# ASSOCIATED PROVIDERS POLICY AND PROCEDURE

**Version 2.0: June 2026**

## ASSOCIATED PROVIDERS POLICY AND PROCEDURE

### Purpose and Scope

This Policy and Procedure sets out the arrangements for engagement between Bilingual Care and any person or organisation engaged as an **Associated Provider** to deliver services for the benefit of consumers. It applies to all Associated Provider arrangements between Bilingual Care and third parties, including consumer-sourced workers engaged through Bilingual Care.

Bilingual Care remains accountable for quality, safety, governance, and compliance for any services delivered under these arrangements.

This Policy does not apply to Suppliers who provide goods only (e.g., purchase of equipment or consumables with no installation, fitting, training, or ongoing service). Such purchases follow the procurement and purchasing of goods procedure.

The policy is aligned with requirements of the Support at Home program, including the *Aged Care Act 2024 (Cth)*, associated *Aged Care Rules 2025*, and the *Strengthened Aged Care Quality Standards*. It meets all relevant legislation, regulations, and Standards.

### Applicable Strengthened Aged Care Quality Standards

- Standard 2: The Organisation
- Standard 3: The Care and Services
- Standard 4: Clinical Care

*Any service or support type delivered to Bilingual Care's consumers via an Associated Provider agreement must meet all relevant Aged Care Quality Standards.*

### Definitions

***Consumer:*** a person approved to receive services under the Support at Home program (also referred to in some materials as 'participant' or 'older person').

***Associated Provider:*** a third-party organisation or worker engaged to deliver Support at Home services on behalf of Bilingual Care.

***Associated Worker:*** an individual (including those sourced by the consumer) who delivers services with Bilingual Care's oversight.

**Supplier:** if the third party only supplies goods (no service delivery), they are classed as a supplier, not an Associated Provider. Suppliers have different onboarding/assurance rules to Associated Providers.

***Self-managed arrangement*:** where the consumer sources a worker/provider and Bilingual Care agrees to engage them under Bilingual Care's policies and pricing.

## Policy

Bilingual Care recognises the importance of offering choice and flexibility to consumers accessing its services.

Bilingual Care will enter into an Associated Provider agreement where:

- a consumer requests a service be delivered via another person or provider or
- Bilingual Care does not have the staff available to deliver a specific service.

Bilingual Care accepts that it will hold overall responsibility for services delivered by Associated Providers in meeting legislative requirements and the *Strengthened Aged Care Quality Standards.*

All Associated Provider arrangements must be approved by the Leadership Team and be consistent with all legislative requirements and Standards, as well as Bilingual Care's policies and procedures.

Associated Provider arrangements can be established to provide one-off or multiple services. As per the *Conflict of Interest Policy and Procedure*, Bilingual Care will ensure it declares and manages conflicts of interest that may arise due to its Associated Provider arrangements.

## Procedures

### Governance and Oversight

The Leadership Team must approve the commencement of any Associated Provider arrangement before services are delivered.

Approval is based on being able to show documented due diligence (entity identity, capability, insurances, worker checks, pricing, and risk assessment) and that the arrangements fit with the Support at Home service list and Bilingual Care's registration categories.

Bilingual Care will maintain a *Register of Associated Providers* to track and monitor all active, pending, suspended, and ceased arrangements.

The *Register of Associated Providers* must be reviewed at least quarterly by the Managing Director with any exceptions and corrective actions noted and provided to the Leadership Team for their review.

### Responsibilities and Accountability

#### Responsibilities

The Managing Director is responsible for managing and monitoring all Associated Provider arrangements. This includes:

- monitoring the *Associated Provider Agreements* and Associated Providers' compliance with their responsibilities
- updating the *Register of Associated Providers* to ensure that the Associated Provider has in place appropriate and current insurances, licences, registrations and mandatory worker screening checks, relevant to the types of services they are providing to Bilingual Care
- monitoring communication between the Associated Provider and Bilingual Care (to confirm

care and services provided and ensure the Associated Provider's staff are performing their roles and responsibilities appropriately)
- regularly reporting outcomes for consumers accessing the Associated Provider services to the Leadership Team and
- meeting with Associated Providers at least every 3 months to discuss positive outcomes achieved for consumers and any areas for improvement.

**Accountability**

The Leadership Team remains ultimately accountable for quality, safety, governance, and compliance for services delivered by Associated Providers under the Support at Home program.

## Worker and Provider Onboarding (Associated Providers)

### 1. Pre-screen Workers and Providers

Before initiating an Associated Provider referral, staff must confirm whether the request is for services or goods only. If the engagement is **goods only**, stop and redirect to the *Procurement & Purchasing of Goods Procedure* section. Associated Provider onboarding is not required for Suppliers.

### 2. Pre-approval from the Leadership Team (or delegated executive)

Before any Associated Provider arrangement is established and prior to signing an *Associated Provider Agreement*, the Managing Director must prepare a *Pre-approval Pack* containing:

#### 2.1. Provider Profile and Fit

- Legal entity details (legal name, trading name)
- ABN/CAN
- Principal place of business
- Key contacts
- Governance structure and stated Vision/Mission/Values
- Any related-party links or conflicts (perceived or actual)
- Service scope sought (mapped to the Support at Home service list) and geographic coverage
- Statement of capacity to meet consumer needs (hours, surge/backup, cultural/linguistic capability, accessibility)

#### 2.2. Due Diligence and References

- Due Diligence Report (corporate search, sanctions/adverse media scan, performance history, complaints/incident history if available).
- At least three recent and relevant references (e.g., from approved providers and/or consumers) with contactable details and summary of feedback.

#### 2.3. Risk–Benefit Analysis / Risk Assessment

- Identified Benefits (access, continuity, specialist capability)
- Identified Risks (quality/safeguarding, capacity, data/privacy, financial)
- Proposed controls and an initial risk rating (Low/Moderate/High)

#### 2.4. Evidence of Compliance Capability

- Insurances:
    - Public Liability

- Professional Indemnity for clinical/therapy services
- Workers Compensation and/or personal accident as applicable
- Coverage amounts, insurer, policy numbers, expiry dates.

- Worker Checks:
  - Right-to-work
  - Qualifications/registrations appropriate to the service type
  - Mandatory screening/clearances required by the *Aged Care Act 2024 (Cth)* and *Aged Care Rules 2025* (e.g., NDIS Worker Check where applicable, Working With Children Check if relevant cohorts, National Police/Criminal History), and currency tracking.

- Orientation and Training Evidence:
  - Induction covering *Statement of Rights* and consent, privacy/confidentiality, incidents and escalation (including Reportable Incidents/SIRS), infection prevention & control, cultural safety, professional boundaries, lone working, manual handling, and *Aged Care Code of Conduct* acknowledgement.

- Capability
  - Documentary evidence that the provider can meet the *Strengthened Aged Care Quality Standards*. This includes key policies/procedures, supervision model, clinical governance (if applicable), escalation pathways, after-hours arrangements, interpreter access, and reasonable adjustments for accessibility.

- Data and Privacy:
  - Ability to securely share service records and incident data with Bilingual Care (minimum data set: who/what/when/where/time)
  - Secure storage/transfer methods
  - Breach notification processes
  - Compliance with privacy laws

- Service Evidence and Billing:
  - Agreement to submit timely service evidence that supports subsidy claims/reimbursements
  - Transparent pricing schedule and any applicable self-management overheads (if consumer-sourced) consistent with current caps/rules.

## 3. Documentation for Approval

Approval of an *Associated Provider Agreement* is to include:

### 3.1. Associated Provider information, including:

- the scope of services
- KPIs and reporting requirements
- audit/assurance rights,
- incident and complaints handling procedures
- data and privacy requirements
- agreed pricing/fees and
- termination/continuity clauses.

### 3.2. Risk Screening:

- the proposed onboarding **Risk Screen** (environmental, clinical,

cultural/safeguarding, lone working).

**3.3. Risk Screening:**

- implementation plan and start criteria (see *Minimum Start Criteria* section below).

## 4. Approval and Establishment

Once the Leadership Team (or delegated executive) reviews the Pre-approval Pack and confirms alignment with Bilingual Care's goals, objectives, and risk appetite:

- the *Associated Provider Agreement* can be executed.
- the Managing Director will enter the Provider on the *Register of Associated Providers* (ABN, services, insurances, start/end dates, last review, risk rating, responsible manager).

The Associated Provider's Start Date is set only after confirmation that **all** *Minimum Start Criteria* (see below) and onboarding actions have been completed by the Managing Director.

## Individuals Engaged as Associated Providers

Where services are to be delivered by an **individual** classified as an Associated Provider (not an employee/worker of Bilingual Care):

1. Follow the Worker and Provider Onboarding section **in full**, and
2. Cross-check against the *Recruitment and Onboarding Policy and Procedure* to confirm the engagement model is appropriate (i.e., not creating an employment relationship), and that insurances, taxation/ABN, and worker obligations are correctly addressed.

## Minimum Start Criteria

Approval must **not** be granted—and service delivery must **not** commence—unless all the following are satisfied and evidenced:

- Valid ABN/ACN and identity verified
- References checked with satisfactory outcomes
- Required insurances sighted and current, with coverage meeting Bilingual Care's thresholds.
- Worker checks, registrations, and mandatory clearances verified and in force
- Orientation/training evidence provided, including Aged Care Code of Conduct acknowledged
- Capability to meet the *Strengthened Aged Care Quality Standards* demonstrated (documents sighted).
- Secure data-sharing arrangements and incident reporting pathways confirmed.
- Service fits the Support at Home service list and consumer eligibility
- Pricing and any consumer contributions disclosed
- Initial Risk Screen completed with controls in place for Moderate/High risks
- Financial viability check (ASIC search/adverse media)

## Associated Provider Agreements

The *Associated Provider Agreement* must contain:

- the commencement date
- the business and contact details of each party to the Agreement
- recitals in relation to the agreed services to be provided in accordance with the *Aged*

*Care Act 2024* and *Aged Care Rules (Cth)*

- terms of appointment, including that the Agreement does not create a relationship of employer and employee, principal and agent, or partnership between Bilingual Care and the Associated Provider, or any of its personnel
- details of who is responsible for payment of wages, leave, entitlements, etc.
- service delivery fees agreed between both parties, including:
    - how and when they will be invoiced and paid,
    - any evidence required (who/what/when/where/time) and format
    - submission timeframes to support subsidy claims/reimbursements.
    - transparent pricing arrangements; no hidden margins or on-selling.
- expectations and responsibilities of Bilingual Care and the Associated Provider, including:
    - Bilingual Care will retain Care Management oversight (if applicable)
    - obligations to deliver culturally safe services, support access to interpreters, and provide accessible communication
    - incident reporting and SIRS requirements - immediate notification triggers, reportable incident timeframes, evidence sharing, and corrective actions
    - data and privacy - explicit compliance with the *Privacy Act 1988 (Cth)/ Australian Privacy Principles*, breach notification procedures to Bilingual Care within 24 hours
    - business continuity - expectations for continuity (backup staffing, disaster/IT outage arrangements, data restoration
    - compliance with all relevant Bilingual Care policies and procedures
    - Associated Provider must participate in reviews and audits and cooperate with the Commission.
- qualifications, training, and other personnel requirements the Associated Provider must meet
- insurance and indemnity responsibilities
- work health and safety obligations, including lone-worker procedures, duress/escalation and after-hours contact
- performance remediation steps and Bilingual Care's right to suspend/terminate on quality/safety grounds
- termination conditions and dispute resolution information

## Pricing, Reimbursement and Consumer Charges

### Transparency

Bilingual Care will provide clear and transparent pricing information to consumers when engaging Associated Providers to deliver services. Bilingual Care will publish service prices and any overheads/administration fees that apply to Associated Provider services.

### Individual Contributions

If consumers are assessed for and must pay Individual Contributions (non-clinical contributions), these will still apply for eligible services delivered by Associated Providers.

### Self-management Overhead (Consumer-sourced Worker)

Where the consumer directly sources the worker and is self-managing, Bilingual Care may apply an overhead capped at 10% of the actual third-party service cost. The overhead is **not** claimed separately and must be included in the final service price for the consumer.

### GST Claiming

Services delivered to a consumer under Support at Home are GST-free to the consumer. Even if an Associated Provider / subcontractor charges GST to Bilingual Care, GST must not be charged to the consumer's budget. Bilingual Care claims GST credits where applicable.

### Reimbursements

A reimbursement will only be approved if:

- the service/item is on the Support at Home service list; and
- Bilingual Care is registered for that service; and
- the consumer is approved for the service in their Notice of Decision/Support Plan; and
- the consumer's *Care Plan* and *Individualised Budget* include the service and cost; and
- Bilingual Care has engaged the worker and completed worker screening (for services), before delivery.

If the consumer pays and seeks reimbursement, pre-approval and evidence of the purchase (invoice/receipt with description and total price paid) must be provided to the Managing Director.

### Claiming Timeframes

Claims must be finalised **within 60 days after the end of the quarter**, and the consumer (or provider) must supply an invoice/receipt as evidence of delivery and the total price.

## Procurement and Purchasing of Goods (Suppliers)

### Scope

Procurement and purchasing of **goods only** (no services), such as continence products, off-the-shelf Assistive Technology (AT), replacement parts does not create an Associated Provider arrangement. In this case, follow the requirements outlined below for a Supplier.

### Minimum Records for Suppliers

When engaging with a supplier for goods on behalf of a consumer, the following minimum records must be retained on the consumer's file:

- supplier quote/Purchase Order (PO),
- invoice/receipt that includes item/goods description
- delivery confirmation

For items paid by the consumer, follow Reimbursement Rules in the section *Pricing, Reimbursement and Consumer Charges* of this Policy and Procedure.

### Escalation

If at any point a **service** is added (e.g. assessment, install, fitting, training, maintenance, repairs, monitoring) switch to an **Associated Provider** pathway and complete the *Worker and Provider Onboarding (Associated Providers)* process in full.

## Care Planning and Referral

Where Bilingual Care has assessed the need for services that would need to be provided by an Associated Provider, or a consumer or their supporters are unable to identify a preferred provider, they must be given detailed information about existing providers Bilingual Care has *Associated Provider Agreements* with. This information must be:

- in a format and language that meets the consumer's needs (e.g. Easy English, translated materials, or interpreter as required)
- provided without bias or influenced by staff preference and
- be made as per Bilingual Care's *Providing Information, Advice and Referral Policy and Procedure*.

### Consumer Request for Associated Provider Services

Where a consumer or their supporter requests a service to be delivered by an Associated Provider, staff will ask and check if they have a preferred Associated Provider that Bilingual Care can approach. The consumer's preferences and reasons provided by the consumer will be recorded in the consumer's file in EziHealth and/or *Care Plan*.

The Managing Director will review the request and follow the ***Worker and Onboarding (Associated Providers)*** procedure to make a decision about whether Bilingual Care can reasonably accommodate the consumer's request. A documented decision must be made within 10 business days of a complete request from a consumer. The decision record must show that Bilingual Care genuinely considered the request (e.g. fit to service list, risk, capability, cost/fees, cultural safety, continuity).

If the request is **declined**, the Managing Director will provide written reasons about why the consumer's request cannot be met and offer the consumer alternate options. The Managing Director will also remind the consumer about Bilingual Care's complaint pathways (including information about Bilingual Care's *Feedback and Complaints Policy and Procedure* and the Aged Care Quality and Safety Commission) if they are not satisfied with the decision.

### Family Members as Workers

Bilingual Care will only permit family-member workers where **no reasonable alternative exists** or where cultural/remote circumstances justify it, and risks can be controlled.

All requirements for an *Associated Worker* must be met and documented as per this Policy and Procedure, which includes:

- having an *Associated Provider Agreement* in place (covering rates, evidence, incidents, privacy)
- meeting worker screening clearances and checks
- having appropriate qualifications, experience and competence to undertake the tasks
- agreeing on clearly defined duties and boundaries, and
- acknowledging that the Associated Worker will be supervised by Bilingual Care in their performance of the agreed duties.

If any of the above criteria cannot be met, the Managing Director will document the reasons why and undertake a risk assessment to determine appropriate alternatives and how risks will be managed.

The Associated Worker must complete a *Conflict of Interest Declaration* and the conflict will be managed as per Bilingual Care's *Conflict of Interest Policy and Procedure*.

Family-member worker arrangements will be reviewed with the consumer and their supporters at least every three months for suitability and effectiveness.

**Requests to Change Providers**

Consumers may request to change providers at any time. Where a consumer requests services to be provided by a new or different Associated Provider, this procedure will be followed. Upon agreement, the Managing Director will update the consumer's *Care Plan* and referral documentation for the new Associated Provider accordingly. Depending on the nature of the services or change, a *Transition Plan* will be prepared as per Bilingual Care's *Service Exit and Transitions Policy and Procedure*.

**Using Associated Providers**

The Managing Director will offer the consumer choice from suitable Associated Providers (where available) and document the consumer's selection and consent.

Before any Associated Provider delivers services, the Managing Director will undertake a risk assessment process that considers at minimum:

- the consumer's home/environment and equipment (access, hazards, infection prevention, manual handling)
- cultural safety, communication needs, and safeguarding/vulnerability risks
- clinical risks (e.g. medications, wounds, behaviours, falls, nutrition/hydration) and escalation pathways and
- worker competence/registration/clearances and lone-working arrangements to meet the consumer's identified needs

If critical controls are not in place (e.g., missing insurances/clearances, unsafe environment), the service start must be delayed until risks are addressed or rectified, and *Minimum Start Criteria* has been met.

Every service delivered by an Associated Provider must be listed in the consumer's *Care Plan* as per Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure*. This will include:

- purpose/outcome being pursued and success measures
- scope of tasks, frequency/duration, location, and start date
- risks and controls (incl. escalation and after-hours arrangements)
- cultural/communication needs and consent status
- review frequency (recommend at least monthly where risks or needs are changing; otherwise per clinical judgement, but no less than quarterly).

As per Bilingual Care's *Care Review Policy and Procedure*, if there is a change to the scope, frequency, risks or the consumer's goals, the *Care Plan* must be reviewed and updated with the consumer and their supporters, and any changes communicated with the Associated Provider (with the consumer's consent).

**Communication and Oversight**

Bilingual Care is responsible for ensuring Associated Providers have sufficient information about consumers and their needs, preferences, and goals (with consumers' or their supporter's consent) prior to services commencing.

The Managing Director will provide the Associated Provider with information to ensure they

can safely and competently support the consumer with the agreed services. This will include:

- a copy of the consumer's *Care Plan*
- the consumer's needs, preferences, goals
- risks and controls, and
- any other relevant clinical/non-clinical information.

**Monitoring**

For every consumer receiving services from an Associated Provider, the Managing Director must complete at least one direct Care Management activity per month. This can include checking in with the consumer and/or the Associated Provider, reviewing goal progress, scheduling review and confirmation, and/or following up any issues. Reviews may be scheduled more frequently for some consumers (e.g. fortnightly for higher-risk self-management) based on clinical judgement and the consumer's preferences.

All review activities must be recorded in the consumer's file in EziHealth.

## Performance Reviews

Bilingual Care will undertake three monthly reviews with each Associated Provider to ensure the effectiveness and suitability of the arrangements. Reviews will cover areas including, but not limited to:

- on-time delivery and missed/late visits
- consumer outcomes against stated goals
- incidents, including reportable incidents (SIRS) and corrective actions
- complaints/feedback and resolutions
- time to respond to and resolve incidents/complaints
- documentation quality/timeliness (service evidence, care-plan updates)
- response time to missed visits

If an Associated Provider is not meeting expected standards for the consumer or Bilingual Care's requirements, Bilingual Care will work with the Associated Provider to meet compliance requirements.

If the Associated Provider cannot meet their compliance obligations or continues to fall below expected standards, their services may be terminated as per the *Termination and Suspension of Associated Provider Agreements* section below.

The Managing Director will provide quarterly reports on the performance of Associated Providers to the Leadership Team.

## Recordkeeping

All onboarding documentation (due-diligence reports, references, insurance certificates, checks/clearances, orientation evidence, policies sighted, agreement, risk screen, approval minutes) must be retained in the Associated Provider's file and referenced in the *Register of Associated Providers*.

All feedback, complaints and incidents, actions taken, outcomes, and communications must be documented in the relevant consumer's file in EziHealth and in the Associated Provider's contract file. Any identified continuous improvement activities must be documented in Bilingual Care's *Continuous Improvement Plan*.

## Notifications to the Aged Care Quality and Safety Commission

At registration or renewal, Bilingual Care will disclose relationships with any Associated Providers (all registration categories).

At all other times, where registered in **Categories 4–6**, Bilingual Care will notify the Commission when an Associated-Provider arrangement **commences, varies, extends, suspends, or ceases** for services under those categories, within 14 days.

The Managing Director is responsible for lodging notifications within required timeframes and retaining evidence of submission and Commission correspondence in the Associated Providers file and the *Register of Associated Providers*.

Internal triggers for notification to the Commission include:

- execution of a new agreement
- scope changes (e.g. services, geography, cohorts)
- contract extensions/renewals
- suspensions/terminations, or
- material risk changes.

## Annual Compliance Attestation

The Managing Director (or accountable executive) must provide an **annual report** to the Leadership Team to verify that associated-provider arrangements are designed, implemented, and operating effectively.

The attestation will reference:

- coverage and accuracy of the *Register of Associated Providers*
- results of risk-based audits and performance reviews
- completion status of required due diligence checks and re-checks
- currency of insurances and worker clearances
- incident/complaints themes, corrective actions, and outcomes and
- compliance with the Commission notification requirements for Categories 4 -6

Attestations, supporting evidence, and Leadership Team minutes will be retained for regulatory review. Any identified improvement actions are to be tracked and monitored in Bilingual Care's *Continuous Improvement Plan*.

## Ongoing Compliance

While all Associated Providers are required to meet all aged care compliance requirements relevant to the services delivered (as outlined in *Associated Provider Agreements*), it remains Bilingual Care's responsibility to ensure their ongoing compliance and delivery of high-quality care and services.

The Managing Director will request copies of current insurance certificates from Associated Providers prior to services commencing, and prior to the insurance expiration date. The Managing Director may also request evidence of current licences, registrations and mandatory worker screening checks at any time.

## Feedback and Complaints

Consumers (or their supporters) may raise a concern or complaint at any time about services

delivered by an Associated Provider, in line with Bilingual Care's *Feedback and Complaints Policy and Procedure* and may also complain directly to the Aged Care Quality and Safety Commission at any time.

The Managing Director will acknowledge, record, and respond to the consumer's feedback or complaint and liaise with the Associated Provider to address the issues. Bilingual Care will work toward a resolution that is timely, fair, and transparent and in accordance with Bilingual Care's *Open Disclosure Policy and Procedure*. Any changes to a consumer's services as a result of the feedback or complaint will reflect the consumer's rights and be made in accordance with Bilingual Care's *Decision-making, Dignity and Choice Policy and Procedure*.

## Incident Management

Consumer incidents must be reported in accordance with Bilingual Care's *Consumer Incident Management Policy and Procedure*. The Associated Provider must report the following information as soon as practicable to ensure that any Serious Incident Reporting Scheme (SIRS) timeframes can be met:

- date, time, and location
- description of incident
- individuals involved
- immediate actions taken

If incident investigations highlight concerns or issues with the services provided by an Associated Provider, the Associated Provider is required to:

- cooperate with investigations
- provide requested information and evidence
- implement remedial actions within agreed timeframes and
- participate in follow-up reviews.

Associated Providers are expected to ensure all staff are trained in incident recognition, reporting, and response procedures and encourage a culture of safety and openness that supports consumer's rights.

If significant issues arise, there are repeated service failures or non-compliance with the *Associated Provider Agreement*, it may trigger performance remediation (see *Performance Reviews* section), or suspension or termination of the arrangement in accordance with the *Associated Provider Agreement*. See also the *Termination and Suspension of Associated Provider Agreements* section below.

## Termination and Suspension of Associated Provider Agreements

### No-fault Termination

Either party may terminate the *Associated Provider Agreement* **without cause** by giving 30 days' written notice to the other. This includes situations where a consumer has complained or requests to stop using the Associated Provider's services.

### Immediate Suspension/Termination

Bilingual Care may immediately suspend or terminate an *Associated Provider Agreement* where there is a material safety, quality, privacy, safeguarding, or regulatory compliance risk, or where the Associated Provider fails to implement required corrective actions within agreed timeframes.

### Consumer Choice

Bilingual Care will respect the consumer's right to change providers at any time. Any requests to change Associated Providers must be supported in accordance with this Policy and Procedure.

### Continuity of Care

Regardless of who initiates termination or suspension, Bilingual Care will implement a *Transition Plan* to ensure continuity of care and services. This will include:

- offering and arranging an alternative Associated Provider (or direct delivery by Bilingual Care) aligned to the consumer's needs and preferences
- communicating timing and handover details with the consumer and their supporters
- updating the *Care Plan*, risk controls, and referral documentation as appropriate, and
- ensuring records and equipment are closed out or transferred appropriately.

### Records and Notification

All decisions, notices, reasons (where applicable), and handover actions must be documented in the consumer's file in EziHealth and the Associated Provider's contract file.

If the changes result in a new arrangement, variation, extension, suspension or termination with the Associated Provider, Bilingual Care must notify the Commission – see *Notifications to the Aged Care Quality and Safety Commission* section for requirements.

## Supporting Documents

Documents relevant to this policy and procedure include:

- *Care Review Policy and Procedure*
- *Conflict of Interest Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Decision-making, Dignity and Choice Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Providing Information, Advice and Referral Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Associated Provider Agreements*
- *Associated Provider Register*
- *Conflict of Interest Declaration*
- *Care Plans*
- *Consumer Risk Assessments*

## Monitoring and Review

This Policy and Procedure will be reviewed at least annually by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:

- satisfaction with supports provided
- satisfaction with the relevance and quality of the Associated Provider's services

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

## DOCUMENT CONTROL

| Version No. | Issue Date | Document Owner |
|---|---|---|
| 2.0 | 26/06/2026 | MD |
| **Version History** | | |
| **Version No.** | **Reviewed Date** | **Revision Description** |
| | | |
| | | |