life care

Shaping positive ageing lifestyles

OUR SERVICE CANCELLATION, SUSPENSION AND CESSATION POLICY

CHURCHES OF CHRIST
LIFE CARE LIMITED

Introduction

Life Care is committed to delivering consistent, safe, and person-centred services that respect the dignity, rights, and choices of older people.

This policy establishes the approach to cancellation and cessation of services, from routine daily cancellations to permanent cessation of funded aged care services.

It ensures decisions are made transparently, documented appropriately, and communicated compassionately, in partnership with clients and their supporters.

Source of Obligation

This policy implements requirements under:

Aged Care Act 2024 (Cth) Part 9, Division 3, Subdivision C: Cessation notifications (ss 14920–14940).

Aged Care Rules 2025 (Cth) Rule 11A5: Delivery of funded aged care services – Late cancellations and No-Show circumstances.

Strengthened Aged Care Quality Standards (2025) Outcomes 1.4 (Transparency & agreements), 2.3 (Policies & procedures), 2.4 (Risk management), 2.10 (Emergency & disaster management), 3.1–3.4 (Assessment, delivery, communication, coordination), 4.1a (Environment—home), and 5.1–5.7 (Clinical Care, where clinical services are delivered)Specifically within the Aged Care Act Rules 2025.

Policy Purpose

This policy aims to:

- Ensure cancellations and cessations are managed consistently with the rights-based intent of the *Aged Care Act 2024*.
- Minimise disruption to client care and safeguard health, wellbeing, and safety.
- Clarify obligations of both clients and Life Care as a registered provider.
- Embed governance, compliance, and risk management obligations under Life Care's Service Delivery Framework.
- Support transparency, fairness, and accountability across all cancellation and cessation decisions.

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Policy Statement

Life Care will:

- **Manage service cancellations and cessations in a fair, consistent, and person-centred manner.**
- **Provide clear notice, reasons, and rights of review to clients in accordance with legislative requirements.**
- **Uphold clients' rights to choice, dignity, and self-determination while protecting staff safety and organisational integrity.**
- **Ensure decisions to cease funded services are made only under authorised circumstances and with required notifications to the System Governor and Commissioner.**
- **Monitor and review cancellation patterns to identify systemic or client risks affecting service continuity.**

This policy forms part of Life Care's Person-Centred and Service Delivery Policy documentation and is read in conjunction with:

- **Statement of Rights**
- **Service Agreement**
- **Client Non-Response Procedure**
- **Feedback and Complaints Policy**
- **Incident Management Policy**
- **Debt Collection Policy**
- **Financial Hardship Policy**

Scope

This policy applies to the Board and all current Life Care employees, students, volunteers and associated providers.

Client-initiated cancellations and any co-contribution conditions are set out in the Service Agreement; this policy governs Life Care's decisions to change, suspend or cease services and how we communicate and mitigate impacts.

This policy outlines the processes for managing cancellations, suspensions, or cessations of services. It does not address debt collection or financial hardship matters, or complaints handling and management which are governed by separate policies.

Roles and Responsibilities

Role	Responsibility
Systems Governor (Government Role)	The System Governor is broadly responsible for making sure all parts of the aged care system work well together, specifically supporting continuity of care so older people can keep receiving services when there are disruptions to a provider's service delivery.
Aged and Quality Aged Care Commissioner (Government Role)	The Aged Care Commissioner has safeguarding responsibilities to protect continuity of care of clients.
Chief Operating Officer	• Co-decide to suspend all services to a client • Co-decide to cease services with a client • Monitor systemic issues and report to the Executive. • Monitor policy alignment with legislative and regulatory requirements
Chief Experience Officer	• Co-decide to suspend all services to a client • Co-decide to cease services with a client • Monitor systemic issues and report to the Executive. • Monitor policy alignment with legislative and regulatory requirements
Finance Lead	• Monitor arrears following the Debt Collection process • Document attempts to resolve • Enact agreed billing adjustments/waivers, • Provide evidence and advice of financial arrears that may qualify for suspension
Case Management Team Leader	• Authorise Fee Waiving for in-home clients within delegations • Provide written recommendations supported by a Risk Assessment on the: • Decision to suspend all services to a client

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	• Decision to cease services with a client • Implementing the decision to suspend services upon approval.
Clinic Manager	• Authorise Fee Waiving for in-clinic clients within delegations • Provide written recommendations supported by a Risk Assessment on the: o Decision to suspend all services to a client o Decision to cease services with a client • Implementing the decision to suspend services upon approval.
Case Managers	• Assessment of impacts of cancellations • Liaise with clients/supporters • Escalate risks and/or repeated cancellations.
Customer Experience Team	Record cancellations accurately, communicate promptly with coordination teams, and reschedule where possible.

Definitions

Cancellation
When a scheduled in-home support service is withdrawn or deferred by either party. This can be a:

Cancelled Visit
A regular scheduled visit is unable to be covered due to workforce unavailability, and the client has declined suitable substitutes available despite reasonable efforts i.e. another staff member, agency staff or rescheduling. This is referred to as a cancelled visit.

Missed Visit
(also known as unfilled visit) is a staff member fails to show up for a scheduled visit.

Late cancellation / insufficient notice
Cancellations given for a scheduled visit in less than the agreed notice period. Life Care requires at least 24 hours' notice of cancellation to a scheduled service. These include:

- we are not notified 24 hours prior to the service or session is due to start
- if the client is not home at the scheduled time, or
- if the client turns the team member away e.g. due to weather

No-Show
A 'no-show' occurs when the client does not show up at the agreed place or at the agreed time of a scheduled service without prior notice.

Cancellation fee
A cancellation fee, equivalent to the full-service charge (made up of both the Funded fee and co-contribution (participant fee), may be applied for a late cancellation/ insufficient notice.

Cessation
Permanent discontinuation of funded aged care services under sections 14935–14940 of the Act.

Notice period
Minimal timeframe required for a client or provider to notify of cancellation. Life Care's notice period is 24 hours minimum.

Repeated cancellations
Pattern or frequency that may impact continuity or risk client safety.

Scheduled Service
A scheduled service (also known as scheduled visit) refers to any care or support activity that has been planned and agreed upon between the client and Life Care, with a specific date, time, and location. This can include nursing services such as wound care, personal care like showering, transport, or other services listed in your Support at Home service agreement.

Suspension
A temporary pause in service delivery (all services) initiated by either the client or Life Care, with the intent to resume when the cause is resolved safety risk, arrears, or environmental emergency.

Adjustments may be made to one or some services delivered which are handled as part of day-to-day case management (and not service suspension) and may be for the above reasons. In these circumstances, this is handled through the Incident Management system.

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Procedures

Decisions will be made with the person, involving their supporter/advocate where nominated, and prioritise continuity and safety over convenience.

1. Cancellation of Services

Life Care recognises that unexpected events, health changes, and emergencies occur. Decisions are made to be fair, transparent, and uphold the client's wellbeing and dignity.

1.1. Routine Day-to-Day Cancellations / Changes to service times

Client-initiated:

- **Clients must provide at least 24 hours' notice of cancellation prior to the commencement of a scheduled service.**
- **Notice is provided verbally, via telephone, via app, online or email to a Customer Experience Team Member or Case Management Team Member.**
- **The staff member who receives the notification is responsible for rescheduling or cancellation of the service visit and reassuring the client of the new arrangement.**
- **This is documented on the client file along with an explanation for the change in circumstances.**
- **The client will be charged for services when less than 24 hours' notice is provided or a no-show *unless* the cancellation is due to an emergency or hospitalisation. In this situation:**
    - **For an In-home service a ticket is raised in the Client Management System (CSM) to the Case Management Team Leader for a Fee Waiver decision.**
    - **For an In-clinic service an email is sent to the Clinic Manager for a Fee Waiver decision.**
- **The Case Management Team Leader/Clinic Manager will notify the Finance Lead of the decision and ensure the Client's invoice shows the charge for the visit, less a discount of a Fee Waiver. The Fee Waiver applies to the full fee.**
- **A client who does not receive a Fee Waiver may choose to dispute a charge for a cancellation. The client can raise this dispute by following the Feedback and Complaints process: Your Voice Shapes Our Care | Share Your Feedback**
- **Life Care can request the client provide evidence in writing to substantiate their claim and the client is provided with the Support at Home service cancellations Fact Sheet for further information on the client's rights and responsibilities.**
- **Each claim is considered on a case-by-case basis.**
- **Repeated in-home cancellations trigger a review by the Case Manager to assess care needs, safety, and service suitability.**

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Provider-initiated:

- Life Care, where practicable, will provide the same 24-hours' notice when rescheduling or cancelling services.
- A provider-initiated service cancellation will not incur a charge.
- Service delivery staff are asked to provide at least 24 hours' notice of shift unavailability.
- Where possible, the service will be rescheduled or alternative arrangements offered.
- Records of all provider-initiated cancellations are recorded on the client's file.

2. Suspension of Services

There are situations that occur in a client's home where we are unable to provide a safe working environment for our staff and other situations such as the non-payment of fees can result in services being suspended.

The client's Case Manager will work closely with the client, the client's supporter(s), and the client's care team to ensure a suspension of services is a last resort and is in place for as short a time as possible. The suspension will consider how essential care is delivered, considering safety and vulnerability to ensure we do not risk neglect of the client.

A recommendation to suspend services will be raised through Life Care's incident management process involving:

- An incident form/s that documents the risk or concern of harm towards a client and/or staff member.
- An investigation involving care conferencing with the client's care team (internal and external) and evidence that the approaches to mitigate risk have failed.

Alternatively, a decision to suspend services can also be initiated when all attempts following Life Care's Debt Collection Policy have been exhausted. A client incident form is raised to investigate and assess this matter.

A risk assessment is completed describing the risks, specifically:

- The severity of risk to Life Care's capacity and workforce safety to determine whether continuation of service creates an unacceptable organisational risk under the Work Health and Safety Act 2011 (Cth) and Aged Care Act 2024 obligations, and
- The severity of risk to the client, their health, safety, wellbeing, and continuity of care to determine whether cessation may cause unacceptable harm to the client's safety, dignity, or wellbeing, triggering the need for mitigation e.g. referral, handover, interim support, advocacy contact.

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A recommendation is made by the Case Management Team Lead with involvement of the Client Experience Lead and Clinical Services Manager to suspend all services where the situation presents harm to a client or staff member. Non-payment of fees is made with involvement of the Finance Lead.

The recommendation must consider:

- The length of time of the suspension
- The services which are suspended
- Mitigating actions to ensure essential care continuity for the client
- Demonstration of involvement and communication with the client, the client's supporter(s) and other care partners, associated providers etc.
- Consideration of resource management and workforce implications.

The recommendation must be supported by validated evidence.

The Chief Experience Officer and Chief Operating Officer will co-decide on the decision to suspend all services.

A written letter is provided to the client to describe:

- Decision and rationale;
- Proposed suspension date;
- Remedial actions to take to address suspension
- Information on client rights, including access to:
  - Life Care's Complaints and Feedback Management System;
  - External mechanisms and independent aged care advocacy services;

The suspension of services is managed by the Case Management Team Leader on a daily basis as a priority to ensure critical activity is completed with urgency and the client's safety and wellbeing is supported.

There will be weekly oversight via the High Risk Meeting.

Where a suspension results in significant changes to the client's situation, this may initiate a full client review.

2.1. Provider Service disruption

If Life Care is unable to deliver services due to operational constraints e.g. declared emergency, workforce shortages, or BCP activation:

- Clients will be informed promptly.
- Prioritisation will be based on assessed risk and care needs as documented in the client Support Plan.
- No cancellation fees will apply when service disruption results from provider circumstances.
- External reporting obligations to the Commission will be met.

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3. Cessation of Services

Unresolved service suspension may lead to a cessation of services. Cessation of services requires governance oversight.

For the purposes of ceasing the delivery of funded aged care services, Life Care has aligned this Policy with s14935(2) of the Aged Care Act 2024.

Life Care is able to demonstrate one of the following conditions for withdrawing:

- **the client cannot be cared for in the home/community with the provider's available resources.**
- **the client's condition changes so that they no longer need the services or their needs are more appropriately met by other types of funded services.**
- **the client has intentionally caused serious injury to a care worker, or infringed care worker's right to a safe working environment.**
- **the client has not paid a fee or contribution specified in the service agreement and has not negotiated an alternative arrangement.**
- **the client notifies the provider, in writing, that they are moving to a location where the provider doesn't deliver the services.**
- **the client notifies in writing that they no longer wish to receive the services.**

3.1. Complete a risk assessment

Before any decision by Life Care to cease the delivery of funded aged care services, a Risk Assessment of the client's needs must be undertaken to determine:

- **The severity of risk to Life Care's capacity and workforce safety to determine whether continuation of service creates an unacceptable organisational risk under the Work Health and Safety Act 2011 (Cth) and Aged Care Act 2024 obligations, and**
- **The severity of risk to the client, their health, safety, wellbeing, and continuity of care to determine whether cessation may cause unacceptable harm to the client's safety, dignity, or wellbeing, triggering the need for mitigation e.g. referral, handover, interim support, advocacy contact.**

This assessment ensures cessation decisions are proportionate, defensible, and compliant with Life Care's duty of care and risk management obligations.

3.2. Identify Reason for Cessation

Valid reasons include:

- Client's needs can no longer be safely met with available resources;
- Client's condition has changed such that services are no longer required or can be better met elsewhere;
- Intentional harm or safety risk to staff;
- Non-payment of fees without negotiation;
- Written notification from the client of relocation or withdrawal.

3.3. Provide Written Notice to the client

At least 14 days written notice before the date the provider ceases delivery of funded aged care services to the client and must include:

- Decision and rationale;
- Proposed cessation date;
- Information on client rights, including access to:
  - Life Care's Complaints and Feedback Management System;
  - External mechanisms and independent aged care advocacy services;
- Options for transition or referral.

3.4. Provide Written Notice to External Agencies

Within 30 days after the cessation of delivery of services a written notice is prepared and provided by the Chief Operating Officer to the System Governor and the Aged Care Quality and Safety Commission on the decision, in an approved form and must include:

- the name of the client;
- the day the provider ceased to deliver funded aged care services to the client;
- the reason for ceasing the delivery of funded aged care services to the client.

This is submitted via the Aged Care Provider Portal. Find out more about exiting care recipients.

3.5. Review or Withdraw Decision (if behaviour or risk changes)

If the reason for cessation e.g. behaviour is resolved before cessation takes effect, Life Care will withdraw the decision and issue written confirmation to the client.

3.6. Recordkeeping and Audit

- All cessation documentation, correspondence, and assessments are retained per Life Care's record management schedule.
- Data is monitored for trends and reported quarterly to the Clinical Governance, Quality and Safety Committee.

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