



Feedback on the Aged Care Rules— Stage 4b release

13 May 2025

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Summary

UnitingCare Queensland (UCQ) welcomes this opportunity to provide feedback on Stage 4B of the Aged Care Rules (the Rules). Broadly, we support the draft Rules. Our submission focuses on concerns around prioritisation and classification of the home care waiting list, meal obligations in community respite, Support at Home monthly statements, and the CHSP service agreement requirement.

We also provide additional comments on impacts of the Rules and implementation timeframes, workforce risk and readiness, and transparency and reporting.

UnitingCare Queensland has been a proactive participant throughout the aged care reform program. As 1 July 2025 draws nearer, we are concerned by the lack of completeness across tranches of the Rules, which undermines sector's ability to fully assess the implications of the proposed reforms. We remain committed to working in partnership with government and stakeholders to ensure reformed legislative and regulatory frameworks are practical, equitable, and enable high-quality care for all older Australians.

Recommendations

To support our transition to the new Aged Care Act (the Act), UnitingCare Queensland recommends:

Community meal obligations

- A minimum six-month transition period to implement new requirements and reduce the risk of unintended regulatory consequences.
- Support and guidance be provided to providers to understand the obligation. This should include:
 - Guidance material consistent with national meals guidelines used by Meals on Wheels.
 - Resources such as templates, checklists and audit tools to support compliance. This could include tools tailored to reviewing meals in the community and respite setting.
 - Support for community aged providers by Expanding the Aged Care Quality and Safety Commission (ACQSC) Food and Nutrition Hotline, which currently only supports residential services.
 - Free training for staff and volunteers to support uplift in requirements (e.g. through ACQSC ALIS platform).
 - Free Dietician reviews for services in rural and remote areas and thin markets, consistent with support from ACQSC.

Support at Home Monthly Statements

- The Department streamline the statement requirements, clarify expectations through improved guidance, and ensure all supporting documentation is finalised and released in advance of implementation

CHSP Service Agreements

- The deeming arrangements for CHSP consumers are formalised and published
- Urgent release of the transition arrangements for introducing Service Agreements for CHSP consumers

Transparency and reporting

- the System Governor or Inspector-General complete a holistic review of information being provided to consumers and information reported to and published by the Department about providers. This evaluation should take place at least 12 months following full implementation of the new Act and focusing on consumer's experience of:
 - The information about providers most useful when making decisions around care
 - Ease of understanding aged care provider performance information
 - Supports needed to access and understand information
 - Improvements that can be made
 - What has limited value and could be ceased

Introduction

UnitingCare Queensland (UCQ) welcomes the opportunity to provide feedback on Stage 4B of the draft Aged Care Act. We acknowledge the Department's continued engagement with the sector as we collectively navigate the transition to a more transparent, rights-based, and consumer-focused aged care system.

As Queensland's largest not-for-profit aged care provider, UCQ delivers services to thousands of older Australians through our aged care brands, BlueCare and Pinangba in Queensland (QLD) and Australian Regional and Remote Community Services (ARRCS) in the Northern Territory (NT).

Our services span residential aged care, home care, disability services, and palliative care across urban, rural, and remote communities.

Our mission is to support people to live well in their communities through high-quality, person-centred care. We support reforms that strengthen quality, accountability, and sustainability—particularly for First Nations people, individuals experiencing vulnerability, and those in regional and remote parts of Australia.

We remain committed to working in partnership with government and stakeholders to ensure reformed legislative and regulatory frameworks are practical, equitable, and enable high-quality care for all older Australians.

Prioritisation and classification

UnitingCare Queensland welcomes the information provided by the Rules on the new prioritisation and classification systems for Support at Home. Overall we support the approach but remain concerned about how prioritisation will be applied to the existing Home Care waitlist and what this will mean for consumers. With over 80,000 older Australians currently waiting for an appropriate Home Care Package, assurance on how they will be transitioned to the new system is required.

We share the concerns and issues raised by UnitingCare Australia in their submission to this consultation. These include:

- Concern about the cohort of individuals that may perpetually sit in the Standard and Medium categories and wait several months, potentially years, before they can access the Support at Home Program. Even once a person has an additional point because they've waited for six months, it still won't guarantee eligibility for a High or even Medium priority, and they may never move out of the Standard category.
- The circumstance listed as "the individual has a need for urgent access to services" is not clear whether this would be met through results of an assessment, and what discretion the Department would have in assigning someone two points for this reason. We would urge the Single Assessment Team and the Department to be consistent and disciplined in their application of this category.
- The current National Prioritisation System has allowed a fairly consistent

approach to prioritising access to Home Care Packages. This is noting the default priority is 'medium' and only a small percentage of clients are approved as 'high priority'. However, with the four prioritisation categories proposed under these Rules, and the large volume of people looking to access home care, it's not clear whether only those in the Urgent and High categories would realistically gain access, or whether there'd be an equitable approach to providing access all four categories.

- In terms of communicating to the older person, it is not clear whether they will be told what category they have been assigned and what this means for expected wait times and their place in the queue. We encourage the Department to consider what level of transparency will be offered to older people waiting to access home support.
- While those in the Standard and Medium categories may not have an immediate need for services, this could change over time. The Department will need to clarify what people's options are if their needs change, and whether they must undergo a new assessment to be assigned more points. Otherwise, if an individual's only option is to wait for six months before gaining an extra point and potentially move up a category, that should be made clear.

Delivery of funded aged care services – meal obligations

UnitingCare Queensland has welcomed the opportunity to participate in the consultation on meal obligations, as we provide meals at some day respite centres, and some consumers we support access meals from third party companies such as Lite and easy, Gourmet Meals, and Meals on Wheels using their Home Care Package. We are disappointed feedback we and other providers have previously provided has not been reflected in the draft Rules. Our feedback on the impact and practicality of the measures includes:

- **Additional guidance** is needed on the definition of 'nutritious and appetising' meals; and how the obligation will interact with the meal provision requirements under the CHSP program and proposed changes to DEX Reporting for meal provision¹.
- **Provider sustainability** impacts must be considered in implementation and pricing as the new requirements will carry additional cost. These costs are impacted by the following challenges:
 - Limited access to allied health professionals, including Dietitians, in rural and remote areas. This increases the costs of dietetics engagement over meal and menu planning.
 - Increased demand on the dietetics workforce will increase service delivery costs, which are passed onto consumers. There will also be

¹ See [Commonwealth Home Support Programme Program Manual 2024-2025](#) (p41) and [Proposed CHSP DEX changes](#) for more detail.

- additional recruitment requirements and time needed for training to upskill staff.
 - Increased transition workload and administration cost for providers delivering community respite services to review existing systems, processes and guidance material to develop and meet the requirement of a quality assurance framework as proposed.
- **Transition arrangements** are required to support implementation and reduce the risk of unintended regulatory consequences. Sufficient time is required for Providers to understand the cost implications and support financial modelling. Time is also required for provider to review service delivery models for community respite meal provision and the implications of options such as food being cooked on site vs cook/chill vs food purchased from third party suppliers.
- **Communication with consumers** is required to build awareness of why there will be an increase to the cost of meals and the contributions they make towards them. This could be done by:
 - Publishing clear information in layman's terms, including easy to read and translated information with examples on the My Aged Care website.
 - Providing information for consumers to referring agencies (hospitals, GPs etc), advisory services and advocacy agencies.
 - Giving information to consumers on meals at the assessment and approval stages for aged care services.

UnitingCare Queensland recommends:

- A minimum 6-month transition period to implement the new requirements and reduce the risk of unintended regulatory consequences.
- Support and guidance is provided to providers to understand the obligation. This should include:
 - Guidance material consistent with National meals guidelines used by Meals on Wheels.
 - Resources such as templates, checklists and audit tools to support compliance. This could include tools tailored to reviewing meals in the community and respite setting.
 - Support for community aged providers by Expanding the Aged Care Quality and Safety Commission (ACQSC) Food and Nutrition Hotline, which currently only supports residential services.
 - Free training for staff and volunteers to support uplift in requirements (e.g. through ACQSC ALIS platform).
 - Free Dietician reviews for services in rural and remote areas and thin markets, consistent with support from ACQSC.

Provision of information to individuals

UnitingCare Queensland supports sharing information with consumers about their care and service packages as this is an important part of being an open and accountable provider. We also note this is consistent with delivering on people right's under the *Aged Care Act 2024*.

Providing and communicating information can be challenging at times as aged care legislative and funding requirements are highly complex and technical. Doing this well requires expert legal and policy analysis with professional communication support and staff training. While tools and resources are provided to the industry by the Aged Care Quality and Safety Commission and the Department, additional work is required to contextualise information within our specific delivery environments and service models. Information must also be aligned with how we as an organisation build relationships and communicate with consumers. The level of work required to do this well is why timely information and appropriate transition timeframes and resources are necessary.

We are concerned the requirements set out in the Rules and the recently released Support at Home monthly statement template² are highly complex and difficult to interpret, making them difficult to implement and communicate with consumers.

We are also concerned around how delays in receiving information from Services Australia on consumers financial circumstances makes it challenging for providers to give accurate information to consumers about their Support at Home Services. This impacts consumer's ability to enter service agreements, as per the requirements in the draft Rules.

Monthly Statements

UnitingCare Queensland supports measures to ensure transparency in client billing. However, the proposed monthly statement requirements under Chapter 4B present significant administrative, technical, and communication challenges.

Draft guidance lacks clarity and completeness, making it difficult for providers and software vendors to implement systems within the required timeframes.

Without revision and clearer operational documentation, there is a serious risk of client confusion, provider non-compliance, and disruption to service delivery.

Key risks and implementation concerns:

- **Timing mismatch:** Providers must issue statements monthly while having 60 days to submit claims, leading to misalignment between reported and actual financial data.
- **Client confusion:** High volumes of inquiries are anticipated due to inconsistencies between statements and invoices, and overly detailed financial breakdowns.

² See [Support at Home monthly statement template](#) for more detail.

- **Complexity of co-contribution adjustments:** Backdated fee changes tied to specific services will make statements difficult to interpret, especially without tailored guidance.
- **Software development burden:** Vendors cannot design or test systems effectively while core documentation (e.g. finalised service lists, AT-HM guidelines, more comprehensive claims and payments business guidance) remains incomplete or unavailable.
- **Unclear guidance:** The Statement guidance is duplicative, lacks flow, and omits key requirements (e.g. showing both contribution rate and amount paid under Section 155-40(h)(iv–v)).
- **Assistive technology and home modifications:** Requiring committed spend and co-contributions to be displayed—before billing—adds confusion without benefit.
- **Ambiguities in funding display:** Lack of clarity under Section 155-40(4)(a) creates confusion over whether to show gross or net amounts; clearer exclusion of care management from statements is recommended.
- **Incomplete scenario coverage:** No guidance is provided for common situations such as accessing unspent HCP funds, using restorative or palliative care, or applying backdated adjustments.
- **Missing foundational documents:** Key operational materials are either unfinished or missing, making full compliance and implementation planning unfeasible.

UnitingCare Queensland recommends the Department streamline the statement requirements, clarify expectations through improved guidance, and ensure all supporting documentation is finalised and released in advance of implementation

Service Agreements – CHSP

The Rules include the details of the new requirement for Service Agreements with people accessing CHSP (Section 148-70 (5)). Alongside the broader industry, UnitingCare Queensland holds concerns around this new requirement, including:

- appropriateness and need for formal service agreements for low risk service types, such as transport.
- significant work required to develop agreements and negotiate them with CHSP clients, which for our BlueCare services would need to be created for over 20,000 Queenslanders.
- use of individual agreements not typically required in block funded programs
- ongoing uncertainty regarding the deeming of existing CHSP service arrangements under the new system. The only written statement currently available regarding this is a media article published on 27 April 2025³.

UnitingCare Queensland recommends:

- the deeming arrangements for CHSP consumers are formalised and published
- urgent release of the transition arrangements for introducing Service Agreements for CHSP consumers.

³ See [“Government confirms CHSP recipients won't get kicked off their package”](#) *The Senior*. 27 April 2025.

Other comments

Impact of the Rules and implementation timeframes

UnitingCare Queensland has been a proactive participant throughout the aged care reform program. As 1 July 2025 draws nearer, we remain concerned by the lack of completeness across tranches of the Rules, which undermines sector ability to fully assess the implications of the proposed reforms.

UCQ acknowledges the scale and ambition of the new Aged Care Act and supports the Government's commitment to a more accountable and person-centred system. However, the magnitude of operational, clinical, and governance change required across the sector cannot be underestimated, particularly for smaller, rural, and remote providers.

To ensure a seamless transition for aged care consumers, aged care providers require the finalised rules. A full view of the Act and Rules allows us to respond to questions and concerns from our consumers, ready our workforce and comply with new requirements. UCQ has consistently raised concerns about the timelines for consultation and decision-making, particularly in relation to foundational elements such as Part 4B. If significant changes are required to our operating model resulting from the finalised set of Rules, the constrained timeframe to implement those changes will be further compressed. This risks an uncertain and confusing consumer experience from 1 July and provider non-compliance with multiple new measures across the industry.

The industry is still waiting on the release of comprehensive resources clearly mapping existing requirements to their corresponding new requirements. We

welcome the announcement by the Department on 8 May 2025 via webinar that these will be released shortly. These resources will support providers prepare for the reforms provided they explicitly identify all changes and provide a clear summary outlining which provider types are subject to specific requirements. The provision of such clarity will significantly enhance providers' confidence in their ability to meet the relevant provider obligations.

Workforce risk and readiness

Workforce readiness is critical to the sector's successful transition to the new Aged Care Act broadly, and specifically in adopting proposed changes to meal requirements and other impacts of Chapter 4B on Support at Home service delivery.

UnitingCare Queensland continues to strongly believe the sector requires significant support to develop workforce capacity for success in a changed model of care.

We are a leading provider of services to vulnerable populations, including Aboriginal and Torres Strait Islander peoples, rural and remote communities, and individuals experiencing homelessness. To meet the needs of these populations it is essential we develop a workforce that is culturally competent and equipped to support customers from vulnerable backgrounds and the attendant impacts on customer mental health, social wellbeing, and cultural health.

Any changes to the operating environment of care disproportionately impacts workforces responding to complex need or operating in thin markets. We request the government carefully consider workforce sustainability in implementing these changes in a methodical way that allows enough time for changes to be adopted.

UCQ is concerned the impact of worker requirements contained in Chapter 4B will further exacerbate workforce shortages in regional, rural, and remote services.

Transparency and reporting

A key feature of the reforms is increasing the transparency and accountability of aged care providers to consumers and the broader community. Measures supporting this have increased the amount of information providers give to the Department for analysis and publication, and the information we provide directly to consumers. Some of these requirements are captured in the 4b Rules, for example Chapter 4, Part 7, Division 2 on providing information to consumers and Section Chapter 5, Part 3, Division 1 on provider obligations to report.

While there is reference to making information available and easy to understand at various points across the Aged Care Act and draft Rules, changing requirements and pace of reform is likely to lead to substantial information being released in difficult to understand formats. There is also a high risk of information being published that is inaccurate or outdated, which has been provider's experience as Star Ratings and financial information began being published on My Aged Care. Star Ratings reflect a six-month reporting delay and the financial information frequently contains errors and lacks contextual information.

UnitingCare Queensland, like many of our colleagues across the industry, are committed to operating in an open and transparent way and we expend considerable resources to meet and, where appropriate, exceed our reporting and consumer engagement requirements. In our experience, there is a risk of information overload for consumers that leads to confusion rather than clarity. This is exemplified by the draft Support at Home Monthly Statements⁴ released on 29 April 2025, which we provided detailed commentary on in this response.

UnitingCare Queensland recommends the System Governor or Inspector-General complete a holistic review of information being provided to consumers and information reported to and published by the Department. This evaluation should take place at least 12 months following full implementation of the new Act and should focus on consumer's experience of:

- The provider information most useful when making decisions around care
- Ease of understanding aged care provider performance information
- Supports needed to access and understand information
- Improvements that can be made
- What has limited value and could be ceased

⁴ See [Support at Home monthly statement template](#) for more detail.

Conclusion

UnitingCare Queensland looks forward to working with Government in reforming the aged care sector. While we acknowledge the importance of consultation processes, the lack of timely information from the Department following consultation on each release of the Rules makes it difficult for providers to understand the changes and

adequately prepare for the commencement of the new Act.

UnitingCare Queensland is committed to delivering high quality care and will continue to do so under this new legislative framework.

We are grateful for the opportunity to participate in this consultation.