

# NT Health response to the new Aged Care Rules consultation

## Aged Care Rules Release 4b

In accordance with the findings of the Royal Commission into aged care quality and safety, NT Health supports a new Aged Care Act that puts people first, through simplicity, accessibility, choice and inclusion.

NT Health note the publishing of the exposure draft of the Rules in stages, ahead of the new Act starting from 1 July 2025 and provides the following feedback on the Aged Care Rules Release 4b.

### Rules that exist now in aged care

Topic	NT Health response
<b>Eligibility for Entry (Chapter 2, Part 2)</b>  These Rules create the eligibility criteria for service groups outside of the Constitutional requirements of the Aged Care Act and details reassessment and alternate entry timelines.	<p><b><i>"Section 62-5 of the Rules specifies that the approved tool that must be used is the IAT."</i></b></p> <p>NT Health note for the purposes of subsection 62(1) of the Act, the Integrated Assessment Tool (IAT) is prescribed.</p> <p>NT Health seeks assurance that:</p> <ul style="list-style-type: none"><li>• assessment organisations are adequately funded to train staff in use of the IAT. This will ensure staff are competent using the IAT and individuals being assessed are assessed accurately and consistently. Appropriately trained assessors will lead to quality assessments.</li><li>• the intent of the IAT to provide a more streamlined and consistent approach to assessments will be achieved and the tool is appropriately supported through IT maintenance and upgrades and secure storage mechanisms.</li><li>• the IAT is reviewed annually to ensure it has the flexibility to ask the individual specific questions that are crucial for certain individuals, particularly those with complex or unique care needs.</li></ul> <p><b><i>"Reassessments will be legislated for the first time under 'reassessments'".</i></b></p> <p>NT Health note for the purposes of subparagraph 64(1)(c)(i) of the Act, each of the prescribed change in circumstances in relation to an individual who is accessing funded aged care services other than through the service group residential care.</p> <p>NT Health agree there are circumstances requiring reassessment such as decline in an individual's condition that affects their need for services and/or a carer for the individual has permanently ceased to provide some or all care to the individual.</p>

Topic	NT Health response
	<p>The approach for telehealth review is supported as it is anticipated this will ensure a more timely reassessment for the individual.</p> <p>Please consider the following as this is not clear in Rules 4b:</p> <ul style="list-style-type: none"> <li>• Will there be a maximum timeframe for reassessment?</li> <li>• Can the individual's representative answer the questions for reassessment on behalf of the individual?</li> <li>• Is there a separate reassessment organisation cost in the overall unit price for assessment?</li> </ul> <p><b><i>"Criteria for access of younger people to aged care services has been tightened."</i></b></p> <p>NT Health note the strict eligibility criteria for people based on age to ensure people receive age-appropriate care and support. This poses a challenge if a younger person does not qualify for either the NDIS or the aged care system. Currently, in the Northern Territory, residential aged care often becomes the default residence for such individuals. There is concern that responsibility will shift to states and territories under the new Act with no other identified supported independent living pathways.</p> <p><b><i>"New eligibility criteria will allow for Aboriginal and Torres Strait Islander people"</i></b></p> <p>NT Health support the new eligibility criteria that will allow for Aboriginal and Torres Strait Islander people to access aged care from 50 years old, reflecting the higher level of comorbidities and lower life expectancy of First Nations people. It is crucial that aged care services for Aboriginal and Torres Strait Islander people are culturally responsive.</p> <p>In the Northern Territory, 70% of people who live remotely are Aboriginal and reside in one of 600 communities and remote outstations, with significant barriers to accessing hospital and specialist clinical services. There are also barriers to accessing aged care services across the Northern Territory due to thin markets, with a greater need to meet aged care service demand for people who are homeless or at risk of homelessness in urban areas.</p> <p><b><i>Exceptional circumstances</i></b></p> <p>NT Health note the exceptional circumstances Clause under Section 65(4) - Approval of access for funded aged care services and seeks clarity or examples on what may be considered exceptional circumstances and whether guidelines will be developed to inform the System Governor's consideration in these matters.</p>

Topic	NT Health response
<p><b>Provision of information to individuals (section 155)</b></p> <p>The Rules will set out the requirements relating to the sorts of information registered providers will need to give and explain to individuals accessing or seeking to access funded aged care services.</p>	<p><b><i>“Section 155 continues the requirements under the current aged care legislative framework that providers must give and explain key documents to individuals accessing funded aged care services.”</i></b></p> <p>NT Health support continuing requirements and note:</p> <ul style="list-style-type: none"> <li>the draft Rules provide further detail around what specific information must be provided and explained</li> <li>this is a condition of a registered provider’s registration.</li> </ul> <p>NT Health seeks to better understand how these requirements are monitored to ensure compliance under the Act.</p>
<p><b>Accommodation bonds and charges (section 287)</b></p> <p>The Rules contain matters relating to accommodation bonds and charges.</p>	<p><b><i>“Some people currently in residential care have paid an accommodation bond or pay an accommodation charge. These Rules allow for this to continue once the new Act commences.”</i></b></p> <p>Transition arrangements are appropriate. However, there are community concerns that the accommodation bonds may become prohibitive for some individuals, limiting their access to necessary care.</p>

## Rules that mostly exist now in aged care

Topic	NT Health response
<p><b>Delivery of Funded Aged Care Services (section 148)</b></p> <p>Sets out as a condition of registration the requirements for registered providers of a kind to comply with in relation to the delivery of funded aged care services. This includes requirements for providers of a kind to enter into a services agreement and care and services plan with each individual when accessing funded aged care services. This also includes meal obligations for providers delivering meals as part of home care or community respite.</p>	<p>NT Health agree it is appropriate that a registered provider must develop a care and services plan for an individual in a timely manner and support the approach to ensure there is mutual agreement and understanding of the person’s goals and services.</p> <p>The Rules request inclusion of the current care needs, goals and preferences of the individual; and strategies for risk management and preventative care. Despite the requirement for the care and services plan to be in line with the individual’s needs, more detail on the plan’s requirements would be beneficial to ensure quality and safety standards are met. There should be special circumstances where the individual accessing ongoing funded aged care services is reviewed more than once every 12 months.</p> <p>Social and emotional wellbeing needs should be included in the care and services plan.</p>

## Rules that partially exist now in aged care

Topic	NT Health response
<p><b>Classification (Chapter 2, Part 3)</b></p> <p>These Rules replace AN-ACC classification provisions and introduces Support at Home classification.</p>	<p><i><b>“The Rules introduce new classifications for Support at Home services including 8 ongoing Support at Home funding classifications and 2 short-term care pathways (End-of-Life Pathway, Restorative Care Pathway), and Assistive Technology and Home Modifications (which have 3 funding tiers each – low, medium and high).”</b></i></p> <p>NT Health supports the addition of new classifications for Support at Home services.</p> <p>NT Health requests continuous evaluation of AN-ACC to ensure it meets the needs of the Support at Home program and provides the necessary budget levels and support for older Australians.</p> <p>NT Health note:</p> <ul style="list-style-type: none"> <li>• A new participant’s classification and budget will be determined at assessment based on their needs.</li> <li>• Existing Home Care Package clients and those waiting on the National Prioritisation System will not be reassessed into one of the new classifications when the new program starts.</li> <li>• They will be allocated a budget that aligns to their current Home Care Package level (or the level they have been approved for and are waiting to access).</li> <li>• Reassessment will only occur if the person’s needs change.</li> </ul> <p>NT Health supports this transition approach to ensure continuity of services for individuals.</p> <p>NT Health seeks assurance the final budget amounts for all participants will be confirmed before the start of the program, and questions whether the indicative budget amounts for home care recipients transitioned to Support at Home will be sufficient to ensure all care needs are met.</p>
<p><b>Dealing with reportable incidents (section 348(3) and 602)</b></p> <p>The Rules will set out the actions the ACQSC may take in assessing (individually) and dealing with (individually or collectively) reportable incidents notified to the ACQSC by a registered provider. This includes referring to an appropriate agency, requiring specified remedial action, carrying out an inquiry, or any other action appropriate in the circumstances.</p>	<p>NT Health supports the Rules to ensure people accessing the aged care system have the appropriate protections.</p>

## Rules that will mostly be new to aged care

Topic	NT Health response
<b>Provider registration (Part 2 and 3, Ch 3)</b>  These Rules include the detailed requirements for provider registration including registration and renewal, approval of residential care homes, varying registration, suspension and revocation and rules in relation to the Provider Register.	<p><i>"The Commissioner must decide on an application for provider registration (or application for renewal) within 90 days from either the day the application is received or the day the final audit report is provided to the entity, if an audit is required (sections 105(2) and 108(2) of the New Act; sections 105-5 and 108-5 of the Rules). The Commissioner must ensure that entities applying for registration or renewal in the categories of personal and care support in the home or community, nursing and transition care, and residential care either complete an audit confirming their ability to meet the strengthened Aged Care Quality Standards or meet certain circumstances (section 109(2)(d) of the New Act; sections 109-5 to 109-15 of the Rules)."</i></p> <p>NT Health suggest consideration should be given to circumstances where there could be exemptions to the 90-day period.</p>

## Rules that will be new to aged care

Topic	NT Health response
<b>Place allocation – people (Div 1, Part 5, Ch 2)</b>  Minister determination of number of places, plus the Rules will prescribe methods and procedures for allocating places.	<p>The algorithm for Method for allocation Section 93 (1) is for:</p> <ul style="list-style-type: none"> <li><i>(a) the classification type ongoing for the service group home support; and</i></li> <li><i>(b) the classification types ongoing and shortterm for the service group assistive technology; and</i></li> <li><i>(c) the classification type shortterm for the service group home modification</i></li> </ul> <p>These methods are complex, and NT Health suggest scenarios are created to assist with understanding the methodology.</p> <p>NT Health note the allocation method considers the individual's priority category and the date their access approval was given. The intent appears to be to prioritise urgent classification categories over wait times. NT Health suggest caution is taken to ensure individuals with lower care needs are moved up in priority level if their wait times exceeds a nominated threshold.</p>

Topic	NT Health response
	<p><b><i>Part 5—Place allocation   Division 1—Allocation of places to individuals   Subdivision A—Acceptance period   925 Acceptance period</i></b></p> <p>NT Health query if 56 days for a place for the classification type (a) ongoing for the service group home support is sufficient to avoid administrative burden and a seamless system experience for the individual, particularly noting existing delays in home care package delivery.</p> <p>The acceptance periods look satisfactory for the other services and NT Health supports the Rule that the individual notifies the System Governor if the individual needs an extension to that period.</p>
<p><b>Prioritisation (Part 4, Ch 2)</b></p> <p>These Rules prescribe further criteria for priority categories.</p>	<p>NT Health is concerned that despite the prioritisation score, people will remain on waitlists in the NT due to thin markets and workforce issues.</p>