

Consultation Submission

Aged Care Rules 2025 – Release 3

Introduction

██████████ is a leading aged care, retirement living and veteran support services charitable organisation. ██████████ currently employs over 3,000 staff providing care and services to more than 9,500 people and its footprint stretches across 60 sites throughout NSW and the ACT, including 29 residential aged care facilities, 27 retirement villages and five Veteran and Family Hubs (with additional hubs under construction).

██████████ is unrivalled in its dedicated support for veterans, particularly during the transition from military service to civilian life.

Our Contribution to the new Aged Care Rules 2025

██████████ welcomes the opportunity to provide a response to the current consultation on the draft Aged Care Rules 2025. We support the intention to strengthen the Aged Care legislation, ensuring it underpins a respectful, transparent, and effectively regulated aged care system that prioritises quality of life, the rights and needs of older people and supports aged care providers, and workers across the aged care sector in achieving these goals.

This submission addresses the draft Release 3 of the Aged Care Rules dated 13 February 2025 (the **Rules**) relating to Provider Obligations in connection with the Aged Care Act 2024 (**Act**). Our submission should be read in the context that undrafted provisions may have a bearing on comments made.

Submission

1. **Commencement Date (Rules Reference: 2-5 Commencement)**

We note the commencement date of the Rules to correspond to the commencement date of the Act, being 1 July 2025. ██████████ reiterates its prior position that there should be a reasonable transition period of at least 12 months to assist the industry in digesting their new obligations, revise policies, implement staff training, recruit necessary personnel. This will be especially important for large scale providers and where changes to IT systems will be required to comply.

2. **Worker screening requirements (Rules Reference: Chapter 4, Part 6, Subdivision A & B)**

152-15(2) – We query what constitutes ‘*reasonable measures to require each responsible person of the provider to notify the provider if the person has been: (a) convicted of murder or sexual assault*’. Persons convicted of such crimes are extremely unlikely to self-report and therefore it is unclear what would constitute ‘reasonable measures’. Prescribing what searches or identification steps are required would be more effective in enabling providers to unambiguously comply with this obligation. We feel this is captured in other provisions.



3. **Worker screening exemption** (Rules reference: 152-15(1)(c) & 152-20(1)(c))

These provisions exempt health professionals from obtaining a police certificate or an NDIS clearance certificate which we feel is unnecessary. We understand that such persons are only required to obtain police clearance upon initial registration and all subsequent renewals of registration are subject to an honesty declaration that nothing has changed. The residents would be better served with a consistent and robust approach to screening.

4. **Vaccination obligations** (Rules Reference: 153-10)

Providers must provide access to vaccinations *'in accordance with the Australian Immunisation Handbook' (AIH)*. Given that most providers will not administer the vaccinations internally and will outsource this requirement we recommend the obligation includes less direct wording (eg the provider must 'ensure directly or indirectly to provide access in accordance with the AIH').

Can the Rules clarify the meaning of 'access to the vaccinations...for free'. Does this mean purely access to the provision of a vaccine or does it extend to the administering of the relevant vaccines. If the later, we recommend the obligation should only apply to providers whilst the vaccines are fully subsidised by the Government to avoid unreasonable financial burden on providers.

5. **Vaccination records** (Rules Reference: Chapter 4, Part 7)

We note the obligations to keep records and report workers and resident who have received influenza and COVID-19 vaccinations but query why the vaccinations set out in 153-15 (Other Vaccinations – pneumococcal and shingles) has not been included given the contagious nature of pneumococcal.

6. **Access to individuals** (Rules Reference: 156-5)

Whilst we welcome the provision, we query the application of 'at any time', if a resident requests access to certain persons at unreasonable times, it is unclear how a provider will balance this with potential adverse impacts to other residents.

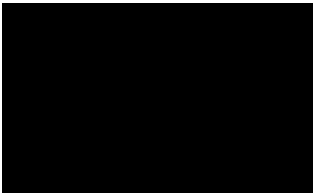
7. **Vaccination reports** (Rules Reference: 166-10 & 166-20)


Both theses provisions are unclear in defining the reporting period. They refer to a 'calendar year' which is a 12 month period. Section 166-10 refers to reporting *'for the calendar year that includes the reporting day'* and 166-20 refers to *'for the calendar year that includes the [31 July]'*, each being a part year or not aligned to a calendar year. We recommend either clarifying the reporting periods is a part year or clarifying that the period is a 12 month period prior to the reporting date.

Additionally, the wording is ambiguous in that the above also reads that the intention of the provision is to capture data for the day of reporting which is impractical. We suggest the reporting period ends on the day immediately before the reporting date.

8. **Complaints reporting** (Rules Reference: 166-210(4))

This provision requires providers to provide a detailed report to the System Governor and the Commission about each complaint which is an unnecessary level of oversight and will cause an unreasonable burden for large providers. We





feel the appropriate level of oversight by the Commission is achieved through the providers obligations under 166-710 which includes an overview or summary of complaints and a continuous plan for improvement.

9. Reporting general (Rules Reference: 166-310(3), 610, 615, 620, 625, 645)

Various provisions in the Rules refer to '*in a form approved in writing by the System Governor*'. Providers will be unable to prepare or assess the implications of such provisions without details. We request that providers be given adequate time from issue of the 'form' so providers can ensure the information requested in the form is being captured with current systems and processes and therefore possible to include in such reports.

10. Reporting general (Rules Reference: 166-345)

Providers currently provide a profit and loss statement per facility with the current legislative framework (QFR and prudential). This section appears to require a provider to prepare a separate audited financial report for each residential care home. This will cause a significant time and cost burden for large providers with numerous homes under one corporate entity. We do not understand what additional protections this achieves in addition to larger providers providing consolidated audited financial statements for the registered provider.