2025 Progress Report on Implementation of Aged Care Royal Commission Recommendations:

Office of the Inspector-General of Aged Care

Prepared **by**

COTA Australia

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About COTA Australia

COTA Australia is the leading national peak body supporting and advocating for older Australians since 1958. COTA (Council on the Ageing) promotes the rights, interests and good futures of older Australians over 50.

Our broad agenda is focussed on challenging ageism, respecting diversity, and empowering people to live their best life as we age.

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Introduction

The Inspector-General has indicated their 2025 Progress Report will focus on "generating substantive and meaningful reform for the aged care sector", focusing on whether "reforms have been sufficient to drive meaningful and lasting change to the aged care system, and highlight where further effort is needed to address the systemic issues impacting the sector".

COTA supports moving the focus beyond the amount of effort to implement the reforms, to considering "whether those activities have focussed on the paradigm shift Royal Commissioners called for, and their resulting impact".

COTA welcomes the opportunity to respond to the six key questions the Inspector-General has posed, as well as commenting on individual recommendations to identify where we feel ongoing effort is warranted.

Overall Progress

Q1: What are your impressions of:

- **overall progress with implementation of the Royal Commission's recommendations?**
- **the state of the aged care systems since the Royal Commission's final report?**
- **positive/negative changes to the aged care system following government reform?**

Considering the scale of reform, the Government has made reasonable progress on most of the recommendations of the Aged Care Royal Commission.

Our assessment of the individual recommendations shows that 55% of recommendations will be concluded upon the commencement of the new Aged Care Act on 1 July 2025. 25% of recommendations we have provided no assessment on, but we have identified that 11% are still in progress, while sadly 9% seem to be outstanding. Please see attached Appendix A for more detail.

In November 2024, the new Aged Care Act was passed and rolling consultation on subordinate legislation (the Rules) is currently occurring. The fulfillment or satisfactory implementation of many of the ACRC recommendations in the Rules is being assessed by COTA Australia and other stakeholders through this process.

The Act was a major achievement and provides the legislative base for many of the ACRC recommendations to be fully implemented. The achievement of the intent and vision of the ACRC will be influenced by the successful implementation of the new Aged Care Act.

The new Aged Care Act provides a solid foundation for providing rights-based, person-centred aged care services. It also establishes a fees and charges regime where some

participants will be contributing more financially to the cost of their care. This is a substantive change for aged care participants and for the sector.

In our engagement with older people, they both welcomed the legislation but also have concerns. Older people were pleased that the legislation was tabled and passed and that it included a Statement of Rights, introduced protections and safeguards and enabled greater transparency and accountability. They are also encouraged by the government's commitment to ensure existing participants are not negatively impacted or made worse off by the transition to a new funding regime.

Older people are currently concerned about understanding the new legislation and what it means for them. They are particularly focused on how the new Act, and through it the recommendations of the ACRC, will improve quality of care and service accessibility. Long waiting times, particularly for home care, appear to run counter to the promise of aged care reform. Whilst the new Act introduces and details rights and standards, there is a lack of clarity on how they will be enforced. There is also uncertainty on how effective the new complaints system will be and whether, under the new funding regime, participants are protected from unclear and unreasonable fees and charges.

COTA Australia will be working with the government to support effective implementation so that the ACRC intent for genuine improvement and better outcomes for aged care participants is achieved. ACRC recommendations related to quality and safety, program design, rural and remote areas, quality regulation and advocacy and funding are strongly influenced by the implementation of the Act. The final Inspector General progress report consultation and report should enable more definitive conclusions on how well this has been achieved.

The ACRC also made several recommendations that were not dependent on new aged care legislation. Recommendations related to access to health care appear to be inadequately addressed. There is an urgent need to establish a Seniors Dental Benefits Scheme (a direct recommendation of the ACRC). Too many older people, whether they are aged care participants or not, are getting sick because they're locked out of accessing quality dental services. 16,000 people aged over 65 ended up in hospital in 2022-23. Work towards addressing this has not progressed.

Likewise, there appears to be a lack of meaningful progress towards increasing access to Older Persons Mental Health Services. There is a lack of progress on improving access to specialists and other health practitioners through Multidisciplinary Outreach Services. There is no evidence of change in improving the transition between residential aged care and hospital care. Older people in hospital can often be in situations where their perspective on their ongoing and future care is not considered. They feel forced to comply with a clinical health professional's view related to a perceived duty of care and the hospital system need to free up beds, pushing them into residential care. The recently released public statement on the clarification of roles and responsibilities for delivery of health care to people

receiving aged care did not provide sufficient clarity or acknowledge tensions between systems. This is particularly difficult for aged care supports like allied health.

There appears to have been little transparent work on achieving equity for people with disability receiving aged care and ensuring equivalence with the NDIS. To our knowledge, there have been no concrete steps made to ensure mandatory annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner.

Improving data availability, transparency and consistency was one of the goals of the ACRC. Whilst we are aware that work has commenced in this area, more public information is required on sub-components and specific details of progress on recommendations related to data governance and a National Aged Care Data Asset, ICT Architecture and investment in technology and infrastructure and the Aged Care Research and Innovation Fund.

Consultations, Transparency, Transition

Q2: Has the Government undertaken sufficient consultations in the development/ implementation of its reform agenda? Has there been sufficient transparency around the Government's reforms? Is the level of support being provided enough to ensure an effective transition to a new system?

Overall, the Government has made a reasonable effort, so far, in consulting with stakeholders on the development and implementation of its reform agenda through submission processes, webinars and dedicated meeting processes. The focus of broader public consultation since the Act was passed has been on aged care providers. This is necessary but not enough has been done to proactively inform and support older people in the changes from 1 July 2025. COTA Australia will continue to advocate, where appropriate, for extending and including consultations with aged care participants to ensure their voice and perspective is heard. There has been transparency on the Government's reform agenda including through the response to the Royal Commission, the release of an exposure draft, along with parliamentary review of both the primary and subordinate legislation and various individual consultations on elements of the reform such as the Worker Registration Scheme, Residential Care Services and the Aged Care Standards.

There have been several additional consultations that COTA has been able to participate through its membership of the National Aged Care Advisory Council, Aged Care Taskforce on funding matters, the Expert Advisory Panels on Regulations and the Act, and more recently both the Transition Taskforce and Transition Sector Working Group.

A greater emphasis on providing information well in advance of the new system commencing on 1 July 2025 is an area that COTA is actively monitoring. There is a significant amount of both general and specific information older people will need and the demand and volume continue to grow. Careful consideration of how the Government continues to engage on its reform agenda, beyond the standing National Aged Care Advisory Council will need to be continually monitored.

Rights-based, person-centred aged care

Q3: To what extent have the Government's reforms supported the establishment of a rights-based, person-centred aged care system? Will those reforms move the aged care system away from one focussed primarily on providers to one that puts older Australians and their needs first? If not, what needs to happen to facilitate that change?

The passing of the new Aged Care Act enables the establishment of a rights-based, person-centred aged care system. The outcome of consultation regarding the subordinate consultation or Rules will be critical to giving life to that establishment as well as determining the effectiveness of many reforms initiated by the ACRC and the capacity to deliver better outcomes for participants.

In addition to establishing the Rules, there will need to be a substantive communication and education effort, resourced by Government, to ensure that rights-based, person-centred aged care is understood and implemented. To an extent this is underway now. However, to achieve the significant culture change required an ongoing focus and dedicated resourcing will be required.

Diverse Populations

Q4: Have existing reforms been sufficient in creating an aged care system which can meet individuals' needs regardless of their backgrounds or circumstances? Alternatively, or do they continue to treat diverse populations as an 'add on' to mainstream populations?

COTA Australia is pleased that a list of diverse populations, which provides a definition, has been included in the Rules of the new Aged Care Act. This definition should be adopted and used broadly in the verification of providers to clarify who can be considered a specialist in supporting specific diverse populations. The current process and policy guidance for this is not adequately robust. There should be clear expectations for providers to meet to advertise as a specialist as well as consequences for those who do not meet the expectations.

Ensuring older people from diverse backgrounds express frustration with the lack of focus and false promises by providers on supporting their needs.

To ensure that diverse populations are not an "add on", the Specialist Verification Framework should be included as a condition of provider registration and accreditation and a requirement in a Continuous Improvement Plan in the Aged Care Quality and Safety Commission's Provider Register. Aged care reporting should also include data requirements on access to services by diverse populations.

Consumer Understanding and Access

Q5: Have new systems improved consumer understanding (e.g., star ratings) and timely access to aged care services (e.g., care finders)? Why/why not?

Star ratings provide the capacity for nationally consistent, easy to understand information for older people and their families to assess residential experience, compliance, staffing and quality measures of aged care services.

Ratings systems can never be perfect, so it was important that a review of star ratings was undertaken during 2024. COTA will await the results of the Departments review of Star Ratings and specifically to understand the changes to the system that will be proposed following those reviews. From conversations with older people, we will be looking to ensure:

- that issues regarding informal non-compliance of the current standards are addressed (noting the issues will be resolved in 3 years' time as part of the new standards and their graduated assessment of conformance/major non-conformance/minor non-conformance,
- that for a period of time after significant poor performance, providers are not presenting inappropriately high star rating results
- star ratings on staffing reflect the sites performance on care minutes

Ensuring that star ratings information is reliable is vital to consumer confidence in aged care. COTA Australia will continue to consult with the Department about star ratings to ensure calculations for star ratings meet community expectations.

While we understand Government is in early stages, it is critical that work is progressed to extend star ratings to home care. Care finders have demonstrated that people can be supported to engage with the aged care system. A localised, face-to-face, person centred, service model is critical to meeting people's navigation and information needs and that good outcomes are being achieved for those needing substantive support in a complex system. However, as stated in the previous COTA Australia submission to the Inspector General on the Progress of the ACRC recommendations, there is a navigational support gap for older people requiring lower levels of information support who are ineligible for support through Care Finders. People who don't have complex support needs also benefit from guidance and support as they find their way through the aged care system. This gap needs to be filled.

Regulation

Q6: Do you think that intended reforms to how the system is regulated will be sufficient to uphold the vision of the Royal Commission?

The new Aged Care Act provides the base for considerable improvement in the regulation of aged care services and upholding the vision of the ACRC.

While the Act provides the base framework for the vision to be achieved, it will require effective enforcement of the rights of aged care participants particularly through the new complaints system. Ongoing monitoring of this through the OIGAC will be critical to ensuring to improved individual and systemic outcomes for older people.

Appendix A

Based on our analysis, over half of the ACRC recommendations have been implemented or completed. About 30 percent of implemented or completed recommendations were only implemented in part and did not fulfill the full intention of the ACRC.

Recommendations in the areas of Quality Regulation and Advocacy, Prudential Regulation and Financial Oversight, Provider Governance, Oversight, Implementation and Monitoring, Foundations of the New Aged Care System and Research and Development have largely been implemented and completed.

Many Program Design recommendations have only been partly implemented. Of concern is:

- a lack of clarity regarding individualised assessment and funding,
- the lack of a public awareness campaign based on preventative health,
- inadequate response to care management,
- insufficient approach to respite care,
- residualising of social supports, grant funding for Assistive Technology and Home Modifications being left to State and Territory governments.

Many of the recommendations in the areas of Better Access to Health Care, Quality and Safety and Workforce are still in progress and should be subject to ongoing monitoring by the Inspector General including:

- implementing a new primary care model,
- access to multidisciplinary teams, specialists, mental health services and state and territory health services,
- progress on quality indicators and star rating,
- workforce planning, including professional development for all staff working in aged care
- implementation and operation of the national registration scheme,
- mandatory minimum qualifications for personal care workers.

We note that several recommendations made by the ACRC regarding funding and financing were not accepted by Government and alternative approaches are being implemented.

Currently, there are several recommendations that reflect the need for further action. These are:

- Reform to achieve greater integration between Aged Care, Health and Disability as part of a Care Economy (Recommendation 4).
- Ensuring requirements for the professional development of staff and diversity action plans are mandatory (Recommendation 21).
- Investment to enable more accessible and usable information on aged care regarding service capacity and use and services that are locally available (Recommendation 27).

- Improve information and navigation to the broader population including the provision of lighter touch care finder services for people without vulnerability who require simple explanations (Recommendation 29)
- Ensuring worker training on cultural safety and trauma informed care is provided to all workers and the System Governor completes a national audit on meeting and addressing the needs of diverse older people (Recommendation 30).
- Ensuring an assessment of individual health needs is undertaken, independent from providers, that identifies the type and quantum of clinically required allied health services and the care and support preferences of participants (Recommendation 38).
- Further investment in the Support at Home program to ensure that the waitlist is cleared every 3 months as the ACRC intended. We urge the Government to ensure than no person waits more than 30 days for their aged care (Recommendation 39).
- Ensure that planning is based on need and not rationed. Information on the requirement in the new Aged Care Act for the Minister to outline an annual aged care places methodology should be available in the next 3-6 months. We strongly urge the Inspector General to prioritise further investigation into planning and allocation processes in their 2025 workplan (Recommendation 41).
- Respond to the urgent need for improved access to dental services for aged care participants by establishing a Seniors Dental Benefit Scheme (Recommendation 60).
- Implement more active monitoring of the number of long stay patients in hospital to identify barriers and improve accommodation and care outcomes (Recommendation 66).
- Implement further reform to the aged care system to adequately and equitably respond to a small group of older people with significant disability needs (Recommendation 72).
- Implement annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner (Recommendation 73).
- Ensure social supports, transport, meals, respite, assistive technology and home modifications that previously received block and activity-based funding in the Commonwealth Home Support Programme (CHSP) are effectively implemented as part of the new Support at Home program in 2027 (Recommendation 73).

In the table below we have used the following assessment with their associated meaning:

COTA's Implementation Assessment	**Description**
Implemented	This recommendation appears to have been implemented as at 1 March 2025.
Completed - Pending 1 July 2025	Actions have been taken for this recommendation to be implemented on 1 July 2025 with the new Aged Care Act and associated reforms.
Implemented in part.	We understand these actions have been taken to implement this recommendation and we

	acknowledge some elements of the recommendation have not been implemented.
In progress	Work is underway to finalise this recommendation and therefore we are unable to finalise our assessment at this time.
Incomplete - further action may be required	We believe delivery on this recommendation may require further action.
N/A - Defer to partner organisations.	We have not completed an assessment of this recommendation and refer to our partner
N/A - Further information required to complete assessment	We are unable to assess this recommendation due to more information needing to be made available / public.
N/A - Not accepted by Government / Alternative implemented	We have not assessed this recommendation as we understand Government did not accept it or has implemented an alternative approach.

Rec No.	Recommendation Title	COTA Implementation Assessment (1-March-25)	COTA Australia Comments
1	A new Act	Completed - Pending 1 July 2025	Aged Care Act has been passed, further consultations on the Aged Care Rules are required. As at March 2025 not all subordinate legislation is known. Better education of older people about the new Act is outstanding
2	Rights of older people receiving aged care	Completed - Pending 1 July 2025	Aged Care Act has been passed, further consultations on the Aged Care Rules are required. As at March 2025 not all subordinate legislation is known. Better education of, and proactive support for, older people about the implementation and changes in the Act is outstanding. There will need to be a substantive communication and education effort, resourced by Government, to ensure that rights-based, person-centred aged care is understood and implemented.
3	Key Principles	Completed - Pending 1 July 2025	Aged Care Act has been passed, further consultations on the Aged Care Rules are required. As at March 2025 not all subordinate legislation is known. Better education of older people about the new Act is outstanding
4	Integrated long-term support and care for older people	Incomplete - further action may be required	Integration between Aged Care, Health and Disability has not been achieved in this most recent round of reforms. Further work, potentially through the focus on the Care Economy is needed
5	Australian Aged Care Commission	N/A - Not accepted by Government / Alternative implemented	The Legislated Review in 2028 must consider the effectiveness of the enhanced ACQSC.
6	Australian Aged Care Pricing Authority	N/A - Not accepted by Government / Alternative implemented	Commissioner Pagone recommended the IHACPA would determine prices, the Government implemented a mechanism that only receives a recommendation, with Government to determine prices.
7	Aged Care Advisory Council	Implemented	The ACQSC Advisory Council has been commenced with an updated membership.
8	Cabinet Minister and Department of Health and Aged Care	Implemented in part.	In addition to the senior portfolio Minister Mark Butler being in Cabinet throughout the aged care reform process, the Minister for Aged Care was appointed to Cabinet in January 2025. The Department of Health was renamed to Department of Health and Health and Aged Care, however no Associate Secretary has been appointed to date. “Associate Secretary” is a title rarely used but sits in between Secretary and Deputy Secretary. It is not essential. The ACRC recommended establishing a network of up to 50 small and dedicated regional offices responsible for local planning, engagement with older people, information provision, care finding, assessment, engagement with, and education and support for, providers. While further locations have been established since the Royal Commission, we do not believe there is 50. We note, despite the 18-month period since the 10-Year Ageing Well in Australia Strategy was first mentioned in response to Senate Questions in October 2023 - there appears to be no further information released about this.
9	The Council of Elders	Implemented in part.	Recommendation included "a wide remit to consult older people" which has not yet been implemented. Consultations of older people largely are conducted by the Government Department officials not clearly labelled as on behalf of the Council.
10	Aged Care Safety and Quality Authority	N/A - Not accepted by Government / Alternative implemented	
11	Independent Hospital and Aged Care Pricing Authority	Implemented in part.	IHACPA does not have the power to set prices as envisaged by the Royal Commission.

Rec No.	Recommendation Title	COTA Implementation Assessment (1-March-25)	COTA Australia Comments
12	Inspector-General of Aged Care	Implemented in part.	The Inspector General was not given the power to directly handle complaints about government agencies with a role in the aged care system (as envisaged by recommendation 12(3)). as a result, there will continue to be confusion as to where to go between the Ombudsman, review/reconsideration/review of a decision by most via AAT, but for a different process on Complaints Commissioner items.
13	Embedding high quality aged care	Implemented in part.	A new definition of High-Quality Care is included in the Aged Care Act, and many of the items outlined in paragraph 2 of the Royal Commission's recommendation has been embedded in the new Act. However, it is unclear to us that the goals for the Aged Care Quality Standards have been achieved.
14	A general duty to provide high quality and safe care	Completed - Pending 1 July 2025	A general duty to provide high quality and safe care has been legislated to commence on 1 July 2025. We note however that the general duty is not linked to the definition of High-Quality Care as envisaged by the Royal Commission.
15	Establishment of a dementia support pathway	N/A - Defer to partner organisations.	COTA defers to Dementia Australia
16	Specialist dementia care services	N/A - Defer to partner organisations.	COTA defers to Dementia Australia
17	Regulation of restraints	Implemented in part.	The ACRC recommended the introduction of a Senior Practitioner to adopt a clinical expert approval process. Government implemented a consent model with substituted decision makers instead. A sunset clause in the Act has been introduced to ensure consistency and alignment with state and territories. This should be carefully monitored.
18	Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care	N/A - Not accepted by Government / Alternative implemented	
19	Urgent review of the Aged Care Quality Standards	Completed - Pending 1 July 2025	The new Quality Standards have been implemented pending 1 July 2025, with consultation on the final wording of the Standards forming part of the recent Rules consultations.
20	Periodic review of the Aged Care Quality Standards	Completed - Pending 1 July 2025	We understand via the Aged Care Rules that the Quality Standards will be reviewed every 5 years, however as at 1 March 2025, these Rules have not been available for consultation.
21	Priority issues for periodic review of the Aged Care Quality Standards	Incomplete - further action may be required	COTA Australia has not seen a report from the Australian Commission on Safety and Quality in Health and Aged Care addressing each of the recommendations including the issues of imposing requirements for professional development of staff, or its consideration of making the diversity framework and its action plans mandatory. We do note however that nurses will have responsibility under their roles assist people receiving care to make and update advanced care plans.
22	Quality Indicators	In progress	Consultations around Quality Indicators in both residential and home care have been occurring. There is a lack of information in the public domain to comment on.
23	Using Quality Indicators for continuous improvement	In progress	Consultations around Quality Indicators in both residential and home care have been occurring. There is a lack of information in the public domain to comment on progress, in particular confirmation about the timeline for introducing QIs in a home and community care setting.
24	Star ratings: performance information for people seeking care	In progress	The recommendation talks about "aged care" not "residential care". Accordingly, this cannot be completed until delivered into all forms of home care.
25	A new aged care program	Implemented in part.	Part e of the recommendation around choice remains unclear in the design of Support at Home and has limited functionality in residential care. AN-ACC does not require an ongoing individualised assessment of need to which individualised care funding is linked to the older person.

Rec No.	Recommendation Title	COTA Implementation Assessment (1-March-25)	COTA Australia Comments
26	Improved public awareness of aged care	Implemented in part.	Efforts have been made to broaden reach and audiences in aged care communications however COTA believes that a clear, ongoing and sustained public awareness campaign about aged care supports in a preventative health framework is necessary to ensure that aged care is no longer is a moment of crisis decisions but shifted towards an early intervention planned support to slow any ageing deficits.
27	More accessible and usable information on aged care	Incomplete - further action may be required	Recommendations part b (service capacity and use), along with part a (locally available) have not yet commenced.
28	A single comprehensive assessment process	Implemented	
29	Care finders to support navigation of aged care	Incomplete - further action may be required	COTA Australia notes that the ACRC envisaged that support to navigate aged care should be "scalable and proportionate to need and vulnerability". Care Finders and Services Australia's Aged Care Service Officers have implemented a well-respected and valued service for those with greater need and vulnerability. Lighter touch services for people without vulnerability who require simple explanations have not been developed or offered. Services to provide information and navigation to the broader population are still required. COTA Australia remains concerned that some Care Finder organisations (as well as assessor organisations) are not independent from service provision.
30	Designing for diversity, difference, complexity and individuality	Incomplete - further action may be required	While the new aged care system has an increased cultural safety and trauma-informed service delivery it does not appear to be a condition of registration that training has been provided to all workers. Elements regarding data collection and evaluation do appear to have improved as part of the digital and data strategy. We note in particular however part 2 of Recommendation 30, that required the System Governor to complete a national audit, consult with representative organisations and report to the Inspector General and the public on the extent to which the needs of diverse older people are being met by the aged care system and what further steps need to be taken for the aged care system to meet the needs of diverse older people." This needs to be actioned.
31	Approved providers responsibility for care management	Implemented in part.	The ACRC envisaged care managers within residential care, however the new system does not appear to contain this service. Further, inside home care the aged care assessment does not provide an indication on the quantum of care management required, nor does it allow for the person to be assessed as "without the need for any care management" as articulated by the Royal Commission. From 2027, we note that participants will be able to receive services from multiple providers. Further work will be required to understand the role of care management across multiple providers.
32	Respite supports category	Implemented in part.	The Royal Commission proposed that people could access respite "up to 63 days per calendar year" however this does not appear to have been met. Further it recommended that the government provide "a greater range of high-quality respite support in people's homes, in cottages and in purpose-built facilities" however we have not seen action to meet this requirement.
33	Social supports category	Implemented in part.	Social support has not been implemented as envisaged by the Royal Commission. It is not grant funded, nor is it on top of allocation of funding of services. In addition, social supports were not recommended to incur co-contributions, however the final result of the program has seen co-contributions incurred.

Rec No.	Recommendation Title	COTA Implementation Assessment (1-March-25)	COTA Australia Comments
34	Assistive technology and home modifications category	Implemented in part.	The service type of "hoarding and squalor service" is not part of the final Support at Home Service List. While it remains within CHSP, it is unclear what the future of this service will be from 1 July 2027. COTA appreciates the significant improvement in the design of Assistive Technology and Home Modifications. However, it appears this has not been implemented as envisaged with AT grant funding only for state and territory governments implementing a loans scheme.
35	Care at home category	Completed - Pending 1 July 2025	The Support at Home Program design appears to meet the requirements of the recommendation, however some Rules including dealing with care management functions (that relate to this recommendation) are still subject to consultation
36	Care at home to include allied health care	In progress	The design of the system has been to include recognition of a broader number of allied health services and for those services to be identified as part of an assessment, although it does not include specific funds towards allied health exclusively. Further time and monitoring are required to establish if the consumer spends their package budget with allied health services.
37	Residential care category	Completed - Pending 1 July 2025	The new residential care service list, commencing on 1 July 2025 implements this recommendation. Monitoring how clearly it regulates HELF behaviour of provides should be subject to ongoing monitoring through the Commission.
38	Residential aged care to include allied health care (including Aged Care On-site Pharmacist measure)	Incomplete - further action required	This recommendation was split by the Commissioners, with Commissioner Pagone requiring "providers to have arrangements with allied health professionals as required by their assessment or care plan" and Commissioner Briggs requiring a provider to "employ, or otherwise retain, at least one of each of the following allied health professionals: an oral health practitioner, a mental health practitioner, a podiatrist, a physiotherapist, an occupational therapist, a pharmacist, a speech pathologist, a dietitian, an exercise physiologist, and a music or art therapist" while having arrangements for "optometrists and audiologists". An individuals assessment for residential care does not include their individual allied health needs and most older people report their provider controlled care plan only identifies the type and quantum of allied health that the provider can deliver, not what their preferences include, nor the quantum of services they're clinically requiring. Work to identify the number of allied health assessments, volume of service provisions required in care plans / assessments, volume delivered, and FTE of allied health professionals is required. Further work by the Inspector General to assess the appropriate access to allied health services in residential aged care is required.
39	Meeting preferences to age in place	Incomplete - further action may be required	There has been additional investment in home care packages and, since the Royal Commission, there is more transparent data available on the wait times from application until assessment. However, the Royal Commission's call to clear the waitlist every 3 months has not yet been implemented. More resources in support at home will be required to achieve this goal. COTA Australia continues to urge the Government to ensure than no person waits more than 30 days for their aged care.
40	Transition to care at home	Implemented in part.	The Royal Commission's " new respite or social support grant categories" were not adopted by Government as a separate part of a person's Support at Home package.

Rec No.	Recommendation Title	COTA Implementation Assessment (1-March-25)	COTA Australia Comments
41	Planning based on need, not rationed	Incomplete - further action may be required	The Government did not accept recommendations from the Royal Commission that there be a new Aged Care Provision Ratio that ensures aged care services based on need, not rationed. The Aged Care Act requires the Minister each year to outline a methodology used to allocate aged care places. COTA Australia will be looking at the methodology proposed as part of the upcoming budget,) or at a later date if there is no information available at that time). We strongly urge the Inspector General to prioritise further investigation into this recommendation and Governments implementation in their 2025 workplan.
42	Support for informal carers	N/A - Defer to partner organisations.	COTA defers to Carers Australia
43	Examination of Leave for Informal carers	N/A - Defer to partner organisations.	COTA defers to Carers Australia and notes that the Productivity Commission's 'A case for an extended unpaid carer leave entitlement?' Inquiry report has been published https://www.pc.gov.au/inquiries/completed/carer-leave/report
44	Volunteers and Aged Care Volunteer Visitors Scheme	Implemented	
45	Improving the design of aged care accommodation	Implemented in part.	There is no publicly available information to assess the progress of this recommendation, particularly the financial incentives within part b.ii or part c.
46	Capital grants for 'small household' models of accommodation	Implemented in part.	Broadly, this implementation appears to be progressed, however the importance of this recommendation to deliver access to capital for special needs groups does not appear to be part of current capital grant processes and should continue to be part of the Inspector General's ongoing oversight.
47	Aboriginal and Torres Strait Islander aged care pathway within the new aged care system	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
48	Cultural safety	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
49	An Aboriginal and Torres Strait Islander Aged Care Commissioner	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
50	Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
51	Employment and training for Aboriginal and Torres Strait Islander aged care	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
52	Funding cycle	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
53	Program streams	N/A - Defer to partner organisations.	COTA defers to NACCHO and NATSIAACC
54	Ensuring the provision of aged care in regional, rural and remote areas	Implemented in part.	COTA notes that the introduction of the new system includes regional and rural viability support. However, it is unclear how regularly this will be monitored/reported upon to ensure it actively identifies and responds to equitable access issues faced by people in regional, rural and remote locations.
55	The Multi-Purpose Services Program	Implemented	
56	A new primary care model to improve access	In progress	While steps and programs to improve access to GP services have been commenced, it is too early to determine if these items are sufficient. Ongoing monitoring is required.
57	Royal Australian College of General Practitioners accreditations requirements	N/A - Further information required to complete assessment	There is no publicly available information to assess the progress of this recommendation.

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58	Access to specialists and other health practitioners through Multidisciplinary Outreach Services	In progress	There is no publicly available information to assess the progress of this recommendation. The National Health Reform Agreement has only had a one-year extension and the ongoing negotiations towards the issues raised by this recommendation remain ongoing.
59	Increase access to Older Persons Mental Health Services	In progress	COTA encourages prioritisation of mental health initiatives to ensure greater quality of life amongst aged care participants and residents. The National Health Reform Agreement has only had a one-year extension and the ongoing negotiations towards the issues raised by this recommendation remain ongoing.
60	Establish a Senior Dental Benefits Scheme	Incomplete - further action may be required	The June 2023 Health Minister's meeting communique did not state outcomes on the analysis of the Seniors Dental Benefit Program
61	Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services	In progress	Specific MBS items do not seem to have formed part of the recent MBS items review, though this process appears to be ongoing. Implementation of item a in the recommendation would significantly incentivise greater geriatric specialisation in general practice.
62	Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care	N/A - Further information required to complete assessment	There is no public information to verify this action.
63	Access to specialist telehealth services	Implemented in part.	MBS items have been updated to allow for access to telehealth services - https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Telehealth-Updates-April%202023 However, requirements include that a GP has "an established clinical relationship with the patient" and no exemptions appear to have been made for residential aged care residents.
64	Increased access to medication management reviews	Implemented in part.	While the recommendation of the Royal Commission did not specifically talk about medication reviews for people in the community, monthly caps on the number of reviews that an individual pharmacists can deliver is concerning as it may create an artificial barrier to accessing medication reviews as required.
65	Restricted prescription of antipsychotics in residential aged care	N/A - Not accepted by Government / Alternative implemented	COTA notes that the Royal Commission's recommendation was not adopted by the Pharmaceutical Benefits Advisory Committee (PBAC) so did not proceed.
66	Improving the transition between residential aged care and hospital care	Incomplete - further action may be required	There is often conflict between professional duty of care and dignity of risk. This is seen most often when people leave hospital with advice they should enter residential care. This is often exacerbated by hospital management decisions regarding bed availability across the community. Hospitals often focus on residential care when alternative home-based arrangements may have been the person's preference. More active monitoring on the number of long stay patients in hospital and exactly what the barriers are to them either returning to the family home, to residential aged care, or entering residential aged care is needed.
67	Improving data on the interaction between the health and aged care systems	N/A - Further information required to complete assessment	There is no publicly available information to effectively comment on the progress of this recommendation given its ties to the National Health Reform Agreement. We note that the Aged Care Data and Digital Strategy and the National Aged Care Data Asset including an updated minimum dataset is likely to improve the integration of data between the two systems.
68	Universal adoption by the aged care sector of digital technology and My Health Record	Implemented in part.	COTA notes that it continues to be voluntary for an aged care provider to enter information into the My Health Record. A clear timeline as part of the Digital and Data Strategy should be set to mandate the participation of all residential aged care providers.

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69	Clarification of roles and responsibilities for delivery of health care to people receiving aged care	Implemented	A Joint statement to clarify the roles and responsibilities for the delivery of health care for people receiving aged care services was published on 5 February 2024. Available from: https://www.health.gov.au/resources/publications/joint-statement-to-clarify-the-roles-and-responsibilities-for-the-delivery-of-health-care-for-people-receiving-aged-care-services
70	Improved access to State and Territory health services by people receiving aged care	In progress	There is no publicly available information to assess the progress of this recommendation. We note the National Health Reform Agreement has only had a one-year extension and the ongoing negotiations towards the issues raised by this recommendation remain ongoing.
71	Ongoing consideration by the Health National Cabinet Reform Committee	N/A - Further information required to complete assessment	There is no publicly available information to verify this action.
72	Equity for people with disability receiving aged care	Incomplete - further action may be required	The Royal Commission indicated that people with a disability in aged care should receive daily living supports and outcomes that would be "equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions". For a handful of older people with significant needs, it does not appear the future design will provide the equivalent quantum of supports.
73	Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner	Incomplete - further action may be required	There is no clear public commitment in either the Aged Care Act of the National Disability Strategy that will require an annual report to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner will be required. A greater focus on equitable access to supports for older people with a disability should form part of the Inspector General's future workplan.
74	No Younger People in residential aged care	In progress	COTA understands that remaining younger people with a disability will be able to stay in residential aged care, where it is their express preference to do so. This is often for reasons of maintaining familial connection and as such COTA supports people being able to make this choice.
75	Aged Care Workforce planning	In progress	COTA Australia notes it has not seen a 10-year workforce strategy and planning framework for 2025–35 nor has a specific Aged Care Workforce Fund been announced by Government.
76	Aged Care Workforce Industry Council Limited	Implemented in part.	COTA Australia notes that item 2c of the recommendation to "revise competency and accreditation requirements for all job grades in the aged care sector to ensure education and training builds the required skills and knowledge" appears to be outstanding.
77	National registration scheme	In progress	Consultations on the design of a national registration scheme for personal care workers in aged care closes on 17 April 2025.
78	Mandatory minimum qualifications for personal care workers	In progress	Consultations on the design of a national registration scheme for personal care workers in aged care closes on 17 April 2025 and includes consultation on mandatory minimum qualifications. The mandatory minimum qualification in disability is a Certificate IV, while the discussion paper in aged care explores a minimum qualification of Certificate III. There shouldn't be inconsistent approaches on staff training requirements for sectors within the care economy.
79	Review of certificate-based course for aged care	Implemented in part.	
80	Dementia and palliative care training for workers	N/A - Defer to partner organisations.	COTA defers to Dementia Australia. Getting this right is critical to avoid poor outcomes for participants with the right responders being brought into the right reasons.

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81	Ongoing professional development of the aged care workforce	In progress	Development of accredited, nationally recognised short courses, skills sets and micro credentials for the aged care workforce appears to be substantially underway. More should be done to identify how such course can align with professional development. There is no publicly available information to make any further assessment of this recommendations progress.
82	Review of health professions' undergraduate curricula	N/A - Further information required to complete assessment	There is no publicly available information to enable assessment of implementation of this recommendation.
83	Funding for teaching aged care programs	N/A - Further information required to complete assessment	There is no publicly available information available to enable assessment of the implementation of this recommendation.
84	Increase in award wages	Implemented	Decisions to increase award wages have been taken and will be progressively implemented on the schedule outlined by the Fair Work Commission.
85	Improved remuneration for aged care workers	Implemented	Decisions to increase award wages have been taken and will be progressively implemented on the schedule outlined by the Fair Work Commission. These price increases appear to have been appropriately factored into a provider's costs.
86	Minimum staff time standard for residential care	Implemented	Progress and unintended consequences need to be monitored. Some penalising of providers is problematic and is detrimental to participants. Some tolerance levels should be in place.
87	Employment status and related labour standards as enforceable standards	N/A - Further information required to complete assessment	COTA supports workers receiving comparable take home pay regardless of how they are engaged. Any measure being taken should not result in a reduction of workers being available to aged care compared with NDIS.
88	Legislative amendments to improve provider governance	Completed - Pending 1 July 2025	A number of these measures were introduced prior to the new Act commencing. We note that Part 2 regarding FOI will commence with the new Act on 1 July 2025.
89	Leadership responsibilities and accountabilities	Implemented in part.	Only part c) of this recommendation has been partially implemented, despite being accepted by the former Government. A clearer Aust Gov position of "rejected" should be created to make clear where implementation has consciously been decided not to occur.
90	New Governance Standard	Completed - Pending 1 July 2025	
91	Program of assistance to improve governance arrangements	Completed - Pending 1 July 2025	COTA welcomes an annual report on the effectiveness and take up of this recommendation
92	Approval of providers	Completed - Pending 1 July 2025	
93	Accreditation of high-level home care services	Completed - Pending 1 July 2025	Home Care providers delivering clinical type services including care/case management, nursing and allied health must comply with the Aged Care Standards.
94	Greater weight to be attached to the experience of people receiving aged care	In progress	The Resident Experience Survey will be trialled in a Home Care environment. If adopted throughout Home Care, this recommendation will be implemented.
95	Graded Assessments and performance ratings	Completed - Pending 1 July 2025	Graded assessments of Conformance, Major Non-Conformance and Minor Non-Conformance against the new Quality Standards will commence from 1 July 2025. However, it will take a full three-year assessment cycle before all aged care homes have been assessed in this way.
96	Responding to Coroner's reports	Completed - Pending 1 July 2025	This is included in the new Aged Care Act.
97	Strengthened monitoring powers for the Quality Regulator	Completed - Pending 1 July 2025	This is included in the new Aged Care Act.

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98	Improved complaints management	Completed - Pending 1 July 2025	This is included in the new Aged Care Act. Active monitoring by the Inspector General about the progress of the new complaints process will be necessary.
99	Protection for whistle-blowers	Completed - Pending 1 July 2025	This is included in the new Aged Care Act.
100	Serious Incident reporting	Completed - Pending 1 July 2025	This is included in the new Aged Care Act.
101	Civil penalty for certain contraventions of the general duty	Completed - Pending 1 July 2025	This is included in the new Aged Care Act.
102	Compensations for breach of certain civil penalty provisions	Completed - Pending 1 July 2025	This is included in the new Aged Care Act.
103	A wider range of enforcement powers	Completed - Pending 1 July 2025	Enforceable undertakings, infringement notices and banning or ders are included in the new Aged Care Act. Greater monitoring as to their use in the first few years of operation by the Inspector General is required to ensure their effectiveness.
104	Aged Care Quality and Safety Commission capability review	Implemented	
105	Transparency around the performance of the Quality Regulator	Implemented	Increased transparency around the performance of the ACQSC has been occurring since the Royal Commission, with further increases as part of the 1 July commencement of the Aged Care Act
106	Enhanced Advocacy	Implemented	
107	Aged Care Research and Innovation Fund	Implemented	
108	Data governance and a National Aged Care Data Asset	Implemented in part.	
109	ICT Architecture and investment in technology and infrastructure	N/A - Further information required to complete assessment	There is no publicly available information to assess the progress of this recommendation.
110	Amendments to residential aged care indexation arrangements	N/A - Not accepted by Government / Alternative implemented	
111	Amendments to aged care in the home and Commonwealth Home Support Programme indexation arrangements	Implemented	
112	Immediate changes to the Basic Daily Fee	Implemented	
113	Amendments to the Viability Supplement	Implemented	
114	Immediate funding for education and training to improve the quality of care	Implemented in part.	It appears that Certificate III in Individual Support (residential care and home care streams) and Certificate IV in Ageing Support are being provided at reduced cost, but not entirely fee-free as envisaged by the Royal Commission. However the issue of upskilling the current workforce appears to be unfunded, with the Royal Commission's recommendation around "continuing education and training courses (including components of training courses, such as 'skill sets' and 'micro-credentials') relevant to direct care skills, including, but not limited to, dementia care, palliative care, oral health, mental health, pressure injuries and wound management" remaining outstanding.
115	Function and objects of the Pricing Authority	Implemented in part.	We note the original recommendation was for the pricing authority to determine, not to recommend prices.
116	Requirement to participate in Pricing Authority activities	Completed - Pending 1 July 2025	

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117	Grant funding for support services to be funded through a combination of bloc and activity-based funding	Incomplete - further action may be required	Block and activity- based grants that should be adopted for social supports (which included transport and meals), respite, and assistive technology and home modificatio ns were not implemented across the board. How these areas of CHSP are migrated into Support at Home will be a core consideration for the progressive implementation for 2027.
118	New funding model for care at home	Completed - Pending 1 July 2025	
119	Maximum funding amounts for care at home	Completed - Pending 1 July 2025	
120	Case-mix-adjusted activity-based funding in residential aged care	Implemented	
121	Incentives for an enablement approach to residential care	Implemented	
122	Reporting of staffing hours	Implemented	Further work on making the hours of allied health and activity officers more transparent should be contemplated in future rounds of reform.
123	Payment on accruals basis for care at home	Completed - Pending 1 July 2025	
124	Standardised statements on services delivered and costs in home care	Completed - Pending 1 July 2025	
125	Abolition of contributions for certain services	N/A - Not accepted by Government / Alternative implemented	Government has made clinical care fee free in line with this recommendation. The RC recommendation also exempted 'social supports' (including meals and transport), assistive technologies and home modifications as fee free. Government decision will see means tested and staggered co-contribution levels.
126	Fees for respite care	N/A - Not accepted by Government / Alternative implemented	While respite clients will be asked to pay a co-contribution, including a booking fee to secure a residential respite place, hardship provisions may ensure equitable access to clients. The 2026 Accommodation Pricing Review legislated as part of the Aged Care Act should access item 4 of the recommendation.
127	Fees for residential aged care- ordinary costs of living	N/A - Not accepted by Government / Alternative implemented	The Government did not accept this recommendation noting that Recommendations 127 - 129 & 140-142 represent a discordant view of the Commissioners. The new system should ensure that residents deemed to be in financial hardship would not be denied access to high quality residential aged care on the basis of their capacity to pay. Active monitoring of this element of the reforms should form part of the Inspector General's future workplan.
128	Fees for residential aged care accommodation	N/A - Not accepted by Government / Alternative implemented	The Government did not accept this recommendation noting that Recommendations 127 - 129 & 140-142 represent a discordant view of the Commissioners.
129	Changes to the means test	N/A - Not accepted by Government / Alternative implemented	The Government did not accept this recommendation noting that Recommendations 127 - 129 & 140-142 represent a discordant view of the Commissioners.
130	Responsibility for prudential regulation	Completed - Pending 1 July 2025	
131	Establishment of prudential standards	Completed - Pending 1 July 2025	COTA notes liquidity and prudential standards were the subject of consultations as at 1 March 2025 by the ACQSC.
132	Liquidity and capital adequacy requirements	Completed - Pending 1 July 2025	COTA notes liquidity and prudential standards were the subject of consultations as at 1 March 2025 by the ACQSC.
133	More stringent financial reporting requirements	Completed - Pending 1 July 2025	

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134	Strengthened monitoring powers for the Prudential Regulator	Completed - Pending 1 July 2025	
135	Continuous disclosure requirements in relation to prudential reporting	Completed - Pending 1 July 2025	
136	Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers	Completed - Pending 1 July 2025	
137	Building the capability of the regulator	Completed - Pending 1 July 2025	
138	Productivity Commission investigation into financing of the aged care system through an Aged Care Levy	N/A - Not accepted by Government / Alternative implemented	While consideration of a Levy was a matter for the Taskforce, no Productivity Commission inquiry was initiated.
139	Parliamentary scrutiny of determinations by the Pricing Authority	N/A - Not accepted by Government / Alternative implemented	The Aged Care Act requires the Minister to make a determination of aged care prices, however this does not appear to be a disallowable instrument.
140	Fees for residential aged care accommodation	N/A - Not accepted by Government / Alternative implemented	The Government did not accept this recommendation noting that Recommendations 127 - 129 & 140-142 represent a discordant view of the Commissioners.
141	Planning based on need, not rationed	N/A - Not accepted by Government / Alternative implemented	The Government did not accept this recommendation noting that Recommendations 127 - 129 & 140-142 represent a discordant view of the Commissioners.
142	Phasing out of Refundable Accommodation Deposits	In progress	COTA notes that this will be subject to a review in 2030.
143	Implementation of new arrangements for financial oversight and prudential regulation	Completed - Pending 1 July 2025	
144	Introduce a new earmarked aged care improvement levy	N/A - Not accepted by Government / Alternative implemented	A Levy was not recommended by the Aged Care Taskforce or adopted by the Government.
145	Report on recommendations	Implemented	
146	An implementation unit	N/A - Not accepted by Government / Alternative implemented	The alternative recommendation 147 proposed by Commissioner Briggs was adopted by Government
147	An implementation taskforce	Implemented	An implementation taskforce was established within the Department of Health and Aged Care was stood up. In December 2024 a Transition Taskforce was established of representatives from the sector and older people.
148	Evaluation of effectiveness	Implemented	