*)

Repeal the definition, substitute:

identified healthcare provider means:

- (a) an identified healthcare provider organisation; or
- (b) an identified healthcare support service provider; or
- (c) an identified individual healthcare provider.

128 Section 5

Insert:

identified healthcare provider organisation means a healthcare provider that has been assigned a healthcare identifier under paragraph 9(1)(a) on the basis of subsection 9A(2), (3) or (9) (which deal with healthcare provider organisations).

identified healthcare support service provider means a healthcare provider that has been assigned a healthcare identifier under paragraph 9(1)(a) on the basis of subsection 9BA(1) (which deals with healthcare support service providers that are not otherwise eligible to be assigned a healthcare identifier).

identified individual healthcare provider means a healthcare provider that has been assigned a healthcare identifier under:

- (a) paragraph 9(1)(a) on the basis of subsection 9A(1) (which deals with healthcare identifiers assigned to individuals by the service operator); or
- (b) subsection 9(2) (which deals with healthcare identifiers assigned to individuals by a national registration authority).

129 Section 5 (paragraph (b) of the definition of *linked*)

Omit “support”.

130 Section 5

Insert:

National Disability Insurance Agency has the same meaning as in the *NDIS Act*.

NDIS Act means the *National Disability Insurance Scheme Act 2013*.

131 Section 5 (definition of *organisation maintenance officer*)

Repeal the definition, substitute:

organisation maintenance officer:

- (a) for a healthcare provider organisation—has the meaning given by subsection 9A(8); and
- (b) for a healthcare support service provider—has the meaning given by subsection 9BA(3).

132 Section 5 (definition of *professional association*)

Repeal the definition.

133 Section 5

Insert:

professional body means an organisation that:

- (a) is a separate legal entity under a law of the Commonwealth or a State or Territory; and
- (b) has all of the following characteristics:
 - (i) represents members or individuals to whom it provides credentials (or both);
 - (ii) has enough members, or provides credentials for enough individuals, to be considered representative of the healthcare profession practised by the individuals it represents;
 - (iii) sets and publishes standards of practice and ethical conduct for, and aims to maintain the standing of, the healthcare profession practised by the individuals it represents.

registered NDIS provider has the same meaning as in the NDIS Act.

134 Section 5 (definition of *responsible officer*)

Repeal the definition, substitute:

responsible officer:

- (a) for a healthcare provider organisation—has the meaning given by subsection 9A(7); and
- (b) for a healthcare support service provider—has the meaning given by subsection 9BA(2).

135 Section 5 (definition of *retirement*)

After “healthcare provider organisation’s”, insert “or a healthcare support service provider’s”.

136 Section 5 (definition of *retirement*)

Omit “by the healthcare provider organisation to identify the healthcare provider organisation”, substitute “by the healthcare provider organisation or the healthcare support service provider to identify the healthcare provider organisation or the healthcare support service provider, as the case requires”.

137 Section 5

Insert:

support service means any of the following:

- (a) a funded aged care service;
- (b) a support or service provided by a registered NDIS provider under the NDIS Act;
- (c) a support or service, or a support or service included in a class of supports or services, prescribed by the regulations.

138 At the end of section 5

Add:

- (2) To avoid doubt, a healthcare provider is not an identified healthcare provider throughout any period when the healthcare identifier assigned to the healthcare provider is in a state of retirement.

139 After section 7

Insert:

7A Meaning of *health administration*

In this Act, ***health administration*** means any of the following:

- (a) the creation and maintenance of a record about healthcare or support services provided to a healthcare recipient;
- (b) assessing a healthcare recipient's level of, need for or access to healthcare or support services;
- (c) monitoring an individual's level of, need for or access to healthcare or health programs or support services;
- (d) reporting on an individual's level of, need for or access to healthcare or health programs or support services;
- (e) verifying healthcare identifiers;
- (f) the creation and maintenance of a record about any of the following:
 - (i) a healthcare recipient's participation in health related programs;
 - (ii) support services that are being, are to be, or have been provided to a healthcare recipient;
- (g) the governance and operation of health and health related programs and registries, including oversight, reporting, administration, complaints handling, billing and payment of costs or claims associated with the provision of healthcare and support services;
- (h) health surveillance activities including, but not limited to, contact tracing, and monitoring, analysing and disseminating data for the purposes of implementing public health responses;
- (i) monitoring or analysis (or both) of individual or system-wide healthcare or support services needs, demands, performance and outcomes, including, but not limited to the following:
 - (i) by means of statistical research, data and reporting services;
 - (ii) to inform health workforce planning and management;
 - (iii) for other population health purposes;
- (j) linking or connecting data about healthcare recipients and or healthcare providers across different data sets.

7B Minister may determine health administration entities

- (1) The Minister may determine, in writing, that an entity, or an entity included in a class of entities, is a health administration entity.
- (2) A determination made under subsection (1) is a legislative instrument.
- (3) Before the Minister makes a determination under subsection (1), the Minister must consult an appropriate subcommittee of the Ministerial Council.
- (4) A failure to consult does not affect the validity of the determination.
- (5) The Minister may, in writing, delegate the power to make a determination under subsection (1) to:
 - (a) the Secretary of the Department; or
 - (b) an SES employee, or acting SES employee, in the Department.
- (6) In exercising any powers under a delegation under this section, the delegate must comply with any directions of the Minister.

Note: Sections 34AA to 34A of the *Acts Interpretation Act 1901* contain provisions relating to delegations.

140 Section 9AA (paragraph beginning “Healthcare identifiers”)

Omit “and healthcare provider organisations”, substitute “, healthcare provider organisations and healthcare support service providers”.

141 Section 9AA (after paragraph beginning “For a healthcare provider organisation”)

Insert:

For a healthcare support service provider to be assigned a healthcare identifier, the provider must not otherwise be eligible, must have a responsible officer and must meet any other prescribed requirements.

142 Paragraph 9(1)(a)

After “9A”, insert “or 9BA”.

143 After paragraph 9(3)(b)

Insert:

- (ba) an identifier that is assigned to a healthcare support service provider; and

144 Section 9A (heading)

After “operator”, insert “—individual healthcare providers and healthcare provider organisations”.

145 Paragraph 9A(1)(b)

Repeal the paragraph, substitute:

- (b) the individual healthcare provider is represented by a professional body through which the individual healthcare provider is:
 - (i) provided with the credentials required to practice the healthcare profession, having regard to the admission requirements and tertiary qualifications set by the professional body, which must be a qualification at level 7 or above of the Australian Qualifications Framework (within the meaning of the *Higher Education Support Act 2003*) or at an equivalent level prescribed by the regulations; and
 - (ii) regulated and subject to oversight by the professional body that satisfies the requirements of subsection (11); or
- (c) the individual healthcare provider is included in a class of individual healthcare providers prescribed by the regulations.

146 Paragraph 9A(2)(a)

Omit “one of the employees”, substitute “one of the linked individual healthcare providers”.

147 Subparagraph 9A(2)(a)(ii)

After “duties”, insert “or with the support, or using the facilities, of the organisation”.

148 After paragraph 9A(9)(a)

Insert:

- (ab) has been assigned an individual healthcare provider identifier:
 - (i) under paragraph 9(1)(a) on the basis of subsection 9A(1); or
 - (ii) under subsection 9(2); and

149 At the end of section 9A

Add:

When a professional body satisfies requirements

- (11) In order for a professional body to satisfy the requirements of this subsection as mentioned in subparagraph (1)(b)(ii), regulation or oversight must at a minimum include all of the following in relation to individuals whose credentials are provided by the professional body:
 - (a) requirements for such individuals to comply with the standards of practice and ethical conduct set by the professional body and expected of such individuals;
 - (b) requirements for such individuals to comply with any written constitution, rules, articles of association, by-laws or codes of conduct;
 - (c) requirements for such individuals to maintain professional skills and knowledge by continuing professional development;
 - (d) the ability for the professional body to impose sanctions on such individuals for a contravention of a requirement mentioned in paragraph (a), (b) or (c).

150 After section 9A

Insert:

9BA Classes of healthcare provider that may be assigned a healthcare identifier by the service operator—healthcare support service providers

- (1) The service operator may, under paragraph 9(1)(a), assign a healthcare identifier to a healthcare support service provider if the service operator is satisfied that:
 - (a) the healthcare support service provider is not otherwise eligible to be assigned a healthcare provider identifier under that paragraph on the basis of subsection 9A(2), (3) or (9); and
 - (b) the healthcare support service provider has a responsible officer; and
 - (c) the healthcare support service provider meets any other requirements that are prescribed by the regulations.

Responsible officers for healthcare support service providers

- (2) A person is the **responsible officer** for a healthcare support service provider if the person is authorised to act on behalf of the healthcare support service provider in performing the following duties:
 - (a) nominating the organisation maintenance officer or officers for the healthcare support service provider to the service operator;
 - (b) requesting the assignment, retirement, merger or reconfiguration of a healthcare identifier for the healthcare support service provider;
 - (c) any other duties of a responsible officer for the healthcare support service provider.

Organisation maintenance officers for healthcare support service providers

- (3) A person is an **organisation maintenance officer** for a healthcare support service provider if the person has been nominated by the responsible officer for the healthcare support service provider, as mentioned in paragraph (2)(a), to perform the following duties:

- (a) nominating to the service operator at least one additional person to be an organisation maintenance officer of the healthcare support service provider, if required;
- (b) maintaining information that is held by the service operator about the healthcare support service provider;
- (c) providing current details to the service operator about the healthcare support service provider for inclusion in the Healthcare Provider Directory;
- (d) providing any other information requested by the service operator about the healthcare support service provider for which the organisation maintenance officer is responsible.

Duties of the responsible officer performed by another person

- (4) A person does not cease to be a responsible officer for a healthcare support service provider if a duty mentioned in subsection (2) is performed by another employee of the provider on behalf of the person.

151 Subsection 9B(2)

After “a healthcare provider organisation”, insert “or a healthcare support service provider”.

152 Paragraph 9B(2)(b)

After “9A”, insert “or 9BA”.

153 After section 9B

Insert:

9CA Professional bodies may facilitate the assignment of healthcare identifiers for individual healthcare providers

- (1) A professional body may:
 - (a) facilitate the assignment of healthcare identifiers for individual healthcare providers who are provided with credentials by the professional body; and
 - (b) assist the service operator to establish and maintain a record of a kind mentioned in section 10.

-
- (2) A professional body must not facilitate the assignment of a healthcare identifier for an individual healthcare provider, or assist the service operator in relation to such a healthcare identifier, unless the provider has consented to the facilitation and assistance.
 - (3) The regulations may make provision for and in relation to the facilitation by professional bodies of the assignment of healthcare identifiers, and assisting the service operator to establish and maintain a record of a kind mentioned in section 10, including, but not limited to, as follows:
 - (a) specifying requirements in relation to obtaining the consent of individual healthcare providers in relation to that facilitation, and ensuring the maintenance of that consent;
 - (b) specifying requirements relating to ensuring that information held by the service operator is accurate.

154 Section 11 (paragraph beginning “The service operator may collect”)

Omit “healthcare providers to assist in communicating and managing health information”, substitute “healthcare providers and health administration entities to assist in communicating and managing health information or for the purposes of health administration”.

155 Section 11 (paragraph beginning “A healthcare provider can obtain the healthcare identifier of a healthcare recipient”)

Repeal the paragraph, substitute:

A healthcare provider or health administration entity can obtain the healthcare identifier of a healthcare recipient from the service operator to communicate and manage health information or for the purposes of health administration. The healthcare provider or health administration entity can use the healthcare identifier in providing healthcare or in health administration, for example, by using it for a purpose related to the My Health Record system.

156 Section 11 (paragraph beginning “The service operator may disclose”)

Omit the first sentence, substitute “The service operator may disclose the healthcare identifiers of healthcare providers to healthcare providers and healthcare administration entities to assist in communicating and managing health information for health administration purposes.”.

157 Section 11 (paragraph beginning “A healthcare provider can obtain the healthcare identifier of a healthcare provider”)

Omit the first sentence, substitute “A healthcare provider or health administration entity can obtain the healthcare identifier of a healthcare provider from the service operator, to communicate and manage health information or for the purposes of health administration.”.

158 Section 12 (cell at table item 1, column 1)

Repeal the cell, substitute:

identified healthcare
provider
health administration
entity

159 Section 12 (table item 3, column 2, after paragraph (a))

Insert:

(aa) a health administration entity; or”.

160 Subsection 14(1) (cell at table item 1, column 1)

Repeal the cell, substitute:

identified healthcare
provider
health administration
entity

161 Subsection 14(1) (table item 1, column 4)

After “provider”, insert “or health administration entity”.

162 Subsection 14(1) (table item 2, column 2)

After “provider” (wherever occurring), insert “or health administration entity”.

163 Subsection 14(1) (table item 2, column 4)

After “provider”, insert “or health administration entity”.

164 Subsection 14(1) (table item 3, column 2)

After “provider”, insert “or health administration entity”.

165 Subsection 14(1) (cell at table item 3, column 4)

Repeal the cell, substitute:

the use or disclosure is
for the purpose of:

- (a) communicating or
managing health
information, or
information about
support services, as
part of providing
healthcare or support
services to the
healthcare recipient;
or

- (b) health administration

166 Subsection 14(1) (cell at table item 4, column 1)

Repeal the cell, substitute:

identified healthcare
provider
health administration
entity

167 Subsection 14(1) (cell at table item 4, column 4)

Repeal the cell, substitute:

the collection is for the
purpose of:

- (a) communicating or
managing health

information, or
information about
support services, as
part of providing
healthcare or support
services to the
healthcare recipient;
or

(b) health administration

168 Subsection 14(1) (table item 5)

Repeal the item, substitute:

5	identified healthcare provider health administration entity	collect from another entity use disclose to another entity	healthcare identifier of a healthcare recipient identifying information of a healthcare recipient	The collection, use or disclosure is for the purpose of: (a) communicating or managing health information, or information about support services, as part of providing healthcare or support services to the healthcare recipient; or (b) health administration; or (c) the provision of indemnity cover for a healthcare provider; or (d) communicating or managing health information or information about support services provided to a healthcare recipient, as part of the conduct of research that has been approved by a Human Research Ethics Committee
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169 Subsection 14(1) (cell at table item 6, column 3)

Repeal the cell, substitute:

healthcare identifier of a
healthcare recipient
identifying information
of a healthcare recipient

170 Section 16

Repeal the section.

171 Section 17 (heading)

After “etc.”, insert “—general”.

172 Section 17 (table item 1, column 2)

Omit “healthcare representative”, substitute “healthcare recipient”.

173 After section 17

Insert:

**17A Adopting the healthcare identifier of a healthcare recipient—
health administration entities**

A health administration entity may adopt the healthcare identifier
of a healthcare recipient for use as the health administration
entity’s own identifier.

174 At the end of section 18

Add:

; (d) a health administration entity.

175 Section 21 (cell at table item 1, column 4)

Repeal the cell, substitute:

the collection or use is:

- (a) for the purpose of
assigning a
healthcare identifier
to the healthcare
provider; or

- (b) for a purpose relating to the Healthcare Provider Directory

176 Section 21 (cell at table item 2, column 4)

Repeal the cell, substitute:
the use or disclosure is:

- (a) for the purpose of assisting the service operator to assign a healthcare identifier to the healthcare provider; or
(b) for a purpose relating to the Healthcare Provider Directory

177 Section 21 (cell at table item 3, column 4)

Repeal the cell, substitute:
the collection or use is:

- (a) for the purpose of assigning a healthcare identifier to the healthcare provider; or
(b) for a purpose relating to the Healthcare Provider Directory

178 Section 21 (at the end of the table)

Add:				
4	a registration authority a professional body	collect from the service operator use disclose to the service operator or a healthcare provider	healthcare identifier of a healthcare provider identifying information of a healthcare provider	the collection, use or disclosure is: (a) for the purpose of assigning a healthcare identifier to the healthcare provider; or (b) for a purpose relating to the

				Healthcare Provider Directory
5	service operator	collect from a registration authority or a professional body use disclose to the registration authority or a professional body	healthcare identifier of a healthcare provider identifying information of a healthcare provider	the collection, use or disclosure is: (a) for the purpose of assigning a healthcare identifier to the healthcare provider; or (b) for a purpose relating to the Healthcare Provider Directory
6	Aged Care Department National Disability Insurance Agency an entity prescribed by the regulations	disclose to the service operator use	healthcare identifier of a healthcare support service provider identifying information of a healthcare support service provider	the use or disclosure is: (a) for the purpose of assisting the service operator to assign a healthcare identifier to the healthcare support service provider; or (b) for a purpose relating to the Healthcare Provider Directory
7	Service operator	collect from the Aged Care Department, the National Disability Insurance Agency or an entity prescribed by the regulations	healthcare identifier of a healthcare support service provider identifying information of a healthcare support service	the collection or use is: (a) for the purpose of assisting the service operator to assign a healthcare identifier to the healthcare support service provider; or (b) for a purpose relating to the Healthcare Provider Directory

use provider

179 Section 22 (cell at table item 1, column 4)

Repeal the cell, substitute:

the use or disclosure is:

- (a) for the purposes of assisting the service operator to establish and maintain a record mentioned in section 10 (a record of healthcare identifiers assigned and other matters, such as requests made to the service operator to disclose those identifiers); or
- (b) for a purpose relating to the Healthcare Provider Directory

180 Section 22 (after table item 1)

Insert:

1A	a professional body a registration authority	collect from the service operator use disclose to the service operator	healthcare identifier of a healthcare provider information that relates to the healthcare identifier of a healthcare provider	the collection, use or disclosure is: (a) for the purposes of assisting the service operator to establish and maintain a record mentioned in section 10 (a record of healthcare identifiers assigned and other matters, such as requests made to the service operator to disclose those identifiers); or (b) for a purpose relating to the Healthcare Provider
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Directory

181 Section 22 (cell at table item 2, column 2)

Repeal the cell, substitute:

collect from a
registration authority or a
professional body
use

182 Section 22 (cell at table item 2, column 4)

Repeal the cell, substitute:

the collection or use is:

- (a) for the purposes of
assisting the service
operator to establish
and maintain a record
mentioned in
section 10 (a record
of healthcare
identifiers assigned
and other matters,
such as requests
made to the service
operator to disclose
those identifiers); or
- (b) for a purpose relating
to the Healthcare
Provider Directory

183 Section 22 (at the end of the table)

Add:

4	Service operator	collect from the Aged Care Department, the National Disability Insurance Agency or an entity prescribed	healthcare identifier of a healthcare support service provider identifying information of a healthcare	the use or disclosure is for the purposes of assisting the service operator to establish and maintain a record mentioned in section 10 (a record of healthcare identifiers assigned and other matters, such as
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by the regulations use	support service provider	requests made to the service operator to disclose those identifiers)
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184 Section 23 (cell at table item 1, column 1)

Repeal the cell, substitute:
identified healthcare
provider
health administration
entity

185 Section 23 (cell at table item 1, column 4)

Repeal the cell, substitute:
the use or disclosure is for the
purpose of:
(a) assisting the healthcare provider
to communicate or manage health
information or information about
support services, as part of
providing healthcare or support
services to a healthcare recipient;
or
(b) health administration

186 Section 23 (cell at table item 2, column 2)

Repeal the cell, substitute:
collect from an identified
healthcare provider or a
health administration
entity

187 Section 23 (cell at table item 2, column 4)

Repeal the cell, substitute:

the collection is for the purpose of:

- (a) assisting the healthcare provider to communicate or manage health information or information about support services, as part of providing healthcare or support services to a healthcare recipient; or
- (b) health administration

188 Section 23 (cell at table item 3, column 2)

Repeal the cell, substitute:

use
disclose to an identified
healthcare provider or a
health administration
entity

189 Section 23 (cell at table item 3, column 4)

Repeal the cell, substitute:

the use or disclosure is for the
purpose of:

- (a) assisting the healthcare provider to communicate or manage health information or information about support services, as part of providing healthcare or support services to a healthcare recipient; or
- (b) health administration

190 Section 23 (cell at table item 4, column 1)

Repeal the cell, substitute:

identified healthcare
provider
health administration
entity

191 Section 23 (cell at table item 4, column 4)

Repeal the cell, substitute:
the use or disclosure is for the
purpose of:
(a) assisting the healthcare provider
to communicate or manage health
information or information about
support services, as part of
providing healthcare or support
services to a healthcare recipient;
or
(b) health administration

192 Section 23 (table item 5)

Repeal the item, substitute:			
5	identified healthcare provider health administration entity	collect use disclose to another entity	healthcare identifier of a healthcare provider identifying information of a healthcare provider
			the collection, use or disclosure is for the purpose of: (a) communicating or managing health information or information about support services, as relating to healthcare or support services to a healthcare recipient; or (b) health administration; or (c) the provision of indemnity cover for a healthcare provider; or (d) communicating or managing health information or information about support services provided to a healthcare

				recipient, as part of the conduct of research that has been approved by a Human Research Ethics Committee or under another Australian law
6	an entity to which the healthcare identifier of a healthcare provider has been disclosed under item 5	collect use disclose to another entity	healthcare identifier of a healthcare provider identifying information of a healthcare provider	the collection, use or disclosure is for the purpose for which the information was disclosed under column 4 of item 5

193 Section 25A (table item 3, column 2)

After “registration authority” (wherever occurring) insert “or professional body”.

194 Section 25A (cell at table item 3, column 4)

Repeal the cell, substitute:

the collection, use or disclosure is:

- (a) for the purpose of ensuring that information held by the service operator, the registration authority or the professional body is accurate, up-to-date and complete; or
- (b) for a purpose relating to the Healthcare Provider Directory

195 Section 25A (cell at table item 4, column 1)

Repeal the cell, substitute:

registration authority
professional body

196 Section 25A (cell at table item 4, column 4)

Repeal the cell, substitute:

the collection, use or
disclosure is:

- (a) for the purpose of
ensuring that
information held by
the service operator,
the registration
authority or the
professional body is
accurate, up-to-date
and complete; or
- (b) for a purpose relating
to the Healthcare
Provider Directory

197 After section 25C

Insert:

**25CA Collection, use and disclosure of the healthcare identifier of a
healthcare provider organisation or healthcare support
service provider**

Any entity (including the service operator) may collect, use and
disclose to another entity the healthcare identifier or identifying
information of an identified healthcare provider organisation or an
identified healthcare support service provider for the purpose of:

- (a) communicating or managing health information, or
information about support services, as part of providing
healthcare or support services to a healthcare recipient; or
- (b) health administration.

198 Subsection 25E(1)

After “healthcare provider organisation”, insert “or a healthcare support service provider”.

199 Subsection 25E(1)

After “the organisation” (wherever occurring), insert “or provider”.

200 Paragraph 25E(2)(b)

After “healthcare provider organisation”, insert “or healthcare support service provider”.

201 After subsection 25E(3)

Insert:

(3A) Subsection (1) does not apply to a healthcare support service provider organisation if:

- (a) the healthcare support service provider is required to give the accurate, up-to-date and complete information to any of the following:
 - (i) the National Disability Insurance Agency;
 - (ii) the Aged Care Department;
 - (iii) an entity prescribed by regulations made for the purposes of item 6 of the table in section 21; and
- (b) the healthcare support service provider complies with the requirement.

202 Paragraph 26(1)(c)

After “identifying information”, insert “about an individual”.

203 Subsection 31(2)

Omit “only”, substitute “the service operator is only authorised to disclose personal information on the Healthcare Provider Directory”.

204 After paragraph 31(3)(d)

Insert:

- (da) whether a healthcare support service provider is a registered provider within the meaning of the *Aged Care Act 2024* or an NDIS provider within the meaning of the NDIS Act;

205 Paragraph 31(4)(a)

After “health information”, insert “or information on support services”.

206 Paragraph 31(4)(a)

After “healthcare” (first occurring), insert “or support services”.

207 After section 36A

Insert:

36BA Authorisation of healthcare provider to which an individual healthcare provider is linked

An authorisation under this Act to an individual healthcare provider to collect, use or disclose information for a particular purpose is an authorisation for a healthcare provider organisation to which the individual healthcare provider is linked to collect, use or disclose the information for that purpose on behalf of the individual healthcare provider.

Health Insurance Act 1973

208 Subparagraph 16A(5AA)(d)(v)

Omit “a residential care service within the meaning of the *Aged Care Act 1997*”, substitute “a residential care home (within the meaning of the *Aged Care Act 2024*)”.

209 Subparagraph 16A(5AA)(e)(ii)

Omit “residential care service within the meaning of the *Aged Care Act 1997*”, substitute “residential care home (within the meaning of the *Aged Care Act 2024*)”.

Home and Community Care Act 1985

210 Subclause 4(1) of the Schedule (definition of *long term residential care*)

Omit “through a residential care service within the meaning of the *Aged Care Act 1997*”, substitute “in an approved residential care home (within the meaning of the *Aged Care Act 2024*)”.

Human Services (Centrelink) Act 1997

211 Subsection 40A(3) (paragraph (b) of the definition of *designated program Act*)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

212 Saving provision

Section 40A of the *Human Services (Centrelink) Act 1997* applies on and after the commencement of this item as if a reference in paragraph (b) of the definition of ***designated program Act*** in subsection 40A(3) of that Act to the *Aged Care Act 2024* included a reference to the former *Aged Care Act 1997*.

Human Services (Medicare) Act 1973

213 Subparagraphs 41G(a)(iv) and (iva)

Repeal the subparagraphs, substitute:
(iv) the *Aged Care Act 2024*; or

214 Saving provision

Section 41G of the *Human Services (Medicare) Act 1973* applies on and after the commencement of this item as if a reference in subparagraph (a)(iv) of that section to the *Aged Care Act 2024* included a reference to the former *Aged Care Act 1997* and former *Aged Care (Transitional Provisions) Act 1997*.

215 Subsection 43A(3) (paragraph (b) of the definition of *designated program Act*)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

216 Saving provision

Section 43A of the *Human Services (Medicare) Act 1973* applies on and after the commencement of this item as if a reference in paragraph (b) of the definition of ***designated program Act*** in subsection 43A(3) of that Act to the *Aged Care Act 2024* included a reference to the former *Aged Care Act 1997*.

Income Tax Assessment Act 1997

217 Subsection 230-475(3) (heading)

Omit “*flexible*”, substitute “*specialist*”.

218 Subsection 230-475(3)

Omit all the words after “under which”, substitute “*funded aged care services are provided at an *approved residential care home or under a *specialist aged care program”.

219 Subsection 995-1(1)

Insert:

approved residential care home has the same meaning as in the *Aged Care Act 2024*.

220 Subsection 995-1(1) (definition of *flexible care*)

Repeal the definition.

221 Subsection 995-1(1)

Insert:

funded aged care service has the same meaning as in the *Aged Care Act 2024*.

222 Subsection 995-1(1) (definition of *residential care*)

Repeal the definition.

223 Subsection 995-1(1)

Insert:

specialist aged care program has the same meaning as in the *Aged Care Act 2024*.

Inspector-General of Aged Care Act 2023

224 Section 5 (after paragraph (a) of the definition of *aged care funding agreement*)

Insert:

(aa) an arrangement made under section 264 or 265 of the *Aged Care Act 2024*;

225 Section 5 (after paragraph (a) of the definition of aged care law)

Insert:

(aa) a provision of the *Aged Care Act 2024*;

226 Section 5 (paragraph (d) of the definition of aged care law)

After “paragraph (a),” insert “(aa),”.

227 Section 5 (subparagraph (b)(i) of the definition of protected information)

Repeal the paragraph, substitute:

(i) a registered provider (within the meaning of the *Aged Care Act 2024*); or

228 Subparagraph 18(2)(d)(iii)

Omit “under a provision of the *Aged Care Quality and Safety Commission Act 2018*”, substitute “of an Appointed Commissioner under a provision of the *Aged Care Act 2024*”.

229 Subparagraph 18(2)(d)(iv)

Omit “*Aged Care Quality and Safety Commission Act 2018*”, substitute “*Aged Care Act 2024*”.

230 Paragraph 21(3)(c)

Repeal the paragraph, substitute:

(c) if the review relates to the exercise of powers, or the performance of functions or duties, of an Appointed Commissioner under a provision of the *Aged Care Act 2024*—the Commissioner of the Aged Care Quality and Safety Commission;

231 Subsection 28(5)

Omit “1 March 2026”, substitute “1 November 2027”.

232 Subsection 64(12)

Omit all the words after “if the”, substitute:

disclosure:

- (c) is necessary to lessen or prevent a serious threat to the safety, health or well-being of an individual seeking to access, or accessing, funded aged care services (within the meaning of the *Aged Care Act 2024*); or
- (d) is for the purpose of, or in relation to, reporting a past threat to an individual’s life, health or safety to an entity (within the meaning of the *Aged Care Act 2024*) that has regulatory, compliance or law enforcement functions.

Military Rehabilitation and Compensation Act 2004

233 Subparagraph 286(1)(h)(ii)

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

234 Paragraph 287(2A)(b)

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

235 Subsection 409(5) (paragraph (e) of the definition of *receiving Commonwealth body*)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

My Health Records Act 2012

236 Paragraph 43(a)

Repeal the paragraph, substitute:

- (a) the healthcare provider organisation is an identified healthcare provider organisation within the meaning of the *Healthcare Identifiers Act 2010*; and

237 Subparagraph 45(ba)(ii)

Omit “an individual who is a member of a professional association described in paragraph 9A(1)(b) of the *Healthcare Identifiers Act 2010* and whose membership is not”, substitute “an individual who is represented by a professional body described in paragraph 9A(1)(b) of the *Healthcare Identifiers Act 2010* and whose credentials are not”.

National Disability Insurance Scheme Act 2013

238 Section 9 (definition of *entry*)

Repeal the definition.

239 Section 9 (definition of *home care*)

Repeal the definition.

240 Section 9

Insert:

ongoing funded aged care service has the same meaning as in the *Aged Care Act 2024*.

241 Section 9 (definition of *residential care service*)

Repeal the definition.

242 Section 9

Insert:

specialist aged care program has the same meaning as in the *Aged Care Act 2024*.

243 Paragraph 29(1)(b)

Omit “enters a residential care service on a permanent basis, or starts being provided with home care on a permanent basis”, substitute “commences accessing ongoing funded aged care services on a permanent basis, other than under a specialist aged care program”.

244 Subsection 29(1) (note)

Repeal the note.

National Health Act 1953

245 Subsection 93A(1) (paragraph (b) of the definition of *prescribed institution*)

Repeal the paragraph, substitute:

- (b) an approved residential care home within the meaning of the *Aged Care Act 2024*.

National Health Reform Act 2011

246 Section 5 (definition of *Aged Care Act*)

Repeal the definition, substitute:

Aged Care Act means the *Aged Care Act 2024*.

247 Paragraph 131A(1)(a)

Omit “or the *Aged Care (Transitional Provisions) Act 1997*”.

248 Subsection 131A(2)

Omit “to:”, substitute “to the objects of the *Aged Care Act* (as mentioned in section 5 of that Act).”.

249 Paragraphs 131A(2)(a) and (b)

Repeal the paragraphs.

250 Subparagraph 211D(2)(b)(i)

Omit “section 52G-4”, substitute “section 290”.

251 At the end of subsection 220A(4)

Add:

- ; (c) the Inspector-General of Aged Care.

252 Subsection 279(5)

Omit “a care recipient (within the meaning of the *Aged Care Act*) and a continuing care recipient (within the meaning of that Act)”, substitute “an individual accessing funded aged care services (within the meaning of the *Aged Care Act*)”.

Private Health Insurance Act 2007

253 Subparagraph 72-1(1)(c)(i)

Repeal the subparagraph, substitute:

- (i) the cost of funded aged care services (within the meaning of the *Aged Care Act 2024*); or

Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988

254 Subsection 151A(1) (table item 2)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

255 Subsection 151A(4) (paragraph (e) of the definition of *receiving Commonwealth body*)

Omit “*Aged Care Act 1997*”, substitute “*Aged Care Act 2024*”.

Sex Discrimination Act 1984

256 Subsection 4(1) (paragraphs (a) and (b) of the definition of *Commonwealth-funded aged care*)

Repeal the paragraphs, substitute:

- (a) funded aged care services (within the meaning of the *Aged Care Act 2024*); or
- (b) activities carried out in accordance with an arrangement made under subsection 265(1) of the *Aged Care Act 2024* for a purpose mentioned in paragraph 265(2)(d) or (e) of that Act; or

Social Security Act 1991

257 Subsection 4(9)

Omit all the words after “if the person”, substitute “accesses short-term funded aged care services (within the meaning of the *Aged Care Act 2024*) through the service group residential care (within the meaning of that Act) on that day”.

258 After paragraph 8(8)(zm)

Insert:

(zma) a payment under section 186 of the *Aged Care Act 2024*;

259 Paragraph 8(8)(zn) (note 3)

Repeal the note, substitute:

Note 3: The operation of this paragraph is limited by subsection (10A).

260 Paragraph 8(8)(zna) (note 3)

Repeal the note, substitute:

Note 3: The operation of this paragraph is limited by subsection (10A).

261 Paragraph 8(8)(znaa) (note 3)

Repeal the note, substitute:

Note 3: The operation of this paragraph is limited by subsection (10A).

262 Subsections 8(10A) and (10B)

Repeal the subsections, substitute:

(10A) Paragraphs (8)(zn), (zna) and (znaa) do not apply in relation to a person if:

- (a) those paragraphs did not apply in relation to the person immediately before the commencement of the *Aged Care Act 2024*; or
- (b) a period of 28 consecutive days ends after that commencement in which the person:
 - (i) was not provided with residential care or flexible care through a residential care service or a flexible care service; and
 - (ii) did not access ongoing funded aged care services in an approved residential care home;other than because the person was on leave.

263 Subsection 8(10C)

Omit “or (10B) and in the *Aged Care Act 1997*”, substitute “and in the *Aged Care Act 2024* or the *Aged Care Act 1997* (as in force immediately before the commencement of the *Aged Care Act 2024*)”.

264 Subsection 8(10C)

Omit “that Act”, substitute “those Acts”.

265 Subsection 11(1) (definition of *accommodation bond*)

Omit “1997”, substitute “2024”.

266 Subsection 11(1) (definition of *accommodation bond balance*)

Omit “1997”, substitute “2024”.

267 Subsection 11(1) (definition of *accommodation charge*)

Omit “1997”, substitute “2024”.

268 Subsection 11(1) (at the end of the definition of *charge exempt resident*)

Add “(as in force immediately before the commencement of the *Aged Care Act 2024*)”.

269 Subsection 11(1) (definition of *daily accommodation contribution*)

Omit “1997”, substitute “2024”.

270 Subsection 11(1) (definition of *daily accommodation payment*)

Omit “1997”, substitute “2024”.

271 Subsection 11(1) (definition of *refundable deposit*)

Omit “1997”, substitute “2024”.

272 Subsection 11(1) (definition of *refundable deposit balance*)

Omit “1997”, substitute “2024”.

273 Subparagraph 11A(8)(a)(i)

Omit “(or would be accruing such a liability, assuming that no sanctions under Part 7B of the *Aged Care Quality and Safety Commission Act 2018* were currently being imposed on the provider of the care concerned)”.

274 Paragraph 11A(8)(a) (note 1)

Omit “Note 1”, substitute “Note”.

275 Paragraph 11A(8)(a) (note 2)

Repeal the note.

276 Subparagraphs 11A(8)(b)(i) and (ba)(i)

Omit “sanctions under Part 7B of the *Aged Care Quality and Safety Commission Act 2018*”, substitute “conditions under section 143 of the *Aged Care Act 2024*”.

277 Subsections 11A(8A) and (8B)

Repeal the subsections, substitute:

- (8A) Subsection (8) does not apply in relation to a person if:
- (a) that subsection did not apply in relation to the person immediately before the commencement of the *Aged Care Act 2024*; or
 - (b) a period of 28 consecutive days ends after that commencement in which the person:
 - (i) was not provided with residential care or flexible care through a residential care service or a flexible care service; and
 - (ii) did not access ongoing funded aged care services in an approved residential care home;other than because the person was on leave.

278 Subsection 11A(8C)

Omit “or (8B) and in the *Aged Care Act 1997*”, substitute “and in the *Aged Care Act 2024* or the *Aged Care Act 1997* (as in force immediately before the commencement of the *Aged Care Act 2024*)”.

279 Subsection 11A(8C)

Omit “that Act”, substitute “those Acts”.

280 Paragraph 13(8A)(b)

Repeal the paragraph, substitute:

- (b) an approval to access funded aged care services in the service group residential care is in effect for the person under Division 3 of Part 2 of Chapter 2 of the *Aged Care Act 2024*.

281 Subsection 23(4CA)

Omit all the words after “if the person is”, substitute “accessing funded aged care services (other than under a specialist aged care program) through the service group residential care in an approved residential care home”.

282 Subsection 23(4CB)

Omit “1997”, substitute “2024”.

Treatment Benefits (Special Access) Act 2019

283 Subsection 5(1) (paragraph (a) of the definition of *hospital or other institution*)

Repeal the paragraph, substitute:

- (a) an approved residential care home (within the meaning of the *Aged Care Act 2024*);

284 Section 15

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

285 Paragraph 18(5)(b)

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

286 Transitional—continuity of arrangements

The amendment of the definition of *hospital or other institution* in subsection 5(1) of the *Treatment Benefits (Special Access) Act 2019* made by this Schedule does not affect the continuity of any arrangement entered into in accordance with section 17 of that Act that was in force immediately before the commencement of this item.

Veterans' Entitlements Act 1986

287 Paragraph 5H(8)(na)

Omit “under Part 3.1 of the *Aged Care Act 1997* or Part 3.1 of the *Aged Care (Transitional Provisions) Act 1997* made to an approved provider (within the meaning of the *Aged Care Quality and Safety Commission Act 2018*) in respect of care provided”, substitute “made to a registered provider under Division 4 of Part 2 of Chapter 4 of the *Aged Care Act 2024* in respect of care delivered”.

288 Paragraph 5H(8)(nb)

Omit “1997”, substitute “2024”.

289 After paragraph 5H(8)(nb)

Insert:

(nba) a payment under section 186 of the *Aged Care Act 2024*;

290 Paragraph 5H(8)(nc) (note 1)

Omit “1997”, substitute “2024”.

291 Paragraph 5H(8)(nc) (note 4)

Repeal the note, substitute:

Note 4: The operation of this paragraph is limited by subsection (11A).

292 Paragraph 5H(8)(nd) (note 3)

Repeal the note, substitute:

Note 3: The operation of this paragraph is limited by subsection (11A).

293 Paragraph 5H(8)(ne)

Omit “1997”, substitute “2024”.

294 Paragraph 5H(8)(nf) (note 3)

Repeal the note, substitute:

Note 3: The operation of this paragraph is limited by subsection (11A).

295 Subsections 5H(11A) and (11B)

Repeal the subsections, substitute:

(11A) Paragraphs (8)(nc), (nd) and (nf) do not apply in relation to a person if:

- (a) those paragraphs did not apply in relation to the person immediately before the commencement of the *Aged Care Act 2024*; or
- (b) a period of 28 consecutive days ends after that commencement in which the person:
 - (i) was not provided with residential care or flexible care through a residential care service or a flexible care service; and
 - (ii) did not access ongoing funded aged care services in an approved residential care home;other than because the person was on leave.

296 Subsection 5H(11C)

Omit “or (11B) and in the *Aged Care Act 1997*”, substitute “and in the *Aged Care Act 2024* or the *Aged Care Act 1997* (as in force immediately before the commencement of the *Aged Care Act 2024*)”.

297 Subsection 5H(11C)

Omit “that Act”, substitute “those Acts”.

298 Subsection 5L(1) (definition of *accommodation bond*)

Omit “1997”, substitute “2024”.

299 Subsection 5L(1) (definition of *accommodation bond balance*)

Omit “1997”, substitute “2024”.

300 Subsection 5L(1) (definition of *accommodation charge*)

Omit “1997”, substitute “2024”.

301 Subsection 5L(1) (definition of *daily accommodation contribution*)

Omit “1997”, substitute “2024”.

302 Subsection 5L(1) (definition of *daily accommodation payment*)

Omit “1997”, substitute “2024”.

303 Subsection 5L(1) (definition of *refundable deposit*)

Omit “1997”, substitute “2024”.

304 Subsection 5L(1) (definition of *refundable deposit balance*)

Omit “1997”, substitute “2024”.

305 Subsection 5L(3B)

Omit “*Act 1997*”, substitute “*Rules 2025*”.

306 Subsection 5L(3B)

Omit “that Act”, substitute “the *Aged Care Act 2024*”.

307 Subsection 5L(3BA)

Omit “1997”, substitute “2024”.

308 Subparagraphs 5LA(8)(a)(i), (b)(i) and (ba)(i)

Omit “sanctions under Part 7B of the *Aged Care Quality and Safety Commission Act 2018*”, substitute “conditions under section 143 of the *Aged Care Act 2024*”.

309 Subsection 5LA(8) (note 1)

Omit “1997”, substitute “2024”.

310 Subsection 5LA(8) (note 4)

Omit all the words after “certain conditions are”, substitute “met in accordance with rules made for the purposes of Chapter 4 of the *Aged Care Act 2024*”.

311 Subsections 5LA(8A) and (8B)

Repeal the subsections, substitute:

- (8A) Subsection (8) does not apply in relation to a person if:
- (a) that subsection did not apply in relation to the person immediately before the commencement of the *Aged Care Act 2024*; or
 - (b) a period of 28 consecutive days ends after that commencement in which the person:
 - (i) was not provided with residential care or flexible care through a residential care service or a flexible care service; and
 - (ii) did not access ongoing funded aged care services in an approved residential care home;
 other than because the person was on leave.

312 Subsection 5LA(8C)

Omit “or (8B) and in the *Aged Care Act 1997*”, substitute “and in the *Aged Care Act 2024* or the *Aged Care Act 1997* (as in force immediately before the commencement of the *Aged Care Act 2024*)”.

313 Subsection 5LA(8C)

Omit “that Act”, substitute “those Acts”.

314 Subsection 5N(1) (definition of *residential care charge*)

Omit “an approved provider (within the meaning of the *Aged Care Quality and Safety Commission Act 2018*) for the provision”, substitute “a registered provider (within the meaning of the *Aged Care Act 2024*) for the delivery”.

315 Subsection 5N(1) (definition of *residential care charge*)

Omit “the *Aged Care Act 1997*”, substitute “that Act”.

316 Subsection 5NC(5)

Omit all the words after “purposes of this Act”, substitute “if the person is accessing ongoing funded aged care services (other than under a specialist aged care program) in an approved residential care home operated by a registered provider”.

317 Subsection 5NC(8)

Omit all the words after “if the person”, substitute “accesses short-term funded aged care services through the service group residential care”.

318 Subsection 5NC(9)

Omit “and in the *Aged Care Act 1997*”, substitute “or (8) and in the *Aged Care Act 2024*”.

319 Subsection 84(3A)

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

320 Paragraph 90(1B)(b)

Omit “Chapter 3 of the *Aged Care Act 1997* or of the *Aged Care (Transitional Provisions) Act 1997*”, substitute “Part 2 of Chapter 4 of the *Aged Care Act 2024*”.

321 Section 131 (paragraph (f) of the definition of *receiving Commonwealth body*)

Omit “1997”, substitute “2024”.

322 Subclause 12(2) of Schedule 5 (note)

Omit “1997”, substitute “2024”.

323 Subclauses 13(1) and (2) of Schedule 5 (note 1)

Omit “1997”, substitute “2024”.

324 Subclauses 13(1) and (2) of Schedule 5 (note 2)

Omit “1997: see”, substitute “1997 (as in force immediately before the commencement of Schedule 1 to the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022*): see also”.

325 Clause 17 of Schedule 5 (at the end of the definition of *charge exempt resident*)

Add “(as in force immediately before the commencement of Schedule 1 to the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022*)”.

Schedule 4—Release of remaining home care packages

Aged Care Act 1997

1 After subsection 23B-1(5)

Insert:

- (5A) The Secretary must, as soon as practicable after the commencement of this subsection, make such determinations under subsection (1) as are necessary to ensure all home care packages that were available but not released immediately before that commencement under the Australian Government framework known as the National Priority System are released to recipients.

Schedule 5—Release of 20,000 home care packages

Aged Care Act 1997

1 At the end of section 23B-1

Add:

- (7) The Secretary must make such determinations under subsection (1) as are necessary to ensure that before the commencement of the *Aged Care Act 2024* there are available and released to recipients a number of home care packages under the Australian Government framework known as the National Priority System that is equal to or greater than the number worked out as follows:
- (a) the number of such home care packages available and released to recipients immediately before the commencement of this subsection; plus
 - (b) 20,000 such home care packages.

*[Minister's second reading speech made in—
House of Representatives on 24 July 2025
Senate on 31 July 2025]*

(42/25)
