

16 January 2025

Department of Health and Aged Care

To whom it may concern,

Residential Care Service List Consultation

The Aged & Community Care Providers Association (ACCPA) appreciates the opportunity to provide feedback on the discussion paper for the residential care service list which has been released for consultation.

ACCPA is the national organisation representing providers of aged care to older Australians, delivering retirement living, seniors housing, residential care, home care, community care and related services.

We note some changes have been made to the residential care service list which reflects some of the feedback provided in our submission dated 30 October 2024 on the New Aged Care Act Rules consultation – Release 1 – Service list.

ACCPA's recommendations and key messages are provided below - these are largely unchanged from our 30 October 2024 submission, which remain relevant and require careful consideration by the Department. Specific comments on the discussion paper including the draft service list are contained in **Appendix 1**.

Recommendations

- R1 Increase funding for residential aged care providers to ensure they are adequately funded to meet the new requirements included in the service list and require the Independent Health and Aged Care Pricing Authority to cost and incorporate pricing for new requirements as part of their 2025-26 pricing recommendations to Government.**
- R2 Establish transition arrangements so that providers have adequate time to take the actions necessary to meet the new requirements (e.g. replacing or acquiring new furniture, recruiting additional staff).**
- R3 Adopt the changes to the residential care service list outlined in Appendix 1.**

We have reviewed the draft residential care service list with the expectation that providers will be adequately funded to deliver all services in the list, and that services can be delivered in all locations in Australia and in all existing residential care homes.

In this context, we note the service list includes new requirements, some of which we have identified in **Appendix 1** (see, for example, pages 36-39, 43). Providers will require additional funding to meet these new requirements. It also means transition arrangements will be required. Some providers will need to source items which have not previously been mandated (e.g. a visitor chair in rooms, and a recliner chair with arms in rooms) or put in place new services (e.g. for least one social activity each day that is not screen-based, television-based or meal-based).

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Appropriate transition arrangements are needed to ensure the orderly sourcing of products and recruitment of staff without placing undue pressure on supply chains or upward pressure on prices. In relation to the recruitment of staff, the Department will need to consider whether there will be sufficient workers in Australia from 1 July 2025 and ongoing to enable the delivery of services in the service list. The Department will also need to engage the Aged Care Quality and Safety Commission to provide context regarding the feasibility of implementing the new requirements within the required timeframe, including any factors outside providers' control.

We also wish to bring to your attention nursing item 4(d)(ix) (page 42) and our strong recommendation that 'insertion' should be deleted from this requirement. Insertion of these types of devices requires special skills and in some cases, equipment, which should be done in a hospital, by an appropriately qualified medical practitioner, or by a rapid response health team. There have been cases where incorrect insertion of devices has been life threatening. For example, male catheterisations, naso-gastric tubes, and intravenous cannulations.

In addition, we are concerned that some of the requirements, as currently written, do not provide the practical flexibility that is needed in the delivery of aged care services. For example, individuals may not need or want particular items, while some items might not be suitable for certain individuals. The service list needs to be amended to allow practical flexibility to meet the needs of individuals.

Some of the new requirements will require additional aged care workers who could be difficult, if not impossible, to recruit in the current environment of workforce shortages. They may also be challenging to meet on weekends or public holidays (e.g. for tailored recreational programs; and for at least one social activity each day that is not screen-based, television-based or meal-based). Recommended amendments which account for such challenges are provided in our comments in Appendix 1.

The service list also includes subjective words which are open to interpretation such as 'adequate' (page 37) and 'regular' (page 40-41). Guidance explaining the intended meaning of these terms as used in the service list is needed to ensure that older people, their loved ones and providers have a common understanding of what services must provide and/or how frequently.

We also recommend the following changes:

- It should be made clear that providers are not required to provide personal preference items or customised items.
- Requirements in relation to higher everyday living fees (currently additional services or extra services) should be excluded as these items are not required to be provided.
- Access to internet/wi-fi should not be mandated in the service list unless the Department has first verified that this is feasible, both in terms of the infrastructure required and cost, for residential aged care homes in rural, regional and remote areas.
- Adding 'where practical' to the flexible mealtimes provision, as in reality some providers may not be able to provide meals at any time of the day or night.
- It should be made clear that individuals will need to reach an agreement with the provider, in consideration of work health and safety and other individuals, before bringing any furniture items into the residential care home, as not all items will be able to be accommodated safely.

Thank you again for the opportunity to contribute to the consultation on the draft residential care service list. Please contact Anne Liddell, Head of Policy, at anne.liddell@accpa.asn.au if you have any questions or would like to discuss this submission.

Yours sincerely



Roald Versteeg

General Manager Policy & Advocacy

Attachments:

- Appendix 1: Specific feedback on the discussion paper for the Residential Care Services List Consultation



Australian Government

Department of Health and Aged Care

Residential Care Service List Consultation

Discussion paper

December 2024



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Thank you for taking the time to contribute to this process. Your experiences and thoughts are valued and will help improve the lives of those living in residential aged care.

Section One

Introduction

What is the Residential Care Service List?

The Residential Care Service List, currently known as the Schedule of Specified Care and Services (the Schedule)¹, outlines the range of care and services that residential care homes must provide to residents who need them. This includes both permanent residents and those receiving residential respite.

In the current Schedule, care and services are divided into three parts, all of which must be provided to residents who need them, and at no extra cost to what is already being contributed as part of normal aged care fees:

Part 1 – Hotel services: These are the everyday living services which the homes must provide (e.g. bedding, furniture, meals and toiletries).

Part 2 – Care and services: These are services relating to such things as personal care, social and emotional support, and access to health professionals. This includes the booking/arranging of medical appointments, recreational activities, and personal grooming.

Part 3 – Other care and services: These are more complex care and services, including the purchase of specific products or equipment (e.g. mobility aids) and provision of nursing services.

Across these three parts, where a resident requires a particular product or piece of equipment, this needs to have been recommended by a health professional acting within their scope of practice. Recommendations should be made following an appropriate assessment of the needs of the resident (referred to in this paper as assessed need).

Information on individual items under the existing Schedule can be found in the [Guidance on the care and services delivered in aged care homes](#).

The new service list has split the residential care detail into four separate service types covering accommodation, everyday living, non-clinical care and clinical care. This breakdown of service types, as well as the other changes from the current Schedule, are detailed further in Section Three.

Residential care homes must deliver care and services in accordance with the [Aged Care Quality Standards](#), which have been strengthened recently, following a formal review process. The [final draft](#) strengthened Aged Care Quality Standards is on the Department of Health and Aged Care (the department) website and will commence in line with the new Aged Care Act.

What is the purpose of this consultation?

The existing Schedule is a critical mechanism in the delivery of residential aged care services. It has only had minor modifications since its introduction in 1997 and

¹ Schedule 1 of the [Quality of Care Principles 2014](#).

requires updating. As such, the department has reviewed the existing Schedule in the context of the new Aged Care Act, to create a clearer and more user-friendly framework through the service list.

Under the new Aged Care Act the new residential care service list is intended to be Division 8 of the Aged Care Rules which will be a legislative instrument under the new Aged Care Act. The current Schedule is Schedule 1 of the *Quality of Care Principles 2014*, which is a legislative instrument under the current *Aged Care Act 1997*.

This review is an opportunity to create a residential care service list under the new Aged Care Act, that will provide more clarity to residential care homes about their care and services obligations to all residents and residential respite clients. As is currently the case, these supports are for aged care residents and are not intended to extend to families or representatives (e.g. homes are only required to provide meals to residents).

In addition to the services that must be offered under the Schedule, all residential care homes can offer services that are not required under the Schedule or are of a higher standard than those required under the Schedule. These are an optional extra, but if the resident wishes to take up these additional services, they can be charged an [Additional Services Fee](#) (under the new Aged Care Act these will be replaced by Higher Everyday Living Fees). While this is not a review of additional services, simplifying and clarifying the service list expectations of providers should assist them in developing their future Higher Everyday Living Fee offerings.

This paper provides an overview of the proposed changes to the residential care service list and seeks feedback on a draft revised service list. The proposed changes have been detailed in [Section Three](#) and summarised in [Appendix One](#). Additionally, a complete version of the draft revised service list for residential aged care is at [Appendix Two](#). It also builds on the feedback received through the recent consultation on the Aged Care Rules Service List, which is the combined service list across the spectrum of aged care programs.

Commented [A1]: The Department should also include information about the interaction between fees for extra services and the new higher everyday living fees.

Section Two

Context of the Consultation

The need for change

The current service list was created in 1997 and last reviewed in 2012-2014, with involvement from a range of consumer and provider organisations. That review resulted in consolidation of some elements but no significant changes.

While the current Schedule is an integral part of residential aged care service delivery, in its current form it is overly complex and repetitive.

With the introduction of the new Aged Care Act, there is an opportunity to review and update the Schedule to bring it into line with recent aged care reforms. This update intends to make it a more user-friendly service list for residents, their families, staff and providers.

The overall scope of what providers are expected to deliver will broadly remain unchanged, however, there have been some minor updates. These are items which are generally already provided but not explicitly mentioned in the current Schedule (e.g. adjustable beds, recliner chairs) or services that are a reasonable modern expectation (e.g. internet access).

Commented [A2]: These updates may have more than a 'minor' impact as not all items/services are already provided in all residential aged care homes in Australia. For example, we have heard from members who don't think recliner chairs would fit in all of their room configurations, and who estimate upgrading every room chair to a recliner would cost millions of dollars. The Department should seek assurance from all residential aged care homes in Australia that new items/services are currently provided or can easily be provided. If they are to be included in the service list, providers will need to be appropriately funded and transitional timeframes allowed for the acquisition and installation of new items and/or to recruit additional staff.

Development of the revised service list

In preparing the draft new service list (see [Appendix Two](#)), the department has considered several matters, including the development of the new Aged Care Act and key issues identified by residents and providers.

New Aged Care Act

The new Act will introduce a single aged care service list that will include all the aged care services that can be accessed under the Commonwealth aged care system. Services on this list will be grouped into service types (such as *Residential everyday living*, *Residential clinical care* and *Assistance with transition care*).

The new Act will also place obligations on registered providers and others operating in the aged care sector to safeguard older Australians. Those who fail to comply with these obligations risk penalty or exclusion from the sector.

More information on the single aged care service list in the new Aged Care Act can be found on the Department's website at [Consultation on the new Aged Care Act | Australian Government Department of Health and Aged Care](#).

This consultation on the residential care services list builds on feedback received through the recent consultation on the broader aged care service list.

Recent consultation on the Aged Care Rules 2024 – Service List

On 26 September 2024, the department published a consultation draft of the Aged Care Rules 2024 – Release 1 – Service List. This public consultation process for this document was open for submissions from 1 October 2024 to 31 October 2024. Feedback received through this process has been considered in the preparation of this discussion paper. We have also made some proposed revisions to the draft

residential care service list (Division 8 – Aged Care Rules 2024) which was published on 26 September, as a result of some of this feedback.

The proposed revisions we have made to Division 8 are annotated in this discussion paper in red text and strikethrough formatting. This current consultation process, which forms the basis of this discussion paper, is specifically targeted at the residential care service list - that is, Division 8 of the draft Aged Care Rules 2024.

For the purpose of easy reading, this paper shows the proposed changes in a simpler layout and format to what is in the legislative document that has been published.

Please note that these are proposed changes and will need to go through normal legislative drafting and approval processes prior to finalisation. Therefore, any additional service list text that we have published for the purposes of this consultation process may change in the final Aged Care Rules.

Aged Care Taskforce

An Aged Care Taskforce (the Taskforce) was established by the Government in 2023 to review funding arrangements for aged care and develop options for a system that is fair and equitable for all Australians.

In response to the Taskforce's Report, the Government has announced a number of initiatives around accommodation payments, hotelling payments, Higher Everyday Living Fees and means testing.

While the Taskforce did not examine the Schedule, the focus of the Government's response around key funding streams is reflected in a clearer demarcation in the new service list between accommodation, everyday living, non-clinical care and clinical care.

Areas of confusion

The department regularly receives representations from peak organisations and correspondence from residents and their families about the care and services required to be delivered. Common areas of confusion are:

- provision of allied health;
- resident transport to medical appointments;
- the scope of nursing services;
- lack of clarity on the provision of continence aids; and
- the provision of mobility aids and equipment.

The department has considered these areas of confusion in drafting this discussion paper.

Section Three

Proposed Changes

Broad changes

The three-part structure of the current Schedule is repetitive and reflects the old differentiation between high and low care that was in place when the Schedule was introduced. This is no longer fit-for-purpose so has been restructured into a more appropriate format reflecting the post-Taskforce funding streams. The proposed changes will see four separate service types created for residential care under the service list, to ensure a clear separation between accommodation services, everyday living activities, non-clinical services and clinical care. The titles of the different sections will reflect this.

In addition to broad changes across the Schedule as a whole, the department is proposing changes to individual items. It is intended that the wording of several items will be updated, and other items will be merged to reduce duplication and avoid confusion. The department is also proposing to remove some items, with the intent to cover them elsewhere within the revised service list. In line with these changes, the individual items will be re-ordered in the revised service list.

Importantly, the overall scope of what providers are expected to deliver will broadly remain unchanged, despite some minor updates. The proposed design of the new service list can be seen in the table below, with a summary of the proposed changes to the existing Schedule at [Appendix One](#), and the draft revised service list at [Appendix Two](#).

As mentioned in Section Two, we have also made some proposed revisions to the draft residential care service list (Division 8 – Aged Care Rules 2024) which was published on 26 September. As a result of some of this feedback, the proposed revisions we have made are annotated in red text and strikethrough formatting below.

Service list structure

SERVICE TYPE			
Residential accommodation	Residential everyday living	Residential non-clinical care	Residential clinical care
1. Accommodation	1. Operational administration and emergency assistance	1. Care and services administration	1. Care and services plan oversight
2. Accommodation administration	2. Telephone and internet services	2. Personal care assistance	2. Rehabilitation, allied health, speech and fitness therapy programs
	3. Utilities	3. Communication	3. Medication management

Commented [A3]: Rather than duplicate our feedback, ACCPA's comments on the items in the service list have been included in section six, appendix two of this discussion paper which starts on page 34.

	4. Cleaning services and waste disposal	4. Emotional support	4. Nursing
	5. Communal furnishings	5. Mobility and movement needs	5. Dementia and cognition management
	6. Bedroom and bathroom furnishings	6. Continence management	6. General access to medical services
	7. Toiletry goods	7. Recreational and social activities	7. General access to allied health services
	8. Personal laundry		
	9. Meals and refreshments		

Accommodation

As part of the restructuring of the service types, the service list includes a new group which covers accommodation. This new item sets out the key expectations around the residential care home building/s, grounds and associated costs.

Proposed new text

Residential accommodation

Accommodation

The following:

- (a) all capital infrastructure costs and depreciation;
- (b) communal areas for living, dining and recreation, as well as personal accommodation in either individual or shared rooms;
- (c) refurbishments and ~~replacements~~ ~~reinstallments~~ of fixtures, fittings, and infrastructure; and
- (d) maintenance of buildings and grounds used by individuals, to address normal wear and tear.

Administration

Linked with accommodation, is administration activities, for the general operation of the residential care home. All residential care homes need to have effective administration practices in place to ensure the efficient operation of the home on a daily basis. It is proposed that an administration item be included against relevant service types, as detailed below:

- **Accommodation administration:** This includes such things as general procedures/protocols related to the overall residential care home and includes various agreements relating to accommodation fees, and additional services.
- **Operational administration and emergency assistance:** This includes administration relating to the delivery of everyday living services, such as contracts for utilities, toiletries, cleaning services and catering. This also covers several existing requirements around emergency situations, including that at least one suitable person must be available to render assistance (for both medical situations and building emergencies) at all times.
- **Care and services administration:** This includes administration relating to both non-clinical services (such as product supplier contracts and Occupational Health & Safety (OH&S) protocols) and clinical care (such as pharmacy and health professional engagement contracts).

Proposed new text

Residential accommodation

Accommodation administration

Administration relating to the general operation of the residential care home, including accommodation agreements, service agreements and other documentation relating to residents.

Residential everyday living

Operational administration and emergency assistance

The following:

- (a) administration relating to:
 - i. the delivery of residential everyday living services; ~~and~~
 - ~~ii. Higher everyday living agreements (if applicable);~~
- (b) emergency assistance including:
 - i. at all times, having at least one suitably skilled employee of the registered provider onsite and able to take action in an emergency;
 - ii. if an individual is in need of urgent medical attention – providing emergency assistance in accordance with the registered provider's protocol for providing such assistance;
 - iii. activation of emergency plans in the case of fire, floods or other emergency;
 - iv. contingency planning for emergencies; and
 - v. staff training for emergencies.

Residential non-clinical care

Care and services administration

Administration related to:

- (a) the delivery of the other services listed and described in the service type residential non-clinical care;
- (b) the delivery of the services in the service type residential clinical care; and

(c) advance care plans.

Considerations

- Is more detail needed around the requirements and expectations for administrative activities?
- Does the reference to emergency assistance need to be more explicit around what constitutes an emergency?

Everyday living services

Operational services

Provision of general utilities (e.g. water, electricity), and associated running costs, are covered under the current Schedule. These will still feature in the service list but will be renamed Utilities, rather than the current terminology of Accommodation.

The department is regularly asked about heating and cooling requirements for residents' rooms, and the need for them to be at a comfortable temperature. Incorporated within this item will be heating and cooling.

Currently residential care homes are required to provide phone sockets in a resident's room if requested and access to a pay phone. Given the decreasing use of landlines, this requirement has been updated so it is now about providing access to phone and internet services. This has been created as its own item.

A part of operating a residential care home is cleaning services and waste disposal, both of which are covered in the current Schedule. Like utilities, these will feature in the service list under a new name. This item will cover the cleaning of communal living areas and residents' personal spaces, as well as the disposal of materials, including sharps and organic/inorganic waste.

Proposed new text

Telephone and internet services

Access to telephone, ~~and~~ internet ~~and~~ Wi-Fi services ~~in the residential care home~~ (but not the cost of phone calls, ~~and~~ usage charges ~~and devices~~).

Utilities

The following:

- (a) utility running costs for the residential care home (such as electricity, water and gas);
- (b) heating and cooling for bedrooms and common areas to a comfortable temperature; and
- (c) testing and tagging of all electrical equipment provided by the registered provider.

Cleaning services and waste disposal

The following:

- (a) cleanliness and tidiness of the entire residential care home including the individual's personal area; and
- (b) safe disposal of organic and inorganic waste material.

Note: Excludes an individual's personal area if the individual chooses and is able to maintain this themselves.

Considerations

- What are current service offerings around access to internet for residents?

Personal and communal spaces

Providing warm and welcoming living spaces, with appropriate furnishings, is expected for all residential care homes. This extends to both the communal areas and a resident's own room.

The new service list will streamline the items in the current Schedule. It will clearly set out what should be provided in residents' rooms, including beds (taking height and weight requirements into account), furnishings, bedding materials and bathroom support aids.

A new item will also be created to cover the provision of communal furnishings in lounge areas and dining rooms. These furnishings need to be fit-for-purpose for use by residents.

Proposed new text

Communal furnishings

Fit-for-purpose communal lounge and dining furniture, including televisions and outdoor furniture (where residential care homes have communal outdoor spaces).

Bedroom and bathroom furnishings

The following (other than bedroom and bathroom furnishings that are customised):

- (a) an adjustable bed (with a mattress) that is appropriate for the individual's height and weight;
- (b) any equipment or technologies used to ensure the safety of the individual in bed and to avoid injury to the individual and to aged care workers;
- (c) pillows (including pressure cushions, tri pillows and wedge pillows);
- (d) a bedside table, a visitor chair, an over bed table (if required), draw screens (for shared rooms), wardrobe space and a fixture or item of furniture where the individual can safely lock and store valuables;
- (e) a recliner chair with arms to meet the resident's care, safety and comfort needs (including a chair with particular features if needed, such as an air, water or gel chair);
- (f) a shower chair, containers for personal laundry and waste collection containers or bins for bedrooms and bathrooms;
- (g) bed linen, blankets or doonas, air or ripple mattresses (as required), absorbent or waterproof sheeting (as required), bath towels, hand towels, bathmats and face washers; and
- (h) laundering of all products mentioned in paragraph (g).

Note: Excludes furnishings an individual chooses to provide.

Considerations

- What are the practical considerations for providing bedding to cater to such things as height and weight?

Meals and refreshments

Food and nutrition are critical in ensuring a better quality of life for those living in residential aged care. The new service list will have comprehensive requirements for meals and refreshments, including three main meals, plus morning tea, afternoon tea and supper. The reference to food outside of standard mealtimes will also be made clearer.

The new service list will include catering for dietary requirements for both medical needs and religious/cultural observances. This ensures that a vegetarian diet will be

equally as respected as, for example, the need for enteral feeding or nutritional supplements.

Importantly, the requirement for meals to be of an adequate variety, quality and quantity for each resident will be maintained. This will ensure that residents are not served the same food at different mealtimes in one day, or across consecutive days. Food provided should be nutritional, of suitable quality, and prepared and delivered safely. There is no requirement for menu options at each meal.

It is important to note that additional obligations for ensuring food, drinks and the dining experience meet resident needs will be contained in the strengthened Aged Care Quality Standards (Standard 6). The final draft includes a Food and Nutrition Standard which outlines key areas for ensuring residents' needs, goals and preferences in relation to food, drink and dining experience are met. Further information can be found on the department's [website](#).

Proposed new text

Meals and refreshments

Provide the following:

- (a) at least 3 meals per day (including the option of dessert with dinner) plus morning tea, afternoon tea and supper, of adequate variety (that is, not the same meal every day), quality and quantity to meet the individual's nutritional and hydration needs;
- (b) special diets if needed to meet the individual's medical, cultural or religious needs, including but not limited to enteral feeding, nutritional supplements, texture modified meals **and drinks**, gluten free, lactose free, vegetarian, vegan, kosher and halal diets (but not for meeting the individual's social preferences on food source such as non-genetically modified and organic);
- (c) flexibility in mealtimes, if requested by the individual;
- (d) a range of non-alcoholic beverages at each meal (such as water, milk, **fruit** juice, tea and coffee);
- (e) eating and drinking utensils and aids, if needed; and
- (f) making snack foods (including fruit, ~~biscuits and savoury snacks~~) and non-alcoholic beverages available at all times **in the residential care home**.

Activities of daily living

The new service list will include everyday activities that older people may require assistance with. This will extend to supervision and assistance with things such as personal grooming (e.g. showering, dressing and undressing) and assistance with eating, including using utensils. There will also be a requirement to help with the cleaning of personal items such as hearing aids, glasses and dentures.

There are also other care supports and services that relate to daily living, such as continence. A common complaint from families is that continence aids for their loved ones are being rationed. The new service list makes it clear that residents must be supplied with as many continence aids as they need.

Communication will be covered in a separate item in the new service list, which will include support for residents with impaired hearing, sight or speech, as well as those with a cognitive impairment or diverse language. This support involves arranging interpreter services, putting in place verbal or visual cues, and the fitting of communication devices (such as hearing aids) as required.

The new service list will also cover the supply of toiletry goods suited to the needs of the resident and laundry services including the labelling of clothes, and ironing.

Proposed new text

Personal care assistance

Personal assistance, including individual attention, individual supervision and physical assistance, with the following:

- (a) bathing, showering, personal hygiene and grooming (other than hairdressing);
- (b) dressing, undressing and using dressing aids;
- (c) eating and drinking, and using utensils and aids (including actual feeding if necessary); and
- (d) cleaning of personal items (and their storage containers) needed for daily living, including dentures, hearing aids, glasses, mobility aids and artificial limbs.

Continence management

The following:

- (a) assisting the individual to:
 - i. maintain continence or manage incontinence; and
 - ii. use aids and appliances designed to assist continence management; and
- (b) provision of the following:
 - i. unlimited aids and appliances designed to assist continence management to meet the individual's needs;
 - ii. commode chairs, over-toilet chairs, urodomes and catheter and urinary drainage appliances; and
 - iii. disposable bed pans, urinal covers, pads and enemas.

Communication

Assistance with daily communication, including the following:

- (a) assistance to address difficulties arising from impaired hearing, sight or speech, cognitive impairment, or lack of common language (such as the use of cue cards or learning of key phrases); and
- (b) fitting sensory communication aids and checking hearing aid batteries.

Toiletry goods

The following goods, which must meet the individual's medical needs, including specialist products for conditions such as dermatitis:

- (a) facial cleanser (or alternatives such as facial wipes), shower gel or soap, shower caps, shampoo and conditioner;
- (b) toothpaste, toothbrushes and mouthwash;
- (c) hairbrush or comb, shaving cream and disposable razors;
- (d) tissues and toilet paper;
- (e) moisturiser and deodorant; and
- (f) cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers).

Personal laundry

The following:

- (a) laundering (other than by a special cleaning process such as dry cleaning or hand washing) items that can be machine washed, using laundry detergents that meet the individual's medical needs, such as skin sensitivities;
- (b) ironing of laundered clothes (other than underwear and socks) if requested by the individual;
- (c) a labelling system for the individual's clothing; and
- (d) return of personal laundry to the individual's wardrobe space.

Mobility aids and equipment

Mobility will be covered in a separate item in the new service list. This will include the residents' own mobility as well as the movement of residents who are immobile. As is currently the case, residential care homes will be required to provide appropriate mobility aids and devices, and any equipment for staff to safely move residents in personal and communal spaces. This includes moving bariatric residents.

The item on mobility will retain the exclusion of motorised wheelchairs, electronic mobility scooters and customised aids.

Whilst motorised wheelchairs are currently excluded, residents sometimes request that they be able to access motorised wheelchairs in residential care. Whilst funding is not currently available, as part of future considerations, the department is keen to receive feedback on how many residents would benefit from motorised wheelchairs and whether it would be practical and affordable to include them in a future service list. We are also interested to hear views on whether there are safety risks with motorised wheelchairs being used inside the residential care home, including by residents who are frail and/or experiencing cognitive decline.

Proposed new text

Mobility and movement needs

The following (other than the provision of motorised wheelchairs, electric mobility scooters and customised aids):

- (a) assisting the individual with moving, walking and wheelchair use;
- (b) assisting the individual with using devices and appliances designed to aid mobility;
- (c) the fitting of artificial limbs and other personal mobility aids;
- (d) provision and maintenance of crutches, quadruped walkers, walking frames, wheeled walkers, walking sticks, wheelchairs and tilt-in-space chairs; and
- (e) aids and equipment used by aged care workers to move the individual, including for individuals with bariatric needs;

Taking into account:

- (f) the individual's needs; and
- (g) the individual's ability to use aids, appliances, devices and equipment; and
- (h) the safety of other individuals and of aged care workers and visitors to the residential care home.

Note: Excludes mobility aids chosen and provided by the individual according to personal preference.

Considerations

- What are the practical considerations around providing motorised wheelchairs (not electric scooters) in residential aged care?
- What are the risks to other residents, staff and visitors when a motorised wheelchair is being used inside the residential care home by residents, including those who are frail and/or experiencing cognitive decline?
- How are these risks currently managed in residential care homes?

Social and emotional support

The new service list will clarify the requirements around social and recreational activities, centred around preventing loneliness and boredom, and reducing social isolation. It will include tailored leisure programs and outings, and permanent recreational activities (e.g. DVDs, books, games).

Social interaction is vital for emotional wellbeing, so the language around this will be updated to ensure residents have the option of:

- at least one non-screen or non-meal-based activity per day (e.g. social functions, arts and crafts programs); and
- regular outings into the community (e.g. community events, exhibitions).

The department will not regulate the type of activities arranged, however, the residential care home should cover the cost of facilitating any outings (including

staffing). Residents would be required to pay for any entry fees, the cost of transport, and purchased food and beverages associated with the outings.

The service list will also include emotional support. This will clearly articulate that requirements relate to both new and existing residents.

Proposed new text

Recreational and social activities

Tailored recreational programs and leisure activities (including communal recreational equipment and products) aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment, and maintaining and improving the social interaction of the individual. These programs and activities must include the option of:

- (a) at least one social activity each day that is not screen-based, television-based or meal-based; and
- (b) regular outings into the community (but not including the cost of transport, entry tickets, or purchased food and beverages associated with the outings).

Emotional support

The following:

- (a) if the individual is experiencing social isolation, loneliness or emotional distress - ongoing emotional support to, and supervision of, the individual (including pastoral support);
- (b) if the individual is new to the residential care home - assisting the individual to adjust to their new living environment; and
- (c) provision of culturally safe supports which have been determined in consultation with the individual and their family or representatives.

Considerations

- What other costs may a resident incur during a group outing which should be factored into the service list?
- What other emotional supports could be included in the service list?

Care and services

Care planning and clinical care

As part of the delivery of care and services, a care and services plan oversight item will be added to the new service list. A care and services plan is defined in the new Act and it will be a condition of registration for providers that they must have a plan about the delivery of funded aged care services to each individual accessing those services under the Act.

Nursing services will continue as an integral part of the new service list. They will be expanded to align more closely with the Aged Care Quality Standards and also

include simple and more complex wound care and clinical procedures, which were previously a separate item.

The management of medications will become a separate item detailing the management of prescription and over the counter medicines.

In addition to clinical care in the residential care home, residents will sometimes need to access other health professional or specialist services. As is currently the case, the new service list will require homes to support residents to access any health services they require.

Proposed new text

Care and services plan oversight

Ensuring that:

- (a) the care and services plan for the individual is comprehensive, developed in consultation with the individual and family (as required), reviewed on a regular basis and adjusted when necessary; and
- (b) all aspects of the care and services plan are carried out; and
- (c) progress against the care and services plan goals is monitored.

Nursing

Services provided by or under the supervision of a registered nurse, including, but not limited to, the following:

- (a) initial comprehensive clinical assessment for input to the care and services plan for the individual, in line with the individual's goals and preferences, carried out by a registered nurse;
- (b) ongoing regular comprehensive clinical assessment of the individual and the individual's care and services plan, in line with the individual's goals and preferences, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out by a registered nurse, or an enrolled nurse (including under appropriate delegation by a registered nurse);
- (c) all other nursing services carried out by a registered nurse, enrolled nurse or other appropriate health professional;
- (d) all other services required for the individual's care.

Note: Examples of services include (but are not limited to) the following:

- i. ongoing monitoring and evaluation of the individual and identification where care may need to be escalated or altered due to the changing health or needs of the individual;
- ii. maintaining accurate, comprehensive and up to date clinical documentation of the individual's care;
- iii. assistance with, or provision of support for, personal hygiene, including oral health management and considerations for bariatric care needs;
- iv. chronic disease management including blood glucose monitoring;
- v. if the individual is living with cognitive decline - support and supervision of the individual;

- vi. if the individual is living with mental health decline - support and supervision of the individual;
- vii. establishment and supervision of a pain management plan, including the management and monitoring of chronic pain;
- viii. medication management (as listed and described in the separate medication management item);
- ix. insertion, maintenance, monitoring and removal of devices including intravenous lines, naso-gastric tubes, catheters and negative pressure devices;
- x. if the individual has identified feeding and swallowing needs - support for the individual;
- xi. skin assessment and the prevention and management of pressure injury wounds;
- xii. stoma care;
- xiii. wound management including of complex and chronic wounds;
- xiv. provision of bandages, dressings, swabs, saline, drips, catheters, tubes and other medical items required as a part of nursing services;
- xv. assistance with and ongoing supervision of breathing, including oxygen therapy, suctioning of airways, and tracheostomy care;
- xvi. required support and observations for peritoneal dialysis treatment;
- xvii. assisting or supporting an individual to use appropriate healthcare technology in support of their care, including telehealth;
- xviii. risk management relating to infection prevention and control; and
- xix. advance care planning, palliative care and end of life care.

Medication management

The following:

- (a) implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over the counter medicines; and
- (b) administration and monitoring of the effects of medication (via all routes (including injections)), including supervision and physical assistance with taking both prescription and over the counter medications under the delegation and clinical supervision of a registered nurse, or other appropriate health professional; and
- (c) reviewing the appropriateness of medications as needed under the delegation and clinical supervision of a registered nurse, or other appropriate health professional.

Note: Excludes the cost of prescription and over the counter medications.

General access to medical services

The following:

- (a) making arrangements for health professionals to visit the individual for any necessary health professional appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport including escort costs);

- (b) making arrangements for the individual to attend any necessary health professional appointments (but not the cost of the appointments or any gap payments charged for the appointments, **or transport including escort costs**);
- (c) provision of audio-visual equipment for use with telehealth appointments; and
- (d) arranging for an ambulance in emergency situations.

Considerations

- What minor treatments are undertaken by non-clinical staff at the moment?

Allied health and therapy programs

Allied health is important for aged care residents. In the Schedule, allied health services are covered under three separate items:

- Item 2.6 - Rehabilitation Support (i.e. design of a therapy program)
- Item 3.11 - Therapy Services (i.e. delivery of a therapy program); and
- Item 2.8 - Access to specialised therapy services (i.e. access to allied health services which are not part of the therapy program).

Residential care homes are required to provide all residents with a tailored allied health therapy or rehabilitation program. The Schedule requires homes to ensure residents have an appropriate therapy program developed and implemented for them. The program must be designed to maintain or restore physical functioning where possible so they can undertake daily activities as independently as possible.

Residential care homes are also required to provide residents with general access to allied health services which are not part of their tailored therapy program. As is currently the case, the new service list will require homes to support residents to access services they require, including by booking any appointments.

Under the new service list, the intention is to combine Items 2.6 and 3.11 so that design and delivery of a therapy program are together. The department would welcome feedback on how the draft wording below could be improved to ensure it is clear for residents, their families and providers.

The revised service list will not be mandating specific types of therapy programs that must be delivered, noting that each individual's needs are different and best practice treatment is constantly evolving. Therapy programs should, however, focus on maintaining or improving residents' ability to undertake daily living activities. Therapy programs should consider fitness, balance and movement.

The new service list will continue to have requirements around dementia and cognition management. For residents with a cognitive impairment, a specific program will need to be developed to support the resident's individual needs. It will include individual therapy activities/programs which enhance quality of life and consider behaviours or abilities.

Proposed new text

Rehabilitation, allied health, speech and fitness therapy programs

Individual rehabilitation, allied health, speech and fitness therapy programs that are:

- (a) designed by health professionals in consultation with the individual and family (as required); and
- (b) delivered in individual or group settings; and
- (c) delivered by, or under the supervision, direction or appropriate delegation of, health professionals; and
- (d) aimed at maintaining and restoring the individual's fitness and physical ability to perform daily tasks for themselves, including through:
 - i. maintenance therapy designed to provide ongoing therapy services to maintain and improve levels of independence in everyday living; and
 - ii. if needed, more focused restorative care therapy on a temporary basis designed to allow the individual to reach a level of independence at which maintenance therapy will meet their needs;

but not including intensive, long-term rehabilitation services required following (for example) serious illness or injury, surgery or trauma.

Dementia and cognition management

If the individual has dementia or other cognitive impairments:

- (a) development of an individual therapy and support program designed and carried out to:
 - i. prevent or manage a particular condition or behaviour; and
 - ii. enhance the individual's quality of life; and
 - iii. enhance care for the individual; and
- (b) ongoing support (including specific encouragement) to motivate or enable the individual to take part in general activities of the residential care home, where appropriate.

General access to allied health services

The following (but not including the service *Rehabilitation, allied health, speech and fitness therapy programs*):

- (a) making arrangements for allied health professionals to visit the individual for any necessary allied health appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport including escort costs); and
- (b) provision of audio-visual equipment for use with telehealth appointments.

Considerations

- Does the current terminology around maintenance therapy and more focussed restorative care therapy appropriately capture the scope of the requirements?

Transport services

The department often receives feedback about the difficulties faced by residents when travelling to medical appointments.

Many residents will have family or friends close by who can accompany them to their appointments. Where this is not possible, the home must assist the resident by arranging transport and escort services for them. At present, any costs associated with this can be passed to the resident.

The department is keen for feedback on how transport to medical appointments is managed now and whether existing arrangements work well. Whilst most homes have their own transport (e.g. minibus), it would be beneficial to understand how these are used.

Telehealth services are of assistance when health professionals cannot deliver services onsite and will be built into the new service list. This won't resolve the problem for all health professional services though, so the department would like to better understand this issue for future consideration.

Considerations

- For residential care homes and residents, how is the provision of transport services for medical appointments currently managed at your service?
- What are the most common medical services that require residents to travel away from the aged care home?

Definitions

Residential care homes are responsible for meeting the care needs of their residents and providing them with the relevant care, services and equipment detailed in the Schedule in accordance with the Aged Care Quality Standards. In many instances these needs will be determined by a health professional, usually a nurse or physiotherapist engaged by the residential care home. For some residents this will require the residential care home to provide non-standard equipment.

It is sometimes unclear whether particular goods or equipment should be supplied by the residential care home or paid for by the resident, including where an advanced or customised product is required. With this in mind, the department is proposing a set of definitions to accompany the new service list, which is intended to clarify different types of goods and equipment.

It is proposed to include relevant definitions in either the rules or program guidelines relating to the requirements of the new service list.

	Proposed new text – Definitions for provision of goods and equipment
Standard	Fit-for-purpose product chosen by the residential care home which is suitable for use by the general resident population.

	Proposed new text – Definitions for provision of goods and equipment
Non-standard	<p>Fit-for-purpose product chosen by the residential care home which differs to the standard normally provided, but which does not have the personalised features/functionality of a customised product.</p> <p>The non-standard product is required to meet the particular needs of an individual resident (as assessed by a health professional) but is able to be utilised by other residents who have similar care needs.</p>
Customised	A product which has been selected or specifically custom-made to meet the specific care needs or measurements of an individual resident (as assessed by a health professional), can only be used by that resident and differs significantly to the standard normally provided.
Advanced	A product which differs significantly to the standard normally provided and is an advanced model of a product, with extra features that are not needed to meet assessed care needs. This is relevant when a lower specification model or product is available that would still meet the resident's needs.
Personal Preference	Any product chosen by the resident on the basis of personal preference as an alternative to a fit-for-purpose standard or non-standard product provided by the residential care home.
Assessed need	<p>The care and services required by a resident, determined through a consultation with a health professional, acting within their scope of practice.</p> <p>It is the home's responsibility to meet a resident's assessed needs through the supply of a fit-for-purpose standard or non-standard product.</p>

Considerations

- Would it be beneficial for residential care homes and residents to have the above definitions specified in the Rules or program guidance?

Section Four

Consultation

Consultation overview

The purpose of this consultation is to gather feedback on the proposed new residential care service list, as summarised in this paper. This consultation will ensure the new service list is comprehensive, succinct and presents a clear framework of what is expected of residential care homes in the delivery of care and services.

The consultation process will involve:

1. Publication of this discussion paper and accompanying survey on the department's Consultation Hub.
2. Consideration of feedback received through the consultation survey and prepared submissions.
3. Engagement with key peak bodies.

Any questions relating to this review and consultation can be directed to schedulereview@health.gov.au.

Providing feedback

After reviewing this discussion paper, complete the survey that is available through the consultation hub. The survey draws on the consideration questions posed in this paper and allows for you to upload pre-prepared submissions or additional information.

The department will use your survey responses and submissions to refine the service list for the new Aged Care Act. Individual responses and submissions will not be published.

Section Five

Appendix One

Summary of proposed changes

Existing Schedule

Item		Proposed changes
Part One		
1.1	Administration	Item will be included in the service list but has been separated into administrative activities relevant to service type (e.g. general operational administration, care and services administration).
1.2	Maintenance of building and grounds	Item will be included in the service list but has been put into a new ' <i>Accommodation</i> ' service type.
1.3	Accommodation	Item will be renamed ' <i>Utilities</i> ' and updated to specifically reference heating and cooling.
1.4	Furnishings	Item will be renamed ' <i>Bedroom and bathroom furnishings</i> ' and updated to incorporate relevant elements from Items 1.5, 3.1 and 3.2. Item will also be restructured to clearly show the purpose and inclusions.
1.5	Bedding	As above, this item will be merged into the new ' <i>Bedroom and bathroom furnishings</i> '.
1.6	Cleaning services, goods and facilities	Item will be renamed ' <i>Cleaning services and waste disposal</i> ' and will be updated to incorporate Item 1.7.
1.7	Waste disposal	As above, this item will be merged into the new ' <i>Cleaning services and waste disposal</i> '.
1.8	General laundry	Item will be renamed ' <i>Personal laundry</i> ' and will be updated with specific detail on the inclusions.
1.9	Toiletry goods	Minor updates will be made to the content to reflect more contemporary use, as well as clarification on standard of products.
1.10	Meals and refreshments	Item will be merged with elements from Item 2.1 and 2.2. It will also be expanded to include snack foods and non-alcoholic beverages.
1.11	Care recipient social activities	Item will be renamed ' <i>Recreational and social activities</i> ' and merged with Item 2.5 (Recreational therapy) to consolidate and streamline similar content. Additional clarification will be provided around the intent of particular activities, and elements that should be incorporated.
1.12	Emergency assistance	Additional content will be added to this item to clarify responsibilities and expectations, and it will be merged into the new ' <i>Operational administration and emergency assistance</i> ' item.

Item		Proposed changes
Part Two		
2.1	Daily living activities assistance	Item will be shortened and renamed ' <i>Personal care assistance</i> ', with a number of elements separated out or merged into another item.
2.2	Meals and refreshments	Item will not be included in new service list, but content will be included under the other ' <i>Meals and refreshments</i> ' item.
2.3	Emotional support	This item will retain the same title but will be restructured to clarify the responsibilities with respect to supporting new and existing residents. There will be some additions to the content.
2.4	Treatments and procedures	Item will not be included in the new service list, with content instead being included under other items. Specifically, elements relating to wound care will now be covered under ' <i>Nursing</i> ' and medication management will be separated into its own item.
2.5	Recreational therapy	As mentioned above, this item will be merged into the renamed ' <i>Recreational and social activities</i> ' item.
2.6	Rehabilitation support	Item will not be included in the new service list, with content instead being included under a renamed ' <i>Rehabilitation, allied health, speech and fitness therapy programs</i> ' item.
2.7	Assistance in obtaining health practitioner services	Item will be renamed ' <i>General access to medical services</i> '. Additional content will be included to clarify the responsibilities and expectations under this item.
2.8	Assistance in obtaining access to specialised therapy services	This item will be renamed ' <i>General access to allied health services</i> '. Additional content will be included to clarify the responsibilities and expectations under this item.
2.9	Support for care recipients with cognitive impairment	Item will be renamed ' <i>Dementia and cognition management</i> ' and will be restructured to clarify the scope of the item.
Part Three		
3.1	Furnishings	As above, this item relating to over-bed tables will be merged into the renamed ' <i>Bedroom and bathroom furnishings</i> '.
3.2	Bedding materials	As above, this item will be merged into the renamed ' <i>Bedroom and bathroom furnishings</i> '.
3.4	Goods to assist care recipients to move themselves	Item will be renamed ' <i>Mobility and movement needs</i> ' and will be restructured to cover both mobility of residents (part of Item 2.1 and Item 3.4) and supports to assist staff to move residents (Item 3.5).

Item		Proposed changes
3.5	Goods to assist staff move care recipients	As above, this item will be merged into the renamed <i>'Mobility and movement needs'</i> .
3.6	Goods to assist with toileting and incontinence management	Item will be renamed <i>'Continence management'</i> and will be updated to incorporate elements of Item 2.1.
3.8	Nursing services	Item will be updated to reflect contemporary nursing practices and the title shortened to be <i>'Nursing'</i> .
3.11	Therapy services	Item will be renamed <i>'Rehabilitation, allied health, speech and fitness therapy programs'</i> and will be updated to provide more clarity on the expectations of homes.

New items for revised schedule

Accommodation	This new item sets out the key expectations around the residential care home building/s, grounds, and associated costs.
Administration items	Relevant service types will now have an item that covers administrative activities related to the care and services within that type. These will be: <ul style="list-style-type: none"> • Accommodation administration; • Operational administration and emergency assistance; and • Care and services administration.
Telephone and internet services	This new item clarifies expectations around internet services, and updates those for phone access.
Communal furnishings	This new item will cover the furniture that needs to be provided in communal spaces (e.g. lounge, dining room).
Care and services plan oversight	This item will set out the expectations around care planning. A care and services plan is defined in the new Act and it will be a condition of registration for providers that they must have a plan about the delivery of funded aged care services to each individual accessing those services under the Act.
Communication	This item will cover assistance with daily communication and will use the relevant content from Item 2.1 around activities of daily living.
Medication management	This item will detail the requirements around the administration and management of medication for aged care residents.

Section Six

Appendix Two

Draft Residential Care Service List

PART ONE: Residential accommodation		
Item	Service	Description
1	Accommodation	The following: (a) all capital infrastructure costs and depreciation; (b) communal areas for living, dining and recreation, as well as personal accommodation in either individual or shared rooms; (c) refurbishments and replacements reinstatements of fixtures, fittings, and infrastructure; and (d) maintenance of buildings and grounds used by individuals, to address normal wear and tear.
2	Accommodation administration	Administration relating to the general operation of the residential care home, including accommodation agreements, service agreements and other documentation relating to residents.

Commented [A4]: In relation to all new requirements, it will be essential that the Independent Health and Aged Care Pricing Authority (IHACPA) is asked to cost and incorporate pricing for new requirements as part of their 2025-26 pricing recommendations to Government. There may also be a need for transition timeframes in relation to new requirements.

Commented [A5]: Need to clarify that this section doesn't apply to things that are additional services/extra services or better accommodation, fixtures and fittings etc

Commented [A6]: It should be clear that a higher room price can be charged if renovations occur.

Commented [A7]: This is very broad. What if a provider is required to have legal documents created (e.g. for third party RADS), would this fall under a provider responsibility to provide/pay for?

Commented [A8]: Need to clarify that this doesn't apply to things related to additional services/extra services

PART TWO: Residential everyday living		
Item	Service	Description
1	Operational administration and emergency assistance	The following: (a) administration relating to: i. the delivery of residential everyday living services; and iii. Higher everyday living agreements (if applicable); (b) emergency assistance including: i. at all times, having at least one suitably skilled employee of the registered provider onsite and able to take action in an emergency; ii. if an individual is in need of urgent medical attention – providing emergency assistance in accordance with the registered provider's protocol for providing such assistance; iii. activation of emergency plans in the case of fire, floods or other emergency; iv. contingency planning for emergencies; and v. staff training for emergencies.
2	Telephone and internet services	Access to telephone, and internet and Wi-Fi services in the residential care home (but not the cost of phone calls, and usage charges and devices).

Commented [A9]: 'suitably skilled' should be removed as these words are unnecessary and potentially unclear - the relevant employee will need to be one who is able to take action in an emergency

Commented [A10]: Access to internet/wi-fi should not be mandated in the service list unless the Department has first verified that this is feasible, both in terms of the infrastructure required and cost, for residential aged care homes in rural, regional and remote areas.

Commented [A11]: For clarity should add that providers are not required to provide or cover the cost of an individual getting/using a personal mobile phone and/or other personal devices

PART TWO: Residential everyday living		
3	Utilities	<p>The following:</p> <ul style="list-style-type: none"> (a) utility running costs for the residential care home (such as electricity, water and gas) (b) heating and cooling for bedrooms and common areas to a comfortable temperature; and (c) testing and tagging of all electrical equipment provided by the registered provider.
4	Cleaning services and waste disposal	<p>The following:</p> <ul style="list-style-type: none"> (a) cleanliness and tidiness of the entire residential care home including the individual's personal area; and (b) safe disposal of organic and inorganic waste material. <p>Note: Excludes an individual's personal area if the individual chooses and is able to maintain this themselves.</p>
5	Communal furnishings	Fit-for-purpose communal lounge and dining furniture, including televisions and outdoor furniture (where residential care homes have communal outdoor spaces).
6	Bedroom and bathroom furnishings	<p>The following (other than bedroom and bathroom furnishings that are customised):</p> <ul style="list-style-type: none"> (a) an adjustable bed (with a mattress) that is appropriate for the individual's height and weight; (b) any equipment or technologies used to ensure the safety of the individual in bed and to avoid injury to the individual and to aged care workers; (c) pillows (including pressure cushions, tri pillows and wedge pillows); (d) a bedside table, a visitor chair, an over bed table (if required), draw screens (for shared rooms), wardrobe space and a fixture or item of furniture where the individual can safely lock and store valuables; (e) a recliner chair with arms to meet the resident's care, safety and comfort needs (including a chair with particular features if needed, such as an air, water or gel chair); (f) a shower chair, containers for personal laundry and waste collection containers or bins for bedrooms and bathrooms; (g) bed linen, blankets or doonas, air or ripple mattresses (as required), absorbent or waterproof sheeting (as required), bath towels, hand towels, bathmats and face washers; and (h) laundering of all products mentioned in paragraph (g). <p>Note: Excludes furnishings an individual chooses to provide.</p>

Commented [A12]: Should note that testing and tagging of electrical equipment brought into the residential care home by an individual also needs to be done and at the expense of the individual

Commented [A13]: Adjustable bed is new. This could be problematic for providers who don't have this currently and would need to replace beds in their facility within a short space of time. As such, a transition time will be needed to allow these to be sourced/afforded as outlined in our covering letter.

Commented [A14]: This is very broad given it says "any". E.g. equipment/technology can change often and is expensive. What if new technology comes out, do providers need to purchase it because it is technology that avoids injury? Recommend this requirement be qualified by saying if assessed as needed and if other alternatives aren't in place.

Commented [A15]: Should say 'bedside table, bedside locker or bedside chest of drawers', noting current requirement is for a bedside locker and these terms mean different things

Commented [A16]: Currently chairs with arms required, not visitor chairs. Is it intended that rooms would now require two chairs? The resident's and a visitor's chair? Or is this intended to be less prescriptive than previous requirements?

Commented [A17]: Add ', if not otherwise available,' as such a fixture or item may be available in the bedside table, bedside locker, bedside chest of drawers or wardrobe space. Or alternatively delete the reference to storing valuables from item (d) and add a new item (e) which could be something like 'a fixture or item of furniture where the individual can safely lock and store valuables if this is not provided by the furniture items listed in (d)'

Commented [A18]: This is a new requirement - what is expected if the individual's room is not big enough to accommodate a recliner chair with arms? Or if the individual does not want a recliner chair with arms? Or if an alternative chair is more appropriate for the individual, such as a high back adjustable chair? Or where a recliner chair with arms might have safety risks for individuals including those with dementia?

Commented [A19]: Depending on how the chair works, this could be a custom aid. Are providers expected to provide this if it's a care need?

Commented [A20]: Bathmats should be deleted as they are a trip hazard

PART TWO: Residential everyday living		
7	Toiletry goods	<p>The following goods, which must meet the individual's medical needs, including specialist products for conditions such as dermatitis:</p> <ul style="list-style-type: none"> (a) facial cleanser (or alternatives such as facial wipes), shower gel or soap, shower caps, shampoo and conditioner; (b) toothpaste, toothbrushes and mouthwash; (c) hairbrush or comb, shaving cream and disposable razors; (d) tissues and toilet paper; (e) moisturiser and deodorant; and (f) cleaning products for dentures, hearing aids, glasses and artificial limbs (and their storage containers).
8	Personal laundry	<p>The following:</p> <ul style="list-style-type: none"> (a) laundering (other than by a special cleaning process such as dry cleaning or hand washing) items that can be machine washed, using laundry detergents that meet the individual's medical needs, such as skin sensitivities; (b) ironing of laundered clothes (other than underwear and socks) if requested by the individual; (c) a labelling system for the individual's clothing; and (d) return of personal laundry to the individual's wardrobe space.
9	Meals and refreshments	<p>Provide the following:</p> <ul style="list-style-type: none"> (a) at least 3 meals per day (including the option of dessert with dinner) plus morning tea, afternoon tea and supper, of adequate variety (that is, not the same meal every day), quality and quantity to meet the individual's nutritional and hydration needs; (b) special diets if needed to meet the individual's medical, cultural or religious needs, including but not limited to enteral feeding, nutritional supplements, texture modified meals and drinks, gluten free, lactose free, vegetarian, vegan, kosher and halal diets (but not for meeting the individual's social preferences on food source such as non-genetically modified and organic); (c) flexibility in mealtimes, if requested by the individual; (d) a range of non-alcoholic beverages at each meal (such as water, milk, fruit juice, tea and coffee); (e) eating and drinking utensils and aids, if needed; and

Commented [A21]: This section should exclude personal preference items and include substitute items if the individual's medical needs as determined by a health professional mean the individual cannot use the product normally provided

Commented [A22]: Add something like 'as determined by a health professional'

Commented [A23]: This is a new requirement. Providers are not required to iron clothing now but they are also not allowed to charge for ironing clothing that can be machine washed. Given this, we recommend this item is deleted as it is problematic for providers and could lead to significant costs and the need to hire additional staff.

Commented [A24]: Add that a provider can charge for a labelling system requested by the individual that is not the provider's standard system

Commented [A25]: Dessert is a new requirement. If dessert stays in this description, recommend it say 'including the option of dessert with lunch or dinner'.

Commented [A26]: This requirement is new. Current requirement is for "adequate variety, quality and quantity". Does this new requirement mean providers cannot provide the same breakfast each day? Or if the individual wants the same meal every day? Recommend deleting "(that is, not the same meal every day)".

Commented [A27]: This is new and could be problematic, what if a resident wants dinner at 9.30pm, or breakfast at 4am? Add 'where practical'

Commented [A28]: What is a "range"? Recommend replacing with 'variety'.

Commented [A29]: Add '(including actual feeding if necessary)'.

PART TWO: Residential everyday living		
		(f) making snack foods (including fruit, biscuits and savoury snacks) and non-alcoholic beverages available at all times in the residential care home.

PART THREE: Residential non-clinical care		
Item	Service	Description
1	Care and services administration	Administration related to: <ul style="list-style-type: none"> (a) the delivery of the other services listed and described in the service type residential non-clinical care; (b) the delivery of the services in the service type residential clinical care; and (c) <u>advance care plans</u>.
2	Personal care assistance	Personal assistance, including individual attention, individual supervision and physical assistance, with the following: <ul style="list-style-type: none"> (a) bathing, showering, personal hygiene and grooming (other than hairdressing); (b) dressing, undressing and using dressing aids; (c) eating and drinking, and using utensils and aids (including actual feeding if necessary); and (d) cleaning of personal items (and their storage containers) needed for daily living, including dentures, hearing aids, glasses, mobility aids and artificial limbs.
3	Communication	Assistance with daily communication, including the following: <ul style="list-style-type: none"> (a) assistance to address difficulties arising from impaired hearing, sight or speech, cognitive impairment, or lack of common language (such as the use of cue cards or learning of key phrases); and (b) fitting sensory communication aids and checking hearing aid batteries.
4	Emotional support	The following: <ul style="list-style-type: none"> (a) if the individual is experiencing social isolation, loneliness or emotional distress - ongoing emotional support to, and supervision of, the individual (including pastoral <u>support</u>); (b) if the individual is new to the residential care home - assisting the individual to adjust to their new living environment; and (c) <u>provision of culturally safe supports which have been determined in consultation with the individual and their family or representatives.</u>

Commented [A30]: This is broad - clarification is required on what is meant by "administration"

Commented [A31]: This is a new requirement. Does this mean legally binding advance care directives? We assume not but it is unclear and would benefit from a definition. It would not be practicable or appropriate for providers to be too involved in State-based, legally binding advanced care directives which need to be witnessed by specified persons such as doctors/lawyers etc. Or is this intended to refer to advance care planning and, if so, what administration in relation to advance care planning would a provider be expected to do?

Commented [A32]: This is more in depth than current requirement which says "Emotional support to, and supervision of, care recipients."

This item should be clarified to make clear, as advised by the Department, that it is intended to refer to an aged care worker talking to and comforting an individual and does not mean access to a psychologist or counsellor who is specifically trained and engaged to provide emotional support.

Commented [A33]: Delete "and their family or representatives" as the individual may not need or want consultation to be undertaken with their family or representatives

PART THREE: Residential non-clinical care		
5	Mobility and movement needs	<p>The following (other than the provision of motorised wheelchairs, electric mobility scooters and customised aids):</p> <ul style="list-style-type: none"> (a) assisting the individual with moving, walking and wheelchair use; (b) assisting the individual with using devices and appliances designed to aid mobility; (c) the fitting of artificial limbs and other personal mobility aids; (d) provision and maintenance of crutches, quadruped walkers, walking frames, wheeled walkers, walking sticks, wheelchairs and tilt-in-space chairs; and (e) aids and equipment used by aged care workers to move the individual, including for individuals with bariatric needs; <p>Taking into account:</p> <ul style="list-style-type: none"> (f) the individual's needs; and (g) the individual's ability to use aids, appliances, devices and equipment; and (h) the safety of other individuals and of aged care workers and visitors to the residential care home. <p>Note: Excludes mobility aids chosen and provided by the individual according to personal preference.</p>
6	Continence management	<p>The following:</p> <ul style="list-style-type: none"> (a) assisting the individual to: <ul style="list-style-type: none"> i. maintain continence or manage incontinence; and ii. use aids and appliances designed to assist continence management; and (b) provision of the following: <ul style="list-style-type: none"> i. unlimited aids and appliances designed to assist continence management to meet the individual's needs; ii. commode chairs, over-toilet chairs, urodomes and catheter and urinary drainage appliances; and iii. disposable bed pans, urinal covers, pads and enemas.
7	Recreational and social activities	<p>Tailored recreational programs and leisure activities (including communal recreational equipment and products) aimed at preventing loneliness and boredom, creating an enjoyable and interesting environment, and maintaining and improving the social interaction of the individual. These programs and activities must include the option of:</p> <ul style="list-style-type: none"> (a) at least one social activity each day that is not screen-based, television-based or meal-based; and

Commented [A34]: "unlimited" is problematic. Recommend it be replaced with 'prescribed and extra, as needed, '

Commented [A35]: Should be spelt 'uridomes'

Commented [A36]: Delete the specification that bed pans must be 'disposable' as requiring disposable bed pans is problematic. For example, in NSW residential aged care providers are not allowed to use macerators. If the service list were to specify disposable bed pans, this would significantly increase costs for such providers.

PART THREE: Residential non-clinical care		
		(b) regular outings into the community (but not including the cost of transport, entry tickets, or purchased food and beverages associated with the outings).

PART FOUR: Residential clinical care		
Item	Service	Description
1	Care and services plan oversight	<p>Ensuring that:</p> <ul style="list-style-type: none"> (a) the care and services plan for the individual is comprehensive, developed in consultation with the individual and family (as required), reviewed on a regular basis and adjusted when necessary; and (b) all aspects of the care and services plan are carried out; and (c) progress against the care and services plan goals is monitored.
2	Rehabilitation, allied health, speech and fitness therapy programs	<p>Individual rehabilitation, allied health, speech and fitness therapy programs that are:</p> <ul style="list-style-type: none"> (a) designed by health professionals in consultation with the individual and family (as required); and (b) delivered in individual or group settings; and (c) delivered by, or under the supervision, direction or appropriate delegation of health professionals; and (d) aimed at maintaining and restoring the individual's fitness and physical ability to perform daily tasks for themselves, including through: <ul style="list-style-type: none"> i. maintenance therapy designed to provide ongoing therapy services to maintain and improve levels of independence in everyday living; and ii. if needed, more focused restorative care therapy on a temporary basis designed to allow the individual to reach a level of independence at which maintenance therapy will meet their needs; <p>but not including intensive, long-term rehabilitation services required following (for example) serious illness or injury, surgery or trauma.</p>
3	Medication management	<p>The following:</p> <ul style="list-style-type: none"> (a) implementation of a safe and efficient system to manage prescribing, procuring, dispensing, supplying, packaging, storing and administering of both prescription and over the counter medicines; and

Commented [A37]: This is a new requirement and, as currently worded, could be problematic in a number of circumstances including weekends, public holidays, and in emergency situations. Also excluding meal based activities might be problematic because that may be the only activity available during Christmas, for example. Recommend adding 'business' before 'day' and deleting 'meal-based'.

Alternatively, based on our discussions with the Department and p.20 of the discussion paper, we understand the Department may intend that this item could include things like having books available for residents to read or games. If this provision is meant to include such activities, we recommend the word 'social' be removed or replaced with the word 'recreational'.

Commented [A38]: The way this section is worded sounds more like a measure of quality, i.e. part of the Quality Standards, rather than a service. Recommend deleting

Commented [A39]: As 'fitness therapy' is not a well-known term, we recommend 'therapy' is deleted or, at a minimum, explained in guidance materials

PART FOUR: Residential clinical care		
		<p>(b) administration and monitoring of the effects of medication (via all routes (including injections)), including supervision and physical assistance with taking both prescription and over the counter medications under the delegation and clinical supervision of a registered nurse, or other appropriate health professional; and</p> <p>(c) reviewing the appropriateness of medications as needed under the delegation and clinical supervision of a registered nurse, or other appropriate health professional.</p> <p>Note: Excludes the cost of prescription and over the counter medications.</p>
4	Nursing	<p>Services provided by or under the supervision of a registered nurse, including, but not limited to, the following:</p> <p>(a) initial comprehensive clinical assessment for input to the care and services plan for the individual, in line with the individual's goals and preferences, carried out by a registered nurse;</p> <p>(b) ongoing regular comprehensive clinical assessment of the individual and the individual's care and services plan, in line with the individual's goals and preferences, including identifying and responding appropriately to change or deterioration in function, behaviour, condition or risk, carried out by a registered nurse, or an enrolled nurse (including under appropriate delegation by a registered nurse);</p> <p>(c) all other nursing services carried out by a registered nurse, enrolled nurse or other appropriate health professional;</p> <p>(d) all other services required for the individual's care.</p> <p>Note: Examples of services include (but are not limited to) the following:</p> <ol style="list-style-type: none"> ongoing monitoring and evaluation of the individual and identification where care may need to be escalated or altered due to the changing health or needs of the individual; maintaining accurate, comprehensive and up to date clinical documentation of the individual's care; assistance with, or provision of support for, personal hygiene, including oral health management and considerations for bariatric care needs; chronic disease management including blood glucose monitoring; if the individual is living with cognitive decline - support and supervision of the individual;

Commented [A40]: Should be 'the individual's needs, goals and preferences'

Commented [A41]: Add ', nurse practitioner or an enrolled nurse (under appropriate delegation by a registered nurse)'

Commented [A42]: This is very broad, potentially problematic and needs to be clarified. E.g. consider alternative introductory wording 'all other clinical services assessed by a health professional as required for...'

PART FOUR: Residential clinical care		
		<ul style="list-style-type: none"> vi. if the individual is living with mental health decline - support and supervision of the individual; vii. establishment and supervision of a pain management plan, including the management and monitoring of chronic pain; viii. medication management (as listed and described in the separate medication management item); ix. insertion, maintenance, monitoring and removal of devices including intravenous lines, naso-gastric tubes, catheters and negative pressure devices; x. if the individual has identified feeding and swallowing needs - support for the individual; xi. skin assessment and the prevention and management of pressure injury wounds; xii. stoma care; xiii. wound management including of complex and chronic wounds; xiv. provision of bandages, dressings, swabs, saline, drips, catheters, tubes and other medical items required as a part of nursing services; xv. assistance with and ongoing supervision of breathing, including oxygen therapy, suctioning of airways, and tracheostomy care; xvi. required support and observations for peritoneal dialysis treatment; xvii. assisting or supporting an individual to use appropriate healthcare technology in support of their care, including telehealth; xviii. risk management relating to infection prevention and control; and xix. advance care planning, palliative care and end of life care.
5	Dementia and cognition management	<p>If the individual has dementia or other cognitive impairments:</p> <ul style="list-style-type: none"> (a) development of an individual therapy and support program designed and carried out to: <ul style="list-style-type: none"> i. prevent or manage a particular condition or behaviour; and ii. enhance the individual's quality of life; and iii. enhance care for the individual; and (b) ongoing support (including specific encouragement) to motivate or enable the individual to take part in general activities of the residential care home, where appropriate.

Commented [A43]: This item should be deleted as delivering such services requires special skills which can be accessed through item 6 (General access to medical services)

Commented [A44]: 'Insertion' should be deleted as doing this requires special skills and, in some cases, equipment, and should therefore be done in hospital, by an appropriately qualified medical practitioner or by a rapid response team. There have been cases where incorrect insertion has been life threatening.

PART FOUR: Residential clinical care		
6	General access to medical services	<p>The following:</p> <p>(a) making arrangements for health professionals to visit the individual for any necessary health professional appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport including escort costs);</p> <p>(b) making arrangements for the individual to attend any necessary health professional appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport including escort costs);</p> <p>(c) provision of audio-visual equipment for use with telehealth appointments; and</p> <p>(d) arranging for an ambulance in emergency situations.</p>
7	General access to allied health services	<p>The following (but not including the service Rehabilitation, allied health, speech and fitness therapy programs):</p> <p>(a) making arrangements for allied health professionals to visit the individual for any necessary allied health appointments (but not the cost of the appointments or any gap payments charged for the appointments, or transport including escort costs); and</p> <p>(b) provision of audio-visual equipment for use with telehealth appointments.</p>

Commented [A45]: For clarity, should add at the beginning of this section that transport costs, escort costs, ambulance costs and any other costs to access a health professional are to be paid for by the individual

Commented [A46]: Should add 'if required'.

Commented [A47]: In some rural areas providers charge a fee for access as some organisations will only provide unlimited access to GPs if they "subscribe" with monthly fees.

Commented [A48]: Should add 'if required'.

Commented [A49]: This is a new requirement. Should be changed to something like 'provision of appropriate equipment for use with telehealth appointments where required/as needed' as audio-visual equipment may not be needed (a phone call may be sufficient) and availability may be problematic in some parts of Australia. Many GPs and Medical Specialists also prefer telephone over videoconference.

Commented [A50]: For clarity, should add at the beginning of this section that transport costs, escort costs and any other costs to access the allied health professional are to be paid for by the individual

Commented [A51]: Should add 'if required'.

Commented [A52]: This is a new requirement. Should be changed to something like 'provision of appropriate equipment for use with telehealth appointments where required/as needed' as audio-visual equipment may not be needed (a phone call may be sufficient) and availability may be problematic in some parts of Australia. Some allied health professionals also prefer telephone over videoconference.