



24/7 registered nurse responsibility exemption

Application form

You should use this form if:

- you are an approved provider that provides residential care in a residential facility; and
- you wish to apply for an exemption from the 24/7 registered nurse (RN) responsibility for your residential facility.

This form contains three parts:

- **Part A** – General instructions and information (page 2)
- **Part B** – Application form (pages 3 – 17)
- **Part C** – Information about the 24/7 RN responsibility and exemption (pages 18 – 20)



Criteria for grant of an exemption

An exemption from the 24/7 RN responsibility can only be granted if the following requirements are met for your residential facility:

- ✓ the facility is located in a Modified Monash Model (MMM) 5, 6 or 7 area; and
- ✓ the facility has no more than 30 operational places on the day a decision for an exemption is made; and
- ✓ you have taken reasonable steps, by having alternative clinical care arrangements in place, to ensure that the clinical care needs of your care recipients will be met.

More help

For help completing this form, please contact exemptions@health.gov.au

Part A: General instructions and information

Purpose of this form

From 1 July 2023, approved providers that provide residential care to care recipients in residential facilities are required to have at least one registered nurse (RN) on-site and on duty at all times (24 hours a day, 7 days a week) at the residential facility (the **24/7 RN responsibility**).

This application form allows you to apply for an exemption from the 24/7 RN responsibility for your residential facility. It also explains what this responsibility is about and the requirements you must meet to be eligible for an exemption (please see **Part C** of this form for more information).

The information you submit in this form will be used by the Secretary of the Department of Health and Aged Care (department), or delegate, to decide whether an exemption from the 24/7 RN responsibility will be granted for your residential facility.



The department will share information collected in this form with the Aged Care Quality and Safety Commission (the Commission). This is so the Commission can provide information to the Secretary, or the delegate, that is relevant to the Secretary's, or delegate's, consideration of whether the steps you have taken to meet the clinical care needs of the care recipients in the residential facility while an exemption is in force are reasonable in the circumstances.

The Commission will also share with the department information about sanctions and certain notices issued to you (the approved provider) that the Secretary, or the delegate, must have regard to in making their decision on whether or not to grant an exemption for your facility.

Who can sign this form

This form must be signed by an authorised person on behalf of the approved provider seeking an exemption for the residential facility. The authorised person must be:

Authorised person	Type of approved provider
A director of the body corporate.	<ul style="list-style-type: none">• Not an authority of a State or Territory or a local government authority; and• A body corporate that is incorporated, or taken to be incorporated, under the <i>Corporations Act 2001</i>.
A member of the approved provider's governing body.	<ul style="list-style-type: none">• Not an authority of a State or Territory or a local government authority; and• Not a body corporate.
One of the approved provider's key personnel.	<ul style="list-style-type: none">• An authority of a State or Territory or a local government authority.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles, and is being collected by the department for the purpose of determining your residential facility's eligibility for an exemption from the 24/7 RN responsibility.

If you do not provide this information, we will not be able to consider your application for an exemption from the 24/7 RN responsibility.

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at <https://www.health.gov.au/resources/publications/privacy-notice-applications-for-exemptions-to-the-247-registered-nurse-responsibility>

Part B: Application form

How to complete this form

You can complete this form on your computer using the latest version of Adobe Acrobat Reader, or you can print it out. If you have a printed form:

- Use a black or blue pen
- Print in BLOCK LETTERS

Please complete a **separate** application form for each residential facility if there is more than one facility for which you want to apply for an exemption.



For help completing this form, please contact exemptions@health.gov.au

The completed application form and all supporting documents **must be** submitted to the Department of Health and Aged Care by email at exemptions@health.gov.au

1. Approved provider details

This section collects information about the approved provider seeking an exemption for the residential facility through which residential care services are provided to care recipients (see **Part C, Section 1** of this form for the definition of a residential facility).

a) **Provide details for the approved provider of the residential facility through which residential care is provided.**

National Approved Provider System (NAPS) ID:

Approved provider name:

b) **Who can we contact?**

This must be a person who is one of the key personnel of the approved provider.

Family name:

Given name:

Position:

Phone number (including area code):

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Email address:

2. Residential care service details

This section collects information about the residential care service(s) that provides residential care to care recipients through the residential facility (see **Part C, Section 1** of this form for the definition of a residential facility).

If you have co-located services, please ensure you provide details for each of the other services that operate at your residential facility in Section 2.1 (see **Part C, Section 1** for the definition of co-located services). If approved, an exemption will apply to the **residential facility** that is made up by all the residential care services included in Section 2 and Section 2.1.



To be eligible for an exemption:

- The residential facility through which residential care is provided **must** be in a Modified Monash Model (MMM) 5, 6 or 7 area based on the **2019 MMM classifications**. To find out the MMM classification for your facility, visit <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app>, and select 2019 as the MMM classification filter.
- There are no more than 30 operational places at the residential facility on the day a decision for an exemption is made. For co-located services, there must be no more than 30 **combined** operational places at the facility.

2. Residential care service details – continued

- a) **Provide details of the residential care service operating at the residential facility for which you are applying for an exemption from the 24/7 RN responsibility.**
- Service NAPS/RACS ID: Residential care service name:
- Physical street address:
- Suburb: State/Territory: Postcode: MMM:
- b) **Who can we contact?**
- This must be a person who is one of the key personnel at the residential care service.
- Family name: Given name:
- Position: Phone number (including area code):
- Email address:
- c) **What is the number of operational places at the residential care service?**
- (Excluding provisionally allocated places and offline places).





The information we collect in **Questions 2(d) and 2(e)** will help us to assess whether your staff mix, and any on-call arrangements, are appropriate for your cohort of care recipients and their point-in-time clinical needs.

Please **do not** provide any identifiable and sensitive information about your care recipients.

- d) **Provide the number of care recipients at the residential service receiving high level complex clinical care at the time of this application.**
- e) **What type of high level complex clinical care do these care recipients need?**
- This should include, but not be limited to, care such as Schedule 8 medication administration, complex wound management, and blood or other intravenous infusions, including those for palliative and end-of-life care.*

2.1 Other residential care services details

This section collects information any about **other residential care service(s)** that are co-located with the residential care service identified in Section 2: residential care services, at the residential facility. If approved, an exemption will apply to the residential facility that is made up by all the residential care services included in Section 2 and Section 2.1.

- a) **Provide details of the second residential care service at the residential facility.** Service NAPS/RACS ID: Residential service name:
- b) **What is the number of operational places at the residential care service?** (Excluding provisionally allocated places and offline places).
- c) **Is the key contact for the second residential service the same as the person at Question 2(b)?**
 Yes  Go to **Question 2.1(e)**
 No  Complete **Question 2.1(d)**
- d) **Who can we contact for the second residential service?** Family name: Given name:
 This must be a person who is one of the key personnel at the **second** residential service (only complete if the contact is a different person to the one at Question 2(b)).
 Position: Phone number (including area code):
 Email address:



The information we collect in **Questions 2.1(e)** and **2.1(f)** will help us to assess whether your staff mix, and any on-call arrangements, are appropriate for your cohort of care recipients and their point-in-time clinical needs.

Please **do not** provide any identifiable and sensitive information about your care recipients.

- e) **Provide the number of care recipients at the residential service receiving high level complex clinical care at the time of this application.**



- f) **What type of high level complex clinical care do these care recipients need?**

This should include, but not be limited to, care such as Schedule 8 medication administration, complex wound management, and blood or other intravenous infusions, including those for palliative and end-of-life care.

2.1 Other residential services details – continued

g) Provide details of the **third residential care service at the residential facility.** Service NAPS/RACS ID: Residential service name:

h) What is the number of operational places at the residential care service? (Excluding provisionally allocated places and offline places).

i) Is the key contact for the third residential service the same as the person at Question 2(b)?
 Yes  Go to **Question 2.1(k)**
 No  Complete **Question 2.1(j)**

j) Who can we contact for the third residential service?
 This must be a person who is one of the key personnel at the **third** residential service (only complete if the contact is a different person to the one at Question 2(b)).

Family name: Given name:
 Position: Phone number (including area code):

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 Email address:



The information we collect in **Questions 2.1(k)** and **2.1(l)** will help us to assess whether your staff mix and any on-call arrangements are appropriate for your cohort of care recipients and their point-in-time clinical needs.

Please **do not** provide any identifiable and sensitive information about your care recipients.

k) Provide the number of care recipients at the residential service receiving high level complex clinical care at the time of this application.

l) What type of high level complex clinical care do these care recipients need?
 This should include, but not be limited to, care such as Schedule 8 medication administration, complex wound management, and blood or other intravenous infusions, including those for palliative and end-of-life care.

3. Shift coverage and monthly roster



You **must** attach to this application a copy of your **current roster for your clinical and allied health team**, for a period of no less than a month.

The roster should show clear designation of roles, times of shifts and any overlaps to support the information provided in your application.

The information you provide will help us understand when the arrangements in **Sections 4 – 6** of this form may need to be utilised during the period an exemption is in force.

Please use the space below to provide any additional details about your roster, on-site staff and on-call clinician arrangements (including RNs, general practitioners (GPs) and nurse practitioners (NPs)). This should include identifying any roster changes in an attempt to provide 24/7 RN coverage, wherever possible, such as split or 12-hour shifts.

4. On-call clinician arrangements

This section collects information about your on-call arrangements with an off-site RN, GP, NP and/or specialist telehealth service when an RN is not on-site and on duty.



Below are examples of common **on-call clinician arrangements**.

Please provide details for each on-call clinician arrangement that apply to your residential facility. You **must** also attach to this application **evidence** for each on-call clinician arrangement you have in place.

It is important to provide evidence and information about your specific on-call clinician arrangements, which may be different to those listed below, in **Section 5 – Other alternative clinical care arrangements**.

4.1. Co-location with hospital or acute/sub-acute care unit

Select this arrangement and provide information below if your residential facility:

- is located at a common facility with a health service (that is not operated by the same approved provider) such as a local hospital or acute/sub-acute health care unit that has RNs on-site and on duty at all times; and
- you have an arrangement with this health service to access clinical care from their RN(s), or other clinically qualified medical officer(s), for your care recipients to ensure that they receive appropriate assessment and treatment where there is no RN on-site and on duty at your facility.

Please also **attach evidence** of this arrangement with your application.

a) **Provide the name of the hospital or acute/sub-acute unit for this arrangement.**

4.1. Co-location with hospital or acute/sub-acute care unit – continued

b) **Who can we contact to confirm this arrangement?**

This must be a person who is one of the key personnel at the hospital or acute/sub-acute unit.

Family name:

Given name:

Position:

Phone number (including area code):

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Email address:

4.2. On-call Registered Nurse (RN) (external or contractual)

Select this arrangement and provide information below if your residential facility has established an arrangement(s) with an external or contractual on-call RN. Please also **attach evidence** of this arrangement with your application.

a) **What type of on-call arrangement do you have in place with as RN? Select all that apply:**

On-call telephone/video

Arrangement with an RN to advise and provide clinical guidance to less qualified clinical staff members on-site (such as an EN) on matters such as clinical assessment, risk management and administration of certain medications.

Duration of arrangement: Ongoing Fixed term

State date for arrangement

End date for arrangement:

On-call in person attendance

Arrangement with an RN to attend the facility in person to respond to clinical care needs and assess risks which less qualified clinical staff members (such as an EN) are not able to perform due to their limited scope of practice.

Duration of arrangement: Ongoing Fixed term

State date for arrangement

End date for arrangement:

How long will it take the RN to travel to your facility? minutes

Note: if more than one RN shares the on-call attendance arrangement, please indicate the travel time for the RN with the **longest duration of travel** to the facility in the field above.

b) **If applicable, provide the name of the agency for this on-call arrangement.**

c) **Who can we contact to confirm this on-call arrangement?**

This must be the person you have the arrangement with, or one of the key personnel at the agency which you have the arrangement with.

Family name:

Given name:

AHPRA ID/Position (if applicable):

Phone number (including area code):

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Email address:

- d) If you have an arrangement with more than one on-call external or contractual RN, please use the space below to provide information about each arrangement, including contact details.

4.3. On call General Practitioner (GP) / Nurse Practitioner (NP)

Select this arrangement and provide information below if your residential facility has established an arrangement(s) with an on-call GP or NP. Please also **attach evidence** of this arrangement with your application.

- e) **What type of on-call arrangement do you have in place with a GP or NP?** *Select all that apply:*

On-call telephone/video

Arrangement with a **GP** or **NP** to advise and provide clinical guidance to less qualified clinical staff members on-site (such as an EN) on matters such as clinical assessment, risk management and administration of certain medications.

Duration of arrangement: Ongoing Fixed term

State date for arrangement:

End date for arrangement:

On-call in person attendance

Arrangement with an **GP** or **NP** to attend the facility in person to respond to clinical care needs and assess risks which less qualified clinical staff members (such as an EN) are not able to perform due to their limited scope of practice.

Duration of arrangement: Ongoing Fixed term

State date for arrangement:

End date for arrangement:

How long will it take the GP/NP to travel to your facility? minutes

Note: if more than one GP or NP shares the on-call attendance arrangement, please indicate the travel time for the GP or NP with the **longest duration of travel** to the facility in the field above.

4.3. On call General Practitioner (GP) / Nurse Practitioner (NP) – continued

a) **If applicable, provide the name of the medical practice for this on-call arrangement.**

b) **Who can we contact to confirm this on-call arrangement?**

This must be the person with whom you have the arrangement with, or one of the key personnel at the medical practice which you have the arrangement with.

Family name:

Given name:

Position (if applicable):

Phone number (including area code):

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Email address:

c) **If you have an arrangement with more than one on-call GP or NP, please use the space below to provide information about each arrangement, including contact details.**

4.4 On-call specialist telehealth services

Select this if you have an on-call arrangement with a specialist telehealth service(s) to provide on-site staff with specialist advice and support in response to complex clinical care needs when an RN is not available. For example, this might be a telehealth arrangement with a wound specialist or palliative care specialist. Specialist telehealth services may or may not be used when an RN is on-site and on duty.

Please also **attach evidence** of this arrangement with your application.

a) **Provide duration details for this arrangement.**

Duration of arrangement:

Ongoing Fixed term

State date for arrangement:

End date for arrangement:

Provide the name of the service providing the specialist telehealth arrangement.

4.4 On-call specialist telehealth services – continued

b) Who can we contact to confirm this specialist telehealth arrangement?

This must be a person who is a key contact at the organisation providing the specialist telehealth service.

Family name:

Given name:

Position:

Phone number (including area code):

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Email address:

c) If you have more than one arrangement with an on-call specialist telehealth service, please use the space below to provide information about each arrangement, including contact details.

5. Other alternative clinical care arrangements

This section collects information about any other alternative clinical care arrangements you have in place that are not covered in Section 4: on-call clinician arrangements.

a) Please use the space below to provide information about any other alternative clinical care arrangements you have in place, including contact details for the arrangement(s). You must also provide evidence of these arrangements.

6. Protocols and procedures for your alternative clinical care arrangements

This section collects more detailed information about the above arrangements and how they work in practice. This will allow us to assess whether you have taken 'reasonable steps' to ensure the clinical care needs of care recipients at your residential facility will be met during the period that an exemption is in force.



You **must** attach to this application your **protocols, policies and/or procedures** for managing the escalation of clinical issues (including end-of-life care) in the absence of an RN who is on-site and on duty.

This may include flowcharts and guidance materials that set out your governance arrangements for planning, assessing, delivering and escalating clinical care needs.

- a) **If you do not have existing documents to evidence these arrangements, please use the box below to describe how your clinical escalation protocols and on-call arrangements will work in practice.**



Check point:

Have you provided evidence about, or has your response above explained the following:

- when and how your escalation arrangements are utilised in the absence of an on-site RN; and
- how on-site staff will be supported by an on-call clinician during instances where physical clinical care delivery is required, such as the administration of controlled (Schedule 8) drugs, other high-risk medications such as anti-coagulant and insulin medication, and as required (PRN) medication.

b) Describe whether the on-call clinician(s) (RN/GP/NP) with whom you have established an on-call arrangement(s) are already familiar with your care recipients' conditions. If they are not, how do you ensure the on-call clinicians understand their responsibilities, what is required from them and facilitate the hand-over of care recipient information? How do on-call clinicians access care recipients' clinical records remotely?

c) Describe your contingency arrangements (that is, the process you would follow in the event the nominated on-call clinician is not available).

d) Are there any barriers when accessing ambulance, hospital or other emergency medical services (such as long travel times) if clinical escalation is required and how do you manage these?

e) Describe your local links and other pathways you may have to access other clinical care providers or services in the area such as local area outreach, palliative care outreach, wounds specialists or allied health services.

7. Workforce training and management



You **must** attach to this application the following documents:

- **workforce training strategies** that set out how all on-site staff, on-call and agency staff are trained to manage escalation and on-call processes; and
- **workforce recruitment strategies** to fill vacant RN positions.

- a) Describe your workforce training strategies that are specifically targeted at ensuring that all on-site, on-call and agency staff understand your escalation and on-call processes and have the right skills (such as first-aid or necessary qualifications), to effectively respond to care recipients who have deteriorated and require clinical escalation when there is no RN on-site.

- b) Describe your current and future workforce recruitment strategies to fill vacant RN positions, including any challenges your facility experiences in attracting and retaining RN staff. This information will help us to assess whether, based on your individual circumstances, you have taken 'reasonable steps', even where it may not be possible to permanently recruit and retain an on-site RN.

8. Government workforce services and initiatives

The department has programs available to support growing, skilling and enabling the aged care workforce. Many of these have a focus on support for regional, rural and remote areas.

Have you accessed any of these programs in the last 12 months?

Select all that apply.

- [Rural Locum Assistance Program](#) – provides locums so that rural health professionals can attend continuing professional development or take vacation leave.
- [Workforce Advisory Service](#) – access to free, independent, and confidential advice to assist services with workforce planning.
- [Business Advisory Service](#) – access to free, independent, and confidential advice to help assist services with business management.

9. Completeness and evidence check

To allow us to process your application in a timely manner, please ensure the following is included when submitting your application:

- A copy of your residential facility's current staff roster (minimum one month) identified in Section 3 of this form.
- Documents that evidence your on-call clinician arrangements identified in Sections 4 and 5 of this form. This includes evidence for the following, where applicable:
 - Co-location with a hospital or acute/sub-acute care facility
 - On-call RN
 - On-call GP/NP
 - Specialist telehealth services
- Documents that evidence your clinical escalation protocols, procedures and policies identified in Section 6 of this form. This includes flowcharts and other guidance material.
- Documents that evidence your workforce training and management strategies identified in Section 7 of this form.

10. Declaration by authorised person



Please read the information on page 2 about **who can sign this form** before completing this section.

I declare that:

- The information provided in this application form is true and correct at the time of submission.
- I am authorised to make this application on behalf of the approved provider of the residential facility.

I understand that:

- To be granted an exemption from the 24/7 RN responsibility, the residential facility:
 - must be located in a Modified Monash Model (MMM) 5, 6 or 7 area, based on the 2019 MMM classifications; and
 - must have no more than 30 operational places (including co-located services) on the day the exemption decision is made by the Secretary or delegate.
- The residential facility will not be eligible for the 24/7 RN supplement whilst the exemption is in force (see Part C Section 8 of this form for more information).
- If an exemption from the 24/7 RN responsibility is granted, the residential facility must continue to meet all other responsibilities and requirements under the *Aged Care Act 1997* (Aged Care Act) and relevant subordinate legislation, including complying with the 24/7 RN reporting requirement (from 1 July 2023) and the Aged Care Quality Standards. The residential facility should also continue to meet its care minutes target.
- If an exemption from the 24/7 RN responsibility is granted in relation to the residential facility, and that exemption ceases or is revoked, the facility is required to meet its 24/7 RN responsibility and may be eligible for the 24/7 RN supplement.
- I must notify the department of material changes to the information regarding the reasonable steps that have been taken, by having alternative clinical care arrangements stated in this application, and any other information requested by the delegate of the Secretary of the department. This includes whether the 24/7 RN responsibility can be met from a certain date.
- I should retain evidence of current and planned alternative clinical care arrangements put in place to remain exempt from the 24/7 RN responsibility for the duration of the exemption period.
- The department will share information collected in this application form with the Commission and collect information from the Commission, including information about sanctions and certain notices issued under the *Aged Care Quality and Safety Commission Act 2018*, for the purpose of deciding whether reasonable steps have been taken to ensure the clinical care needs of care recipients at the facility will be met during the exemption period.
- The department will also share information collected in this application form with the Commission to the extent relevant to its functions and regulatory activities.
- Giving false or misleading information to the Commonwealth is a criminal offence.

Authorised person:

Family name

Given name/s

Position held with approved provider:

Signature:

Date:

Part C: information about the 24/7 registered nurse (RN) responsibility and exemption

1. 24/7 RN responsibility

From 1 July 2023, approved providers who provide residential care to care recipients in a residential facility must have at least one RN **on-site and on duty** at all times (24 hours a day, 7 days a week) at each residential facility they operate.

A **RN** is a person who is registered under the Health Practitioner Regulation National Law in the nursing profession as a registered nurse.

A RN is considered **on-site** when they are physically present at the residential facility. This includes the surrounding grounds as well as all buildings and structures included in the residential facility.

On duty means the RN on-site is working and can respond in person to the clinical care needs of care recipients at the residential facility when they need it. An RN is also considered to be on duty for the purpose of the 24/7 RN responsibility when taking breaks during a continuous period of work if those breaks are prescribed in their employment conditions.



For the purposes of the 24/7 RN responsibility, a **residential facility** is:

- a building or complex of buildings, inclusive of their immediate surrounds, used for the purpose of delivering residential aged care; and
- different from a residential care service

In most cases, a residential facility will consist of one residential care service.

The following will generally meet the definition of a single residential facility for the purposes of the 24/7 RN responsibility:

- **Co-located services** – where two or more residential care services belong to the **same approved provider and** operate out of a single residential facility. The building/s of the residential facility can be at a single address, or it can be across neighbouring addresses that effectively form a single location.
- **Dual-purpose facilities** – where a residential care service and overnight or day acute and/or sub-acute health care are at provided at the same campus by the same provider (such as at a state or territory government regional or rural health campus).



A residential care service that operates through different residential facilities (or buildings) that are not geographically co-located in such a way to meet the ordinary meaning of a facility, **must meet** the 24/7 RN responsibility separately at each residential facility.

2. Exemption criteria

The Secretary, or delegate, may grant an exemption from the 24/7 RN responsibility if the approved provider in relation to the residential facility has met the following exemption criteria:

2.1 General criteria

- the approved provider has submitted an application to the department using this form, and any additional information that the Secretary, or delegate, may subsequently request in relation to the application;
- the residential facility is located in a **Modified Monash Model (MMM) 5, 6 or 7** area;
- there are no more than 30 **operational places** at the residential facility on the day a decision is made by the Secretary or the delegate. Note, the operational places for co-located services are combined for the purposes of an exemption; and
- the Secretary, or the delegate, is satisfied that the approved provider has taken reasonable steps to ensure that the clinical care needs of its care recipients at the facility will be met at all times during the exemption period.

2.2 Other criteria

Before deciding whether to grant an exemption, the secretary, or delegate, must also have regard to the following information:

- any sanctions imposed on the approved provider under section 63N of the *Aged Care Quality and Safety Commission Act 2018* (Commission Act);
- any notices given to the approved provider under sections 63S, 63T, 63U or 74EE of the Commission Act; and
- any information given to the Secretary, or delegate, by the Commission in accordance with section 56 of the Commission Act that is relevant to assessing whether the approved provider has taken reasonable steps to ensure that the clinical care needs of its care recipients at the facility will be met during the exemption period.

An **operational place** in a residential facility:

- is a place that has been allocated in respect of the facility's location, held by an approved provider for a residential care service through which residential care is provided at the facility; and
- excludes provisionally allocated places, offline places and any places for which residential care subsidy is not payable.

The Modified Monash Model (MMM) is a measure of remoteness and population size used by the department to define whether a location is a city, regional, rural, remote, or very remote. Locations are categorised from MMM 1 – MMM 7, with MMM 1 denoting a major city and MMM 7 a very remote location. MMM categories are based on the Australian Statistical Geography Standard – Remoteness Areas framework and are updated after each Census (see:

<https://www.health.gov.au/topics/rural-health-workforce/classifications/asgs-ra>)

Approved providers can find the MMM category of their residential facility by typing the street address into the department's health workforce locator tool at <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app> and selecting 2019 as the MMM classification filter.

3. Exemption period

An exemption may be granted by the delegate for up to 12 months from **1 July 2023**. The exemption period cannot begin before the day on which the delegate grants the exemption.

4. Provider requirements

Approved providers should retain evidence of current and planned alternative clinical care arrangements for the duration of the exemption period.



The granting of an exemption from the 24/7 RN responsibility to an approved provider in relation to a residential facility **does not remove or otherwise alter**:

- any of the approved provider's other obligations under the *Aged Care Act 1997* and relevant subordinate legislation, including the Aged Care Quality Standards;
- the reporting requirements in respect of the 24/7 RN responsibility that apply to all approved providers; and
- the RN component of the care minutes responsibility commencing on 1 October 2023.

5. Outcome of application

The approved provider, or its representative, will be notified of the outcome of the exemption application in a decision in writing by the Secretary, or delegate, including any exemption conditions (if an exemption is granted) or the reason/s for refusing to grant an exemption.

6. Publication of exempt providers

If a decision is made to grant an exemption, the Secretary, or delegate, is required to make publicly available the following information about the exemption:

- the name of the approved provider and residential facility;
- the period for which an exemption is in force;
- any other conditions that apply to the exemption; and
- any other information of a kind specified in the Quality of Care Principles.

7. Change of circumstances

If a decision is made to grant an exemption, it is a condition of the exemption that the approved provider must notify the department in writing of any material changes to the information provided in the application for the exemption. This includes any additional information the delegate has requested. For example, you must notify us if:

- there has been a material change to the alternative clinical care arrangements in place that would impact on the approved provider's ability to meet the clinical care needs of patients;
- the number of operational places at the residential facility increases to more than 30 places; or
- the MMM classification for your residential facility is no longer MMM 5, 6 or 7.



A change in relevant circumstances means the exemption may be revoked.

If you have been granted an exemption in relation to your residential facility, you can let us know of any material changes by completing a Change of Circumstance form. For a copy of the form, please email exemptions@health.gov.au.

8. 24/7 RN supplement

An approved provider of a residential aged care service with an exemption to the 24/7 RN responsibility, in respect of the facility in which the service operates, will not be eligible to receive the 24/7 RN supplement.

Please see our website for more information: <https://www.health.gov.au/topics/aged-care/providing-aged-care-services/funding-for-aged-care-service-providers/247-registered-nurse-supplement>