



Accountability Principles 2014

made under section 96-1 of the

Aged Care Act 1997

Compilation No. 19

Compilation date: 27 April 2022

Includes amendments up to: F2022L00549

Registered: 28 April 2022

Prepared by the Office of Parliamentary Counsel, Canberra

About this compilation

This compilation

This is a compilation of the *Accountability Principles 2014* that shows the text of the law as amended and in force on 27 April 2022 (the **compilation date**).

The notes at the end of this compilation (the **endnotes**) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

Part 1—Preliminary	1
1 Name of principles.....	1
3 Authority.....	1
4 Definitions.....	1
Part 1A—Allowing delegates of Secretary access to service to assess care needs of care recipients	4
4A Purpose of this Part.....	4
4B Access to service.....	4
Part 2—Information to be given to Quality and Safety Commissioner	5
5 Purpose of this Part.....	5
6 Information about unexplained absence of care recipients.....	5
Part 3—Information to be given to Secretary	6
Division 1—Information about residential care services	6
24 Purpose of this Division.....	6
26 Information about quality of residential care.....	6
28 Period for notifying Secretary about entry of care recipient to residential care service.....	6
Division 2—Information about home care services	7
29 Purpose of this Division.....	7
30 Notification of start of home care through a home care service.....	7
30A Notification of cessation of home care through a home care service.....	7
Division 3—Information about vaccinations	8
30B Purpose of this Division.....	8
30BA Reports about service staff—influenza vaccinations.....	8
30C Reports about service staff—COVID-19 vaccinations.....	9
30CA Reports about residential care recipients—influenza vaccinations.....	11
30D Reports about residential care recipients—COVID-19 vaccinations.....	12
Part 4—Aged care financial report	14
Division 1—Preliminary	14
31 Purpose of this Part.....	14
31A Application of this Part.....	14
32 What is an approved provider’s financial year.....	14
33 Reviewable decision.....	15
Division 2—Responsibilities of approved providers	16
34 Purpose of this Division.....	16
35 Aged care financial reports—general.....	16
35A General purpose financial reports for non-government approved providers of residential care services.....	17
36 Auditing of general purpose financial reports—non-government approved providers.....	18
37 Provision of aged care financial report to Secretary—general.....	19
37A Provision of general purpose financial report to care recipients etc. by non-government approved providers.....	19
38 Service provided during part only of financial year.....	19

39	Provision of financial support statements	19
40	What is a financial support statement?.....	20
41	Provision of further information and documents to Secretary.....	21
Part 5—Participation in aged care workforce census		23
45	Purpose of this Part	23
46	Participation in aged care workforce census	23
Part 6—Responsibilities in relation to certain staff members and volunteers		24
47	Purpose of this Part	24
48	Requirements in relation to new staff members and volunteers.....	24
49	Arrangements for new staff members or volunteers who do not yet have a police certificate or an NDIS worker screening clearance	25
50	Continuing responsibilities of approved providers.....	26
51	Spent convictions.....	26
Part 7A—Reasonable steps to ensure suitability of key personnel		27
53A	Purpose of this Part	27
53B	Reasonable steps to be taken by approved provider.....	27
Part 8—Application, transitional and savings provisions		28
54	Application—amendments made by the <i>Aged Care Legislation Amendment (Financial Reporting) Principles 2017</i>	28
55	Transitional—approvals of auditors.....	28
57	Application—amendments made by the <i>Accountability Amendment (Financial Information) Principles 2021</i>	28
Endnotes		29
Endnote 1—About the endnotes		29
Endnote 2—Abbreviation key		30
Endnote 3—Legislation history		31
Endnote 4—Amendment history		33

Part 1—Preliminary

1 Name of principles

These principles are the *Accountability Principles 2014*.

3 Authority

These principles are made under section 96-1 of the *Aged Care Act 1997*.

4 Definitions

Note: A number of expressions used in these principles are defined in the Act, including the following:

- (a) approved provider;
- (aa) disqualified individual;
- (b) flexible care;
- (c) home care;
- (ca) key personnel;
- (cb) Quality and Safety Commissioner;
- (e) residential care.

In these principles:

Act means the *Aged Care Act 1997*.

aged care financial report, for a financial year for an approved provider, means the report required by section 35.

Australian accounting standards means the accounting standards in force under section 334 of the *Corporations Act 2001*.

Note: In 2017, the Australian accounting standards were accessible at <http://www.aasb.gov.au>.

charge exempt resident has the meaning given by clause 1 of Schedule 1 to the *Aged Care (Transitional Provisions) Act 1997*.

financial support statement, for an approved provider, has the meaning given by section 40.

financial year, for an approved provider, has the meaning given by subsection 32(1).

general purpose financial report, for a financial year for an approved provider, means a report prepared by the provider as required by section 35A.

home care setting has the meaning given by section 4 of the *Subsidy Principles 2014*.

multi-purpose service has the meaning given by section 104 of the *Subsidy Principles 2014*.

Section 4

National Aged Care Mandatory Quality Indicator Program Manual means the *National Aged Care Mandatory Quality Indicator Program Manual 2.0—Part A*, published on the Department’s website, as existing at the start of 1 July 2021.

NDIS worker screening clearance means a clearance within the meaning of the NDIS worker screening rules.

NDIS worker screening rules means the *National Disability Insurance Scheme (Practice Standards—Worker Screening) Rules 2018*.

police certificate, for a person, means a report about the person’s criminal conviction record prepared by:

- (a) the Australian Federal Police; or
- (b) the Australian Criminal Intelligence Commission; or
- (c) an agency accredited by the Australian Criminal Intelligence Commission; or
- (d) the police force or police service of a State or Territory.

process of obtaining an NDIS worker screening clearance means the process of obtaining a clearance within the meaning of the NDIS worker screening rules.

residential care setting has the meaning given by section 4 of the *Subsidy Principles 2014*.

service staff, in relation to an aged care service, has the meaning given by section 4 of the *Quality of Care Principles 2014*.

short-term restorative care has the meaning given by section 106A of the *Subsidy Principles 2014*.

staff member, of an approved provider, means a person who:

- (a) is at least 16 years old; and
- (b) is employed, hired, retained or contracted by the approved provider (whether directly or through an employment or recruitment agency) to provide care or other services under the control of the approved provider; and
- (c) has, or is reasonably likely to have, access to care recipients.

Examples of persons who are staff members of an approved provider:

- (a) key personnel of the approved provider; and
- (b) employees and contractors of the approved provider who provide care to care recipients; and
- (c) allied health professionals contracted by the approved provider to provide care to care recipients; and
- (d) kitchen, laundry, garden and office personnel employed by the approved provider; and
- (e) consultants, trainers and advisors for accreditation support or systems improvement who are under the control of the approved provider.

Examples of persons who are not staff members of an approved provider:

- (a) visiting medical practitioners, pharmacists and other allied health professionals who have been requested by, or on behalf of, a care recipient but are not contracted by the approved provider; and

- (b) tradespeople who perform work otherwise than under the control of the approved provider (that is, as independent contractors).

Statement of Accounting Concepts SAC 1 means the *Statement of Accounting Concepts SAC 1 “Definition of the Reporting Entity”*, issued by the Australian Accounting Research Foundation and the Accounting Standards Review Board, as existing at the commencement of the *Aged Care Legislation Amendment (Financial Reporting) Principles 2017*.

Note: In 2017, the Statement of Accounting Concepts SAC 1 was accessible at <http://www.aasb.gov.au>.

subsidiary has the same meaning as in the *Corporations Act 2001*.

transition care has the meaning given by section 106 of the *Subsidy Principles 2014*.

ultimate holding company has the same meaning as in the *Corporations Act 2001*.

volunteer, for an approved provider, means a person who:

- (a) is not a staff member of the approved provider; and
- (b) offers his or her services to the approved provider; and
- (c) provides care or other services on the invitation of the approved provider and not solely on the express or implied invitation of a care recipient; and
- (d) has, or is reasonably likely to have, unsupervised access to care recipients; and
- (e) is at least 16 years old or, if the person is a full-time student, is at least 18 years old.

Section 4A

Part 1A—Allowing delegates of Secretary access to service to assess care needs of care recipients

4A Purpose of this Part

For the purposes of paragraph 63-1(1)(ha) of the Act, this Part requires an approved provider to allow delegates of the Secretary access to an aged care service through which the approved provider provides aged care in order to assess, under section 29C-3 of the Act, the care needs of care recipients provided with care through the service.

4B Access to service

- (1) This section applies if:
 - (a) a delegate of the Secretary gives the approved provider notice in writing that the delegate requires access to the service on a day specified in the notice to assess, under section 29C-3 of the Act, the care needs of care recipients provided with care through the service; and
 - (b) the notice is given at least 2 days before the specified day.
- (2) The approved provider must allow the delegate timely access to the following on the specified day as required for the delegate to make the assessments:
 - (a) all areas of the premises used to provide care through the service;
 - (b) staff members of the approved provider who are on those premises on the specified day;
 - (c) the care recipients whose care needs are to be assessed;
 - (d) records relating to the care needs of those care recipients.

Part 2—Information to be given to Quality and Safety Commissioner

5 Purpose of this Part

For the purposes of paragraph 63-1(1)(m) of the Act, this Part specifies the responsibilities of an approved provider of a residential care service to give certain information about the service to the Quality and Safety Commissioner.

6 Information about unexplained absence of care recipients

- (1) An approved provider of a residential care service must inform the Quality and Safety Commissioner if:
 - (a) a care recipient is absent from the service; and
 - (b) the absence is unexplained; and
 - (c) the absence is reported to the police.
- (2) The information must be given to the Quality and Safety Commissioner as soon as reasonably practicable, but not later than 24 hours after the care recipient's absence is reported to the police.

Part 3—Information to be given to Secretary

Division 1—Information about residential care services

24 Purpose of this Division

This Division specifies:

- (a) for paragraph 63-1(1)(m) of the Act—the responsibilities of an approved provider of a residential care service to give certain information to the Secretary about the service; and
- (b) for subsection 63-1B(2) of the Act—the period within which an approved provider of a residential care service must notify the Secretary of the entry of a care recipient into the service.

26 Information about quality of residential care

For the purposes of paragraph 63-1(1)(m) of the Act, an approved provider of residential care must, in accordance with the National Aged Care Mandatory Quality Indicator Program Manual:

- (a) make measurements or other assessments that:
 - (i) relate to care recipients to whom the approved provider provides residential care; and
 - (ii) are relevant to indicating the quality of the residential care; whether or not making the measurements or other assessments involves collecting or using personal information, or health information, and therefore sensitive information, within the meaning of the *Privacy Act 1988*, about the care recipients; and
- (b) compile or otherwise derive from those measurements and assessments (and any relevant measurements and assessments made in accordance with the National Aged Care Mandatory Quality Indicator Program Manual as existing before 1 July 2021) information that:
 - (i) is relevant to indicating the quality of the care; and
 - (ii) is not personal information about any of the care recipients; and
- (c) give the information to the Secretary.

28 Period for notifying Secretary about entry of care recipient to residential care service

For subsection 63-1B(2) of the Act, the period within which an approved provider of a residential care service must notify the Secretary of the entry of a care recipient (other than as a recipient of respite care) into the service is 28 days after the day on which the care recipient enters the service.

Division 2—Information about home care services

29 Purpose of this Division

For paragraph 63-1(1)(m) of the Act, this Division specifies the responsibility of an approved provider of a home care service to notify the Secretary of certain information about care recipients who start or cease to be provided with home care through the service.

30 Notification of start of home care through a home care service

- (1) An approved provider of a home care service must notify the Secretary, in writing, of each care recipient who starts to be provided with home care through the service.
- (2) The notice under subsection (1) must:
 - (a) be in a form approved by the Secretary; and
 - (b) be given within 28 days after the care recipient starts to be provided with home care through the service.

30A Notification of cessation of home care through a home care service

- (1) An approved provider of a home care service must notify the Secretary, in writing, of:
 - (a) each care recipient who ceases to be provided with home care through the service on or after 27 February 2017; and
 - (b) the day the care recipient ceases to be provided with that home care.
- (2) The notice under subsection (1) must:
 - (a) be in a form approved, in writing, by the Secretary; and
 - (b) be given within 31 days after the care recipient ceases to be provided with home care through the service.

Division 3—Information about vaccinations

30B Purpose of this Division

For the purposes of paragraph 63-1(1)(m) of the Act, this Division specifies the responsibility of an approved provider of certain kinds of aged care services to give a report to the Secretary about the numbers of service staff and care recipients who have, or have not, received certain vaccinations.

30BA Reports about service staff—influenza vaccinations

Residential care services, certain flexible care services and home care services

- (1) An approved provider of:
- (a) a residential care service; or
 - (b) a flexible care service through which transition care is provided (whether in a residential or community setting); or
 - (c) a flexible care service through which short-term restorative care is provided (whether in a residential care setting or a home care setting); or
 - (d) a home care service;

must, on each influenza vaccination reporting day, give the Secretary a report, in a form approved by the Secretary, that sets out the following information in relation to the service staff in relation to the service:

- (e) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received the annual seasonal influenza vaccination for the calendar year that includes the influenza vaccination reporting day;
- (f) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have not received the annual seasonal influenza vaccination for the calendar year that includes the influenza vaccination reporting day because:
 - (i) an exemption from the requirement to receive that vaccination under a law of a State or Territory applies to them; or
 - (ii) the requirement to receive that vaccination under a law of a State or Territory does not apply to them;
- (g) for those service staff covered by paragraph (f):
 - (i) the nature of the exemption from the requirement to receive that vaccination under a law of a State or Territory; or
 - (ii) the reason why the requirement to receive that vaccination under a law of a State or Territory does not apply to them.

Multi-purpose services

- (2) An approved provider of a multi-purpose service must, on each influenza vaccination reporting day, give the Secretary a report, in a form approved by the

Section 30C

Secretary, that sets out the following information in relation to the service staff in relation to the service who access, or are reasonably likely to access, any premises where residential care is provided through the service:

- (a) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received the annual seasonal influenza vaccination for the calendar year that includes the influenza vaccination reporting day;
- (b) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have not received the annual seasonal influenza vaccination for the calendar year that includes the influenza vaccination reporting day because:
 - (i) an exemption from the requirement to receive that vaccination under a law of a State or Territory applies to them; or
 - (ii) the requirement to receive that vaccination under a law of a State or Territory does not apply to them;
- (c) for those service staff covered by paragraph (b):
 - (i) the nature of the exemption from the requirement to receive that vaccination under a law of a State or Territory; or
 - (ii) the reason why the requirement to receive that vaccination under a law of a State or Territory does not apply to them.

Meaning of influenza vaccination reporting day

- (3) In this section:

influenza vaccination reporting day means:

- (a) 31 October 2022; and
- (b) each subsequent 31 October.

30C Reports about service staff—COVID-19 vaccinations

Residential care services, certain flexible care services and home care services

- (1) An approved provider of:
- (a) a residential care service; or
 - (aa) a flexible care service through which transition care is provided (whether in a residential or community setting); or
 - (b) a flexible care service through which short-term restorative care is provided (whether in a residential care setting or a home care setting); or
 - (ba) a home care service;
- must, on each COVID-19 vaccination reporting day, give the Secretary a report, in a form approved by the Secretary, that sets out the following information:
- (c) the total number of service staff in relation to the service;
 - (d) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received a single dose of a COVID-19 vaccine;

Section 30C

- (e) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received a second dose of a COVID-19 vaccine;
- (ea) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received a booster dose of a COVID-19 vaccine;
- (f) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have not received one or more of the following:
 - (i) a single dose of a COVID-19 vaccine;
 - (ii) a second dose of a COVID-19 vaccine;
 - (iii) a booster dose of a COVID-19 vaccine;because:
 - (iv) an exemption from the requirement to receive a COVID-19 vaccine under a law of a State or Territory applies to them; or
 - (v) the requirement to receive a COVID-19 vaccine under a law of a State or Territory does not apply to them;
- (g) for those service staff covered by paragraph (f):
 - (i) the nature of the exemption from the requirement to receive a COVID-19 vaccine under a law of a State or Territory; or
 - (ii) the reason why the requirement to receive a COVID-19 vaccine under a law of a State or Territory does not apply to them.

Multi-purpose services

- (2) An approved provider of a multi-purpose service must, on each COVID-19 vaccination reporting day, give the Secretary a report, in a form approved by the Secretary, that sets out the following information:
 - (a) the total number of service staff in relation to the service who access, or are reasonably likely to access, any premises where residential care is provided through the service;
 - (b) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received a single dose of a COVID-19 vaccine;
 - (c) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received a second dose of a COVID-19 vaccine;
 - (ca) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have received a booster dose of a COVID-19 vaccine;
 - (d) the number of those service staff who have informed the approved provider, whether voluntarily or as required under a law of a State or Territory, that they have not received one or more of the following:
 - (i) a single dose of a COVID-19 vaccine;
 - (ii) a second dose of a COVID-19 vaccine;
 - (iii) a booster dose of a COVID-19 vaccine;

because:

- (iv) an exemption from the requirement to receive a COVID-19 vaccine under a law of a State or Territory applies to them; or
- (v) the requirement to receive a COVID-19 vaccine under a law of a State or Territory does not apply to them;
- (e) for those service staff covered by paragraph (d):
 - (i) the nature of the exemption from the requirement to receive a COVID-19 vaccine under a law of a State or Territory; or
 - (ii) the reason why the requirement to receive a COVID-19 vaccine under a law of a State or Territory does not apply to them.

Exceptions

- (3) However, an approved provider is not required to give the Secretary a report under subsection (1) or (2) on a COVID-19 vaccination reporting day if the number of service staff referred to in each of paragraphs (1)(d), (e), (ea) and (f), or paragraphs (2)(b), (c), (ca) and (d), (as the case requires) on that day is the same as in the last report given by the approved provider under subsection (1) or (2).

Meaning of COVID-19 vaccination reporting day

- (4) In this section:

COVID-19 vaccination reporting day means:

- (a) 3 May 2022; and
- (b) each subsequent Tuesday.

30CA Reports about residential care recipients—influenza vaccinations

- (1) An approved provider of:
 - (a) a residential care service; or
 - (b) a flexible care service through which transition care is provided in a residential setting; or
 - (c) a flexible care service through which short-term restorative care is provided in a residential care setting; or
 - (d) a multi-purpose service;

must, on each influenza vaccination reporting day, give the Secretary a report, in a form approved by the Secretary, that states the number of care recipients to whom residential care is provided through the service who have voluntarily informed the approved provider that they have received the annual seasonal influenza vaccination for the calendar year that includes the influenza vaccination reporting day.

Meaning of influenza vaccination reporting day

- (2) In this section:

Section 30D

influenza vaccination reporting day has the meaning given by subsection 30BA(3).

30D Reports about residential care recipients—COVID-19 vaccinations

- (1) An approved provider of:
- (a) a residential care service; or
 - (aa) a flexible care service through which transition care is provided in a residential setting; or
 - (b) a flexible care service through which short-term restorative care is provided in a residential care setting; or
 - (c) a multi-purpose service;
- must, on each COVID-19 vaccination reporting day, give the Secretary a report, in a form approved by the Secretary, that sets out the following information:
- (d) the total number of care recipients to whom residential care is provided through the service;
 - (e) the number of those care recipients who have voluntarily informed the approved provider that they have received a single dose of a COVID-19 vaccine;
 - (f) the number of those care recipients who have voluntarily informed the approved provider that they have received a second dose of a COVID-19 vaccine;
 - (g) the number of those care recipients who have voluntarily informed the approved provider that they have received a third dose of a COVID-19 vaccine;
- Note: Care recipients who are assessed by their health practitioner as being immunocompromised may receive a third dose of a COVID-19 vaccine.
- (h) the number of those care recipients who have voluntarily informed the approved provider that they have received a booster dose of a COVID-19 vaccine;
 - (i) the number of those care recipients who have voluntarily informed the approved provider that they have received a winter 2022 dose of a COVID-19 vaccine;
 - (j) the number of those care recipients who have voluntarily informed the approved provider that they are willing and clinically suitable to receive one or more doses of a COVID-19 vaccine but they have not received any dose of a COVID-19 vaccine;
 - (k) the number of those care recipients who have voluntarily informed the approved provider that they are unwilling or clinically unsuitable to receive:
 - (i) any recommended dose of a COVID-19 vaccine; or
 - (ii) all of the recommended doses of a COVID-19 vaccine.

Exceptions

- (2) However, an approved provider is not required to give the Secretary a report under subsection (1) on a COVID-19 vaccination reporting day if the number of

Section 30D

care recipients referred to in each of paragraphs (1)(e) to (k) on that day is the same as in the last report given by the approved provider under subsection (1).

Meaning of COVID-19 vaccination reporting day

(3) In this section:

COVID-19 vaccination reporting day has the meaning given by subsection 30C(4).

Part 4—Aged care financial report

Division 1—Preliminary

31 Purpose of this Part

For paragraph 63-1(1)(m) of the Act, this Part:

- (a) specifies financial reporting responsibilities of approved providers described in any of paragraphs 31A(a), (b) and (c); and
- (b) provides for the period that is a financial year for those approved providers.

31A Application of this Part

This Part applies to an approved provider if the approved provider is:

- (a) an approved provider of a residential care service; or
- (b) an approved provider of a home care service; or
- (c) an approved provider of a flexible care service through which short-term restorative care is provided.

32 What is an approved provider's financial year

- (1) A **financial year** for an approved provider is:
 - (a) a period of 12 months beginning on 1 July; or
 - (b) if, under subsection (3), the Secretary determines another period of 12 months (being a period that begins on the first day of a month)—that other period.
- (2) An approved provider may apply to the Secretary to determine a period of 12 months, other than the period starting on 1 July, to be the approved provider's financial year.
- (3) If the Secretary receives an application from an approved provider for a determination under subsection (2), the Secretary must:
 - (a) make, or refuse to make, the determination; and
 - (b) notify the approved provider, in writing, of the Secretary's decision:
 - (i) within 28 days; or
 - (ii) if the Secretary has requested further information in relation to the application—within 28 days, excluding the period within which the information is requested and received.

Note: A decision to refuse to make a determination is a reviewable decision under section 33.

- (4) The Secretary may determine another period to be the approved provider's financial year under subsection (3) only if the Secretary is satisfied, on reasonable grounds, that it would be impracticable for the approved provider to comply with the requirements of Division 2 in relation to a period of 12 months starting on 1 July.

- (5) If the Secretary's decision is to refuse to make a determination for the approved provider under subsection (3), the Secretary must also give the approved provider a written statement of the reasons for the decision.

33 Reviewable decision

- (1) A decision under subsection 32(3) to refuse to make a determination that a period of 12 months, other than the period starting on 1 July, be an approved provider's financial year is a reviewable decision under section 85-1 of the Act.
- (2) Part 6.1 of the Act applies to a reviewable decision mentioned in subsection (1) as if a reference in that Part to this Act included a reference to these principles.

Division 2—Responsibilities of approved providers

34 Purpose of this Division

This Division specifies responsibilities in relation to financial reporting of an approved provider.

35 Aged care financial reports—general

- (1) An approved provider must prepare in accordance with this section a report for a financial year for the approved provider (the *aged care financial report*).

Note: The aged care financial report prepared by an approved provider that provides services mentioned in 2 or more subsections of this section must be prepared in accordance with each of those subsections.

Who must sign the aged care financial report?

- (2) If the approved provider is not a State, a Territory, an authority of a State or Territory or a local government authority, the aged care financial report must be signed by:
- (a) if the provider is a body corporate that is incorporated, or taken to be incorporated, under the *Corporations Act 2001*—a director of the body corporate for the purposes of that Act; and
 - (b) otherwise—a member of the provider’s governing body.
- (2A) If the approved provider is a State, a Territory, an authority of a State or Territory or a local government authority, the aged care financial report must be signed by one of the approved provider’s key personnel who is authorised by the provider to sign the report.

Residential care services—providers generally

- (3) If the approved provider is an approved provider of one or more residential care services, the aged care financial report must include information about the matters mentioned in paragraphs 63-2(2)(ca), (cb), (d) and (f) of the Act, in a form approved by the Secretary.

Note 1: This information is information that the Minister needs to prepare a report under section 63-2 of the Act.

Note 2: The aged care financial report of an approved provider of a residential care service must also include the approved provider’s annual prudential compliance statement required to be given under section 51 of the *Fees and Payments Principles 2014* (No. 2)—see paragraph 51(2)(d) of those principles.

Residential care services—non-government providers

- (4) If the approved provider is an approved provider of one or more residential care services, and is not a State, a Territory, an authority of a State or Territory or a local government authority, the aged care financial report must:
- (a) be in a form approved by the Secretary; and

- (b) be accompanied by a copy of each general purpose financial report relating to any of those services for the approved provider for the financial year that has been audited in accordance with section 36; and
- (c) be accompanied by a copy of each audit opinion obtained in accordance with section 36 about such a general purpose financial report.

Note: If a non-government approved provider of a residential care service is a subsidiary of another body corporate, the aged care financial report must also be accompanied by a financial support statement for the provider: see subsection 39(2).

Residential care services—government providers

- (6) If the approved provider is an approved provider of one or more residential care services, and is a State, a Territory, an authority of a State or Territory or a local government authority, the aged care financial report must include a financial report relating to those services for the financial year, in a form approved by the Secretary.

Home care services

- (7) If the approved provider is an approved provider of one or more home care services, the aged care financial report must include a financial report relating to those services for the financial year, in a form approved by the Secretary.

Flexible care services involving short-term restorative care

- (8) If the approved provider is an approved provider of one or more flexible care services through which the approved provider provides short-term restorative care, the aged care financial report must include a financial report relating to those services for the financial year, in a form approved by the Secretary.

35A General purpose financial reports for non-government approved providers of residential care services

- (1) An approved provider mentioned in subsection 35(4) must prepare in accordance with this section one or more reports for a financial year for the approved provider (each of which is a **general purpose financial report**). Together those reports must deal with all the residential care services provided by the provider in the financial year (whether or not any of those reports also deals with other matters).
- (2) Each general purpose financial report must:
 - (a) be a general purpose financial report within the meaning given by section 6 of the Statement of Accounting Concepts SAC 1; and
 - (b) be in accordance with the Australian accounting standards in force at the time the report is prepared; and
 - (c) give a true and fair view of the financial position and performance of the approved provider for the financial year in relation to one or more residential care services provided by the provider during the financial year (whether or not the report also deals with other matters); and

Section 36

- (d) be written as if the approved provider were, so far as it provided those services, a distinct reporting entity within the meaning of the Statement of Accounting Concepts SAC 1.
- (3) If a general purpose financial report deals with a matter other than a residential care service provided by the provider in the financial year, the report must be prepared as if the residential care provided through the residential care services it relates to were a reportable segment for the purposes of the Australian accounting standards relating to segment reporting in force at the time the report is prepared.
- (4) Despite subsections (2) and (3), if all the information about a residential care service that is required by the form mentioned in paragraph 35(4)(a) is included in the approved provider's aged care financial report for the financial year, none of that information need be included in a general purpose financial report of the approved provider for the financial year.

Note: The general purpose financial report must accompany the aged care financial report when it is given to the Secretary—see paragraph 35(4)(b) (and section 37 for giving the aged care financial report to the Secretary).

36 Auditing of general purpose financial reports—non-government approved providers

- (1) An approved provider that prepared a general purpose financial report must have it audited by:
- (a) a registered company auditor within the meaning of the *Corporations Act 2001*; or
 - (b) a person approved by the Secretary under subsection (3).
- (2) The approved provider must obtain an audit opinion about the general purpose financial report from a registered company auditor or a person approved under subsection (3) that includes a statement as to whether the report complies with paragraphs 35A(2)(b) and (c).
- (3) The Secretary may approve a person to audit a general purpose financial report if the Secretary is satisfied that the person has appropriate qualifications and experience.
- (4) The Secretary may revoke an approval of a person under subsection (3) if the Secretary is satisfied that the person is no longer a fit and proper person to audit a general purpose financial report.
- (5) A decision under subsection (4) is a decision reviewable under section 85-1 of the Act.
- (6) Part 6.1 of the Act applies to a reviewable decision mentioned in subsection (5) as if a reference in that Part to this Act included a reference to these principles.

37 Provision of aged care financial report to Secretary—general

An approved provider must give the aged care financial report for a financial year for the approved provider to the Secretary within 4 months after the end of the financial year.

37A Provision of general purpose financial report to care recipients etc. by non-government approved providers

An approved provider must give a copy of its most recently audited general purpose financial report relating to a residential care service to each person who asks for a copy and is:

- (a) a care recipient of the residential care service; or
- (b) approved as a recipient of residential care and considering receiving residential care through the residential care service; or
- (c) a representative of a person covered by paragraph (a) or (b).

38 Service provided during part only of financial year

If an approved provider of an aged care service was responsible for the operations of the service during part only of a financial year for the approved provider, the approved provider is taken to have complied with sections 35 to 37A in relation to the service for the financial year if the approved provider complied with those sections in relation to the service and that part of the financial year.

39 Provision of financial support statements

Scope of this section

- (1) This section applies in relation to an approved provider if:
 - (a) the provider provides a residential care service; and
 - (b) the provider is not a State, a Territory, an authority of a State or Territory or a local government authority; and
 - (c) the provider is a subsidiary of another body corporate.

Financial support statement to be given with aged care financial report

- (2) If an approved provider is required under section 37 to give the Secretary an aged care financial report for the provider for a financial year, then the provider must, when giving the report to the Secretary, also give the Secretary a financial support statement for the provider signed within the period of 4 months starting on the day after the end of the financial year.

Note: For who must sign a financial support statement, see subsection 40(4).

- (3) However, subsection (2) does not apply to an approved provider in relation to a financial year if:

Section 40

- (a) the aged care financial report for the provider for the year includes an explanation of why the provider has not complied with subsection (2) in relation to that year; and
- (b) the provider has a reasonable excuse for not complying with subsection (2) in relation to that year.

Financial support statement to be given on request

- (4) The Secretary may at any time, by notice in writing, require an approved provider to give the Secretary a financial support statement for the provider signed within the period for signing specified in the notice.

Note: For who must sign a financial support statement, see subsection 40(4).

- (5) An approved provider must comply with a notice under subsection (4) within the period for complying specified in the notice or, if no such period is specified in the notice, within 28 days after the day when the notice is given.
- (6) However, subsection (5) does not apply to an approved provider in relation to a notice under subsection (4) if:
 - (a) at or before the end of the period within which the provider would (but for this subsection) be required to comply with the notice, the provider gives the Secretary a written explanation of why the provider is not able to comply with the notice; and
 - (b) the provider has a reasonable excuse for not complying with the notice.

Secretary may request further information and documents

- (7) The Secretary may at any time, by notice in writing, require an approved provider to give the Secretary specified information or documents that the Secretary considers are, or may be, relevant to assessing whether a provider has a reasonable excuse for the purposes of paragraph (3)(b) or (6)(b).
- (8) An approved provider must comply with a notice under subsection (7) within the period for complying specified in the notice or, if no such period is specified in the notice, within 28 days after the day when the notice is given.

40 What is a financial support statement?

- (1) A **financial support statement**, for an approved provider, is a written statement by the ultimate holding company in relation to the provider that satisfies the requirements in subsections (2), (4) and (5).
- (2) The statement must either:
 - (a) state that the ultimate holding company is willing and able, while the provider remains an approved provider, to provide any financial support to the provider that is needed in order to enable the provider to pay the debts of the provider specified under subsection (3) in relation to the statement; or

- (b) state that the ultimate holding company is not willing and able, while the provider remains an approved provider, to provide such financial support to the provider.
- (3) For the purposes of paragraph (2)(a), the following debts of the provider are specified in relation to the statement (whether or not the debts relate to the provision of aged care services by the provider):
 - (a) any debts of the provider that are outstanding immediately before the start of the day (the *giving day*) when the statement is given to the Secretary;
 - (b) any debts of the provider that:
 - (i) are debts that become due during the period that starts on the giving day and ends immediately before the start of the first day after the giving day when the provider gives the Secretary another financial support statement for the provider; or
 - (ii) if the provider never gives the Secretary another financial support statement for the provider after the giving day—are debts that become due on or after the giving day.
- (4) The statement must be signed by:
 - (a) if the ultimate holding company is a body corporate that is incorporated, or taken to be incorporated, under the *Corporations Act 2001*—a director of the body corporate for the purposes of that Act; and
 - (b) otherwise—a member of the ultimate holding company’s governing body.
- (5) The statement must be in a form (if any) approved by the Secretary for the purposes of this subsection.

41 Provision of further information and documents to Secretary

Approved provider must comply with notices under this section

- (1) An approved provider must comply with a notice under subsection (3) or (5) within the period specified in the notice or, if no period is specified in the notice, within 28 days after the day when the notice is given.
- (2) An approved provider complies with a notice under subsection (3) or (5) requiring the provider to give information or documents only if the provider gives the information or documents in a form (if any) approved by the Secretary for the purposes of that subsection.

Notice to provide updated information

- (3) The Secretary may at any time, by notice in writing, require an approved provider to give the Secretary updated information about a matter, as specified in the notice, if information about the matter is included in, or is required by or under the Act to be included in:
 - (a) an aged care financial report for the provider given to the Secretary in accordance with section 37 of this instrument; or

Section 41

- (b) a general purpose financial report for the provider that is required under paragraph 35(4)(b) of this instrument to accompany such an aged care financial report.

Note: Since an aged care financial report for an approved provider must include an annual prudential compliance statement for the provider (see paragraph 51(2)(d) of the *Fees and Payments Principles 2014 (No. 2)*), the Secretary may, under this subsection, require updated information about a matter if information about the matter is included or required to be included in such an annual prudential compliance statement.

- (4) A notice under subsection (3) may require an approved provider to give updated information about a matter in relation to a period that is:
 - (a) the same as the period to which a report for the provider (as mentioned in paragraph (3)(a) or (b)) relates; or
 - (b) different from the period to which such a report relates.

Notice to provide supporting information or documents

- (5) The Secretary may at any time, by notice in writing, require an approved provider to give the Secretary specified information or documents that the Secretary considers are, or may be, relevant to assessing the accuracy of:
 - (a) information included in a report for the provider mentioned in paragraph (3)(a) or (b); or
 - (b) updated information given to the Secretary by the provider in accordance with a notice under subsection (3).
- (6) To avoid doubt, a notice under subsection (5) may require an approved provider to give the Secretary information or documents whether or not the information or documents are required by or under the Act to be included in a report for the provider mentioned in paragraph (3)(a) or (b) of this section.

Part 5—Participation in aged care workforce census

45 Purpose of this Part

For paragraph 63-1(1)(m) of the Act, this Part specifies responsibilities of an approved provider of an aged care service to participate in an aged care workforce census.

46 Participation in aged care workforce census

- (1) If an approved provider of an aged care service receives an aged care workforce census form sent by or on behalf of the Department, the approved provider must complete the form and return it to the Department by the date specified in the form.
- (2) If an approved provider of an aged care service was not responsible for the operations of the service during all or some of a period covered by an aged care workforce census, the approved provider is taken to have complied with subsection (1) in relation to the service and the census.

Part 6—Responsibilities in relation to certain staff members and volunteers

47 Purpose of this Part

For paragraph 63-1(1)(m) of the Act, this Part specifies the responsibilities of an approved provider to ensure:

- (a) that each person who is a staff member of the approved provider, or a volunteer for the approved provider:
 - (i) has been issued with a police certificate or has an NDIS worker screening clearance; and
 - (ii) if necessary, has made a statutory declaration stating that the person has not been convicted of certain offences; and
- (b) that persons with certain criminal convictions do not provide aged care.

48 Requirements in relation to new staff members and volunteers

- (1) An approved provider must not allow a person to become a staff member of the approved provider, or a volunteer for the approved provider, unless the approved provider is satisfied that subsection (2) or (3) applies to the person.

Police certificates

- (2) This subsection applies to a person if:
 - (a) subject to subsection 49(1), there is for the person a police certificate that is dated not more than 3 years before the day on which the person would first become a staff member or volunteer; and
 - (b) the police certificate does not record that the person has been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault; and
 - (c) for a person who has been, at any time after turning 16, a citizen or permanent resident of a country other than Australia—the person has made a statutory declaration stating that the person has never been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault.

NDIS worker screening clearances

- (3) This subsection applies to a person if:
 - (a) subject to subsection 49(2), the person has an NDIS worker screening clearance that:
 - (i) was issued not more than 5 years before the day on which the person would first become a staff member or volunteer; and

- (ii) is not suspended; and
- (b) for a person who has been, at any time after turning 16, a citizen or permanent resident of a country other than Australia—the person has made a statutory declaration stating that the person has never been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault.

49 Arrangements for new staff members or volunteers who do not yet have a police certificate or an NDIS worker screening clearance

Police certificates

- (1) Despite paragraph 48(2)(a), an approved provider may allow a person to become a staff member of the approved provider, or a volunteer for the approved provider, if:
 - (a) a police certificate has not been issued for the person; and
 - (b) the care or other service to be provided by the person is essential; and
 - (c) an application for a police certificate for the person has been made before the day on which the person would first become a staff member or volunteer; and
 - (d) until the police certificate is issued, the person will be subject to appropriate supervision during periods when the person has access to care recipients; and
 - (e) the person makes a statutory declaration stating that the person has never been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault.

NDIS worker screening clearances

- (2) Despite paragraph 48(3)(a), an approved provider may allow a person to become a staff member of the approved provider, or a volunteer for the approved provider, if:
 - (a) the person is in the process of obtaining an NDIS worker screening clearance; and
 - (b) the care or other service to be provided by the person is essential; and
 - (c) until the person has an NDIS worker screening clearance, the person will be subject to appropriate supervision during periods when the person has access to care recipients; and
 - (d) the person makes a statutory declaration stating that the person has never been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault.

Section 50

50 Continuing responsibilities of approved providers

- (1) An approved provider must ensure that for each person who is a staff member of the approved provider, or a volunteer for the approved provider, either:
 - (a) there is a police certificate for the person that is not more than 3 years old and that does not record that the person has been:
 - (i) convicted of murder or sexual assault; or
 - (ii) convicted of, and sentenced to imprisonment for, any other form of assault; or
 - (b) the person has an NDIS worker screening clearance that:
 - (i) is not more than 5 years old; and
 - (ii) is not suspended.
- (1A) Subsection (1) does not apply in relation to a period during which there is no police certificate for a person, or the person does not have an NDIS worker screening clearance, as permitted by section 49.
- (2) An approved provider must ensure that each person who is a staff member of the approved provider, or a volunteer for the approved provider, is not allowed to continue as a staff member or volunteer unless the approved provider is satisfied that neither a police certificate issued for the person (if any), nor any statutory declaration made by the person, records that the person has been:
 - (a) convicted of murder or sexual assault; or
 - (b) convicted of, and sentenced to imprisonment for, any other form of assault.
- (3) An approved provider must take reasonable measures to require each person who is a staff member of the approved provider, or a volunteer for the approved provider, to notify the approved provider if the staff member or volunteer is:
 - (a) convicted of murder or sexual assault; or
 - (b) convicted of, and sentenced to imprisonment for, any other form of assault.
- (4) An approved provider must ensure that a staff member of the approved provider, or a volunteer for the approved provider, is not allowed to continue as a staff member or volunteer if the approved provider is satisfied on reasonable grounds that the staff member or volunteer has been:
 - (a) convicted of murder or sexual assault; or
 - (b) convicted of, and sentenced to imprisonment for, any other form of assault.

51 Spent convictions

Nothing in this Part affects the operation of Part VIIC of the *Crimes Act 1914* (which includes provisions that, in certain circumstances, relieve persons from the requirement to disclose spent convictions and require persons aware of such convictions to disregard them).

Part 7A—Reasonable steps to ensure suitability of key personnel

53A Purpose of this Part

For the purposes of subsection 63-1A(2) of the Act, this Part specifies reasonable steps that an approved provider must take to ensure that none of its key personnel is a disqualified individual.

53B Reasonable steps to be taken by approved provider

- (1) An approved provider must take the following steps in relation to each person who is a key personnel of the provider:
 - (a) the provider must ensure that the person understands the obligations of key personnel and of approved providers under the Act and the Quality and Safety Commission Act in relation to disqualified individuals;
 - (b) if the provider reasonably believes that the person is unable to perform the person's duties as a key personnel of the provider because of mental incapacity—the provider must make arrangements for the person to be examined by a registered medical practitioner;
 - (c) if the provider reasonably believes that the person is a disqualified individual—the provider must take one or more of the steps referred to in subsection (2) to ascertain if the person is a disqualified individual; and
 - (d) if the provider has ascertained that the person is a disqualified individual—the provider must ensure that the person ceases to be one of the provider's key personnel.
- (2) An approved provider must take the following steps in relation to a person before, or as soon as practicable after, the person becomes a key personnel of the provider:
 - (a) the provider must obtain (with the person's written consent) a police certificate for the person, unless the provider is satisfied that the person has an NDIS worker screening clearance that:
 - (i) was issued not more than 5 years before the day on which the person would first become a key personnel of the provider; and
 - (ii) is not suspended;
 - (b) the provider must conduct a search of bankruptcy records;
 - (c) the provider must conduct previous employment and referee checks.

Part 8—Application, transitional and savings provisions

54 Application—amendments made by the *Aged Care Legislation Amendment (Financial Reporting) Principles 2017*

The amendments of these principles made by Part 1 of Schedule 1 to the *Aged Care Legislation Amendment (Financial Reporting) Principles 2017* apply to a financial year for an approved provider that begins on or after 1 July 2016.

55 Transitional—approvals of auditors

An approval of a person that was in force under subsection 36(3) immediately before the commencement of the amendment of that subsection by the *Aged Care Legislation Amendment (Financial Reporting) Principles 2017* continues in force on and after that commencement as if it had been given under that subsection as amended by those principles.

57 Application—amendments made by the *Accountability Amendment (Financial Information) Principles 2021*

- (1) The amendments of section 35, and the addition of subsection 39(2), by the *Accountability Amendment (Financial Information) Principles 2021* apply in relation to an aged care financial report that is given to the Secretary on or after the commencement of that instrument, whether the financial year to which the report relates begins before, on or after that commencement.
- (2) Subsections 41(3) to (6), as added by the *Accountability Amendment (Financial Information) Principles 2021*, apply in relation to a report mentioned in paragraph 41(3)(a) or (b) of this instrument that is given to the Secretary on or after 1 July 2021, whether the financial year to which the report relates begins before, on or after that date.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

- Endnote 1—About the endnotes
- Endnote 2—Abbreviation key
- Endnote 3—Legislation history
- Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnotes

Endnote 2—Abbreviation key

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Accountability Principles 2014	26 June 2014 (F2014L00831)	1 July 2014 (s 2)	
Accountability Amendment Principle 2014 (No. 1)	16 Jan 2015 (F2015L00050)	17 Jan 2015 (s 2)	—
Aged Care Legislation Amendment (Removal of Certification and Other Measures) Principles 2015	30 June 2015 (F2015L00998)	Sch 1 (items 1–6): 1 July 2015 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Independent Complaints Arrangements) Principle 2015	24 Dec 2015 (F2015L02122)	Sch 1 (items 1–6): 1 Jan 2016 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Short-term Restorative Care) Principles 2016	5 May 2016 (F2016L00670)	Sch 1 (items 28–45): 6 May 2016 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Increasing Consumer Choice) Principles 2016	23 Sept 2016 (F2016L01492)	Sch 1 (items 4–7): 27 Feb 2017 (s 2(1) item 3)	—
Aged Care Legislation Amendment (Financial Reporting) Principles 2017	12 Sept 2017 (F2017L01163)	Sch 1 (items 1–25, 30): 13 Sept 2017 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Financial Reporting) Principles 2018	27 July 2018 (F2018L01061)	Sch 1 (items 1, 2): 28 July 2018 (s 2(1) item 1)	—
Aged Care Quality and Safety Commission (Consequential Amendments) Rules 2018	24 Dec 2018 (F2018L01840)	Sch 1 (items 1, 2): 1 Jan 2019 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019	20 June 2019 (F2019L00849)	Sch 1 (items 1–3): 1 July 2019 (s 2(1) item 1)	—
Aged Care Legislation Amendment (New Commissioner Functions) Instrument 2019	23 Dec 2019 (F2019L01696)	Sch 1 (items 1–7): 1 Jan 2020 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Serious Incident Response Scheme) Instrument 2021	9 Mar 2021 (F2021L00222)	Sch 1 (items 4, 5): 1 Apr 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Aged Care Recipient Classification) Principles 2021	29 Mar 2021 (F2021L00357)	Sch 1 (item 1): 1 Apr 2021 (s 2(1) item 1)	—

Endnotes

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Aged Care Legislation Amendment (Service Staff Vaccination Recording and Reporting) Principles 2021	4 June 2021 (F2021L00697)	Sch 1 (items 1, 2): 5 June 2021 (s 2(1) item 2) Sch 2: repealed before commencing (s 2(1) item 3)	—
as amended by			
Aged Care Legislation Amendment (Vaccination Information) Principles (No. 2) 2021	21 Dec 2021 (F2021L01873)	Sch 1 (items 28, 29): 22 Dec 2021 (s 2(1) item 3)	—
Aged Care Legislation Amendment (Requirements for Staff Members and Volunteers) Instrument 2021	15 June 2021 (F2021L00758)	Sch 1 (items 1–6, 15, 16): 16 June 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Quality Indicator Program) Principles 2021	29 June 2021 (F2021L00897)	Sch 1 (items 1–3): 1 July 2021 (s 2(1) item 1)	—
Accountability Amendment (Financial Information) Principles 2021	30 June 2021 (F2021L00933)	1 July 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Care Recipients and Service Staff Vaccination Recording and Reporting) Principles 2021	12 July 2021 (F2021L00981)	Sch 2: 21 July 2021 (s 2(1) item 3) Sch 3 (items 1–4): repealed before commencing (s 2(1) item 4)	—
as amended by			
Aged Care Legislation Amendment (Vaccination Information) Principles (No. 2) 2021	21 Dec 2021 (F2021L01873)	Sch 1 (items 26, 27): 22 Dec 2021 (s 2(1) item 3)	—
Aged Care Legislation Amendment (Vaccination Information) Principles 2021	3 Sept 2021 (F2021L01236)	Sch 1 (items 1–14): 6 Sept 2021 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Vaccination Information) Principles (No. 2) 2021	21 Dec 2021 (F2021L01873)	Sch 1 (items 1–15): 1 Jan 2022 (s 2(1) item 2)	—
Aged Care Legislation Amendment (Vaccination Information) Principles 2022	21 Jan 2022 (F2022L00056)	Sch 1 (items 1–5): 22 Jan 2022 (s 2(1) item 1)	—
Aged Care Legislation Amendment (Vaccination Information) Principles (No. 2) 2022	6 Apr 2022 (F2022L00549)	Sch 1 (items 1–5): 27 Apr 2022 (s 2(1) item 1)	—

Endnote 4—Amendment history

Provision affected	How affected
Part 1	
s 2	rep LIA s 48D
s 4	am F2015L00998; F2015L02122; F2016L00670; F2017L01163; F2018L01840; F2019L00849; F2019L01696; F2021L00222; F2021L00697; F2021L00758; F2021L00897; F2021L00933; F2021L01236
Part 1A	
Part 1A.....	ad F2021L00357
s 4A.....	ad F2021L00357
s 4B.....	ad F2021L00357
Part 2	
Part 2.....	rep F2018L01840 ad F2019L01696
Division 1 heading.....	rs F2016L00670
Subdivision A	rep F2018L01840
s 5	rep F2015L00998
s 6	rep F2015L00998 ad F2019L01696
s 7	rep F2015L00998
s 8	rep F2015L00998
Subdivision B heading.....	rep F2015L02122
s 9	am F2015L00050; F2015L02122; F2016L00670 rep F2018L01840
s 10	am F2015L00050; F2016L00670 rep F2018L01840
s 11	am F2016L00670 rep F2018L01840
Subdivision C.....	rep F2015L02122
s 12	rep F2015L02122
s 13	rep F2015L02122
s 14	rep F2015L02122
s 15	rep F2015L02122
Division 2 heading.....	rs F2016L00670 rep F2018L01840
s 16	am F2016L00670 rep F2018L01840
s 17	am F2016L00670 rep F2018L01840

Endnotes

Endnote 4—Amendment history

Provision affected	How affected
s 18	am F2016L00670 rep F2018L01840
s 19	am F2015L00998; F2016L00670 rep F2018L01840
s 20	am F2016L00670 rep F2018L01840
s 21	am F2016L00670 rep F2018L01840
s 22	am F2016L00670 rep F2018L01840
s 23	am F2015L00998; F2016L00670 rep F2018L01840
Part 3	
Part 3 heading	rs F2017L01163
Division 1	
s 24	am F2017L01163
s 25	rep F2019L01696
s 26	rep F2017L01163 ad F2019L00849 am F2021L00897
s 27	rep F2017L01163
Division 2	
s 29	am F2016L01492
s 30	am F2016L01492
s 30A.....	ad F2016L01492
Division 3	
Division 3	ad F2021L00697
s 30B.....	ad F2021L00697 rs F2021L01236
s 30BA.....	ad F2021L01873
s 30C.....	ad F2021L00697 am F2021L00981; F2021L01236; F2021L01873; F2022L00056; F2022L00549
s 30CA.....	ad F2021L01873
s 30D.....	ad F2021L00981 am F2021L01236; F2021L01873; F2022L00549
Part 4	
Part 4 heading	rs F2017L01163
Division 1	
s 31	am F2017L01163
s 31A.....	ad F2017L01163

Endnote 4—Amendment history

Provision affected	How affected
s 32	am F2017L01163
Division 2	
Division 2 heading	rs F2017L01163
s 34	am F2017L01163
s 35	rs F2017L01163
	am F2018L01061; F2021L00933
s 35A.....	ad F2017L01163
s 36	am F2017L01163
s 37	rs F2017L01163
s 37A.....	ad F2017L01163
s 38	am F2017L01163; F2021L00933
s 39	ad F2021L00933
s 40	ad F2021L00933
s 41	ad F2021L00933
Division 3	rep F2017L01163
s 39	rep F2017L01163
s 40	rep F2017L01163
s 41	rep F2017L01163
Division 4	rep F2017L01163
s 42	rep F2017L01163
s 43	rep F2017L01163
s 44	rep F2017L01163
Part 6	
s 47	am F2021L00758
s 48	rs F2021L00758
s 49	rs F2021L00758
s 50	am F2021L00758
Part 7.....	rep F2021L00222
s 52	am F2019L01696
	rep F2021L00222
s 53	am F2019L01696
	rep F2021L00222
Part 7A	
Part 7A.....	ad F2019L01696
s 53A.....	ad F2019L01696
s 53B.....	ad F2019L01696
	am F2021L00758
Part 8	
Part 8.....	ad F2017L01163
s 54	ad F2017L01163
s 55	ad F2017L01163

Endnotes

Endnote 4—Amendment history

Provision affected	How affected
s 56	ad F2019L00849 rep F2021L00897
s 57	ad F2021L00933
