



Associated providers under the new *Aged Care Act 2024*

The *Aged Care Act 2024* (the Act) introduces the concept of an ‘associated provider’ to describe an organisation that delivers services on behalf of a registered provider. Registered providers are responsible for the quality, safety and compliance of services delivered by associated providers, including compliance with the Aged Care Code of Conduct.

As such, registered providers must have effective mechanisms in place to maintain oversight of services delivered by associated providers. Registered providers are also responsible for ensuring that all aged care workers, even where they are delivering funded aged care services through an associated provider, have met the screening requirements.

Read our **Regulatory Bulletin** which explains the types of entities (organisations and people) that are considered associated providers and the requirements that apply to them. We also explain the requirements of registered providers who use associated providers in the delivery of their aged care services.

The following provides guidance to common questions on when registered providers need to tell the Commission about their associated providers.

Frequently Asked Questions

1. What are the requirements about Associated Providers?

We encourage current approved providers to update their third-party organisations in the Government Provider Management System (GPMS). As part of the transition to the new Act, The Department of Health, Disability and Ageing will transfer their third-party organisations in GPMS to associated providers. Providers can continue to update their GPMS records until 17 October 2025.

Providers other than approved providers, such as those delivering funded aged care services through specialist aged care programs, will have 6 months after the new Act starts to give us information about their associated provider relationships (as well as the other information in section 104(3) of the Act).

After 1 November, providers need to give us information about their associated providers when registering or renewing their registration.

Providers operating in categories 4, 5 and 6 also need to notify us of changes to their associated provider relationships, if those associated providers are delivering services in those categories on their behalf.

2. When must providers notify the Commission about changes to their associated providers?

Once the Act starts on 1 November, all registered providers must tell the Commission about their associated providers when they register and when they renew their registration. In addition, providers who are registered in categories 4, 5 and 6 must notify us if their arrangement with an associated provider who is delivering services in categories 4, 5 or 6 on their behalf:

- starts
- changes
- extends
- ceases (ends).

Providers do not need to notify us of changes to their associated providers if the associated providers are only delivering services in categories 1, 2 or 3.

3. How long do providers have to notify us about an associated provider's change in circumstances?

Providers must notify us of a change in circumstances within 14 days of becoming aware of the change.

4. What happens if a provider does not notify us of changes to associated provider arrangements, or does not do it in time?

When responding to non-compliance, the Commission will take into account a provider's history of compliance, as well as their commitment, capability and capacity to comply with their obligations. For more information on the regulatory tools available to the Commission and the ways we use them, please refer to the Commission's draft Regulatory Strategy 2025-26.

5. When will the new smart forms be available? When can providers submit them?

After 1 November, providers will notify us about changes in circumstances for associated providers through a smart form on the Commission's website. To help providers prepare, the Commission has published draft versions of the forms, which are available through the Commission's resource library. The final forms will be available on the Commission website from 1 November 2025. Registered providers can only submit the change in circumstances

notification forms from 1 November – any forms submitted before this time will not be actioned, and will not fulfill your obligations. We will publish guidance material for these forms from October 2025.

6. Can providers notify changes to associated provider arrangements as a bulk upload or CSV file?

Bulk uploading is not currently available. We are looking at options to help providers manage large numbers of associated providers. We will provide more information and guidance about this soon.

7. Why is date of birth needed for registering a third-party organisation?

Date of birth is not needed now and it will not be needed in future either. The guidance material for the current process is not correct. We will work with the department to correct this. When a provider completes a notification through Manage Your Organisation tile in the GPMS self-service portal, the field is not mandatory.

8. What is the difference between the current process for third party organisations and what will happen after 1 November for associated providers?

Previously, approved providers notified us about TPOs through the 'Manage your Organisation' tile in the GPMS self-service portal. After 1 November, providers will notify us about changes in circumstances for associated providers through a smart form on the Commission's website. Providers will submit the smart form using a unique code. We are looking at options to support provider to 'bulk upload' changes to reduce workload and time when reporting changes to many associated providers.

9. How will my current Third-Party Organisation arrangements be transitioned on 1 November?

Current approved providers were encouraged to update their third-party organisations (TPOs) in the Government Provider Management System (GPMS) in the lead-up to the new Act. Changes could be made to TPOs in GPMS until 17 October 2025.

Existing TPO arrangements in GPMS will be migrated across as associated providers as part of the transition to the new Aged Care Act. If these records are accurate, providers will not need to do anything else to ensure the records are migrated.

Providers other than approved providers will have 6 months after the new Aged Care Act starts to give us information about their associated providers (as well as the other

information in section 104(3) of the new Act). This includes providers delivering funded aged care services through specialist aged care programs.

10. Are Labour Hire agencies considered to be associated providers?

The Commission does not consider a labour hire agency to be an associated provider under the new Aged Care Act. This is because a labour hire agency:

- is only supplying staff to the registered provider, not delivering funded aged care services on behalf of a registered provider.
- is not overseeing or directing the actual delivery of funded aged care services performed by those staff.

On the other hand, an organisation that is engaged by a registered provider to deliver nursing services (including controlling/directing the delivery of nursing services, setting policies and procedures, supervising and directing the nursing staff etc.) would be considered to be an associated provider.

Labour hire agency workers

People who are sourced from a labour hire agency (agency workers) engaged by a registered provider to actually deliver the funded aged care services on their behalf are considered to be aged care workers under the new Aged Care Act. This is because:

- while the nature of this engagement is not an employment relationship, the registered provider has primary control over the conduct of the agency workers
 - for example, the agency workers need to follow the directions of the registered provider, are required to comply with their policies, use their systems, etc.
- as such, the Commission considers these workers to have been 'engaged' by the registered provider, which means they meet the definition in section 11(4)(a) of the Act.

It is worth noting that, regardless of the exact nature of the relationship between a worker and the registered provider, if the registered provider is using the worker to deliver funded aged care services the Commission considers them to be an aged care worker. This means, for example, the worker is required to comply with the Code of Conduct, be subject to screening requirements and deliver services in accordance with the Statement of Rights.

Health practitioners

On individuals vs. organisations - particularly as it applies to health practitioners - the Commission is of the view that an aged care worker is not an associated provider. As such, if an individual meets the definition of an aged care worker, we do not consider that the same individual can at the same time be an associated provider.

As explained by the regulatory bulletin, this means that where a health practitioner meets the definition of an aged care worker (i.e. an individual employed or otherwise engaged by a registered provider to deliver funded aged care services), the Commission does not consider them to be an associated provider.

Requirements about associated providers

In readiness for meeting your obligations under the new Act, current approved providers were encouraged to update their third-party organisations in the Government Provider Management System (GPMS). As part of the transition to the new Act, the Department of Health, Disability and Ageing will transfer their third-party organisations in GPMS to associated providers.

Providers could continue to update their GPMS records until 17 October 2025. If you did not update details about your TPOs in the system before 17 October, you will now have to wait until 1 November and use the new smartform that will be available on the Commission's website.

Providers other than current approved providers (such as those delivering funded aged care services through grant-funded programs) will have 6 months after the new Act starts to give us information about their associated provider relationships, as well as the other information in section 104(3) of the Act.

After 1 November, providers will be required to give information to the Commission about their associated providers when registering or renewing their registration. Providers operating in categories 4, 5 and 6 will also need to notify the Commission of changes to their associated provider relationships, if those associated providers are delivering services in those categories on their behalf, within 14 days of the change. Failure to notify the Commission of changes may result in a fine (through an infringement notice) or further compliance action.

To help providers prepare, the Commission has published draft versions of the forms, which are available through the Commission's **resource library**.

The final forms will be available on the Commission website from 1 November 2025. Further advice will be published on the Commission's website - **Guidance on Associated Providers**

11. Are external organisations engaged by a Category 6 provider, such as physiotherapy, speech pathology, catering and cleaning providers considered an associated provider?

The best way to determine whether or not a particular organisation is an associated provider is by taking a look at the aged care service list in the Aged Care Rules. If you have an arrangement with an external organisation to deliver any of the funded aged care services on that list to older people, but you are paid by the government for the delivery of that service, you are likely to be an associated provider.

Importantly, though, the Commission considers that that an aged care worker is not an associated provider. What that means is that if an individual meets both the legislative definitions of an aged care worker and an associated provider at the same time, we will consider them to be an aged care workers but not an associated provider.

In practice, this usually comes up in the context of people who own their own business and actually deliver the care (e.g. sole traders). While we can't give a blanket rule because there are too many exceptions depending on individual circumstances, usually these people will meet the definition of an aged care worker and so we won't consider them associated providers.

12. How do we manage compliance with the Quality Standards when using associated providers?

It is important for providers to keep track of their use of associated providers to deliver care (particularly higher risk service types like clinical, nursing and personal care).

It is recommended that providers who are after practical ways to demonstrate their compliance with the Aged Care Quality Standards take a look at the actions listed against each standard. For example, there are a number of actions listed against Outcome 2.3 (accountability, quality system and policies and procedures) that specify what a provider needs to do to achieve good quality outcomes through their governance, including:

- Setting out accountabilities and responsibilities for the delivery of aged care services, specific to different roles
- monitoring the quality of care and services being delivered through feedback from individuals, review of quality indicator data, and analysing complaints and incidents
- setting up reporting requirements up to the governing body around performance against key indicators, and
- regularly reviewing your arrangements and policies to make sure their providing effective oversight

There are similarly detailed actions against outcomes relating to the management of risks and incidents, complaints and feedback, and workforce management.

13. What training and support is available for Associated Providers?

Associated providers, their workers and governing body members can access the Commission's online learning resources free of charge on Alis. Visit **Education & training** to find out more.