

Aged Care Approved Provider Applicant Guide



Australian Government
Aged Care Quality and Safety Commission

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CONTENTS

Aged Care Quality and Safety Commission	5
Purpose of this guide.....	5
Application forms	5
1. New applicant form.....	5
2. Existing approved provider form	6
3. Government organisation form	6
The three care types	7
Residential care	7
Home care	7
Flexible care.....	7
Before you apply	8
What you need to know before you apply	8
Other important sources of information	9
Commonwealth-funded providers.....	9
Non-Commonwealth-funded providers.....	10
Privacy Policy	10
Submitting an application	10
Are you an aged care consultant or using the services of one?	10
The application process.....	10
Assessing your suitability for approved provider status.....	10
Before applying	11
You must be a corporation.....	11
You must meet certain criteria to become an approved provider of aged care	11
Key personnel must not be disqualified individuals	12
You must use the approved application form and pay an application fee	12
Why do I have to use the approved forms?	12
What is the application fee?	12



How do I pay the fee?	13
Application fee waiver.....	14
What is the Commission’s assessment process?	15
What is a Request for Information.....	17
What is suitability?	17
What happens when I am approved?	18
What if I’m not approved	18
Reapplying	18
Reconsiderations	18
Request a reconsideration by the Administrative Appeals Tribunal	19
Can I provide services without being approved?.....	19
I want to be listed on My Aged Care and provide services to care recipients.....	19
Can I provide my services to an approved provider without being approved?	20
After you have been approved	20
Home care services and the Home Care Service Notification form	20
Allocation of places for approved residential care providers.....	20
Obligation to tell us about changes that impact ongoing suitability.....	21
When will my services be listed on My Aged Care?	21
I’m an approved provider, how can I update my contact details?.....	21
Questions? Contact the provider approvals and suitability section.....	21
New Applicant & Existing Approved Provider application forms	22
Application checklist.....	23
Applicant Declaration	23
About the applicant.....	23
Organisation details.....	24
For-profit	24
Not-for-profit.....	24
Religious	24
Community-based	24



Charitable	24
Franchise	24
Organisation chart and/or corporate structure.....	25
Business plan	25
Use of another entity	25
Your key personnel.....	26
Key personnel legal definition.....	26
Who is a disqualified individual?.....	27
National police checks.....	28
Statutory Declaration Form	28
Your suitability to be an approved provider	28
Experience conduct and compliance	29
Experience	29
Conduct and compliance	29
Governance systems	29
Financial management	30
Responsibilities as a provider	30
Ability to meet the requirements of specific care types	31
Completing the Government Organisation form.....	31
Appendix A: Definitions	33
Appendix B: Certificate of Registration Example	37
Appendix C: Insolvency check Example	38
Appendix D: National Criminal history check example	39
Appendix E: Application fees.....	40
Application Fees	40
Additional fees potentially incurred	40
Application fee rates	41



Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission is the national regulator of Australian Government-funded aged care services.

The primary purpose of the Commission is to protect and enhance the safety, health, wellbeing and quality of life of people receiving aged care by holding providers to account for the services and care they deliver.

The Commission's functions include approving providers' entry to the aged care system, accrediting, assessing and monitoring aged care services, resolving complaints about aged care services and taking action to ensure compliance when necessary.

These processes are carried out in accordance with the *Aged Care Quality and Safety Commission Act 2018* ([Commission Act](#)) and the *Aged Care Quality and Safety Commission Rules 2018* ([Commission Rules](#)) which were established under the Commission Act.

The Commission assesses and monitors approved providers against the Aged Care Quality Standards ([Quality Standards](#)) and expects that organisations providing aged care services in Australia are compliant with them.

All approved providers must understand their full regulatory responsibilities, including the Quality Standards, and implement policies, processes and systems to ensure they are compliant with them.

Purpose of this guide

This Guide helps applicants (you/your) and their key personnel complete an application form for provider approval of aged care. You must:

- be informed about the legal requirements that are mandatory for an approved provider
- be able to translate this knowledge to answer the questions in the application form
- be able to clearly establish what you will do to ensure compliance with approved provider responsibilities.

The Guide details information about the application process and establishes the conditions and criteria that an applicant must meet prior to submitting an application.

This is a guide only and is not intended to be the only source of information for applicants seeking approved provider status.

Application forms

There are 3 approved forms for the following applicant types which align with the Commission Act, the Commission Rules and the *Aged Care Act 1997* ([Aged Care Act](#)), which are:

1. New applicant form

If you are an organisation that is not currently approved to provide any type of care either under the Commission Act or the Aged Care Act, you must complete the [new applicant form](#) if you wish to become an approved provider of aged care services. This includes organisations funded to deliver the Commonwealth Home Support Programme (CHSP).

Organisations funded to deliver the CHSP must use the new applicant form if you wish to become an approved provider to deliver one of the following care types:



- [home care](#) – please refer to the [consumer manual](#) or [provider manual](#) for detailed information on this service
- [residential aged care](#) – facilities for older people who can no longer live at home
- [flexible care](#) including multi-purpose services, innovative care, transition care and short-term restorative care.

2. Existing approved provider form

The [existing approved provider form](#) is for approved providers who want to provide another care type. For example, if you provide residential care and want to provide home care, you should use this form.

Approved providers will need to provide information about your organisation which will be used to update your existing approved provider records.

The existing approved provider form seeks specific details to assess suitability to provide the additional type of care. The assessment process includes a review of your existing record of compliance with your responsibilities for the care type you are already providing.

Even though you are already approved to provide a specific care type/s, you are still required to answer each question in full.

This includes providing relevant examples of how you currently operate and how you will introduce the new care type into the existing organisational systems, policies and processes.

IMPORTANT

If you currently receive funding to provide services under the Commonwealth Home Support Programme (CHSP) and want to apply to become an approved provider, you must apply as a new applicant and complete the 'new applicant' form.

3. Government organisation form

States, territories and local government authorities are already approved to provide aged care services that are eligible for an Australian Government subsidy.

However, you will need to register to provide services under the Commission Act by completing the [government organisation form](#). This form collects information which enables the Commission to create a record to enable the payment of subsidies.

Once you receive approved provider status, you are still required to meet obligations under the Aged Care Act to retain your approval. The Commission can revoke or suspend approval at any time if you breach requirements or are found to be non-compliant.

The services you are responsible for providing are still subject to assessment against the Quality Standards and your key personnel must be suitable to perform their role.

As government organisations are already approved, a significant portion of this guide is targeted at new and existing applicants unless specified otherwise.



The three care types

Residential care

Residential aged care is for eligible older Australians who are no longer able to live in their own home.

It includes accommodation and personal care that is delivered 24 hours a day, as well as access to nursing and general health care services.

You cannot provide residential aged care unless you are also accredited by the Commission.

Home care

The Home Care Packages (HCP) Program supports older Australians with complex care needs to live independently in their own homes, using a consumer-care approach to ensure the support suits their needs and goals.

The HCP delivers coordinated packages of care and services to meet the assessed care needs of older people within the limits of their individual home care budget and the scope of the program.

How care and services are identified and delivered should carefully reflect and respect the individual, their care needs, personal situation and preferences.

Flexible care

Flexible care, in the form of Short-Term Restorative Care (STRC) is early intervention to reverse or slow functional decline in older people.

Functional decline is when a person is having difficulty performing their day-to-day activities, including bathing, dressing, feeding, shopping or driving.

STRC provides services to older people for up to 8 weeks (56 days) to help them delay or avoid long-term care.

The support can take place in the person's home, a residential aged care home or a combination of both.

Regardless of the care type/s an organisation is approved to provide, they are assessed in accordance with the Commission Rules and the Quality Standards made under the Aged Care Act. Approved providers are required to participate in quality reviews and compliance monitoring assessments.

A quality review is an assessment about whether the services provided meet the Quality Standards. This includes flexible care services which short-term restorative care is provided in a residential care setting.



Before you apply

IMPORTANT

You are strongly encouraged to read this Guide in full.

It is not a legal document, nor is it intended to replace or be a complete summary of all the requirements under aged care legislation. It will give you the information you need to properly complete your application form.

What you need to know before you apply

You must clearly understand and address all the approved provider responsibilities that are outlined in the Aged Care Act, the [Commission Act](#) and the Principles made under section 96-1 of the [Aged Care Act](#) (the Principles) before you submit an application.

If you cannot adequately tell us how you will do this, your application may not be approved.

READ - All applicants must read the following information:

1. [Guidance and Resources for Providers to support the Aged Care Quality Standards](#)
2. [Commission Act and Rules](#)
3. Relevant aged care legislation and associated principles including:
 - a. [Aged Care Act 1997](#)
 - b. [Quality of Care Principles 2014](#)
 - c. [User Rights Principles 2014](#)
 - d. [Accountability Principles 2014](#)
 - e. [Sanctions Principles 2014](#)

If you are applying to provide home care you must also read the following:

4. the Home Care Packages Program support material developed by the Department of Health at health.gov.au
5. [Quality Reviews – home services](#)

If you are applying to provide residential care you must also read the following:

6. [Accreditation for residential care](#) – if you are applying to provide residential care
7. [Serious Incident Response Scheme \(SIRS\)](#)



IMPORTANT

This is not an exhaustive list of all the aged care related legislation.

Aged care legislation changes regularly. If approved to provide aged care, you will be expected to monitor any changes to aged care legislation and update your governance systems accordingly.

Other important sources of information

It is also recommended that you review information available from the following external bodies to assist you with the application process. Below are some helpful search words you can use on each website:

[Australian Securities and Investment Commission \(ASIC\)](#)

- Your business
- Directors and financial reporting requirements
- Record keeping for small business
- Responsibilities of company office holders

[business.gov.au](#)

- Business plan template and guide
- WHS industry, state or territory requirements

[Office of the Australian Information Commissioner \(OAIC\) – Privacy information](#)

- State and territory privacy regulation
- Information about accessing documents held by Australian Government ministers and most agencies

[Australian Federal Police](#) and [FindLaw Australia](#)

- Spent Convictions Scheme
- *Crimes Act 1994, Criminal Code Act 1995*

[Fair Work Ombudsman](#) (previously Fair Work Australia)

- Awards and agreements
- National Employment Standards

[Australian Health Practitioner Regulation Agency \(AHPRA\)](#)

- AHPRA Legislation

[Australian Competition and Consumer Commission](#)

- Professional Services
- Franchising Code of Conduct

Commonwealth-funded providers

If you are already a Commonwealth-funded approved provider but are not currently appearing on the [My Aged Care website](#), please email MyAgedCare@health.gov.au providing your organisation's details and a contact person. When your email is received, you will be contacted to progress the request.



Non-Commonwealth-funded providers

If you are an aged care service provider who doesn't receive Commonwealth Government subsidies, you may be able to list your service/s on My Aged Care through the National Health Services Directory at www.healthdirect.gov.au.

The Commission has information available for approved providers. Go to agedcarequality.gov.au.

The Commission expects that you have read and understood other guidance material produced by the Department of Health, including My Aged Care, and other relevant authorities before applying for approval.

You can access a copy of all aged care legislation online at legislation.gov.au.

Privacy Policy

The Commission's Privacy Policy outlines how we manage personal information and safeguard privacy under the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles (APPs).

Read our Privacy Policy before you complete and submit your application agedcarequality.gov.au/privacy-policy.

Submitting an application

You must check that **all relevant fields and questions** are answered correctly and that your responses provide clear, detailed information that supports your experience and suitability to deliver the type of care you are applying for.

Are you an aged care consultant or using the services of one?

Even if you are using an aged care consultant, your key personnel are responsible for the information provided in the application form.

This is because your key personnel will be responsible for the delivery of aged care services and compliance with the aged care regulatory framework.

The responses in your application form must not be a reproduction of the knowledge or experience of an external organisation or person (consultant), they must be your own.

If you have used the services of a consultant, you will be asked to provide their details in the application form.

The application process

Assessing your suitability for approved provider status

Aged care providers need to be approved to be eligible to receive an Australian Government subsidy to deliver aged care and services under the Aged Care Act.

The Australian Government subsidises approved providers to ensure that the care and services they offer are more affordable and accessible to eligible care recipients.



To be approved for the purposes of delivering Australian Government subsidised aged care and services, an organisation must satisfy a number of criteria – these are explained below.

You must also continue to meet obligations under the Aged Care Act to retain your approval to provide Australian Government subsidised aged care. The Commission can revoke or suspend approval at any time if you breach requirements or are found to be non-compliant.

It is important to note that one of the grounds for the Commission revoking approved provider status is where the application for approval contained misleading information. Other grounds include where the approved provider ceases to be a corporation, and where the approved provider ceases to be suitable for approval.

You must clearly demonstrate you can comply with aged care regulations and you have the necessary expertise and systems in place to make decisions that will enable you to deliver quality aged care services to care recipients.

As part of this process, you must effectively undertake financial management of subsidies and appropriately manage a care recipient's fees and payments.

Approved providers must deliver aged care that aligns with the responsibilities and standards that are specified in the [Aged Care Act](#) and the Principles.

You must understand what these responsibilities and standards are so that you can meet your obligations.

Before applying

There are a number of steps and requirements you need to meet before the Commission will approve you as a provider. These include:

You must be a corporation

This means that if you are a sole trader, your organisation cannot be approved as a provider of aged care under the Commission Act.

A **corporation** is a trading or financial corporation within the meaning of paragraph 51(XX) of the Constitution of Australia.

You must meet certain criteria to become an approved provider of aged care

The responsibilities of an approved provider cover all aspects of care delivery including obligations to care recipients and to the Australian Government. This means there are requirements that the Commission must take into account– please refer to Part 7A of the [Commission Act](#).

Your application will only be approved if you can effectively demonstrate **how** and **why** your organisation meets these requirements:

- establish that you are suitable to provide aged care as specified in the [Commission Act](#)
- understand an approved providers' responsibilities under the Aged Care Act
- deliver care that aligns with the associated Principles made under section 96-1 of the Aged Care Act.



An approved provider must continue to comply with these requirements when delivering aged care services.

Key personnel must not be disqualified individuals

First, you must know the definition of key personnel as per section 8B of the [Commission Act](#) and establish who, within the organisation, meets this definition.

Then, you must be certain that none of your key personnel are disqualified. This is defined in section 8A of the [Commission Act](#).

If any of your key personnel are disqualified individuals, your application will not be approved.

You must use the approved application form and pay an application fee

You must always use the relevant approved provider application form that is available **on the [Commission website](#) at the time you submit your application.**

There is an application fee you must pay. If you meet certain criteria, you may ask to have the application fee waived.

When you pay the application fee, your application will proceed to the completeness check stage of assessment.

However, your application will be deemed invalid if we find that you:

- used an old form, and/or
- you altered the application form, and/or
- you failed to provide the specified supporting documentation with the application form.

The application fee will not be refunded if it is invalid. Please quality check your application before submitting it.

Why do I have to use the approved forms?

This is a requirement of the [Commission Act](#).

You must use the current forms because they contain questions and information relevant to the care type you are applying for and contain the latest aged care legislative responsibilities and obligations.

All questions must be fully completed, in a clear and concise format with correct details that allow the Commission to understand how you intend to operate.

Fully completing these forms will also provide the Commission with the information it needs to assess whether you meet the suitability matters.

What is the application fee?

Section 23 of the [Commission Act](#) sets out requirements for the charging of fees for services provided by the Commissioner to perform its functions.

Section 63B of the [Commission Act](#) states that applications for provider approval must be accompanied by any fee specified by the Commissioner.



In the 2021–22 Budget, the Australian Government decided that organisations seeking to apply to become an approved provider of aged care will be charged a fee commencing in November 2021.

The fee payable will be dependent on your application:

Single care type applications	\$8,780
Multiple (2) care type applications	\$10,110
Multiple (3) care type applications	\$11,710

Government organisations, specifically states, territories, authorities of a state or territory and local government authorities are approved to deliver all types of aged care and do not have to be assessed, they do not pay an application fee.

How do I pay the fee?

Submit your completed application form to obtain an invoice. The application process will not commence until you pay the invoice.

Within 10 business days of receiving the application form, we will send you an invoice that contains a unique invoice number, payment information and the applicable fee.

The amount payable will depend on the care and services you are seeking approval to provide, which is identified in your application form. You will have 28 days to pay the fee.

Once the payment of the application fee has been received by the Commission, we will confirm this with you and advise that your application will proceed to initial assessment.

The Commission will not progress your application until payment of the application fee is received.

If you do not pay the fee, your application will not progress.

How to pay your application fee

Payment terms will be detailed on your invoice. Your application fee is payable to the Commission via electronic transfer using the following bank details:

Account Name	ACQSC Departmental External Revenue
BSB	062000
Account Number	17177204
Reference	[insert invoice number that was sent to you by the Commission]

Additional fees – Request for information (RFI)

The Commission is not able to process incomplete or poorly completed applications for approved provider status, including applications that do not supply required supporting documentation or fail to fully outline your suitability to provide aged care services.

In these circumstances, additional information may be required from you. If further information is required the following additional fees will apply:

Initial Assessment RFI	\$210
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Assessment RFIs:



First Single care type RFI	\$1,070
First Multiple (2) care type RFI	\$1,310
First Multiple (3) care type RFI	\$1,620
Second Single care type RFI	\$450
Second Multiple (2) care type RFI	\$540
Second Multiple (3) care type RFI	\$680

More information about [What is a Request for Information](#) is in this guide.

Refer to [Appendix E](#) for more information about application categories, additional fee types and application fees.

Any fees paid by you in relation to the approval process are not refundable, even if you withdraw your application or you are not approved.

Application fee waiver

You can apply to have application fees waived if you are seeking approval to provide residential, home or flexible aged care and services that meet the following 3 conditions:

- you intend to provide all, or at least 85% of care and services, to care recipients located in Modified Monash Model areas 6 and 7 – regions which are remote or very remote, and
- you can provide strong evidence of the above intention, and
- you include detailed information about the services you intend to provide in these remote or very remote areas in the [Application fee waiver request form](#), which we will cross check with the information you provide in your application form.

Details of the [Modified Monash Model \(MMM\)](#) can be found here.

With respect to satisfying the condition regarding MMM areas 6 and 7:

- If you are seeking approval to provide home care and/or flexible care in a home care setting, you are required to provide evidence of as many of the following as possible:
 - the rental or ownership of an administrative or business location within the relevant MMM area
 - a recruitment strategy for staff within the relevant MMM area
 - advertising or promotion of services within the relevant MMM area
 - MoUs with communities or community groups from within the relevant MMM area
 - representation on the applicant's board or advisory body of people from the relevant MMM area
 - involvement of key personnel from the MMM area
 - a history of relevant service provision in the relevant MMM area
 - evidence of demographic studies or service demand studies within the relevant MMM area
 - corporate documents stating organisation goals and target locations/populations within the relevant MMM area
 - references from members of target communities within the MMM area.
- If you are seeking approval to provide residential care services and/or flexible care in a residential care setting, you are required to provide evidence as stated above as well as evidence of your



facility's location within one or more MMM 6 and/or 7 areas. Please note, a waiver is not available to organisations whose application proposes provision of these services both within and outside an MMM 6 or 7 area.

If you believe you meet these conditions, please complete an [Application fee waiver request form](#) and submit it with your application form. We will assess the information you provide to us and send you the outcome of the assessment in writing.

If your request for a waiver is not approved, you will receive a Statement of Reasons telling you why. This decision is not reviewable. You will also receive an invoice for payment of the application fee which must be paid within 28 days. If you choose not to proceed with the application at this point, you must let us know.

What is the Commission's assessment process?

We follow a four-stage assessment process when determining whether you will be approved as a provider. These steps are outlined below:

1. Completeness check

Application fees must be paid before the completeness check commences. Information about paying the application fee is under [How do I pay the fee?](#)

If you have applied for a waiver, the completeness check will not commence until after a decision is made.

When an application is valid, it means that your application meets the requirements of section 63B(2) of the [Commission Act](#).

A valid application is one that is:

- made in writing
- made using the form approved by the Commissioner
- accompanied by any documents or information specified by the Commissioner
- accompanied by any fee specified by the Commissioner.

To determine these matters, a simple completeness check is undertaken. We will confirm receipt of the application fee and check the information provided in the form and the documents that you have attached. Applications that do not pass this check will be returned to you. You will be informed in writing and you will not receive a refund of the application fee. This process may take up to 5 business days.

If your application passes this stage, you will be advised in writing.

Invalid applications will not progress to assessment and you will not receive a refund for any application fees that you have paid.

2. Initial assessment

The initial assessment is a more thorough check of your application to identify, for example, whether all documents identified by you are attached and complete.

We check your organisation's records held with ASIC, and the ASIC records of all your key personnel including company directors and board members.

If you provide care under another Australian Government subsidised scheme, your record of compliance is also checked with the relevant agency.



The initial assessment stage enables the Commission to identify whether further information is required from you, whether any information is missing and if further information is required to allow your application to progress.

Your application may be determined to be invalid at this stage, or we may choose to send you a Request for Information, refer to [What is a Request for Information](#) for more information about this process. Additional fees will apply.

If you do not pay the additional fee, the Commission cannot progress your application and it will be returned as invalid.

If further information is not required, your application will progress to the next stage, formal assessment.

The initial assessment process may take up to 10 business days to complete.

IMPORTANT

There is a fee payable for every request for information that is sent to you.

It is in your interest to ensure that your responses and documents are clear and concise and that you have provided accurate and sufficient information to allow the Commission to assess your suitability, including how you will operate your service.

3. Formal assessment

Once your application passes the initial assessment stage, you will be informed by email. The 90-day timeframe for deciding your application, as established under section 63D of the Commission Act, starts at this point.

This is a full assessment of your application against the suitability matters established under section 63D of the Commission Act. A senior assessor will review your application and draft a recommendation to the Delegate.

If the senior assessor identifies that further information is needed to allow a proper assessment of your suitability and to finalise the recommendation to the delegate, a Request for Information will be issued to you. A fee is payable for a Request for Information issued during the formal assessment stage – the applicable fee is noted earlier, refer to the section [Additional fees – Request for information \(RFI\)](#).

The Commission will only issue a Request for Information to clarify information you have provided in the application. It will specify the information that is needed and why it is necessary for assessing your suitability.

The legislated timeframe stops at this point and will start again when the requested information is received.

4. Decision and finalisation

The Delegate will consider the recommendation provided by the senior assessor, discuss it with the senior assessor as necessary, and decide the outcome of your application. In accordance with section 63E of the [Commission Act](#), a written decision is sent to you within 14 days of the decision being made.



If the decision is a non-approval, a statement of reasons is provided to you. It will let you know why your application was not approved and it will tell you what your review rights are.

Please refer to the section titled [What if I am not approved](#) for more information about your review rights.

What is a Request for Information

This is a written notice issued to you as set out under Section 63C of the Commission Act.

A fee is payable to the Commission for each request for information issued to you – see the section [Additional Fees – Request for Information](#).

A Request for Information will tell you what is needed to enable the assessment of your application to continue. This might include additional information about your key personnel, or missing information regarding your financial position. Information may also be required to clarify specific responses in the application form itself that are not clear enough for us to understand.

There are legislated timeframes associated with this notice.

If you receive a request for information, you will have **28 days** to provide the information that is requested, and if necessary, you can ask the Commission for a time extension. An extension must be requested in writing and be received before the end of the 28-day period.

If you do not provide the necessary information within the specified timeframe, your application will be automatically withdrawn as per section 63C of the [Commission Act](#), and we will let you know that this has occurred. We will take no further action in relation to your application and if you still want to be an approved provider, you must reapply and pay an application fee.

If your application is withdrawn, you will not receive a refund of the application fee or request for information.

What is suitability?

Part 7A of the [Commission Act](#) sets out the approval process requirements. You should be familiar with the matters that the Commission must consider when assessing an application.

The suitability assessment will consider the type/s of care you are applying for, these are:

- home care
- residential care
- flexible care.

You must establish/substantiate that you are suitable to provide aged care. The suitability matters set out under subsection 63D (3) of the Commission Act, include:

- experience in providing aged care or other relevant forms of care
- understanding of approved provider responsibilities
- outlining what systems you have or will have to meet these responsibilities
- records of financial management and the methods used, or proposed, to ensure sound financial management



- conduct as an approved provider of aged care, and your compliance with the responsibilities as a provider and obligations arising from the receipt of any payments from the Commonwealth for providing that care
- other matters specified in the Approved Provider Principles may also be considered.

The Commission can consider all but one of these matters, specifically the systems in place, or proposed, in relation to your key personnel, and is not limited to considering only the suitability matters when deciding whether you are suitable to provide that care

What happens when I am approved?

You will receive a written notice that includes important information about your approval and other steps you may need to take depending on the care type you are approved to deliver.

Approved providers have notification responsibilities to the Department of Health and the Commission.

You should be familiar with these prior to applying for approval and you must have systems in place to comply with those responsibilities after you are approved.

If you do not comply with these notification responsibilities, you may be found to be non-compliant and you may be subject to compliance action.

What if I'm not approved

If you are not satisfied with the decision, you can:

1. reapply to become an approved provider of aged care. If you reapply, you must pay a new application fee
2. make a request to the Commissioner to reconsider the decision.

Reapplying

If you choose to reapply you must complete a new application form and pay the required application fee.

Before you commence a new application, you should reflect on the reasons for non-approval which will be detailed in the notice.

You should address any deficiencies that have been identified by the Commission and consider reviewing your methodologies for the delivery of aged care and services.

Reconsiderations

You can ask us to reconsider a decision not to approve your application. Part 8B of the Commission Act deals with reconsiderations and requires certain steps to be taken.

A reconsideration request must be given to us in writing and within 14 days of receiving the decision letter.

You must:

- tell us why you're making the request
- address specific areas we identified as reasons for non-approval
- add any evidence you would like to be considered
- submit the request by email to: approvedproviderapplications@agedcarequality.gov.au.



In acting on a request for reconsideration, the Commission will identify a different delegate from the person who made the initial decision to undertake this work.

Additionally, section 74M of the [Commission Act](#) allows the Commissioner to reconsider a decision made under subsection 63D (3) of the [Commission Act](#) if the Commissioner is satisfied that there is sufficient reason to do so.

The possible outcomes of reconsideration are:

- we confirm the decision, or
- we vary the decision, or
- we set the decision aside and substitute a new decision.

If we don't respond within 90 days, the original decision is confirmed.

If the original decision is confirmed and you are not satisfied with the reconsideration decision, you may seek a review by the Administrative Appeals Tribunal.

Request a reconsideration by the Administrative Appeals Tribunal

You can appeal a reconsideration decision made by the Commissioner, by applying to the Administrative Appeals Tribunal.

- apply in writing
- apply within 28 days of receiving the decision
- pay the application fee.

For further information, go to the [Administrative Appeals Tribunal's website](#) or call 1800 228 333.

Can I provide services without being approved?

An organisation does not need to be approved by the Commission to provide services for older Australians under:

- the Commonwealth Home Support Programme (CHSP)
- the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

However, organisations delivering aged care services under one of these programs (and receiving grant funding from the Australian Government for that purpose) must still comply with the Commission Act, Commission Rules and the Aged Care Act.

I want to be listed on My Aged Care and provide services to care recipients

The [National Health Service Directory](#) (NHSD) is delivered by Healthdirect Australia. It provides easy access to reliable and consistent information about health and related services including contact details, location, opening hours, and billing options.

Non-funded services appearing in the NHSD search listings, such as physiotherapy, podiatry, occupational therapy or domestic assistance will also appear on the [My Aged Care service](#) finder.

To find out more about the directory, email nhsd@healthdirect.org.au.



Can I provide my services to an approved provider without being approved?

Yes, you can. You do this by approaching an approved provider and offering to provide your services to the care recipients they are providing care to, either in the home or in a residential care service.

This is known as a sub-contracted arrangement. These arrangements are managed between the supplier and the approved provider.

After you have been approved

After approval, there will be further steps that you need to take before you can deliver aged care services.

This is dependent on the care type you are approved to provide.

This will be outlined in your approval notice, but the following information is provided to assist you.

Home care services and the Home Care Service Notification form

The [Home Care Service Notification form](#) is used to notify the Secretary of the Department of Health about the home care service(s) that you intend to provide.

This step is required under section 9-1A of the [Aged Care Act](#) and specifies that you must provide:

- the name and address of the service
- any other information of a kind specified in the Approved Provider Principles for the purposes of this section.

The form must be completed and submitted before you can claim any home care subsidy. A separate form must be completed for each home care service.

Existing approved providers will also use this form to change the name and/or address of an existing service that you are operating.

You have 28 days to inform the Department of Health of the change.

Note: You must be an approved provider of home care under the Commission Act before you can submit this form.

Allocation of places for approved residential care providers

In the past, a newly approved residential care provider could not commence providing care and services until the Department of Health gave them an allocation of places through the Aged Care Approvals Round, or through a transfer of places from an approved provider.

As of 30 July 2021, there will be no further allocation of places for residential and/or flexible care through the Aged Care Approvals Round (ACAR).

From 1 July 2024, residential aged care places will be allocated directly to senior Australians providing more choice and control to choose a provider to deliver their care.

New and existing providers will no longer need to apply for and be allocated places giving them greater freedom to adjust and expand service offerings and improve the way they meet demand.

This means that, during the transition period between 1 July 2021 and 1 July 2024, there will be two ways to seek an allocation of residential places:



- Providers can come to an arrangement with another provider to acquire places that are excess to their requirements and seek the Department's approval to transfer these places.
- Alternatively, on completion of requisite building works, providers that can demonstrate they are in a position to provide care will be able to seek an allocation of places through a non-competitive process. More information on this process will be communicated in the coming months.

Information on the future of residential places, STRC places and capital grants, is available on the [Department of Health's website](#).

Obligation to tell us about changes that impact ongoing suitability

Under section 9-1 of the [Aged Care Act](#), approved providers must notify the Commission of any change of circumstances that materially affects the suitability of an approved provider to provide aged care (see Part 7A of the [Commission Act](#)) within 28 days after the change occurs.

You can download the material changes form [Notification of a Material Change](#) from the Commission's website.

When will my services be listed on My Aged Care?

After you have been approved you will need to **register** with My Aged Care.

You can go online to register with [My Aged Care](#), view fact sheets and FAQs, take a My Aged Care system overview, find user guides and quick reference guides and videos.

Information is also available on the [Department of Health's website](#).

I'm an approved provider, how can I update my contact details?

It is important that you keep your contact details updated to ensure the Commission can contact you to provide important information about aged care.

To update your home care **service contact** details, use the [Home Care Service Notification form](#).

You can update your operational contact details such as email, postal addresses or other relevant contact information in your **approved provider** record by completing the [Notification of material change form](#).

IMPORTANT: If you update your contact information in the My Aged Care portal, the updated information does not automatically flow through to your approved provider record. Therefore, you need to use one of the methods described in this section.

Questions? Contact the provider approvals and suitability section

Questions relating to an approved provider application should be emailed to approvedproviderapplications@agedcarequality.gov.au.



New Applicant & Existing Approved Provider application forms

An overview of some of the content of each application form is provided below. Please do not replicate any information given in this guide in the application form.

Each application form gives instructions for completing specific sections. You should:

- Give your own responses and information, not that of another approved provider, a consultant or unrelated third-party.

The application assesses your suitability and knowledge of aged care legislation and the delivery of quality aged care services, not someone else's.

- Be clear and provide accurate explanations about your processes and policies. A list of policies and procedures does not provide enough detail about their content.

It is up to you to tell us the how, what, when, where and why in a way that is easy to understand and that addresses every question that is asked.

An assessor and the delegate need to be able to identify how your stated policies and procedures will operate in practice.

However, do not insert sections or whole copies of your policies and procedures into the application form.

You may wish to submit copies as an addendum to the application, but it is your responsibility to make sure that you specify which parts of the policy are relevant to the question asked.

If it is difficult to find the relevant information, the assessment of your application will take longer to complete

- Not repeat legislative excerpts or guidance materials published by the Commission or the Department of Health or any other aged care organisation.

Inserting a 'copy & paste' of the legislation does not offer any insight into whether you understand the legal requirements or what they mean.

Similarly, inserting other publicly available information does not assure us that you can implement care delivery methods you have copied from others.

IMPORTANT

Please do not alter the approved application form in any way unless instructed to.

The application form provides you with instructions about when you may alter it. However if you alter the form in a way that does not follow the instructions, it is not a valid form approved under section 63B(2) of the Commission Act. Your application will not proceed, and you will not get a refund of the application fee.



Application checklist

This checklist is designed to help you to identify the documents that you are required to submit with your application form.

It also provides space for you to list any other supporting documents that you have attached to evidence your suitability, or to support any of the responses you provide in the application form.

Applicant Declaration

You are required to sign the application form's 'Applicant Declaration'.

There are penalties for giving false or misleading information to the Australian Government. Make sure you have read the content of this declaration carefully and understand the implications if you don't meet any of the requirements.

About the applicant

All three application forms contain sections that seek information about your organisation. However, depending on the type of applicant, the requested information will vary.

This is where you must tell us who you are and provide us with details of any external assistance you have received to complete the application form.

You are required to give us:

- your organisation's company details
- authorised contact person information
- information about your consultant, if applicable
- the care type/s you are applying for
- your organisation type including for profit or not-for-profit
- details about your corporate structure including boards and committees
- information about any sub-contracting/service delivery agreements with another organisation.

If you are an existing approved provider, this is where you will provide us with new information about your organisation so that we can update your approved provider record.



Organisation details

IMPORTANT

You must be a corporation as defined in the Act, that is, a trading or financial corporation within the meaning of paragraph 51(XX) of the Constitution.

Please seek legal advice if you are unsure whether your organisation satisfies this requirement.

If the company is a trustee acting on behalf of a trust, you should attach a copy of the trust deed which indicates the name of the trustee and the trusts. This helps us confirm the association between the two legal entities

For-profit

A for-profit organisation operates primarily for the financial profit or gain of its owners, members or shareholders. This includes private incorporated bodies that are registered by ASIC or publicly listed companies that are listed on the Australian Stock Exchange.

Not-for-profit

A not-for-profit organisation does not operate for the profit or gain of its individual members, whether these gains would have been direct or indirect. This applies when the organisation is operating and when it winds up/concludes.

The Australian Taxation Office accepts an organisation as not-for-profit where its constituent or governing documents prevent it from distributing profits or assets for the benefit of particular people.

Religious

An organisation whose objectives and activities reflect its character as a body instituted for the promotion of religious objectives and the beliefs and practices of whose members constitute a religion.

Community-based

An organisation formed for a particular common purpose by members of an identifiable community based on locality, ethnicity or some other identifiable affiliation, whose activities may be carried out for the benefit of its members, but which does not provide financial profit or gain to its individual owners or members.

Charitable

An organisation that gives social value or utility to the general community or an appreciable section of the public, and that is not primarily established to provide profit, gain or benefit to its individual owners or members.

Franchise

If your organisation is part of a franchise, you will be asked to tell us about the franchise arrangements.



Your responses in the application form must relate to your organisation and the people who will be responsible for the way it is run, not the franchisor.

Organisation chart and/or corporate structure

This is the organisation chart and/or diagram of your organisation structure. You must attach a copy as part of your application.

Please make sure it clearly and accurately reflects how your organisation is structured and identify all people with responsibility associated with the operation of your organisation.

If you have vacant positions, please ensure that when identifying these roles in your application that you clearly state your process for filling the vacancy and any measures you will implement to ensure that the responsibilities for that role are delivered in the interim.

Business plan

You must attach a copy of your business plan. It should outline the business goals and detail how you will achieve them. We use the business plan to understand how you will operate your aged care service, it should be accurate and be a true reflection of **your** business.

Do not submit a business plan that does not include your proposed new aged care service offering. The assessment process requires us to consider your suitability to be an aged care provider only, not your plans for operating other Government subsidised services such as NDIS.

Use of another entity

Section 96-4 of the [Aged Care Act](#) specifies that references to an approved provider providing care includes reference to care provided by another person on the approved provider's behalf under contract or agreement entered into.

It also states that the approved provider remains responsible for the care provided by the other person.

This means that if you currently have, or propose to enter, an agreement with another entity to deliver care and services on your behalf, you **must** tell us – for example, you may use the services of a management company or a nursing service that will deliver aged care on your behalf.

You are **required** to give us details of that organisation, including its legal name, ACN/ABN, type(s) of care being outsourced, and the experience of the organisation in providing the type(s) of care being outsourced. We record this information in the approved provider record because, if approved, it will be relevant to the governance of your aged care services.

You **must** provide a statement that tells us how you will actively oversee how outsourced care is delivered including who in your organisation is responsible for oversight of the other entity and what actions you will take to ensure that care is delivered in compliance with the Aged Care Act and the Principles.

You **must** also attach a copy of the agreement between yourself and the other entity with the application.

The agreement should include clauses explaining how:

- the other entity will deliver care and services in a way that would be compliant with the obligations and responsibilities of approved providers under the Aged Care Act
- you will access and be informed about the delivery of services, at any time, to enable you to comply with the obligations and responsibilities of an approved provider under the Aged Care Act



- you will ensure continuity of care and service delivery in accordance with the provisions of the Aged Care Act and the Principles.

Your key personnel

You are required to tell us about your key personnel. These are the people in your organisation who will make decisions about how your organisation is run, including those who will be responsible for directing how care is delivered, such as (but not limited to):

- directors, shareholders or secretaries of the company registered with the Australian Securities and Investment Commission, and/or
- nurses responsible for the delivery and oversight of nursing or clinical services, and/or
- people listed as responsible persons with the Australian Charities and Not-for-Profit Commission, and/or
- individuals in a management company employed or contracted by your organisation, and/or
- contractors, consultants or volunteers who may have direct control and/or influence over decision-making.

Each key personnel of your organisation is required to complete a 'KP Individual Detail' section of the application form. The application form provides more detail about what is required in relation to your key personnel.

There are also certain steps, specified in legislation, that must be taken in relation to key personnel. You must be familiar with and understand these to be able to put them into practice at the time of applying, and if approved, throughout the time you are an approved provider.

Refer to Part 7A of the [Accountability Principles 2014](#) for further information.

Key personnel legal definition

Key personnel are defined in Part 8B of the [Commission Act](#) as:

- people responsible for the executive decisions of the entity (this includes directors and board members)
- people having authority or responsibility for or significant influence over, planning, directing or controlling the activities of the entity
- any person who is
 - for an entity conducting an aged care service:
 - responsible for nursing services provided and who holds a recognised qualification in nursing
 - responsible for the day-to-day operation of an aged care service conducted, or proposed to be conducted, by the entity, whether the person is employed by the applicant or not
 - for a proposed aged care service
 - responsible for nursing services provided and who holds a recognised qualification in nursing



- responsible for the day-to-day operation of an aged care service conducted, or proposed to be conducted, by the entity.

Whether or not the person is employed by the applicant.

You must not have any key personnel who are a **disqualified individual** as defined under section 8A of the [Commission Act](#).

The people you engage to oversee your organisation's governance and service delivery are important for us to consider when assessing your application.

We expect that your key personnel have the necessary skills and qualifications (where relevant) to perform the role they are in.

For example, key personnel responsible for financial management should possess financial qualifications, as should those overseeing the delivery of clinical care, or have responsibility for directing how care is delivered.

We also expect that key personnel with clinical qualifications have roles that correspond with their scope of practice. For example, a clinical psychologist should not have responsibility for wound management or medication management.

Who is a disqualified individual?

Section 8A of the Commission Act defines a disqualified individual as someone who:

- has been convicted of an indictable offence; or
- is an insolvent under administration (bankrupt); or
- is unable to perform the key personnel duties because of mental incapacity

The matters under section 8A apply to applicants and is an ongoing consideration for approved providers. You must be able to satisfy the strict requirements set out in the legislative provisions under the Commission Act.

To demonstrate that you have understood this, you must **provide evidence** that none of your proposed key personnel have ever been convicted of an indictable offence.

Every state and territory law identifies different types of offences as being indictable. These may include more serious offences, such as:

- murder
- manslaughter
- aggravated assault
- the intentional and unlawful administration of drugs or poisons
- committing fraudulent or dishonest activities.

We will conduct a search of records held by the Australian Financial Security Authority, specifically the National Personal Insolvency Index, for all your proposed key personnel.



National police checks

You must provide a National Police Certificate (NPC) issued by a police agency or a National Criminal History Check (NCHC) issued by an Australian Criminal Intelligence Commission (ACIC) accredited agency for all your key personnel.

This is a legal responsibility. Applications received without an NPC or NCHC for each key personnel listed will be invalid.

It is important that the NPC or NCHC was not obtained more than 90 days before the date you submit your application form to the Commission. For example, if you submit the application form on 10 January 2021, the NPC/NCHC must not be dated before 12 October 2020.

Each NPC or NCHC must include all former and preferred names.

Statutory Declaration Form

Your key personnel must complete a statutory declaration if:

- if the name they use is not the same as the name on their NPC or NCHC
- they were a citizen or permanent resident of a country other than Australia at any time after they turned 16 years of age.

The Statutory Declaration form must state whether the person has ever been convicted of an indictable offence. Refer to the definition of [indictable offence](#).

The Statutory Declaration form/s (if applicable) must be attached to the application with the NPC or NCHC.

You can download a blank [statutory declaration form](#) from the Attorney-General's website.

Your suitability to be an approved provider

In this section of the application form you are required to tell us about your suitability. There are specific requirements under section 63D (3) of the Commission Act that we have to consider when assessing your application.

Throughout the application form you are given guidance and instructions for completing it. To help us assess your suitability, your responses should be clear, relate to the question asked and the relevant legislative responsibilities of an approved provider.

It is very important that the information you provide is a true and accurate representation of you and your key personnel's knowledge about delivering aged care and services that are compliant with aged care legislation.

If you have used the services of a consultant to complete the application form or write your policies and procedures, or if you have purchased a suite of policies and procedures, we need to know that you have the ability to put the information you provide into practice.

A new applicant that has not previously demonstrated to the Commission that it clearly understands aged care regulatory responsibilities, including the Quality Standards, would be expected to provide more comprehensive information in their application than an existing applicant.



Experience conduct and compliance

Experience

When assessing your experience, and the experience of your key personnel, we consider whether that experience is transferrable into the delivery of the care type/s that you have applied for.

New applicants should give us enough detail to allow us to have a good understanding of the care you have delivered including any care you may have delivered on behalf of another organisation.

If you have provided care on behalf of an approved provider, you should tell us about your agreement with them and who they are.

If you are an existing approved provider, you may also choose to tell us about the aged care you deliver, or any other form of care. You will be asked to tell us about any new key personnel you have engaged to manage the new care type you are applying for. We can then update your approved provider record.

Conduct and compliance

Whether you are a new applicant or an existing approved provider, you must tell us about your compliance with aged care regulation, or any other regulatory framework you were/are subject to.

For example, this may include in the provision of NDIS, child care/family daycare or DVA services.

We will conduct compliance checks with the NDIS Quality and Safeguards Commission compliance register as well as other Government compliance registers where relevant.

If you are, or have been, an approved provider or provided Commonwealth Home Support Program services, we always undertake a review of the Commission's internal compliance activity for all existing approved providers. However, please note that this does not remove your responsibility to inform us about this in your application form.

If you have been subject to compliance activity, and you have not provided sufficient information to help us determine your ability to effectively manage non-compliance, or we have concerns about your ability to be compliant, we may seek further information from you.

Governance systems

The Commission must assess your systems for the provision of the care type you are applying for. The systems you implement are the cornerstone of an effective approved provider.

You should demonstrate that you have appropriately planned for and identified the different structures to ensure that the decisions you make align with the responsibilities of an approved provider and that your decision makers are held accountable.

You should establish how your systems effectively integrate and support the delivery of quality aged care services.

Your responses should be clear and concise. Things to consider when responding to the questions within this section are:

- how your systems will support the delivery of quality aged care and services



- who within your organisation is directly responsible for each of your governance systems
- how and why your systems will support you to be compliant with the many approved provider responsibilities
- any off-the-shelf systems you have purchased, or intend to purchase, and what due diligence you have undertaken to ensure they support compliance.

Do not provide a list of policies and procedures – a list cannot be assessed, and more detail will need to be provided.

If any of your systems have been independently assessed, attach a copy of your most recent audit to confirm the effectiveness of your systems.

Financial management

You are asked to tell us about the way you manage your finances and your methods for managing Government subsidies.

Aged care legislation has specific requirements set out in the Aged Care Act and Principles and you should be familiar with them so that you can provide responses to this part of the application form.

For example, the *Fees and Payments Principles 2014* and the *User Rights Principles 2014* set out the collection of fees, the prudential responsibilities for residential care providers, and the pricing transparency responsibilities for home care providers.

In this section, you should thoroughly consider these responsibilities as they relate to the care type you are applying for and explain how your financial management systems will maintain compliance with those responsibilities.

It is useful if you provide an example of how your systems will operate every day and how you will implement them if they are not already in place.

The person you identify as being responsible for the financial management of your organisation should possess the necessary skills, qualifications and experience to support compliance with an approved provider's financial management responsibilities.

Similarly, your financial capacity and viability are an important part of sound financial management.

You are asked to explain your working capital and funding available to commence the delivery of aged care services.

Your preparedness for the costs associated with the delivery of aged care and services should be clearly established. Consider explaining how you will do this or outlining the key strategies you have identified in your financial plan.

Responsibilities as a provider

An approved provider's responsibilities are established under the Aged Care Act and Principles. Part 4.1, 4.2 and 4.3 of the Aged Care Act contain the principle matters that you should be familiar with before completing an application.



This legislation also specifies the related Principles such as the *Quality of Care Principles 2014* (incorporating the Aged Care Quality Standards), *User Rights Principles 2014* and the *Accountability Principles 2014*.

Your understanding of these responsibilities goes together with your ability to develop systems, policies and procedures that will be compliant. For this reason, the questions in the application form are designed to help you to tell us how you would meet the responsibilities that relate to the care type/s you are seeking approval for.

In addition, it is vital for you and your key personnel to have a practical understanding of these responsibilities so you are able to effectively monitor, review and update your systems when there are legislative changes.

Both new applicants and existing approved providers are required to give responses that demonstrate your understanding of those responsibilities.

This section of the application form provides instructions for you to follow when completing the responses, including that you should not:

- insert extracts of Chapter 4 of the Aged Care Act or the Principles or the Quality Standards. Your responses should establish relevance by specifying how or why your methodologies link to each relevant legislative responsibility under Chapter 4
- insert extracts of your policies or procedures – you may attach copies with your application form but in doing so, you must still provide a sufficient explanation of the policy/procedure in a clear and easy to understand manner
- provide vision statements, aspirations or organisational principles in your responses.

Ability to meet the requirements of specific care types

Each of the three care types have requirements for an approved provider that only relate to that specific care type. We have designed the application form to capture the requirements that cover all care types in the previous section, while this section of the application form asks specific questions that directly relate to each care type.

For example, there are a number of responsibilities for a home care provider that are different to those for a residential care provider.

Your responses should demonstrate that you have the necessary understanding of an approved provider's responsibility for providing that specific care type, and have developed systems, policies and procedures to be compliant.

This part of the form is separated into the three different care types, you are only required to complete the section that is relevant to the care type/s you are applying for.

Completing the Government Organisation form

The form was developed to allow a government organisation to provide us with only the necessary information that will allow an approved provider record to be created and in turn, allow subsidies to be claimed and paid.

Although a Government organisation is taken, or deemed, to be approved, you are still bound by the legislated responsibilities of an approved provider – this includes those matters that relate to your key personnel.



The form asks about the people in your organisation who have decision-making responsibilities, but not the aged care services you provide.

You are also required to ensure that none of your key personnel are disqualified individuals. This means providing evidence that you have taken all the steps required under the *Accountability Principles 2014* that relate to the suitability of your key personnel.

If any part of the application form is incomplete or you do not attach the identified documents, the application form will be returned to you to action and return.



Appendix A: Definitions

Definitions of words or references used in the Act, Aged Care Principles and the approval process.

Aged Care Act 1997

The [Aged Care Act 1997](#).

Aged Care

Care of one or more of the following types:

- a) Residential care
- b) Home care
- c) Flexible care

Note: Flexible care in the form of short-term restorative care

Applicant

The organisation applying for approval to provide aged care.

Application Form

The form approved by the Commissioner for the purpose of applying to the Commissioner to be approved as a provider of aged care under Part 7A of the Commission Act.

The Commission has three different application forms depending on the status of the organisation applying.

Approved Provider

A person or body in respect of which an approval to provide aged care under Part 2.1 of the Act is in force, and, to the extent provided for in section 63E of the Commission Act, includes any State or Territory, authority of a State or Territory of local government authority.

Aged Care Quality and Safety Commission

The function to approve providers was relocated to the Aged Care Quality and Safety Commission (the Commission) on 1 January 2020.

The Commission also oversees the accreditation, quality review, monitoring and complaints handling of aged care services.

The Commission provides information and education to providers. These processes are undertaken in

accordance with the Aged Care Quality and Safety Commission Rules 2018 established under the Aged Care Quality and Safety Commission Act 2018 or through contractual arrangements.

The Commission is responsible for:

- Granting approval for organisations to become approved providers of residential, home and flexible care.
- Accrediting and monitoring the quality of care and services of residential aged care services.
- Conducting quality reviews of home care and National Aboriginal and Torres Strait Islander Flexible Aged Care services to assess performance in accordance with the applicable aged care standards.
- Conducting quality reviews of flexible care services in accordance with the applicable aged care standards.
- Providing compliance monitoring, information and training to providers.
- Undertaking compliance action against providers who are non-compliant with their responsibilities.
- Reviewing the financial operations of both residential and home care providers to ensure they are appropriately managing all fees and payments.
- Undertaking detailed investigations of providers where necessary including requesting documentation and undertaking site visit.

Australian Business Number (ABN)

For an entity means the entity's ABN (eleven-digit number) as shown in the Australian Business Register (see: section 41 of the *A New Tax System (Australian Business Number) Act 1999*).

Authorised Contact Person

The person authorised to act on behalf of the organisation.



Australian Company Number (ACN)

The number given by the Australian Securities and Investments Commission (ASIC) to a company on registration (see: sections 118 and 601BD of the *Corporations Act 2001*).

Business Model

A plan for the successful operation of a business, identifying sources of revenue, the intended customer base, products and details of financing.

Business Plan

Is a documented set of business goals, objectives, target market information and financial forecasts that you are aiming to achieve over a certain period of time.

For an example visit business.gov.au.

Care recipient

Care recipient means a person to whom an approved provider provides, or is to provide, care through an aged care service.

CEO

Chief Executive Officer

Certificate of registration

Certificate issued by ASIC upon registering a body corporate under division 1 or 2 of the *Corporations Act 2001* (see: s 601CU).

CFO

Chief Financial Officer

Charitable

An organisation that intends social value or utility to the general community or an appreciable section of the public, and that is not established primarily to provide profit, gain or benefit to its individual owners or members.

Commission Act

The [Aged Care Quality and Safety Commission Act 2018](#)

Commission Rules

The [Aged Care Quality and Safety Commission Rules 2018](#)

Community Based

An organisation formed for a particular common purpose by members of an identifiable community based on locality, ethnicity or some other identifiable affiliation, whose activities may be carried out for the benefit of its members but which does not provide financial profit or gain to its individual owners or members.

COO

Chief Operations Officer

Description

A statement or account that describes or provides a representation in words.

Department of Health

The Department of Health.

Disqualified Individual

A disqualified individual as defined under section 8A of the Commission Act and provides that an individual is a disqualified individual if:

- the individual has been convicted of an indictable offence; or
- the individual is an insolvent under administration; or
- the individual is of unsound mind.

DON

Director of Nursing

Flexible Care

Has the same meaning as section 49-3 of the Aged Care Act, that is, 'care provided in a residential or community setting through an aged care service that addresses the needs of care recipients in alternative ways to the care provided through residential care services and home care services'

For-Profit

A for-profit organisation is one which operates primarily for the financial profit or gain of its owners, members or shareholders.

For-profit organisations include private incorporated bodies that are registered by the Australian Securities



and Investment Commission (ASIC) or public listed companies that are listed on the Australian Stock Exchange.

Governance

The rules, practices, processes and systems an organisation uses to direct and manage that organisation and its services.

Governing Body

The individual or group of people with overall responsibility and ultimate accountability for the organisation. This includes responsibility for the strategic and operational decisions that affect the safety and quality of care and services.

Home Care

Under section 45-3, 'home care is care consisting of a package of personal care services and other personal assistance to a person who is not being provided with residential care'.

The Subsidy Principles may specify care that does or does not constitute home care for the purposes of the Act.

Indictable Offence

An indictable offence is defined under section 7 of the Commission Act as:

- (a) an indictable offence against a law of the Commonwealth or of a State or Territory; or
- (b) an offence that:
 - (i) is an offence against a law of a foreign country or a part of a foreign country; and
 - (ii) when committed, corresponds to an indictable offence against a law of the Commonwealth or of a State or Territory.

Key Personnel (KP)

Key personnel as defined under section 8B of the Commission Act. This includes:

- (a) if the entity is not a State or Territory—a member of the group of persons who is responsible for the executive decisions of the entity at that time which includes:
 - (i) if the entity 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

- (ii) in any other case—a member of the entity's governing body.
- (b) if the entity is not a State or Territory—any other person who has authority or responsibility for, or significant influence over, planning, directing or controlling the activities of the entity at that time;
- (c) if, at that time, the entity conducts an aged care service:
 - (i) any person who is responsible for the nursing services provided by the service and who holds a recognised qualification in nursing; and
 - (ii) any person who is responsible for the day-to-day operations of the service; whether or not the person is employed by the entity;
- (d) if, at that time, the entity proposes to conduct an aged care service:
 - (i) any person who is likely to be responsible for the nursing services to be provided by the service and who holds a recognised qualification in nursing; and
 - (ii) any person who is likely to be responsible for the day-to-day operations of the service; whether or not the person is employed by the entity.

MD

Managing Director

My Aged Care

My Aged Care is the main entry point to the aged care system in Australia.

It aims to make it easier for older people, their families, and carers to access information on ageing and aged care, have their needs assessed and be supported to find and access services.



Not-for-Profit

A not-for-profit organisation is one which is not operating for the profit or gain of its individual members, whether these gains would have been direct or indirect.

This applies when the organisation is operating and when it winds up/concludes.

The Australian Taxation Office accepts an organisation as a not-for-profit where its constituent or governing documents prevent it from distributing profits or assets for the benefit of particular people.

Organisation

The aged care business that is applying to deliver aged care.

Quality Standards

The [Aged Care Quality Standards](#) under Part 5 of the *Quality of Care Principles 2014*

RN

Registered Nurse

Residential Care

Has the same meaning as s41-3 of the Act, that is, 'Personal care or nursing care, or both personal care and nursing care, that is provided to a person in a residential care facility in which the person is also provided with accommodation'.

Principles

The Principles made by the Minister under section 96-1 of the Act. Relevant Principles include: The *Approved Provider Principles 2014*, the *Quality of Care Principles 2014* and the *User Rights Principles 2014*.

Religious

An organisation whose objectives and activities reflect its charter as a body instituted for the promotion of religious objectives and the beliefs and practices of whose members constitute a religion.

Serious Incident Reporting Scheme

The Serious Incident Response Scheme (SIRS) is a new initiative introduced to help prevent and reduce incidents of abuse and neglect in residential aged care.

The SIRS sets new arrangements for residential aged care providers with a focus on the safety, health, well-being and quality of life of aged care consumers. These arrangements include flexible care in a residential setting, to manage and take reasonable steps to prevent incidents.

The SIRS includes both incident management and reportable incident obligations to strengthen aged care systems and build providers' skills. This enables providers to respond to incidents and provide aged care recipients with the support they need

The Commission administers the SIRS and holds providers to account for the quality and safety of the care they provide to older Australians.

Statutory Declaration

A written statement which a person signs and declares to be true, before an authorised witness. This is different from an affidavit which is a written statement, confirmed by oath or affirmation for use as evidence in court proceedings.

System

A network of mutually dependent processes or work operations that work together to accomplish the systems aim or intent in order to accomplish organisational goals.

A system contains sub-systems which typically include the functions that support the objective of the system

Trust Deed

The legal document creating and setting out the terms, rules and conditions of a trust.

You, your, applicant

To the organisation completing this application.



Appendix B: Certificate of Registration Example



Certificate of the Registration of a Company

Corporations Act 2001 Paragraph 1274 (2) (b)

This is to certify that

ASIC COMPANY PTY LTD
Australian Company Number 000 000 123

Is a registered company under the Corporations Act 2001 and is taken to be registered in Victoria.

On the first day of January 2011 the company changed its name to **ASIC COMPANY PTY LTD**

The company is limited by shares.

The company is a proprietary company.

The day of commencement of registration is the first day of January 2011.

Issued by the
Australian Securities and Investments Commission
on this first day of January 2011.

Greg Medcraft
Chairman

CERTIFICATE



Appendix C: Insolvency check Example



Australian Government
Australian Financial Security Authority

National Personal Insolvency Index

Extracted in Canberra at 11:53am on 22 Sep 2014

Extract ID: NS1400783-E1

Administration Details	
Type	BANKRUPTCY - Debtors Petition
AFSA Reference	SA 1234/5/6
Date of Bankruptcy	10-Jun-2005
Debtor's Details	
Name	CITIZEN, Jane Mary
Date of Birth	30-Mar-1956
Also Known as	BLOGGS, Janice Mary
Address	345 ABC Street STREETHOLME SA 9999
Occupation	PENSIONER - DISABILITY
Statement of Affairs filed	10-Jun-2005
Date Entered on NPII	10-Jun-2005
Discharge Details	
Discharge Reason	Discharge by Law
Discharge Date	11-Jun-2008
Trustee Details	
Trustee	OFFICIAL TRUSTEE IN BANKRUPTCY
Business Name	AFSA
Business Address	GPO BOX 2604 ADELAIDE SA 5000
Phone	1300 364 785
Summary Details	
Summary	This individual is no longer bankrupt under this administration.

The information contained in this extract comes from the National Personal Insolvency Index at the time and date of the extract. If you consider the information contains errors, please contact the Australian Financial Security Authority on 1300 364 785 or visit the website www.afsa.gov.au for more information.

END REPORT



Appendix D: National Criminal history check example

Check Results Report



Report Run Date/Time: 23/07/2019 09:41:31 AM Environment(Train)

Sensitive: Personal

IMPORTANT

LIMITATIONS ON ACCURACY AND USE OF THIS INFORMATION

- This nationally coordinated criminal history check provides a point in time check about the applicant for an authorised nationally coordinated criminal history check category and purpose. Information obtained through this check should not be used for any other purpose.
- The accuracy and quality of information provided in this nationally coordinated criminal history check depends on accurate identification of the applicant which is based on information, including aliases, about the applicant provided in the application and the comprehensiveness of police records.
- While every care has been taken by the Australian Criminal Intelligence Commission (ACIC) to conduct a search of police information held by it and Australian police agencies that relates to the applicant, this nationally coordinated criminal history check may not include all police information about the applicant. Reasons for certain information being excluded from the nationally coordinated criminal history check include the operation of laws that prevent disclosure of certain information, or that the applicant's record is not identified by the search process across the agencies' relevant information holdings.
- This nationally coordinated criminal history Check may contain any of the following information about an applicant:
 - charges;
 - court convictions;
 - findings of guilt with no conviction;
 - court appearances;
 - good behaviour bonds or other court orders;
 - pending matters awaiting court hearing;
 - traffic offence history.

(U)ndisclosed Court Outcome:

- If this nationally coordinated criminal history check contains a (U)ndisclosed Court Outcome, the entity submitting the application is required to:
 - notify the applicant of the nationally coordinated criminal history check; and
 - provide the applicant with a reasonable opportunity to respond to, or validate the information, in the nationally coordinated criminal history check.
- To the extent permitted by law, neither the ACIC nor Australian police agencies accept responsibility or liability for any omission or error in the nationally coordinated criminal history check.

NATIONALLY COORDINATED CRIMINAL HISTORY CHECK PROCESS

The information in this nationally coordinated criminal history check has been obtained according to the following process:

- the ACIC searches its data holdings for potential matches with the name(s) of the applicant;
- the ACIC and the relevant Australian police agencies compare name matches with police information held in Australian police records;
- the relevant Australian police agency identifies any police information held in its police records and releases the information subject to relevant spent convictions, non-disclosure legislation or information release policies; and
- the ACIC provides resulting information to the entity submitting the application.

Organisation: NPCS - Training
Office:

Check Details

Submitted	Batch ID	Status	Result	Match Date	Release Date
23/07/2019		Closed	Disclosable Court Outcomes	23/07/2019	23/07/2019

Type: Standard AA
Category: Employ/Probity/Licence
Purpose: TEST PURPOSES

Subject Details

Name(s)	Primary	WILCOX, RICHARD BRYAN
Additional Identifier		
Birth Date		01/01/1978
Gender		Male
Birth Place		TEST, NSW, Australia
Address(es)	Residential	1 Testing Street, TEST, NSW, 2000, Australia

Disclosable History

Source	Court	Date	Offence	Result
AFP	TRAINING court 1	01/01/1990	TRAINING offence 1	TRAINING result 1
AFP	TRAINING court 2	01/01/1990	TRAINING offence 2	TRAINING result 2
AFP	TRAINING court 3	01/01/1990	TRAINING offence 3	TRAINING result 3
AFP	TRAINING court 4	01/01/1990	TRAINING offence 4	TRAINING result 4
AFP	TRAINING court 5	01/01/1990	TRAINING offence 5	TRAINING result 5
AFP	TRAINING court 6	01/01/1990	TRAINING offence 6	TRAINING result 6

Sensitive: Personal

Page 1 of 1



Appendix E: Application fees

Application Fees

Application category	Description
Single care type application	Applicant may be new or existing, and making an application for approved provider status in one care type e.g. home care only
Multiple – 2 care type application	Applicant may be new or existing, and making an application for approved provider status in two care categories e.g. home care and residential care
Multiple – 3 care type application	Applicant is new, and making an application for approved provider status in all care types e.g. home care, residential and flexible care
Government Applications	Applicant is a state, territory or local government business and making an application for approved provider status. Under section 63F of the Commission Act, the application is taken to be approved unless the approval has been revoked or suspended under section 63J of the Commission Act.
Identified special market	Applicant may be new or existing, and making an application for approved provider status for any care type. The applicant will be providing services in a market area that is underserved and may also target a special category of consumer.

Additional fees potentially incurred

Additional fee types	Description
Request for information – pre-assessment	Only payable when applicant has made an application, and it does not have the necessary information to allow it to progress to assessment, such as missing pages in documents or information about key personnel.



Request for information – assessment (first and subsequent)

Only payable when applicant has been asked to provide further information and has not provided information to allow the Commission to make a decision, however the Commission believes they may be able to substantiate suitability – for example, the Commission is requesting more information to substantiate claims of suitability.

Application fee rates

Category	Type	Rate	Business process
Single care type/output	Fee	\$8,780	Home care applications Residential applications Flexible applications
Multiple – 2 care type application	Fee	\$10,110	Multiple applications – 2 care types
Multiple – 3 care type application	Fee	\$11,710	Multiple applications – 3 care types
Request for information – pre-assessment	Fee	\$210	Pre-assessment request for information
Request for information – assessment (initial)	Fee	\$1,070	Home care evaluation 1 st request for information Residential evaluation 1 st request for information Flexible evaluation 1 st request for information
Request for information (initial)	Fee	\$1,310	Multiple - 2 care type evaluation 1st
Request for information – assessment (initial)	Fee	\$1,620	Multiple - 3 care type evaluation 1st
Request for information – assessment (subsequent)	Fee	\$450	Home care evaluation 2 nd request for information Residential evaluation 2 nd request for information



Flexible evaluation 2nd request for information

Request for information – assessment (subsequent)	Fee	\$540	Multiple – 2 care type evaluation 2 nd request for information
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Request for information – assessment (subsequent)	Fee	\$680	Multiple – 3 care type evaluation 2 nd request for information
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