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SOUTHERN SERVICES REFORM GROUP

Regional Reform Forum

TAKE A CHANCE ON ME

Summary

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Sector Support and Development

OVERVIEW

Sector Support and Development (SSD) continues to provide a stabilising, capability-building presence for Commonwealth Home Support Program (CHSP) providers, including Local Government, as the aged care system navigates the most significant reform period.

At the 7th Regional Reform Forum, themed *Take a Chance on Me*, providers engaged in a rich showcase of real experiences since the commencement of the Aged Care Act 2024 on 1 November 2025. Through case examples, peer insights, and facilitated discussion, attendees explored what is working well under the new regulatory environment and where further clarity, support, or system improvement is needed.

Direct engagement with the Aged Care Quality and Safety Commission and the Department of Health, Disability and Ageing gave providers the opportunity to ask questions, clarify interpretations, and raise practical challenges. These face-to-face forums remain essential for regional South Australia, ensuring providers stay connected, informed, and supported through ongoing change.

SSD's current priorities continue to focus on strengthening the sector through:

- Building provider capability — deepening understanding of new governance, regulatory, and quality expectations.
- Supporting change navigation — helping organisations interpret reforms and prepare for the Aged Care Act 2024 environment.
- Enhancing communication and cohesion — ensuring consistent, timely information flow across metropolitan and regional areas.
- Fostering resilience and collaboration — strengthening networks that can adapt to reform pressures, workforce challenges, and community needs.

With SSD now extended to 30 June 2027, providers can rely on continued guidance, practical tools, and statewide coordination to maintain safe, high-quality, person-centred care throughout the reform transition over the next 12 months.

The forum closed on a joyful note, the room united on the dance floor to ABBA's Take a Chance on Me, a fitting reminder that even in times of uncertainty, the aged care sector continues to show optimism, unity, and heart.

Aged Care Quality and Safety Commission Patrick Deayton - Assistant Director, Regulatory Strategy & Policy

PRESENTATION OVERVIEW

Patrick from the Aged Care Quality and Safety Commission embraced the ABBA theme with style, opening his session in a retro gold shirt that immediately connected to our theme. His willingness to lean into the fun set the tone for an engaging and highly informative presentation covering Service Agreements, Associated Providers, Feedback and Complaints, and Responsible Persons. Patrick's good humour, paired with his deep regulatory expertise, made the session a highlight of the day, and we thank him for his full attention, generosity, and engagement with our providers.

Patrick outlined several key expectations under the Aged Care Act 2024. For **Service Agreements**, providers must ensure older people are genuinely involved in negotiation, understand the terms, and have time to consider the agreement or seek external advice. Under Quality Standards Outcome 1.4, autonomy and informed decision-making are essential, and the Commission may request service agreement content when resolving complaints or assessing compliance.

On **Associated Providers**, Patrick reinforced that registered providers remain the accountable entity, even when services are delivered by others. Providers must be able to demonstrate how they assure themselves that associated providers meet their obligations. The Commission recognises the challenges this creates, particularly around oversight and record-keeping, and will take a proportionate, risk-based approach while supporting providers to find workable solutions.

In relation to **Complaints and Feedback**, Patrick emphasised that providers must actively encourage and support individuals to speak up without fear of reprisal. Complaints systems should be proportionate to the organisation's size and capacity, but must still achieve the outcomes set out in the Aged Care Rules and Quality Standards.

Finally, on **Responsible Persons**, Patrick reiterated expectations that all individuals in these roles comply with the Aged Care Code of Conduct, disclose any changes affecting their suitability, and meet their duty to reduce risks for older people. The Commission understands the unique challenges Local Governments face with these new requirements and is working closely with the Department to identify solutions. Providers experiencing or anticipating difficulties are strongly encouraged to contact the Commission early for guidance.

Department of Health Disability and Ageing Danny McAteer - Director, SA/WA Branch, Service Delivery Division, Ageing and Aged Care Group

PRESENTATION OVERVIEW

Danny from the Department of Health, Disability and Ageing (DoHDA) attended the Regional Reform Forum in person, along with Anthony Cameron, Assistant Director - Adelaide & Barossa Hills Fleurieu Regional Team and Paula Georgieff, In-Home Care Program Manager. Danny, supported by Anthony and Paula, provided an important update on the national aged care reform environment. While the timing of the Federal Budget scheduled just two days after the forum limited his ability to discuss funding allocations or potential changes to reform and any timelines, Danny was still able to offer valuable context and reinforce key messages in collaboration with Patrick from the Aged Care Quality and Safety Commission.

Danny acknowledged that the implementation of the Support at Home Program has created several unintended impacts for the Commonwealth Home Support Program (CHSP), particularly around uncertainty, planning pressures, and service continuity. He expressed the Department's appreciation for the resilience and commitment of CHSP providers, noting the critical role providers continue to play in supporting older people as they navigate reforms, delays, and system changes.

Danny also confirmed that the Department still anticipates CHSP will transition to Support at Home no sooner than 1 July 2027, while noting that the upcoming Budget may provide further clarity.

We extend our thanks to the Department for their ongoing support and for attending the Regional Reform Forums in person. Their presence enables meaningful formal and informal engagement with providers, ensuring regional voices remain central to reform discussions.

Short Videos

This short film was recorded during March 2026, and screened at the Regional Reform Forum: Take A Chance On Me. The Film explores perspectives from four different Commonwealth Home Support Program (CHSP) service types (CALD, Social Support, Respite, Transport) about the implementation of legislative requirements related to the new Aged Care Act, with a spotlight on Service Agreements, Associated Providers, Feedback and Complaints. We extend our sincere appreciation to the following providers who generously shared their experiences for this film: CO.AS.IT.SA, City of Victor Harbor Caring Neighbourhood Program, City of Onkaparinga, and Tailem Bend Community Centre.

The full list of links to the film can be found here:

- (31) 2026 Regional Reform Forum – YouTube

Q & A - Aged Care Quality and Safety Commission and Department of Health Disability and Ageing

🎬 **Act 1: Service Agreements**

1. **Managing client refusal or disengagement** - How should providers manage situations where clients refuse to sign service agreements, particularly in low-touch services such as meals or transport?

- Providers are expected to ensure that an individual is involved in negotiations, developing the agreement and is supported to understand the terms. If you are having difficulty with clients refusing to engage with a service agreement process, you should make attempts to understand their concerns and mitigate them if possible.
- The requirements to engage individuals in negotiation and development of the agreement do not specify that it must be done in person. The Commission will consider other forms of communication appropriate if the provider has made genuine attempts to engage with the individual.
- An individual has a right to refuse to participate in a service agreement development process, or to refuse to sign a service agreement. If a provider has made good faith efforts to communicate and deal with an older person's concerns, and has complied with their service agreement obligations under the Rules, but an older person refuses to sign the agreement, the provider may cease delivering services to the older person.
- **For CHSP: The CHSP Manual states**, "both the CHSP client and the provider must mutually enter into a Service Agreement and the client should be given a copy of the signed Service Agreement.
- In the event that a client cannot sign the Service Agreement, providers should keep detailed records of the client's consent and agreement to the Service Agreement" (page 69).
- Further information can be found CHSP Service Agreement guidance materials for CHSP providers and clients may contact my Aged Care or OPAN for more information about service agreements.
- **For Support At Home:** Clients have 90 days to sign a service agreement and if not signed, the provider may cease services. They must notify the client 14 days prior. Providers should first assist clients to understand the service agreement (including client contributions) and how it may apply to them. The Support at Home – Template for service agreements contains suggested text on how to have the conversation about co-contributions.
- Clients that remain concerned about signing the agreement should seek assistance from (except for the first, in no particular order):
- ·the provider first, and be encouraged to ask any questions
- ·registered supporter or an unregistered friend or family member
- ·advice from legal and financial organisations
- ·the Older Persons Advocacy Network (OPAN) on 1800 700 600 or by visiting www.opan.org.au.
- ·Or a make a complaint to the Aged Care Quality and Safety Commission

Resources:

- Support at Home program manual - version 4.0 (Section 7.2.3.1, page 63)
- Support at Home service agreement resources | Australian Government Department of Health, Disability and Ageing – particularly Support at Home: Key messaging for old people on service agreements

Q & A - Aged Care Quality and Safety Commission and Department of Health Disability and Ageing

🎬 **Act 2: Associated Providers**

2. Contracting and due diligence expectations - What level of due diligence and monitoring does the Commission expect CHSP providers to undertake when engaging associated providers?

- The registered provider is always accountable for the quality and safety of services they are funded for, regardless of whether the care is being delivered directly by them or an associate provider. The Commission expects providers to assure themselves that an associated provider is complying with their legislative obligations, and to demonstrate to the Commission how they have done this.
- The level of due diligence should be similar to the steps a provider takes to ensure compliance within their own organisation. That is, having policies and processes in place to ensure care is appropriately overseen and delivered to a high standard, imposing notification and reporting requirements where relevant, and acting quickly on any concerns or issues that arise. Assurance frameworks can involve building requirements into your agreement with an associated provider, access to records, regular updates, or any other method that enables the provider to have oversight of the relevant obligations.
- We recognise the challenges that some providers are facing with the new oversight and record keeping requirements for associated providers. The Commission will take a proportionate, risk-based approach to compliance and will work with providers that are facing difficulty with these requirements to find solutions.

🎬 Act 3: Feedback & Complaints

3**. Expectations for small providers** - How will the Commission ensure that feedback and complaints expectations are realistic for small providers with limited administrative capacity? For example the monthly contacts with clients regarding complaints and feedback.

- The Commission does not expect CHSP providers to have a complaints and feedback management system that is as large or as complex as, for example, much larger corporate providers. The Commission will look at whether the provider's systems achieve the outcomes in the rules, agnostic to whether this is done with complex case management software or through basic administrative functions.
- When reviewing providers' compliance with the feedback and complaints management requirements, the Commission takes into account the size, location and capabilities of the provider.

4. Responsible Person obligations for Local Government - When will the Department release definitive written guidance clarifying Responsible Person obligations for Local Government CHSP providers, given the confusion that contributed to councils exiting the program?

- DHDA understand that further guidance regarding Responsible Person obligations for Local Government will be released soon. Until then, the Commission has said that they will take fair and balanced approach.

Q & A - Aged Care Quality and Safety Commission and Department of Health Disability and Ageing

5. Support at Home readiness - What measurable indicators will the Department use to determine whether the sector is genuinely ready for the CHSP to Support at Home transition?

- DHDA - In anticipation of the transition of the CHSP to the Support at Home program no earlier than 1 July 2027, this audit was to examine the effectiveness of the Commonwealth Home Support Program. It provides assurance to Parliament on the extent to which DHDA has effectively delivered the CHSP and is achieving the program's overarching objective to support older people to live safely and independently at home and in their communities.
- One of the report findings was that DHDA will need to obtain more robust assurance over eligibility, unmet demand, provider sustainability, service delivery quality, and the achievement of objectives to effectively support the CHSP's transition to the new program. Refer Effectiveness of the Commonwealth Home Support Program | Australian National Audit Office (ANAO)

6. Funding adequacy - Will the Department review CHSP unit prices or introduce transition funding to ensure providers remain viable while meeting expanded compliance obligations?

- DHDA - We do not have information which specifically addresses this funding question. However, there are a series of reporting changes being made to the CHSP Data Exchange (DEX) that show the dept. is taking steps to better understand the costs of delivering CHSP. See CHSP Guide to Data Exchange (DEX) Stage 3 Changes

7. Risk of service withdrawal - What contingency planning is in place if providers, particularly Local Government or regional services, withdraw due to compliance, workforce or financial pressures?

- In relation to the Commission's remit to ensure the safety, health and wellbeing of individuals; any providers that intending to withdraw from the sector must following all requirements relating to the continuity of care for older people that are affected.
- Questions relating to market stewardship and policy on industry impacts we request are referred to the DHDA.
- Providers who seek to withdraw from service provision (known as 'relinquishment'), must follow the process outlined in the CHSP Selections Framework . This includes electing to relinquish on either 30 June or 31 December in a financial year (with few exceptions) and communicating this request to a provider's FAM at least 5 months prior to the proposed date of exit. This timeframe ensures continuity of care for clients and providers must adhere to the CHSP Funding Agreement until the relinquishment and selection processes have been completed, and all transition activities have been undertaken.
- This process typically ensures a smooth transition process for both the outgoing and incoming provider(s), with the 5-month lead-in time allowing ample time for any issues to be raised and resolved.
- Refer CHSP manual (Chapter 10.2, 10.3, 10.4, pages 79-81)
- appendix_g_-_chsp_selections_framework.pdf

Q & A - Questions from attendees

1. What is happening to SSD?

- The government has agreed to extend Sector Support and Development (SSD) agreements for a further 12 months, to 30 June 2027. This aligns with the end of the current CHSP grant agreements. Providers who have continued to meet the terms of their agreements will be offered a 12 month extension to continue delivering until 1 July 2027.

2. With six South Australian local government providers withdrawing from services after being deemed too high risk, what guidance or recommendations does the Dept provide for other service providers operating under volunteer boards of management? If the risk is considered too great for elected council members to oversee, how does the Dept believe volunteer-led organisations should appropriately manager or mitigate the same level of risk?

- DHDA - The decision to exit was a matter for local government. Similarly, all providers must make their own decisions about service provision and be well informed of the requirements and expectations.
- The Aged Care Quality and Safety Commission (ACQSC) have many resources available for providers seeking to make an informed decision. See Provider governance obligations | Aged Care Quality and Safety Commission

3. How are providers expected to maintain services through significant reforms in history without the support of sector support and development. Specifically in rural remote locations, where due to tyranny of distance are unable to network as effectively as metro providers?

- [General guidance in relation to the difficulties mentioned]
- The Commission understands the unique challenges that many rural providers are facing due to changing regulatory requirements in combination with their geography. The Commission's approach to regulation with all providers is one of proportionality, and we encourage providers that are having compliance difficulties to contact the Commission as early as possible to discuss potential solutions. The Commission will always consider the risk that any non-compliance poses to individuals, and whether this risk can be appropriately mitigated through other means while a provider is experiencing difficulties.
- DHDA - As noted, SSD will continue to be funded until 30 June 2027.

4. Is a 3rd party meal provider considered as Associated Provider when the client orders their own food, so it's only the delivery?

- If the registered provider is being funded for a service that another entity (e.g. a third-party meal provider) is delivering, then that third-party is an associated provider.
- The meal requirements do not apply to:

a) meal preparation in an individual's home
b) meal cooking kits
c) nutritional products recommended for clinical/medical purposes such as oral nutrition supplements, thickeners, enteral nutrition formula and equipment.

- DHDA - Please refer to The Department of Health, Disability and Ageing's Guidance for in-home meal requirements and the ACQSC Regulatory Bulletins on Associated-providers and Meal Requirements.

Q & A CONT.

5. Can new Support at Home clients attend a CHSP SSG?

- DHDA - New Support at Home clients cannot access CHSP SSG as a CHSP client. They may attend by paying for the full cost of service from their SaH budget and privately pay the client contribution. As the Support at Home participant is already receiving government subsidised aged care services, additional CHSP services will be charged at the full cost and will not be subject to further subsidisation.

6. Given that the new Support at Home model has already been identified by many providers as financially and operationally unsustainable, what specific sector development funding transition support and practical implementation resources will the Dept provide to ensure providers can continue delivering safe and viable services – particularly in regional and rural areas?

- DHDA - Providers can continue to access supports to improve their financial viability and capability. The DHDA has several funding programs and services to help providers meet the demands of a strengthened aged care market.
- See Financial viability and capability support for aged care providers | Australian Government Department of Health, Disability and Ageing

7. I'd like to understand how we can be included at the round table where reform decisions are being discussed and shaped. Could you please advise on the process for receiving an invitation or being considered for participation? We are solution focused and want to be used as part of the process to help develop practical outcomes and constructive reform. We're keen to contribute meaningfully and ensure our perspective and experience are represented in the decision-making process. Thank you.

- The DHDA has a 'consultation hub': Australian Government Department of Health, Disability and Ageing - Citizen Space. This site helps providers to find, share and participate in consultations that interest them. It includes links to the consultations DHDA are currently running.
- We also recommend all providers Subscribe to email updates for the latest news and advice.
- Finally, check in regularly to the DHDA Aged Care site Aged care | Australian Government Department of Health, Disability and Ageing for the latest health sector news and resources.

8. With regards to transport.. in our experience many regional people are not taking on their assigned Support at Home package as their transport needs will exceed the package and leave no money for other services. Is this something the Dept has recognised?

- DHDA - If providers are aware of issues impacting service provision and/ or client uptake of services, please contact your Local Network with specific examples so that we can respond appropriately.
- Without knowing the details of the issue, the assessment and subsequent Support at Home package classification level should account for all services required by that client. However, if this is not the case, clients and providers can ask for a reconsideration of the SaH decision. Providers should also work with the client to ensure that package funds are utilised effectively to meet the client's care needs as outlined in their plan.

Q & A CONT.

9. The new Support at Home program has been identified by many providers as financially unsustainable, particularly in thin markets where providers face higher travel costs, workforce shortages and lower client volumes. What specific financial modelling has the Dept undertaken to ensure providers in regional, rural and remote areas can remain viable under the proposed funding settings?

- The Independent Health and Aged Care Pricing Authority (IHACPA) provide independent, evidence-based pricing and costing advice for Australian health and aged care services. They regularly provide pricing advice for services on the service list to the Minister for Health and Ageing, see Support at Home | IHACPA and the IHACPA's role in aged care pricing fact sheet | Resources | IHACPA. Providers may participate in these enquiries by subscribing to the mailing list.
- The DHDA offer a range of Support at Home supplements and grants to assist providers meet the costs of offering specialised care. DHDA also fund grants to eligible providers operating in thin markets. Refer Support at Home supplements and grants | Australian Government Department of Health, Disability and Ageing

10. Could you please explain the rationale for introducing monthly client notifications regarding complaints in CHSP/SaH? Specifically, is this requirement based on historical complaint trends, and does the Commission anticipate an increase in future complaints that necessitates more frequent client communication? Additionally, what evidence or data has informed this approach?

- DHDA - The right for consumers to complain without fear or being punished is a core tenet of the new Statement of Rights (Statement of Rights A4 explainer). Monthly client notifications are about embedding this right in the minds of participants and ensuring they are comfortable with raising any issues.
- As you are aware, the aged care reforms are a result of the Royal Commission into Aged Care Quality and Safety and as such the recommendations come from evidence heard there.

11. Given that low level CHSP clients are trying their SaH and returning to CHSP after realising they far more and receive considerably less, does anyone in the Dept feel SaH has been a success?

- DHDA - See More beds, more packages and better care for older Australians | Health, Disability and Ageing Ministers | Australian Government Department of Health, Disability and Ageing

Thank you

The Southern Fleurieu and Kangaroo Island Positive Ageing Taskforce, Hills Positive Ageing Project, Southern Services Reform Group, and CO.AS.IT.SA extend their appreciation to all participants for their valued input and contributions at the Forum. This Summary will be distributed to our regional networks and forwarded to the Department of Health, Disability and Ageing and the Aged Care Quality and Safety Commission. We look forward to continuing to support our regional stakeholders through the implementation of the reforms during the next year.